Date In: 3/5/19-18: 99	Services poet 1 Janos po	Date &Time Completed	Done by
Ref No: NA JIHC 19258 065 / 24	SAS e-filing		2011009
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D.O.A: 20/9/18-00:00			
D.G.K. 19/1/18 - 03:33	i-Motor Claim Form	M1 1013678-00	7/5/19 7: 20
OD / TP-/ Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
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Preferred Wksp / INC Assign Wksp / QW: (CONTROL VINCOUNTERS OF THE CONTROL O	Tel: F	ax:
TP Particulars: Vch No:	. , INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Period	d: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Not	te-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%]
)	
Excess: (\$) Loading: \$1,000	()/\$2,000()		
General Remarks			145 6 17
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Drive-In ()/ Towed-In (); Invoice: Y	ES()/NO(); To	owing Co: (
cemarks: (INC hotline: 6788 6616)		n	A STATE OF THE STA
	tesy Cox (Date&Time Completed	Done by
Apply for Transport Allowance ()/Cour	rtesy Car ()	Date&Time Completed	Done by
1) Apply for Transport Allowance ()/Cour 2) QC Check/Post Repair Inspection	()	Date&Time Completed	Done by
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000	()	Date& Time Completed	Done by
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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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	07/05/2019 18:59
Date Of Accident	20/09/2018 00:00
Exact Location Of Accident	JUNC UPP CHANGI RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ7245U
Insured/Policyholder	
Name Of Registered Owner	LI QINGRU SHARON
NRIC No	S8118744D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97764248
Alternative Phone No	OFFICE-97764248
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.5 CVT ABS D/AB HID 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	REPORTING ONLY
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	5069299695-03
Cover Note Number	
Driver	
Name of Driver	LEE AH KOW
NRIC No	S1331644I
Date Of Birth	16/03/1942
Occupation	INDOOR
Date Of Driving Pass	22/09/1980
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98297834
Fax Number	
Contact Number	OFFICE-98297834

BLK 107 JALAN BUKIT MERAH Address

#11-1814 160107

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name BEDOK POLICE DIVISIONAL HQ (G DIVISION)

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 1800-2440000 - FAX NO: 64443009

Circumstances of Accident

Was there any audio recorded?

REFER TO POLICE REPORT - G/20190412/2073.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO NO

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.
- 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>.
- 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)

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;
 - (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:
 - 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.

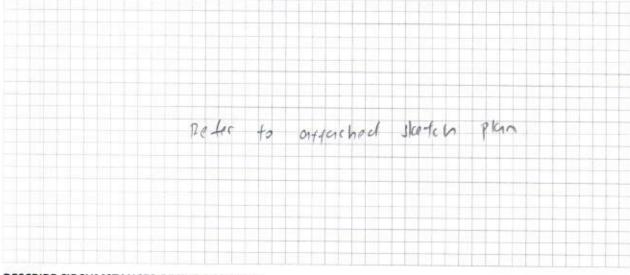
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personne Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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K6+0 43	bytice ubout - almidon 1-1233.	

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 Personnel's Signature

Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

LOCATION: Upp (hang) Rd Ledo	MM:HH)(CO : CO): AMIT (YYYYMM) C CC 7 Jun Hish
	ic co , mu Hist
1. DETAILS OF VEHICLE	#
a) VEHICLE NUMBER: JEAGUES	W 81 29
DINSURANCE COMPANY: LHUC	1
C)POLICY NUMBER: 5069 29969:-01.	
d)POLICY TYPE: (COMPREHENSIVE / TH	IRD PARTY / THIRD BARTY SIDE ATTIC
e)MAKE & MODEL:	INDIANT / THIRD PARTY FIRE &THEFT)
f)TYPE: (SALOON / COUPE / MPV / VAN	/LOPPY / MOTORCYCLE / COMME
O SOUND AT ACCUMENT MA	AE: DOUGE IN LAND
I) ARE YOU CLAIMING UNDER YOUR OW	WE: BURGE MIG.
IF NO, PLEASE STATE (THIRD PARTY CLA	IN INSURANCE (YES/NO) -
2. INSURED / POLICY HOLDER	AIM / REPORTING ONLY)
A) NAME: Li lingry sharen	
b) NRIC/FIN/PASSPORT: 58 118744D	(MALE / FEMALE)
c)ADDRESS:	CONTACT: 97764248
* CONTINUE TO 3.d IF DRIVER ALSO POLI	ICV LIGHT TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T
1 1336112 DRIVER	ICT HOLDER
(Indudina di m) dINAME: Ah DW	
(12) DINKIC/FIN/PASSPORT: > 133 16 WIT	(MAVE / FEMALE)
ald Dodge fills 1 - 11)	ONTACT: 98 2 97834.
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*d)DATE OF BIRTH: (16) 3 / CHYN	VDD 4444 BBBBB
TO THE PROPERTY OF A CHITCOCK	100 December 100
TEARS OF DRIVING EXPREDIENCE. 2VI	r. 1 10.0 3
WAS DRIVER AN EMPLOYEE OF THE TA	ICUDED IS A
IF NO, RELATIONSHIP OF THE DRIVER 5. Q) WEATHER CONDITION: (CIT IS A PARTY OF THE DRIVER)	WITH INSUPED: THE
	NG / OTHERS
	. C / C II LLO
O. WAS ANYBODY INJURED LYES (NO)	
WIREPORTED TO POLICE LYPS / NOT	
IF YES, PLEASE STATE WHICH POLICE STATE	TION:
8. THIRD PARTY VEHICLE of passenger a) VEHICLE NUMBER: SUSDECE. oclaring driver) b) DRIVER'S NAME:	
of passenger a) VEHICLE NUMBER: S LSD 506C.	MODEL
oduding driver) b) DRIVER'S NAME:	MODEL:
c) NRIC/FIN/PASSPORT:	CONTACT
b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE	OOMACI
O OF DECCAPORA	MODEL ·
O OF DECOMPT	MODEL:
d) VEHICLE NUMBER: oduding driver f) NRIC/FIN/PASSPORT:	MODEL:

email =

fax =

VIDEO =



POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2440000



1 of 2

Report No. G/20190412/2073

Date/Time Report Made 12/04/2019 14:06	Vide Re	Station Diary No				
Name Of Informant LEE AH KOW	APT BL	Address APT BLK 107 JALAN BUKIT MERAH SINGAPORE				
ID Type / ID No. NRIC NO / \$1331644I	Contact	Contact No. Home/Office				
Nationality SINGAPORE CITIZEN	Email A	98297834 Email Address				
Occupation	Sex	Age	Date of Birth	Race		
OTHERS	Male	77	16/03/1942	Chinese		
Institution/School Name	CONTRACTOR PROPERTY.	Language 177 110/03/1942				
Date/Time Of Incident 20/09/2018 00:00		Location Of Incident UNKNOWN				
Brief details.	A STATE OF THE STA	The same of	The late of the late	and the second second second		

I RECEIVED A LETTER FROM THE OTHER PARTY CLAIMING INSURANCE FROM ME. I AM THE DRIVER OF THE VEH NO SKQ7245U, OWNERSHIP IS MY DAUGHTER LI QINGRU SHARON.

I AM VERY SURE NO ACCIDENT INVOLVED MY VEHICLE ON THE MENTIONED DATE . THE OTHER PARTY (SLS2506C STATED IN THE LETTER) WANTS TO CLAIM INSURANCE FOR THE DAMAGE ON HIS / HER CAR.BUT THERE IS NO DAMAGE ON MY CAR ON THE REAR PORTION .

Signature Of Officer Recording The Report: Signature Of Informant: TP / YOGENDRAN S/O RAJASAKARAN Date/Time: Signature Of Interpreter: Not applicable 12/04/2019 14:06 Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp LOH YI XIANG Contact No.: Classification Of Case: SINGAPORE Authentication Stamp Signature:





2 of 2

Report No. G/20190412/2073

POLICE REPORT (NP299)

CONTINUATION OF REPORT

THE QUOTATION FROM THE WORKSHOP ATTACHED ON THE LETTER WHICH WAS SENT TO ME CLEARLY STATED THAT ALL THE DAMAGES ON THE OTHER CAR IS AT THE FRONT PORTION.

THIS REPORT IS MADE FOR RECORD PURPOSE ONLY. UPON RECEIVED THE LETTER MY FRIEND TRIED TO CONTACT THE CUSTOMER SERVICE OFFICER TO VERIFY FOR MORE DETAILS FOR THE CASE BUT HE COULDN'T REACH THEM .SO AS A DRIVER OF SKQ7245U I AM LODGING THIS POLICE REPORT TO FACILITATE MY INSURANCE COMPANY TO CARRY OUT FURTHER INVESTIGATION CHECKS TO THE CASE.

REFERENCE REPORT NO WAS SENT TO MY DAUGHTER LI QINGRU SHARON (MT/CA/TP/022/1013678-001/A/PJT) THATS ALL

Subjects Involved	
Victim	THE RESIDENCE OF THE PARTY OF T
Person Name	LEE AH KOW (Informant)
- Principles	学者是是一种的一种,但是一种是一种的一种。

Signature Of Officer Recording The Report:

TP / YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp LOH YI XIANG Contact No.:

Authentication Stamp

Signature Of Informant:

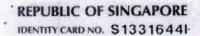
Date/Time: 12/04/2019 14:06

Classification Of Case:



SINGAPORE

Signature:





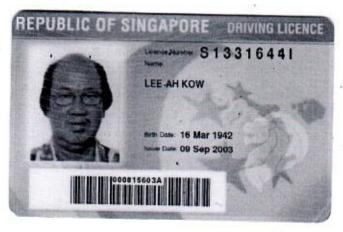
LEE AH KOW

CHINESE

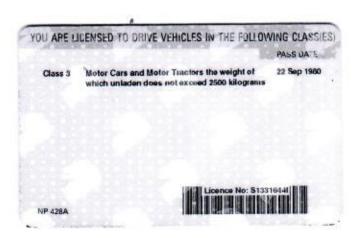
16-03-1942

SINGAPORE









eBao Tech										Genera	alClaim	
Hello, NAC_PAYA_UBI_80	Hello, NAC_PAYA_UBI_800601						Chang	e Language	guage Change Password		d · Log O	
My Desktop	Poli	cy Query										
Notice of Loss	Policy N	io.				Date	of Accident	I	20/09/2018 (00:00		
	Vehicle	No.(For Motor)	SKQ72	245U	Certificate Number							
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5069299695- 03		LI QINGRU SHARON	58118744D	GPC	drivo CLASSIC	SKQ7245U	SKQ7245U	05/09/2018	04/09/2019	

cident MT/1013678					
	5069299695-03	122010 V2-3			
itcy No.	200.45440.42-03	Vehicle No.	SKQ7245U	GST Registration No.	
Scynolder Name					
oduct Code	LI QINGRU SHARON	W 1551		Policyholder NRIC	S8118744D
ntact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
nail Address	NA	Contact No.(Office)		Contact No.(Home)	
K Address	200200	Special Remark		eCode	No. V
	® No ○Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Not available
Accident Details					
ort Date	01/10/2018 12:51	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
e of Accident	20/09/2018	Time of Accident hh:mm	19:00	Country of Accident	
orting Centre		Orange Force		IOM No.	Singapore
dent Location	UPPER CHANGI ROAD BEDOK CC T JUNCTIO			2001.000	
Excess					
damage Excess	600.00	Additional Excess			
armed Driver Excess	0.00		0	Windscreen Excess	100.00
Party Excess	0.00	Outside Singapore CO Excess	600.00		
Benefits	6.00	Outside Singapore TP Excess	0.00		
GST Registered Inform	anti-				
Registered Registration No.	No		GST Registration Date		
Ication History			GST Status Verified	Yes	
GUIRMONTO DA					
Policyholder Mailing A	ddraes				
ress 1	BLK 261 #10-543	Address 2	BOON LAY DRIVE	Address 3	SINGAPORE 640261
		Address Type	Singagore address	Post Code	640261
No.	10-543	Related Policy Number	5069299695-03		
OI Driver Info			***************************************		
r Name Imad driver Name		Driver Type			
		Driver NRIC		Driver DOB	
ter Date of Driver License		Driver Age		Driving Experience	
act No.(Mobile)		Contact No. (Office)		Contact No.(Home)	
ess 2		Address 2		Address 3	
ress 4		Address Type	Foreign address	Post Code	
		Address Type	Foreign address	Post Code	
No. s he own a Singapore	○ Yes ® No		Foreign address		
No. s he own a Singapore	○ Yes ® No	Address Type Driver Vehicle No.	Foreign address	Post Code Driver Insurer Company	
ress 4 1 No. Is he own a Singapore istered car?	○ Yes ® No		Foreign address		
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No. he own a Singapore litered car? cation History lim 002 New	○ Yes No		Foreign address LI QINGRU SHARON	Driver Insurer Company	5011072440
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No. Type * Interest and the state of the st	ор-мх 🔻	Driver Vehicle No. Insured Name Contact No.(Home)	LI QINGRU SHARON	Driver Insurer Company Insured NRIC Contact No. (Office)	58118744D
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No. he own a Singapore fered car? Cation History Im 802 Mass Type * ict No.(Mobile) Address Art Type Claimant Type * ant Name *	OD-MX 97764248 SHAZZALIGHOTMAJL.COM	Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number	LI QIMGRU SHARON SKQ7245J	Driver Insurer Company Insured NRIC Contact No. (Office)	58118744D
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No. The own a Singapore itered car? Coation History In Type * Sect. No. (Mobile) Address And Type Claimant Type * ant Name * ant Address Description and Workshop Contact re Finalisation Registered	OD-MX 97764248 SHAZZALF@HOTMAJL.COM Prease Select ≥≥ SKQ7245U ON 20 Sept 2018 Yes	Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	LI QINGRU SHARON SKQ7245U Please Select Not at Fault	Driver Insurer Company Insured NkIC Contact No. (Office) TP Validie Number Name of Preferred Workshop GIA report	
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