	Jcb description	Date & Time Completed	Done	by.
Ref No: Na No 4212 / NA	SAS e-filing			
Veh No: SIM GOVIE	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 2/1/19-19:25	i-Motor Claim Form	M7 11046373-001	27/5/19	רעיכ
	i-Motor W/O (Within: OD 2hi			
OD / TO Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
1P Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	ix:)
TP Particulars: Veh No: 16	ואכן INC)/Non-INC()		
Owner / Driver: (A SUM AND	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 30-10	00%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()			
General Remarks:-	AND TO SECURITY OF THE	or supported the support of the supp	Jone S	**************************************
() Walk-In Customer: Customer's in	formation strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu		N 1 A		
		owing Co: (-	
			AD-ADERSHAR TWO	94.70
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	by
	A STATE OF THE PARTY OF THE PAR		127.1.4	-
1) Apply for Transport Allowance ()/	Courtesy Car ()		22.14	
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	/ Courtesy Car ()		2114	
1) Apply for Transport Allowance ()/	/ Courtesy Car ()		20114	
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	/ Courtesy Car ()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

 By the lodgement of this report to the insurers, you hereby con- aforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/05/2019 20:51
Date Of Accident	24/05/2019 19:25
Exact Location Of Accident	TELOK KURAU RD ROUNDABOUT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM6041E
Insured/Policyholder	
Name Of Registered Owner	LAU PHENG HWEE, JENSEN
NRIC No	S7829817J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97676454
Alternative Phone No	OFFICE-97676454
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THE RESIDENCE OF THE PARTY OF T
Name of Insurance Company	NTUC INCOME INSURANCE CO. OPERATIVE LTD

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5108485217

Cover Note Number

Driver

Name of Driver LAU PHENG HWEE, JENSEN (LIU BINGHUI)

NRIC No S7829817J Date Of Birth 09/10/1978 Occupation OUTDOOR Date Of Driving Pass 09/07/2001

Driving Experience 17 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97676454

Fax Number

Contact Number OFFICE-97676454

EMail Address NOEMAIL Address BLK 306A PUNGGOL PLACE

#06-39

Postcode 821306

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 - ROUNDABOUT

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

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

100

GENDER: : MALE

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

SGY1373C

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

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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 ladgment 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)
 - 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 malling 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 "Purnoses")
- 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.

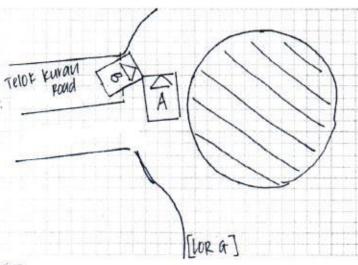
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Tyme:

Reporting Centre Person(e's Signature
Name:
NRIC/FIN No.:

VehicleA: SOM 6041E

Vehicles: Sty 1373c



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	ON T	ne stated	date 7	time, I	, vehi	cle 7	, JJM 60	41E,
was	travelt	ing along	the voi	indabout.	Sudde	nly,	velticle b	·,
34413	130,	ame m	t from	the mil	nov ro	ad n	amout s	cto pping
before	THE	give-way	line Y	coinded	0410	my	unicle's	font
eft	pov tio	и.						
			7				-Jailly away	
			- i					
							1-1-1-1-1-1-1	
							4	

DECLARATION

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

Policyholder's Signature Date & Time

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACC	DENT DATE: 24 / 05/	2019(DD/MM/YY)	M), TIME: 19:	25 HHH:MM)
LOCA	TION: Poundabout	of Telok ku	van Road	TELESCON EXCUSES.
	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPAN G) POLICY NUMBER:	31409MTl Y. VTU C F16848015	0	0
	GIPOLICY TYPE: (COMPR 6) MAKE & MODEL: FITYPE: (SALOWN / COUPL GIVEHICLE CATEGORY: (P H) PURPOSE OF USING AT HARE YOU CLAIMING UNI	EHENSIVE / THIRD PA TOYOTOLVIOS E / MPV / V AN / LORI PRIVATE / COMMERS ACCIDENT TIME: DER YOUR/QWN INSI	RTY / THÍRD PARTY RY / MOTORCYCLE CIAL / MOTORCYC WOY F URANCE (YES/NO)	/ OTHERS)
2.	IF NO. PLEASE STATE (THE	RIMIAD CRAFT PRAGRAM R RIMINA PROPERTY PARTIES NO. 12 15 16 16 16 16 16 16 16 16 16 16 16 16 16	EPORTING ONLY) LE JENSEYMALE J CONTACT:	/FEMALE) 7167 6454 S(821306)
	* CONTINUE TO 3.d IF DRI	VER ALSO POLICY HO	OLDER	
14 No of passing 2 (Including driver)	DRIVER G]NAME: E)NRIC/FIN/PASSPORT:		(MALE /	FEMALE)
male p.	c ADDRESS:			
	*d) DATE OF BIRTH: (_09/, e) OCCUPATION: (INDOOR f) YEARS OF DRIVING EXPRI	R / OUTD(OOR)	¥ .	
4.	WAS DRIVER AN EMPLOY	YEE OF THE INSUR	H INSURED:	(YES / (NO)
5.	DIWEATHER CONDITION: (WET / OTHERS	OTFIERS	· Andrews
6.	VAS ANYBODY INJURED (Y REPORTED TO POLICE (Y) IF YES, PLEASE STATE WHICH	(ES / (O)) ES / (NO))		(9)
No of passenger	HIRD PARTY VEHICLE O) VEHICLE NUMBER:	2 & F & 1 732		
The street of	DRIVER'S NAME: NRIC/FIN/PASSPORT:		CONTACT:	
COLDINAIS I	HIRÔ PARTY VEHICLE S VEHICLE NUMBER:		MODEL:	
No of passenger	DRIVER'S NAME		CONTROL	
Including driver)	NRIC/FIN/PASSPORT:		CONTACT:	

email =

Pax =

REPUBLIC OF SINGAPORE DENTITY CARD NO. S7829817J





Name

LAU PHENG HWEE, JENSEN (LIU BINGHUI)

刘 城 辉

Race

CHINESE

Date of birth

09-10-1978

Country of birth

SINGAPORE

S/U29817J

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Lance with 37329817J

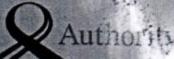
LAU PHENG HWEE, JENSEN (LIU BINGHUI, JENSEN)

Birth Date: US Oct 1978

Issue Date: 19 May 20,03



Land Transport





OCATIONAL LICENCE

cence No ST829817J ame LAU PHENG HWEE JENSEN (LIU BINGHUI)

ease visit www.ita.gov.sg to check of this vocational licence





ət

APT BLK 306A PUNGGOL PLACE #06-39 SINGAPORE 821306

NRIC No: S7829817J

30/12/2010 Date:

No: 6701510

PASS DA

Motorcycles not exceeding 200 cc Class 2B

Motor cars and Motor Tractors the weight

unladen does not exceed 2500 kg

Heavy Motor Cars and Motor Tractors the Class 4 weight unladen exceeds 2500 kg

30 May 1995 09 Jul 2001

S7829817J

S/No. 9000025162

NP 428A

Class 3

This card is not transferable and is the property of the Land Transport

Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Туре	Description	Issue Date
12	TAXI VL	28/08/2018
03	BUS VL	27/12/2005
04	BUS ATTENDANT	27/12/2005



eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	+ Chang	e Password	• Log Out
My Desktop	Policy Query									,
Notice of Loss	Policy No.				Date	of Accident	2	4/05/2019 1	9:25	
	Vehicle No.(For Motor)	S3M604	1E		Certifi	icate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5108485217		LAU PHENG HWEE, JENSEN	\$78298173	GPC	drivo CLASSIC	SJM6041E	SJM6041E	04/04/2019	03/04/2020
				E	Continue					

olicy No.	5108485217	Policyholder	LAU PHENO	HWEE, JENSEN	Policyholder	S7829817J	
Certificate		Name	DioThem	TIMEE, JENSEN	NRIC	5/82981/)	
Address	BLK 306A #06-39 PUNGGOL I	PLACE TREELODS	GEMPLINGGO	N SINGAPORE 8212	ne		
Product				2 311GA ORE 0213	Group		
Name	PRIVATE CAR INSURANCE	Plan			Policy Flag	N	
Policy issue Date	04/04/2019	Effective Date	04/04/2019	9 00:00	Expiry Date	03/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third		Own			We develop		
Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore		Outside					
OD Excess	2000	Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Υ	
Co-					80.000.000.000		
insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	holder Mailing Address						
Address 1	BLK 306A #06-39	Addre	ss 2	PUNGGOL PLACE		Address 3	TREELODGE@PUNGGOL
Address 4	SINGAPORE 821306	Addre	ss Type	Singapore address		Post Code	821306
Unit No.	06-39	Relate Numb	ed Policy er	5108485217			
	d Object: SJM6041E						
1 Insure							
	sements						

ccident HT/1046333		3.150 SOLV			
olicy No.	5108485217	Vehicle No.	S3M6041E	GST Registration No.	
ertificate No.					
Olicyholder Name	LAU PHENG HWEE, JENSEN			Policyholder NRIC	578298171
reduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No. (Mobile)	97676454	Contact No. (Office)	0	Contact No. (Home)	0
nail Address		Special Remark		eCode	hc v
N.	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	27/05/2019 22:11	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
te of Accident	24/05/2019	Time of Accident hh:mm	19:25	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	and and
cident Location	TELOK KURAU RD ROUNDABOUT				
Total Excess Applicable	•				
iess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
D DD Excess	0.00	YIEO TP Excess	0.00	Driver is Covered?	Covered
titional Excess	0.00				
all OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date	5965	
T Registration No. dification History			GST Status Venfied	Yes	
DITEMBER PRINTER					
Policyholder Mailing Ad	dress				
dress 1	BLK 308A #06-39	V	2777		
dress 4		Address 2	PUNGGOL PLACE	Address 3	TREELODGE@PUNGGOL
t No.	SINGAPORE 821306	Address Type	Singapore address	Post Code	821306
	06-39	Related Policy Number	5108485217		
OI Driver Info	O AN ASSAULT CONTRACTOR OF THE STATE OF THE	DODGE STATE OF THE			
named driver Name	LAU PHENG HWEE JENSEN	Driver Type	Main Driver		
pister Date of Driver License	09/07/2001	Driver NRIC	\$78298173	Driver DOB	09/10/1978
		Driver Age	40	Driving Experience	17
rtact No.(Mobile)	97676454	Contact No.(Office)	0	Contact No. (Home)	0
dress 4	SINGAPORE 821306	Address 2	PUNGGOL PLACE	Address 3	TREELODGE@PUNGGOL
it No.	06-39	Address Type	Singapore address	Post Code	821306
es he own a Singapore					
gistered car?	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
Tanana .					
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
athalyser or Blood Test	0 mg	Any injury?	O Yes ® No		
eathalyser or Blood Test ading?	0 mg	Any Injury?	() Yes ® No		
athalyser or Blood Text iding? Incation History	0 mg	Any Injury?	○ Yes No		
athalyser or Blood Text iding? Affication History	0 mg	Any Injury?	○ Yes ® No		
ethalyser or Blood Text ding? fication History	0 mg	Any Injury?	○ Yes ® No		
othalyser or Blood Text ding? fication History	O mg	Any Injury? Insured Name		Insured NO SC	C75105171
othalyser or Blood Text ding? fication History laim 001 New		Insured Name	LAU PHENG HWEE, JENSEN	Insured NRIC	576298173
othalyser or Blood Text ding? fication History laim 001 Nex Type * tact No.(Mobile)		Insured Name Contact No.(Home)	LAU PHENG HWEE, JENSEN	Contact No.(Office)	
othalyser or Blood Text ding? fication History laim 001 Nex Type * tact No.(Mobile) Hi Address	QO-MX Y	Insured Name Contact No (Home) Of Vehicle Number	LAU PHENG HWEE, JENSEN NIL. SJM5041E		578298171 SGV1373C
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