Date In: F1.1		NA 119 003728 .		
Date In: () /19-10:73	Jeb description	Date &Time Completed	Done	by.
Res No: NA INC 19000 427/24	SAS e-filing			
Veh No: 516/617)	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 7/1/9-17/55	i-Motor Claim Form	100- 2569COI LLW	8/1/19/10	1:30
OD (P) Reporting Only	i-Motor W/O (Within: OD 2hr			
OB : IF reporting Only	i-Photo Uploaded	Ti Ti		
TP Insurer:	Assessment/Survey Report			
ir insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	
TP Particulars: Veh No: JAR	66434 . INC (	)/Non-INC( ).		
Owner / Driver: (		Tel:	)	
Policy No: ( ) P	eriod: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ( )	Warranty: YES ( ) / NO (	)		14.0-2,0-2,0
Excess: (\$ ) Loading: \$1,				
General Remarks			Carl Silver	
( ) Walk-In Customer: Customer's infe	ormation strictly Confidential & Str	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insur		N		
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( ); To	owing Co: (		)
Division and district and a second			7758387	
Remarks: (INC hotline: 6788 6616)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date&Time Completed	Done	by
	Courtesy Car ( )	*		
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$	3000] ( )			
Injury:			- Committee of the comm	
Date/Time Actions			Baker, a-r	
Date/Time Actions			parti.	
Date/Time Actions			MARIONEN.	
Date/Time Actions			SALCKO W	
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Date/Time Actions			A STOCK IN	
Date/Time Actions			Amri (S.)	AMI/II
Date/Time Actions  (IA) 903 746	Invoice Prep	aration Checklist	Ant (5)	Add Bill
	1) AR : Accident I	Reporting (\$30);	The Bill	
MAI 900 7%  Laimant's Particulars :-	1) AR : Accident I 2) DA : Darrage A	Reporting (\$30); ussessment (\$100); INC (\$80	ficBill )	
MAIgos No.	1) AR : Accident I 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th	Reporting (\$30); LISSESSMENT (\$100); INC (\$80 e \$40/7 rough Survey \$	196 Bill ) 545 120	
MAI 900 7%  Laimant's Particulars :-	1) AR : Accident I 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	Reporting (\$30); LSSESSMENT (\$100); INC (\$80 e \$40/2 rough Survey \$ rough Survey (Resurvey)	16 Bill ) 545	
Inimant's Particulars:- river/Owner:	1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect	Reporting (\$30); LISSESSMENT (\$100); INC (\$80 e \$40/ rough Survey \$ rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) ion	6 Bill (1984) (1	
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For per all their

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. 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,
- 3. 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

ACCI	DENT	STAT	EME	NT

Date Of Report

08/01/2019 12:33

Date Of Accident

07/01/2019 17:55

Exact Location Of Accident

ALONG HANDERSON RD

Country/State of Loss

SINGAPORE

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJG1617J

Insured/Policyholder

Name Of Registered Owner

LEE KAH SIN

NRIC No

S1666926A

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-96869839

Alternative Phone No

OFFICE-96869839

Vehicle Particulars

Manufacturer

KIA

Model

OPTIMA 2.4(A) SUNROOF

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

5095647694-01

Cover Note Number

Driver

 Name of Driver
 LEE KAH SIN

 NRIC No
 \$1666926A

 Date Of Birth
 01/09/1964

 Occupation
 INDOOR

Driving Experience 33 YEARS AND 11 MONTHS

Gender

Date Of Driving Pass

MALE

04/02/1985

Mobile Number

(LOCAL) +65-96869839

Fax Number

Contact Number

OFFICE-96869839

EMail Address

NOEMAIL

Address BLK 304B ANCHORVALE LINK

#09-06

Postcode 542304

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

2

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 3

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2 NAME: : -

GENDER: : FEMALE

**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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B CUT ONTO MY LANE FROM RIGHT MOST LANE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHB6643A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver QUEK AH BAH
NRIC/Passport Number S1041972G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. 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.
- 3. 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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)
  - (i) 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;
  - (iii) 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:
  - (i) 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 .:

SKETCH PLAN				
De control			5416175 54B66434	
DESCRIBE CIRCUMSTANCE	AND A CORNEL TO THE CONTRACT AND			
DECLARATION  I/We declare the foregoing pa	rticulars are true in every respect.		7	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policy	/holder)	Reporting Centre Per Name:	rsonnel's Signature

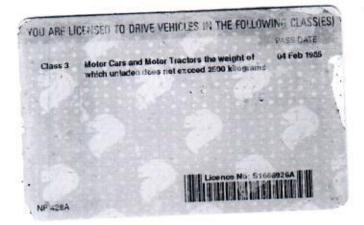
(If driver is not the policyholder)

NRIC/FIN No.:

Date & Time:









<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						+ Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident	0	7/01/2019	17:55	
	Vehicle	No.(Far Mator)	SJG16	173		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095647694- 01		LEE KAH SIN	S1666926A	GPC	drivo CLASSIC	SJG1617J	5)G1617J	16/12/2018	15/12/2019
					8	Continue	1				



HCY NO.					
	5095647694-01	Vehicle No.	53G16173	GST Registration No.	
ertificate No.					
olicyholder Name	LEE KAH SIN			Policyholder NRIC	S1666926A
roduct Code	PRIVATE CAR INSURANCE	Cover Type	d-wo CLASSIC	Loading	.0
ontact No.(Mobile)	96869839	Contact No.(Office)	٥	Contact No (Home)	0
mai Andress		Special Remark		eCode	AL V
FK .	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	ves	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
sport Oate	08/01/2019 19:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross tane
ate of Accident	07/01/2019	Time of Accident filtrimm	17:55	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	ALONG HANDERSON RD				
Fucees					
vri damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
ind Party Excess	0.00	Outside Singapore TP Excess	0.00		
2 Benefits					
GST Registered Informa					
IT Registered	No		GST Registration Date		
FT Registration No. addition History			GST Status Venfied	Yes	
Policyholder Mailing Ad	Idress				
idress (	BLK 3046 #09-06	Address 2	ANCHORVALE LINK	Address 3	SINGAPORE 542304
Idress 4		Address Type	Singapore address	Post Code	542304
nit No.		Related Policy Number	5095647694-01		
OI Driver Info					
iver Name	LEE KAH SIN	Driver Type	Main Driver		
named driver Name		Driver NRIC	51666926A	Driver DOB	01/09/1964
gister Date of Oriver License	04/02/1985	Driver Age	54	Driving Experience	33
ontact No.(Mobile)	96869839	Contact No.(Office)	6	Contact No.(Home)	0
dress 1	BUK 304B	Address 2	ANCHORVALE LINK	Address 3	SINGAPORE 542304
idress-4		Address Type	Singapore address	Post Code	542304
st No.	09-06				
oes he own a Singapore gistered car7	○ Yes  ® No	Driver Vehicle No.		Driver Insurer Company	
claration			Salation and		
		Restriction (St. 1997)			
eathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
eathalyser or Blood Test	0 mg	was sufficient	○ Yes (●) No		
reathalyser or Blood Test sading?	0 mg	way injury ?	○ Yes (€ No		
eathalyser or Blood Test ading? diffication History	0 mg	wax safirak c	○ Yes ® No		
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nathalyser or Blood Test ading?  dification History  Claim 001 New  im Type *  ritact No.(Mobile)  ast Address.	OO-MX 96869839 SIMON@INFINITYCGO.COM.SG	Insured Name	LEE KAH SIN (489)1911 SIG16177		Control of the Contro
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nathalyser or Blood Test ading?  Jification History  Claim 001 New  im Type * ntact No. (Mobile) aid Address. imant Type Calmant Type *	OO-MX 96869839 SIMON@INFINITYCGO.COM.SG	Insured Name Contact No. (Nome) O) Vahide Number	LEE KAH SIN 64891931 SJG16173	Contact No.(Office)	62765506
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