NATIONAL Assessment Centre Servi	CES. MAL I JONOSI MA	1A 119001829.	Walter State	
Date In: 4/1/19 - 17:38 Jeb de	scription	Date & Time Completed	Done	pi.
	e-filing			
Veh No: 9x 86065 E-m	ail (within Shrs, AIC 2hrs)			*
The state of the s	tor Claim Form	MT/102645 - 001	4/1/9 17	154
i-Mc	tor W/O (Within: OD 2hrs	TP 4hrs)		1000
OD : TP ! Reporting Only	oto Uploaded			
	ssment/Survey Report			
TP Insurer: Ass't	Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	ax:	allo Account
TP Particulars: Veh No: JCH 3637C.	. INC(	)/Non-INC( )	74	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (	)	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Note-Est.	Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	- 4
Year of Registration: ( ) Warranty:		)		
Excess: (\$ ) Loading: \$1,000 ( )	/\$2,000( )	A MARKET BUILDING	**************************************	
General Remarks:-			Com Server	+ +
( ) Walk-In Customer: Customer's information s	trictly Confidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer URGE				
Drive-In ( )/ Towed-In ( ); Invoice: YES (		owing Co: (	A STATE OF THE STA	)
		Date&Time Completed	Done	hy
Remarks:- (INC hotline: 6788 6616):		Dates: 11110 Comple: 34	The state of the s	
1) Apply for Transport Allowance ( ) / Courtesy (	Car()	<del></del>	-	
2) QC Check / Post Repair Inspection	( )	<del> </del>		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()	1		
Injury:				
Date/Time Actions	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	3 m 3 m 7 m 7 m 240 m	SEASON OF	A T
			The Mark Beast.	
	COLUMN TO THE REAL PROPERTY OF THE PARTY OF			
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14 1000 13 P ,	1) AR : Acciden	AND THE PRODUCT OF ALCHORISING ASSESSMENT	(acycle memor	- Mon-Di
aimant's Particulars:-	2) DA : Damage	Assessment (\$100); INC (		
iver/Owner:	3) TF : Towing I 4) FT : Follow-T		\$120	
	5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
ntact No:	6) TR: Re-inspe	against INC Only (wef 10 Jan 200	\$75	
maged Portion:	7) N1 : Idao DA	+ SMRT Survey	\$160	
	8) NTUC Additi	onal Services		
Checked by (Engr-In-Charge):	*N5: Courtes	y Car / Tpt Allowance	\$5	
	*N6: Repair C	Co-ordination	\$10 \$25	
rditors! Comments :-	*N8: DV / Co	nair Inspection Heet Excess Coordination	35	
1:	TP (N11): TI	P (Non INC) against INC	30	
	9) N12: Idac Mo Invoice dated	Fee Charge		SHAT!
1. 2 / 3;	Invoice dated	Fee Charge	100 m	

- per 41 1 324

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACC	DEN	тетл	T - 104	EMT
ALL	DEN	T STA		

Date Of Report 04/01/2019 17:38

Date Of Accident 03/01/2019 08:45

Exact Location Of Accident BARTLEY RD BEFORE BARTLEY FLYOVER

Country/State of Loss SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJX8606E

Insured/Policyholder

Name Of Registered Owner ANDREW TIMOTHY YEO YU REN

NRIC No S9221517B Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-90040561

 Alternative Phone No
 OFFICE-90040561

Vehicle Particulars

Manufacturer KIA

Model CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5096856062

Cover Note Number

Driver

Name of Driver ANDREW TIMOTHY YEO YU REN

 NRIC No
 \$9221517B

 Date Of Birth
 17/06/1992

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/03/2016

Driving Experience 2 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90040561

Fax Number

Contact Number OFFICE-90040561

EMail Address NOEMAIL

BLK 136 BISHAN STREET 12 Address

#02-424

570136 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

## Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

## **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

REFER TO STATEMENT.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLN3637C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLG2659H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

## HAR CATANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The Issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the Insurance companies.
- Any farse reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GiA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) Investigating the accident and/or my claims;
  - (Ili) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

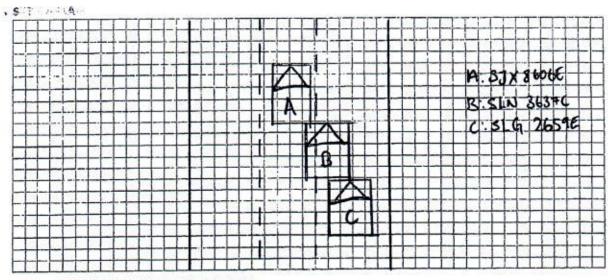
(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUINISTANCES OF THE ACCIDENT

I was driving along bartley road before bartley flyove	r
on the second lane. The traffic was slow and while	
driving, suddenly I felt and impact from the rear right	
portion of my vehicle. When I got down the car I four	
out that it was a chain collision.	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyfiolder's Signature Date & Time: Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

2

## INPOSTANT DOTES

- Complete and submit this form to the individual insurance authorised reporting centra.
   Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
   Any false reporting may be referred to the traffic police department for investigation.

Time of accident 3:456m (All		3/1/2019 8:456m	(MH:M
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Vehicle registration number	SJX 860	66			
Vehicle make and model	KIM (EX	LIMO			
Type of vehicle	Saloon  Lorry	MPV 🗆 Bus 🗈	CRV   Motorcyc	Van i	
Vehicle category	Private d	Comme	ercial o M	otorcyc	le 🗆
Furpose of using at said time					
Are you claiming under your own insurance company?	Yes a Third part cl	No 🗆	if no, please s Reporting on		

THE RESIDEN	(INSTURANÇOE IN	HORWATION	S. C.
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive D	Third party fire & theft o	TP only [

Name	ANDREW TIMOTHY YED YU REN	Male Female
NRIC / Fin / Passport number	592215178	
Contact	9004 0561	
Address	B 136 BISHAN ST 12 #02-424	5(570136)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	SALE S
Name	Male 🗆	Female 🗅
NRIC / Fin / Passport number		
Contact		71
Address		
Email address		
Date of birth	17-06-1992	
Occupation	Indoor  Outdoor	
Driving date pass		

Contract State Sta	A STANDARD WAR TO SEE THE TRANSPORT OF THE SECOND S
mes diffus an employee of	Yes a No Z
ene 'neurec's company's	If no, relationship of the crive and insured: OWNER
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Weather condition	Clear Raining D Others:
Road surface	Ory Wet a (Inclusive of driver)
No of passenger	O ( (Indusive of driver)
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Marrie	ANUTEN TIMOTHY YEO YN REN
Gender	Male P Female D
	PASSENGER Z
SECURIOR SECTION ASSOCIA	MARCHARD GARAGE
Name	Male   Female
Gender	William .
	PASSENGER 3
Name	Male D Female D
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Gender	
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Was anybody injured?	Yes D No 🗸
Was other vehicle damaged?	Yes No 🗆
AAGS CRITCH ACTURE CONTINUED	
	DETAILS OF POLICE ACTION
Reported to police?	Yes  No. If yes, please state which police station.
Police station name	
L Outer person trans-	The state of the s
SHOW THE OWNER.	WITNESS 1
Name	
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## SINGAPORE ARMED FORCES

Marria

ANDREW TIMOTHY YEO YU REN



няснь \$9221617B



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to formal it without delay to Central Intercover State or any Police Station.

SHULTCSOFU (GERS1983913

NRIC No/Colour S9221817B/ PINIC

CHIMESE

Oate Of Birth 17/06/1992

Service Status REGULAR Address

REGULAR Address BIK 136 BISHAN STREET 12



0(+)

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: \$9221517B

ANDREW TIMOTHY YEO YU REN

Birth Date: 17 Jun 1992

Issue Date: 21 Nov 2016

002631084G

## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

## EFFECTIVE DATE

8	4
\$ 2	2 3
28	38
O	O

Motorcycles =< 200 CC

Motorcycles between 201 CC and 400 CC

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver, and motor tractors/vehicles =< 2500 kg

S9221517B

S / No. 9000266062





Policy No.	5096856062	Policyholo Name	ier ANDREW T	IMOTHY YEO YU REN	Policyholder NRIC	S9221517B		
Certificate		Name			MAIC			
ddress								
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	22/12/2017	Effective Date	23/12/201	7 00:00	Expiry Date		15/01/2019 23:59	
xcess		All Claims Excess	,					
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100		
Additional xcess	500	OS Premium	0					
Outside Singapore OD Excess	600	Outside Singapore TP Excess				You	g/Inexperience Driver Excess	
Agent	CHUAN LEE ENTERPRISES PTE.	Agent Te	. 64690002		GST Flag	Y		
lo- nsurance	100							
	NO							
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Den pen policy nfo Certificate nfo Policy! Address 1 Address 4 Unit No.	nolder Mailing Address BLK 136 BISHAN STREET d Object: SJX8606E	Ac Re	ddress Type	Singapore address				
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cident HT/1026435	STEPANOS SAN	VALUE OF TOUR 11	2000424	The second second	
iscy No.	5096056062	Vehicle No.	51×8606E	GST Registration No.	
Tificate No.	ANDREW TIMOTHY YEO YU REN			Policyholder NR3C	59221517B
icyholder Name oduct Code	PRIVATE CAR INSURANCE	Cover Type	drwo CLASSIC	Loading	0
ontact No (Mobile)	90040561	Contact No.(Office)	0	Contact No.(Home)	0
meil Address	90040301	Special Remark	27	eCode	Tu V
fix.	No ○Yes	TCA	® No ○ Yes	eCode Reason	
			0	Private Hire	No
© Protection  Accident Details	No	NCD Entitlement(%)	0	Private mile	NO
	2012/03/2012		N622	12000	Chain Collision
sport Date	04/01/2019 17:49	Accident Report Within 24 hrs		Acadent Type	
ite of Accident	03/01/2019	Time of Accident hh:mm	08:45	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	BARTLEY RD BEFORE BARTLEY FLYOVER				
and the same of th	****	A STATE OF THE STATE OF	500	Windsones France	100.00
en damage Excess	600.00	Additional Excess	600.00	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess			
rd Party Escess  Benefits	0.00	Outside Singapore TP Excess	0.00		
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T Registered Informs	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History			CONTRACTOR STORY	CARO	
Policyholder Mailing Ad					TOTAL COMPANY AND ADDRESS OF THE PARTY OF TH
direas 1	BLK 136 BISHAN STREET 12	Address 2	#02-424 BISHAN GREEN	Address 3	SINGAPORE 570136
stress 4		Address Type	Singapore address	Post Code	570136
it No.		Related Policy Number	5096856062-01		
OI Driver Info					
ver Name named driver Name	ANDREW TIMOTHY YED YUREN	Driver Type Driver NRIC	Main Driver 59221517B	Driver DOB	17/06/1992
	10/02/2016		26	Driving Experience	2
gister Date of Driver License		Driver Age	0	Contact No.(Home)	0
ritact No. (Mobile)	90040561 BLK 136 BISHAN STREET 12	Contact No.(Office) Address 2	BISHAN GREEN	Address 3	SINGAPORE 570136
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im Type *	OD-MX	Inaured Name	ANDREW TIMOTHY YEO YU REN	Insured NRIC	S9221517B
ntact No.(Mobile)	90048561	Contact No.(Home)		Contact No.(Office)	
rait Address	ANDREWTYEO @GMAIL.COM	OI Vehicle Number	SIX8606E	TF Verscle Number	SLN3637C
imant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
imant Name *	>>	Claimant NRIC *			
imant Address					
um Description	SIX8606E / SLN3637C ON 3 Jan 2019			Name of Preferred Workshop	
eferred Workshop Contact	(2)	Insured Liability *	Not at Fault		
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received 🔻
te Registered	04/01/2019 17:54	Claim Close Date		Date Received	04/01/2019 00:00
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