Date In: 18/2/19-19:30	Jeb description	Date & Time Completed	Done	pì.
Re[ No: NA), 4(19 003033) 24	SAS e-filing			
Veh No: STU WE YO.	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 16 V/9-15:55	i-Motor Claim Form	M/107577 001	istylig n	22
	i-Motor W/O (Within: OD 2hr			
OD : Reporting Only	i-Photo Uploaded			1
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tol:	Fax:	
TP Particulars: Veh No: 146	1011 . INC (	)/Non-INC( )		COLUMN TO SERVICE AND ADDRESS OF THE PERSON
Owner / Driver: (		Tel:	)	
	eriod: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	-
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,	000()/\$2,000()			
General Remarks:	at to the synthetic		100 m	1
( ) Walk-In Customer: Customer's info	The state of the s	rictly NO refer of repairer.		7
The second secon		nedy No Talet of Tepanon		
( ) Total Loss Case : to e-mail Insur		Surface Co. (		
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( ); T	owing Co: (		
Remarks: (INC hotline: 6788 6616)	And the Control of th	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )	**		222
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$	30001 ( )			
3) Upload Resurvey Photo [Repair Cost > \$	3000] ( )			
3) Upload Resurvey Photo [Repair Cost > \$  Injury:	3000] ( )	71 22		
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Injury:  Date/Time Actions	Inveice Pre	paration Checklist	Anit (5)	
Injury:  Date/Time Actions		Reporting (\$30); Assessment (\$100); INC (\$	TAEBIII	
Injury:  Date/Time Actions  Actions  Injury:	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing I	Reporting (\$30); Assessment (\$100); INC (\$	18t Bill (80) (0/\$45	
Injury:  Date/Time Actions  Actions  Injury:  Injury:  Actions  Actions  Injury:  Actions  Actions  Actions	Invoice Pre  1) AR: Acciden  2) DA: Damage  3) TF: Towing I  4) FT: Follow-I  5) FT: Follow-I	Reporting (\$30); Assessment (\$100); INC (\$ See \$4 hrough Survey hrough Survey (Resurvey)	19t Bill 180) 10/545 5120 530	
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#### 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.

5. 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.

	ACCIDENT STATEMENT
Date Of Report	18/02/2019 14:30
Date Of Accident	16/02/2019 15:55
Exact Location Of Accident	TAMPINES RD BEFORE JUNC HOUGANG AVE 7
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFJ2884D
Insured/Policyholder	
Name Of Registered Owner	JOCELYN HO CHUI LING
NRIC No	S7727114G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97918836
Alternative Phone No	OFFICE-97918836
Vehicle Particulars	
Manufastura	CHEVROLET

Manufacturer CHEVROLET

Model ORLANDO 1.4AT TURBO

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken Vehicle Category

THIRD PARTY PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

NO Fleet Policy

Policy Number 5095141839-01

Cover Note Number

Driver

Name of Driver DAVID KOI GEK YEOW (QIU YUYAO)

S7715456F NRIC No Date Of Birth 09/06/1977 INDOOR Occupation 02/04/2007 Date Of Driving Pass

Driving Experience 11 YEARS AND 10 MONTHS

Gender MALE

(LOCAL) +65-98779714 Mobile Number

Fax Number

OFFICE-98779714 Contact Number

EMail Address NOEMAIL Address 2 TAMPINES STREET 73

#14-02 528823

Postcode 5288

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPO

Vehicle Registration Number of Driver's Own

Vehicle

SPOUSE

10 (1000)

-

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

2

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.

NO

4

Number of Passengers (Including Driver)

Passenger 1

NAME:

: JOCELYN HO CHUI LING

GENDER: : FEMALE

Passenger 2

NAME:

: ISAAC KOI JIA XIN

GENDER: : MALE

Passenger 3

NAME:

: SARAH KOLALLIN

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

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

YN6306J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Page 2 of 21

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

3

GENDER:

Passenger 2

NAME:

GENDER:

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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;
  - (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 invoive 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)

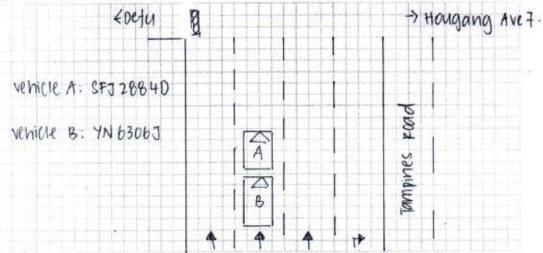
Date & Time:

Reporting Centre Person

's Signature

Name:

NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	01	n t	ne	sta	ted	date	? 7	time,	1,	Vehic	16 Y	r, sf	J2881	<del>1</del> D,
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#### DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pe sonnel's Signature

Name:

NRIC/FIN No.:

### ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 02 / 2019 (DD/MM/YYY), TIME: 15 : 55 HHH:MM
LOCATION: Tampines Road, before Hougang Avenue 7.
DUNSURANCE COMPANY: NTUC
C)POLICY NUMBER: 5095141839  d)POLICY TYPE: (COMPRESENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  e)MAKE & MODEL: CHEVYDE  f)TYPE: (SALOON / COUPE / MFV /V AN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER  A) NAME: JOICELY HO CHUI LING (MALE FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT: 9791 8836  c) ADDRESS: 2 TAMPINES ST 73 #14-02 \$(528823)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Cladeding driver O) NAME: DAVID FOI GEK YEOW (MALE / FEMALE)  O) NAME: DAVID FOI GEK YEOW (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: 9714  C) ADDRESS: 3 TAMPINES ST 73 #14-02 S (5) 8823)
1 male passenger Date of BIRTH: ( 09/06/1977) (DD/MM/YYYY)
2 female PASSENTHEARS OF DRIVING EXPRERIENCE: 11 NOTE
5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:
Ho of passenger of VEHICLE NUMBER: YN 6306 J MODEL:
(03) male the party vehicle
No of passages d) VEHICLE NUMBER:MODEL:
Including driver) f) NRIC/FIN/PASSPORT:CONTACT:

email = fax =

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7715456F





Name

DAVID KOI GEK YEOW (QIU YUYAO)

邱 煜 耀

Race

CHINESE

Date of birth Sex

09-06-1977

Country of birth
SINGAPORE



# REPUBLIC OF SINGAPORE DRIVING LICEN



Licence Number: S7715456F

DAVID KOI GEK YEOW (QIU YUYAO)

Birth Date: 09 Jun 1977

Issue Date: 24 Oct 2013





NRIC No. S7715456F



Date of Issue 12-07-2007

2 TAMPINES STREET 73 #14-1 SINGAPORE 528823

13|05|2013

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

## EFFECTIVE DATE

Clace 2R	Motorcycles =< 200 cc	17 Oct 1995
	Motorcycles between 201 cc and 400 cc	09 Dec 1997
	Motorcycles > 400 cc	24 Apr 2000
Class 3A	Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and	02 Apr 2007
	other motor vehicles without clutch pedals =< 2500kg	A SHARE WAS A SHARE OF



NP 428A

<b>eBao</b> Tech										Genera	Claim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	e Password	• Log Out
My Desktop	Polic	cy Query									100
Notice of Loss	Policy N	o.				Date 6	of Accident	1	6/02/2019	5:55	
	Vehicle	No.(For Motor)	SFJ288	SFJ2884D			Certificate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095141839- 01		JOCELYN HO CHUI LING	S7727114G	GPC	drivo PREMIUM	SF12884D	SFJ2884D	10/11/2018	09/11/2019
						Continue	1				

Policy No.	5095141839-01	Policyholde Name	JOCELYN H	O CHUI LING	Policyholder NRIC	S7727114G	
Certificate No.		Name			NAIC		
Address	2 TAMPINES STREET 73 #14-0	2 PINEVALE S	INGAPORE 5	28823			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	19/10/2018	Effective Date	10/11/201	8 00:00	Expiry Date	09/11/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	ALPINE CREDIT PTE LTD	Agent Tel.	65113025		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	2 TAMPINES STREET 73	3 Addi	ess 2	#14-02 PINEVALE	- g	Address 3	SINGAPORE 528823
Address 4		Addi	ess Type	Singapore address		Post Code	528823
Unit No.		Rela Num	ted Policy ber	5095141839-01			
) Insure	ed Object: SFJ2884D						
	sements						
	Jeinenes .						

laim Handling ccident MT/1032573							
	EDDETATE TO DE			Vehicle No.	5F)2854D	GST Registration No.	
olicy No.	5095141839-01			Venice No.	3F/2804D	aut regulation no.	
ertificate No.	200000000000000000000000000000000000000	3000E				0.00.000.000	C22221.14C
olicyholder Name	JOCELYN HO CH				1500 March 4400	Policyholder NRJC	57727114G
roduct Code	PRIVATE CAR IN	SURANCE		Cover Type	drivo PREMIUM	Loading	0
ontact No.(Mobile)	97918836			Contact No.(Office)	0	Contact No.(Home)	0
mail Address				Special Remark	D-West Strate St.	eCode	TW Y
FK	No ○ Yes			TCA	® No ○Yes	eCode Reason	
CD Protestion	Ves			NCD Entitlement(%)	50	Private Hire	No
✓ Accident Details							
sport Date	18/02/2019 20:	59.		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	16/02/2019			Time of Accident hh:mm	15:55	Country of Accident	Singapore
porting Centre				Orange Force		ICM No.	
odent Location	TAMPINES RD B	EFORE 3UNC HO	DUGANG AVE-7				
Excess	annones and						
		600.00		Additional Excess	0	Windscreen Excess	100.00
en damage Excess						William Sell Excess	100.00
named Driver Excess		0.00		Outside Singapore OD Excess	600.00		
ind Party Excess		0.00	1	Outside Singapore TP Excess	0.00		
9 Benefits							
GST Registered Informa	ation						
T Registered		No.			GST Registration Date		
T Registration No.					GST Status Verified	Tes	
dification Hattary							
Policyholder Halling Ad		many wa		Address 2	#14.02 OTHERALE	Address 3	SINGAPORE 528823
ddress I	2 TAMPINES ST	NECT 73		Address 2	#14-02 PINEVALE	Post Code	528823
ddress 4				Address Type	Singapore address	Post Code	320023
nit No.				Related Policy Number	5095141839-01		
OI Driver Info							
tver Name	KOI GEK YEOW	DAVID		Driver Type	Named Driver		
named driver Name				Driver NRIC	S7715456F	Driver DOB	09/06/1977
gister Date of Driver License	02/04/2007			Driver Age	41	Driving Experience	11
intact No.(Mobile)	98779714			Contact No. (Office)	0	Contact No.(Home)	O.
adress I	2 TAMPINES ST	REET 73		Address 2	PINEVALE	Address 3	SINGAPORE 528823
idress 4				Address Type	Singapore address	Post Code	528823
nit No.	14-02			CONTRACTOR OF THE PARTY OF THE	No Vertice and the second		
oes he own a Singapore	○ Yes ® No			Driver Vehicle No.		Driver Insurer Company	
egistered car?	C) res & no			Diver vende He		7474-107100-7003700	
ectaration							
reathalyser or Blood Test	0 mg			Any injury?	○ Yes ® No		
sading?				20047042040			
odational laterature 1							
odification History							
Claim 001 New							
ron Tune 4	OD.HV	-	1	Insured Name	JOCELYN HO CHUI LING	Insured NR3C	57727114G
aim Type *	OD-MX				PARTITION WHEN SAID		
ortact No.(Mobile)	97918836			Contact No.(Home)		Contact No.(Office)	Dogware
nail Address	jocelyn_kol@ya			OI Vehicle Number	SF32884D	TP Vehicle Number	YN63063
aimant Type Claimant Type •	Please Select	v	1	Type of Benefit *	Please Select 🔻		
amant Name *			22	Claimant NRIC *		100	
aimant Address							
aim Description	SF32884D / YN	53063 ON 16 Fel	6 2019			Name of Preferred Workshop	
eferred Workshop Contact			]	Insured Liability *	Not at Fault		
oure Finalisation	Yes	V	1	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	18/02/2019 21:			Claim Close Date		Date Received	18/02/2019 00:00
ne Registered			-	Control with the same		9,000,000,000,000	Name and Address of the Party o
eport Taken By	Jackson		4				
Print AK letter							
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coident No.	MT/10325	23		Cleim No.	001		
				Upload Date	18/02/2019 21:03		
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