NATIONAL Assessment Centi	re Services well sarios	MHA 119 0309 13.	
Date In: 7/5/19 - 17:10	Jeb description	Date &Time Completed	Done by
Re[No: 1/4 / INC 19004 187/24	SAS e-filing		
Veh No: DIC 18890.	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 6/1/19-19:00	i-Motor Claim Form	M7/1034915-001	717/19 N:VY.
	I-Motor W/O (Within: OD :		
OD : TP Reporting Only	i-Photo Uploaded		
TDI	Assessment/Survey Report	1	
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No:	1976L . INC	()/Non-INC().	
Owner / Driver: (*****	Tel:)
Policy No: () Pe	eriod: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	000 ()/\$2,000 ()		
General Remarks:		CONTRACTOR STATE	
La accesaria e la agracia presentajar papadolista, e calli substrutturo de distrutturo de la compansión de ser		BL Transferred Control of the Art	100 Met 1981 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
() Walk-In Customer : Customer's info	THE RESERVE AND ADDRESS OF A PERSON NAMED OF THE PARTY OF	Strictly NO rater of repairer.	
() Total Loss Case : to e-mail Insur		· · · · · · · · · · · · · · · · · · ·	
Drive-In ()/ Towed-In (); Invoice	e: YES() / NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/(Courtesy Car ()		
2) QC Check / Post Repair Inspection	()	***************************************	
3) Upload Resurvey Photo [Repair Cost > \$3	30001 ()		
Injury:	7		
Date/Time Actions			PARAGONIE.
	•		
06721 P241 211 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Invoice Pr	eparation Checklist	Anit (S) Ami (\$)
AA19017 69	1) AR : Accide		The Bill Add Bill
laimant's Particulars :-	2) DA : Dama	ge Assessment (\$100); INC (\$	
river/Owner:	3) TF : Towing	g Fee . S4 -Through Survey	0/\$45 \$120
ontact No:	5) FT : Follow	-Through Survey (Resurvey)	\$30
	For claiming 6) TR: Re-ins	e against INC Only (wef 10 Jan 200	\$)
amaged Portion:	7) N1 : Idao D.	A + SMRT Survey	\$160
		ilional Services:-	
Checked by (Engr-In-Charge):	*N5: Courte	sy Car / Tpl Allowance	\$5
Total Agreement of the Control of th	*N6: Repair	Co-ordination	\$10
uditors' Comments :-		epair Inspection	525
Li	TP (N11):	IP (Non INC) against INC	\$20
2/3;	9) N12: Idao N Involce dated	fobile Pee Chargea	30
	Involce dated	Fee Charged	CANY

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	07/03/2019 12:10
Date Of Accident	06/03/2019 19:25
Exact Location Of Accident	LENTOR AVE TWDS AMK AVE 6
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK1889U
Insured/Policyholder	
Name Of Registered Owner	SEAH ZHEN LONG, JEREMY
NRIC No	S8850302C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97290590
Alternative Phone No	OFFICE-97290590
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G A
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	5102153092
Cover Note Number	

Driver

Name of Driver	SEAH ZHEN LONG, JEREMY
NRIC No	S8850302C

 Date Of Birth
 16/12/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 02/01/2009

Driving Experience 10 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97290590

Fax Number

Contact Number OFFICE-97290590

EMail Address NOEMAIL

BLK 541 HOUGANG AVENUE 8 Address

#05-1213

Postcode 530541

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 CHAIN COLLISION

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T//20190307/7001.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJH2476L

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

SFX9669P

Vehicle Registration Number

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 3

Vehicle Registration Number SGF1812C

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 INJURED PERSON 1

NO

Name SEAH ZHEN LONG, JEREMY

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJK1889U Were seat belts worn? YES Was this injured conveyed to hospital by

ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- i. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Farm must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any unlid misrepresentation or withholding of meterial
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the port of the insurance
- b. Any felse reporting may be referred to the Police for investigation.
- 5. 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
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to explins of
- 5. Consent under the Personal Data Protection Act (POPA)

Lunderstand, acknowledge, agree and consent that:

- (s) 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 dains including the settlement of the claims and any necessary
 - (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, involces, reports or notices to me, which could involve disclesure of certain personal data about me to bring about delivery of the same as well as on the
 - (v) complying with applicable law in exiministering, processing, figuriary and/or dealing with any claims. (collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/law firms, they/are permitted to collect, use, dicase and/or process my Personal information for one or more of the above Purposes; and
- my Personel 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 Singaporo, for one or more of the above Purposes.
- thy Personal Information will also be collected and used to compile claims history for the purpose of freud 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 avaluating, investigating, controlling or managing itsud, 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.

Folloyboldens Signature Date & Time:

Orlyer's Signature (If driver is not the policyholder) Date & Time:

Mama:

Reporting Contre Personner's Signature

NRIC/FIN No.:

A: 51K 18890. B: 504 2476L C: SFX 9669P. D: 568 1812C.

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SCRIBE CIRCUMSTANCES		- Andrews of the Control of the Cont
Based on	Rive Report: 7/2019	0307/7001
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	9	
	The state of the s	
ECLARATION		
ECLARATION We declare the foregoing puri	icu'ars are true in every respect.	
CLARATION Ve datlers the foregoing puri		
We declare the foregoing puri	liculars are tribe in every respect.	
ECLARATION We disclare the foregoing puri		Reporting Cantre Personners Signature Name: NRIC/FIN No.:

SKETCH PLAN

Date of Accident	: 06/03/2019Accident Time: 19: V (24-HR-Format)
Accident Place	LEUTOR AVE TOWARDS AMIC AVE 6.
Vehicle Reg. No. (Car Plate No.)	SJK 1889 4
Vehicle Make/Model	: Hondy Fit 1.3A
Insurance Company	NTUC Policy No. 5100 255717
Owner or Company Name /IC No.	SEAH ZHEN LONG, JEREMY
Owner or Company Contact No.	: 97290590 Owner's HpCompany Tel
DRIVER'S Name / IC No.	Company Tel
DRIVER'S Date Of Birth	: 16/12/1988 DRIVER'S License Pass Date 02/01/2009
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others
DRIVER'S Address	: BLK 541 HWGANG AVE 8 # 05-1213 S(53054
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	:(INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: JS00EMP90@GMAIL.COM
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Di	river): 0
Was there any video Captured by ca Exact purpose for which vehicle was	r camera. VES DNO s being used at the time of accident. Frivate use Work purpose
Other P	arty Driver's Particular (if any)
Vehicle Reg. No: SJH 2476L	Wehicle Reg. No: SFX 9669 P @
Vehicle Make\Model:	
Name Driver:	
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:
(A) (1-	

(D) ShF 1812 (.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190307/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2019 00:29		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: HEN LONG	, JEREMY	Address: APT BLK 541 HOUGANG AV 530541	/ENUE 8 #05-1213 SINGAPORE		
ID Type / ID No.: NRIC NO / S8850302C			Contact No.: Home/Office:	Mobile: 97290590		
Nationality: SINGAPORE CITIZEN		EN	Email: JS00EMP90@GMAIL.COM			
Sex: Age: Date of Birth: Male 30 16/12/1988			Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: ENGINEER			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/03/2019 19:25	Type of Location Straight Road
Location:				
LENTOR AVE	NUE			
Weather:		Road Surface:	F	land Canad Limite
A STATE OF THE STA		Dry	,	Road Speed Limit:
Clear Traffic Flow: One Way		1220.33	Т	raffic Volume:

Details of V	ehicle Invo	lved	出版 清晰 医毒性红			TANK BEET BOOK
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFX9669P	Car	HONDA	VEZEL	Red	Slightly Damaged	1
SGF1812C	Car	KIA	FORTE K3	Silver	Slightly Damaged	1
SJH2476L	Car	HONDA	CIVIC	White	Seriously Damaged	2
SJK1889U	Car		HONDA FIT	Blue	Seriously Damaged	1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190307/7001

CONTINUATION OF REPORT

Details of Perso	n Involved	· · · · · · · · · · · · · · · · · · ·		TATE OF	Average P	White and the same of
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Per	destriar	Cross	sing: NA
Vehicle Owner	CHECKLES AND AND AND SHOP	NIE STEEL STEEL STEEL	The state of the state of	of sign	SIR SI	A COMPRESSION OF REAL
Name	SEAH ZHEN LONG, JEREMY					S8850302C
Related Vehicle	SJK1889U (Car)			Contact No. 9		97290590
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of		Slight	

Brief Details.

On the stated time and date, I was driving my car (Veh A: SJK1889U) along Lentor Ave. A car (VEh C: SFX9669P) infront of me jammed brakes. Luckily, I managed to stop in time. Suddenly, I felt an great impact from my rear, causing my car to surge forward and collide onto Veh C. I alighted and realized that I was involved in a 4 car chain accident. Veh B (SJH2476L) had collided onto me causing my car to surge forward to collide onto Veh C. There was another car (Veh D:SGF1812C) infront of Veh C.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190307/7001

CONTINUATION OF REPORT

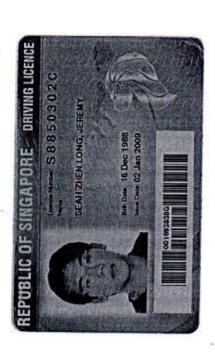
Sketch Plan

NP168

Informant is not able to provide sketch plan

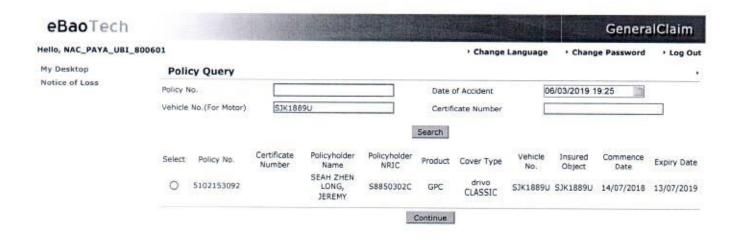
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/03/2019 00:29
Officer In Charge Of Case: TP / TPHQ / RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp	











Policy Information

Palicy No.	5102153092	Policyholder Name	SEAH ZHEN	LONG, JEREMY	Policyholder NRIC	S8850302C	
Certificate No.		Nume.			MALC		
Address	BLK 541 #05-1213 HOUGANG A	VENUE 8 SIN	GAPORE 530	541			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	13/07/2018	Effective Date	14/07/2018	00:00	Expiry Date	13/07/2019 23	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	INSMART (INSURANCE) AGENC	Agent Tel.	68420766		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 541 #05-1213	Addr	ess 2	HOUGANG AVENUE	E 8	Address 3	SINGAPORE 530541
Address 4		Addr	ess Type	Singapore address		Post Code	530541
70355 FF 500-L	05 1313	Relat Num	ed Policy ber	5102153092			
Unit No.	05-1213						
	ed Object: SJK1889U	0.1003					
Unit No. D Insure	ed Object: SJK1889U	0.000					

Claim Handling					- E
Accident MT/1034968					
Policy No.	5103153093	Vehicle No.	SIK1889U	GST Registration No.	
Certificate No.				Committee annual con-	
Policyholder Name	SEAH ZHEN LONG, JEREMY			Policyholder NRIC	58850302C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	97290590	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	Tu: V
KFK	No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Report Date	07/03/2019 12:21	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	06/03/2019	Time of Accident hh:mm	19:25	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	LENTOR AVE TWOS AMK AVE	6			
₩ Excess					
Own damage Excess	600.0	O Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.0	Outside Singapore OD Excess	600.00		
Third Party Excess	0.0	Outside Singapore TP Excess	0.00		
▽ Benefits					
GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No. Modification History			GST Status Verified	Yes	
THE PERSON PERSON					
□ Policyholder Malling Ad	dress				
Address 1	BLK Se1 #05-1213	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE \$30541
Address 4		Address Type	Singapore address	Post Code	530541
Unit No.	05-1213	Related Policy Number	5102153092		
○ OI Driver Info					
Onver Name	SEAH ZHEN LONG JEREMY	Oriver Type	Main Driver		
Unnamed driver Name		Onver NR3C	\$8850302C	Driver DOB	16/12/1988
Register Date of Driver License	02/01/2009	Driver Age	30	Driving Experience	10
Cornact No. (Mobile)	97290590	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 541	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530541
Address 4		Address Type	Singapore address	Post Code	530541
Unit No.	05-1213				
Opes he own a Singapore Registered car?	O Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	Dimg	Any Injury?	® Yes ○ No		
Hodification History					
Description of March					
Claim 001 New					
Daim Type *	00-MX	Insured Name	SEAH ZHEN LONG, JEREMY	Insured NR1C	58850302C
Contact No.(Mobile)	97290590	Contact No.(Home)	NIL	Contact No.(Office)	
tmail Address		Of Vehicle Number	\$3K3889U	TP Vehicle Number	\$3H2476L
Claimant Type Claimant Type *	Please Select 🔍	Type of Benefit •	Please Select		(A)
Claimant Name *		≥≥ Claiment NR3C +	9		
Darment Address					
Diam Description	SJK1889U / SJH2476L ON 6 M	ar 2019		Name of Preferred Workshop	
referred Workshop Contact 4s.		Insured Lability *	Not at Fault		
Require Finalisation	Yes v	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/03/2019 12:23	Claim Close Date		Date Received	07/03/2019 00:00
Report Taken By	3ackson				
Print AK letter					
			Save Submit		
Attachment					
w.					
Accident No.	MT/1034958	All the Maria	***		
acodens No. Last Doc. Received		Claim No.	001		
WAY THE WELLOWER	® Yes ○ No	Upload Date	07/03/2019 12:24	an announced to	
	Path *		Category *	Confidential Urgen	
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