Date In: 244/14-10:79	Lentre Services		Date &Time Completed	Done	by by
Ref No: NA INCHOSTAYTEY	SAS e-filing				
Veh No: 5649299c	E-mail (within				
D.O.A 28/4/19-16:32	i-Motor Clai		M-1104263-001	29/4/19 2	2:07
		) (Within: OD 2hr:		(1)4/14	
OD TP Reporting Only	i-Photo Uplo		1		yr.
		urvey Report			
TP Insurer:			o Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp / QW	/: (		Tel:	Fax:	
TP Particulars: Veh No:	JKJ 8661 h	. INC(	)/Non-INC( )		
Owner / Driver: (	34418		Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	William Cold
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (	WO): N: 0-20	0%; P: 21-79%. P: 80-	-100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
Excess: (S ) Loading	\$1,000()/\$2,000	( )			
General Remarks;	4.42			1124	7
( ) Walk-In Customer : Customer	s information strictly Co				-
( ) Total Loss Case : to e-mail I		indential & St	icity NO Talet of Tepallet	<u> </u>	
		70 / -	·	-	
zare in ( ), rawea-in ( ), in	voice: YES ( ) / I	10( );1	owing Co: ( ''		)
Remarks:- (INC hotline: 6788 66	(6)		Date&Time Completed	Done	by
1) Apply for Transport Allowance (	Company of State (1970) and two comments for Secretaries and	)	Date&Time Completed	Done	by
	Company of State (1970) and two comments for Secretaries and	)	Date&Time Completed	Done	by
1) Apply for Transport Allowance (	)/Courtesy Car (	) ) )	Date&Time Completed	Done	by
Apply for Transport Allowance (     QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost	)/Courtesy Car (	) ) )	Date&Turie Completed	Done	by
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	)/Courtesy Car (	) ) )	Date&Time Completed	Done	by
Apply for Transport Allowance (     QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost	)/Courtesy Car (	)	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	)/Courtesy Car (	)	Date&Time Completad	Done	by
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1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions	)/Courtesy Car (		aration Checklist Reporting (\$30);	Ani((S))	Arit(\$)
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  MA160314 3	)/Courtesy Car (	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe	aration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$30);  Reporting (\$30);	Anit (5).  75: Bill  880)  40/545	Arit(\$)
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  NA160314 3  minant's Particulars:  iver/Owner:	)/Courtesy Car (	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th	aration Checklist  Reporting (\$30); Assessment (\$100); INC (\$200); Frough Survey	Amit (S) fit Bill	Ant (\$)
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  NA160314 3  Lumant's Particulars:	)/Courtesy Car (	Invoice Prep 1) AR: Accident 2) DA: Damage / 3) TF: Towing For 4) FT: Follow-The For claiming as	Aration Checklist  Reporting (\$30); Assessment (\$100); INC (\$30); Assessment (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Assessment (\$30); Assess	Xmt (\$) 1st Bill 880) 40/\$45 \$120 \$30	Ant (\$)
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  NAIGOBY 3  Autimant's Particulars:  iver/Owner:	)/Courtesy Car (	Invoice Prep 1) AR: Accident 2) DA: Damage / 3) TF: Towing For 4) FT: Follow-Th For claiming ag 6) TR: Re-inspec	aration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$200);  The Servey arough Survey (Resurvey)  Assessment (\$100); INC (\$200);  Assessment (\$100); INC (\$200);  The Servey (\$200	Ani(*(\$)) 191 Bill 180) 40/\$45 \$120 \$30	Ant (\$)
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1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  NA160314 3  minimant's Particulars: iver/Owner: intact No: imaged Portion:	)/Courtesy Car (	Invoice Preparation of the state of the stat	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$200); Frough Survey Frough Survey (Resurvey) Frough Survey Frough Sur	Anit (\$) 19 Bill 180) 40/\$45 \$120 \$30 35) \$75 \$160	Arit(\$)
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time   Actions  NAIGOBY 3  Liminant's Particulars:  priver/Owner:  pontact No:  hmaged Portion:	)/Courtesy Car (	Invoice Preparation of the control o	aration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$30);  The Service of the service o	Anit (5) 131 Bill 1880) 40/545 \$120 \$30 35) \$75 \$160	
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1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  NAIGOBY 3  Lumant's Particulars:  river/Owner:  Intact No:  Imaged Portion:  Checked by (Engr-In-Charge):	)/Courtesy Car (	Invoice Preparation of the control o	aration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$30);  The Service of the service o	Anit (5) 131 Bill 1880) 40/545 \$120 \$30 35) \$75 \$160	Amu(\$)
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions	)/Courtesy Car (	Invoice Preparation of the control o	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$30); A	\$30 \$160 \$160 \$160 \$160 \$160 \$160 \$160 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	Amt(\$)

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. 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 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.
- 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

atoresaid,	
Applicabilities with an include a	ACCIDENT STATEMENT
Date Of Report	29/04/2019 10:39
Date Of Accident	28/04/2019 16:30
Exact Location Of Accident	CHANGI AIRPORT JEWEL BASEMENT CARPARK
Country/State of Loss	SINGAPORE
Marie Company of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG9099C
Insured/Policyholder	
Name Of Registered Owner	CHYE TENG HONG
NRIC No	S8922681C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91704293
Alternative Phone No	OFFICE-91704293
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3 1.6A
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102629153
Cover Note Number	

(LOCAL) +65-91704293

# Driver

Name of Driver	CHYE TENG HONG
NRIC No	S8922681C
Date Of Birth	05/07/1989
Occupation	INDOOR
Date Of Driving Pass	24/03/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE

Mobile Number Fax Number

Contact Number OFFICE-91704293

EMail Address NOEMAIL

BLK 183D RIVERVALE CRESCENT Address

#14-219

544183 Postcode

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

COLLISION - MAJOR/MINOR RD 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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

3

Number of Passengers (Including Driver) Passenger 1

NAME:

: OLIVIA NG JIA HUI

GENDER: : FEMALE

Passenger 2

NAME:

: CHEW JUAT LIAN

: FEMALE GENDER:

## **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 ALONG THE STATED VENUE. SUDDENLY VEHICLE B COMING FROM MY LEFT SIDE WHICH HE FAILED TO STOPPED BEFORE THE STOPPING LINE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE TOO LARGE

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SKJ8661G

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

LOH ZHUANREN (LU ZHUANREN)

NRIC/Passport Number

S8127979I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

#### **DETAILS OF INJURED PERSON 1**

Name CHYE TENG HONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLG9099C Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 2**

Name OLIVIA NG JIA HUI

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLG9099C YES

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 3**

Name CHEW JUAT LIAN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLG9099C Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### 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
- 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) of:
  - (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")
- 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:

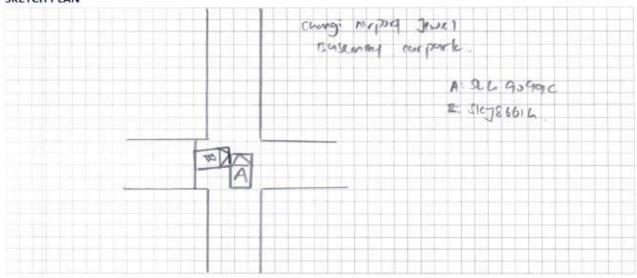
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Persons Name:

NRIC/FIN No.:

s Signature



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer	to	Hatenent.	
_			

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 Persophel's Signature

Name:

NRIC/FIN No .:



SINGAPORE







<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		28/04/2019	16:30	
	Vehicle	No.(For Mator)	SLG90	99C		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102629153		CHYE TENG HONG	S8922681C	GPC	CLASSIC	SLG90990	SLG9099C	26/07/2018	25/07/2019
						Continue					

olicy No.	5102629153	Policyholder Name	CHYE TENG	HONG	Policyholder NRIC	S8922681C	
ertificate o.		- Talling			THILE .		
ddress	BLK 183D #14-219 RIVERVAL	E CRESCENT SI	NGAPORE 54	4183			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	25/07/2018	Effective Date	26/07/2018	3 00:00	Expiry Date	25/07/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Υ	
o- nsurance lag Open olicy nfo	No						
Certificate Info							
Policy!	holder Mailing Address						
	BLK 183D #14-219	Addre	ss 2	RIVERVALE CRESC	ENT	Address 3	SINGAPORE 544183
\ddress 1			REIN ICANOUS	6		Post Code	544183
		Addre	ss Type	Singapore address			
Address 4	14-219		ed Policy	5102629153			
Address 4 Unit No.	14-219 ed Object: SLG9099C	Relati	ed Policy				
Address 1 Address 4 Unit No. D Insure	ed Object: SLG9099C	Relati	ed Policy		A MAIN		

cy No.					
the second of the second	5102629153	Vehicle No.	SLG9099C	GST Registration No.	
tificate No.					
cyholder Name	CHYE TENG HONG			Policyholder NRIC	S8922681C
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
tact No.(Mobile)	91704293	Contact No.(Office)	0	Contact No.(Home)	0
el Address		Special Remark		eCode	(a) V
	No ○ Yes	TCA	® No ○ Yes	eCode Reason	
Protection	No	NCO Entitlement(%)	50	Private Hire	Yes
Accident Details					
ort Date	29/04/2019 20:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
e of Accident	28/04/2019	Time of Accident hhimm	16:30	Country of Accident	Singapore
orting Centre		Orange Force	14-34	ICM No.	Singapore
dent Location	CHANGI AIRPORT JEWEL BASEMENT CARPA	Market Control of the		Bart 1986	
Excess	CHANGE ATRIORY JEWEL BASEMENT CARM	es.			
damage Excess		Contract Contract			Takan
	2,000.00	Additional Excess	0	Windscreen Excess	100.00
arned Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits	3250				
GST Registered Inform					
Registered Registration No.	No		GST Registration Date 09T Status Vented		
fication History			Out place ventes	Yes	
Policyholder Mailing A	ddreas				
ress 1	BLK 183D #14-219	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 544183
iress 4	And the second second	Address Type	Singapore address	Post Code	544183
No.	14.219			CHEA SAME	344103
OI Driver Infe	14-219	Related Policy Number	5102629153		
	12 2 2				
or Name amed driver Name	Chye teng hong	Driver Type	Main Driver	27077252	121771107
		Driver NRIC	S8922681C	Driver DOB	05/07/1989
ister Date of Driver Licens		Driver Age	29	Driving Experience	10
tact No.(Mobile)	91704293	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 183D	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 544183
ress 4	14-219	Address Type	Singapore address	Post Code	544183
t No.	14-219				
is he own a Singapore pistered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
aration					
athalyser or Blood Test ding?	0 mg	Any injury?	Yes ○ No		
ang:			N780097,003		
Laws Comme					
fication History					
sim cos Mex				25************************************	
n Type *	ОО-МХ	Insured Name	OHYE TENG HONG	Insured NR3C	58922481C
n Type * act No.(Mobile)	  00-мх  97211519	Contact No.(Home)	63125614	Insured NR3C Contact No.(Office)	58922681C
n Type * act No.(Mobile)	97211519	Contact No.(Home) Oil Vehicle Number	63125614 SLG9099C		58922561C SK38661G
n Type * act No.(Mobile) I Address nent Type Claimant Type	97211519	Contact No.(Home)	63125614	Contact No.(Office)	
n Type * act No.(Mobile) I Address sent Type Claimant Type	97211519	Contact No.(Home) Oil Vehicle Number	63125614 SLG9099C	Contact No.(Office)	
m Type * act No.(Mobile) If Address nent Type Claimant Type nant Name *	97211519 Please Select	Contact No.(Home) Oil Vehicle Number Type of Benefit *	63125614 SLG9099C	Contact No.(Office)	
m Type * act No.(Mobile) Il Address nent Type Claimant Type nant Name *	97211519 Please Select	Contact No.(Home) Oil Vehicle Number Type of Benefit *	63125614 SLG9099C	Contact No.(Office)	
m Type * act No.(Mobile) If Address nent Type Claimant Type nent Address In Description	Prease Select	Contact No.(Home) Oil Vehicle Number Type of Benefit *	63125614 SLG9099C	Centact No.(Office) TP Vehicle Number	
m Type * tact No.(Mobile) if Address mant Type Claimant Type mant Name * mant Address n Description erred Workshop Contact	97211519  Please Select  >>  SLG9099C / SKJ8661G ON 28 Apr 2019	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	63125614 SLG909PC Please Select	Centact No. (Office) TP Vehicle Number  Name of Preferred Workshop	SK38661G
m Type * act No.(Mobile) If Address nent Type Claimant Type nent Name * nent Address n Description erred Workshop Contact are Finalisation	97211519  Please Select  SLG9099C / SKI8661G ON 28 Apr 2019  Yes	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Lability * Preferend Repair Option	63125614 SLG909PC Phase Select	Centaci No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SK38661G
n Type * act No. (Mobile) I Address nent Type Claimant Type nant Name * nent Address n Description erred Workshop Contact size Finalisation Registered	97211519  Please Select  \$\gequiv \text{SLG9099C / SKJ8661G ON 28 Apr 2019}  Yes  \$29/04/2019 20:03	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	63125614 SLG909PC Please Select	Centact No. (Office) TP Vehicle Number  Name of Preferred Workshop	SK38661G
n Type * act No. (Mobile) I Address nent Type Claimant Type ant Name * nant Address Description orned Workshop Contact sine Finalisation Registered et Taken By	97211519  Please Select  SLG9099C / SKI8661G ON 28 Apr 2019  Yes	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Lability * Preferend Repair Option	63125614 SLG909PC Please Select	Centaci No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SK38661G
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