NATIONAL Assessment CE						7.5.5
Date In: 4 6116 - 16:10	Jcb descripti	on	Date &Time Co	mpleted	Do	ne by
Ref No. Ha INC 1600 99 Why	SAS e-filin	g	i			
Veh No: 579 2012	E-mail (with	hia Shrs, AIC 2hrs)				
D.O.A: 3/0/14- 16:25	i-Motor Cl	aim Form	My 19761	- 031	4/4/10	1 14 110
OD FP Reporting Only	i-Motor W	O (Within: OD 2hrs				1 101 1
	i-Photo Up	loaded				
TP Insurer:	Assessment/	Survey Report				
	Ass't Report	by Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:			Tel:	Fax	C	-
TP Particulars: Veh No: 6	nBC48564	. INC()/Non-INC(8000		
Owner / Driver: (Tel:	7.	,	-
Policy No: (Period: ()	Cover Type: (
Confirmed by: (Date:	Time:		1	
Insured/Driver Liability: (%	(Note-Est. Status	(WO): N: 0-20		P- 80-100	10/61	
Year of Registration: ()	Warranty: YES (74, 1121 1270	1.30-100	770]	- 2
Excess: (\$) Loading: \$		ACD CARROL	·			
, manuag. 0	\$1,000 ()/\$2,00	0()				
General Remarks:-			SPECIAL STATE	1-2-25 111G		
() Walk-In Customer: Customers i	information and it is	25 may 623 m changes 2	(www.ht.dolloremban.ch)	Andrew Control	3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9
() Total I vs Coss	- Strictly C	ormoential & Stri	tly NO refer of re	pairer.		
() Total Luss Case : to e-mail Ins	surer URGENTLY.	P 20			TH.	
Drive-In ()/ Towed-In (); Invo	pice: YES () /	NO();To	wing Co: (1.6	+1	
Remarks: (INC hotline: 6788 6616				<u> </u>		
Remarks: (INC hotline: 6788 6616	laboration to the second of	4.5	Date&Time Comp	3.584 W 7.7	Don	34.
	Carried Avenue Control of the Control		PARCECE THE COURT	ME. COLLAND	LOOR	epy
	/ Courtesy Car ()	Date and County	Mc:Sday Se	noction	epy
	STATE AND SECURE OF SHEET SHEE)	2466 10.10 50(1)	ide: 3d § S	E VIDOR	e by
2) QC Check / Post Repair Inspection	/ Courtesy Car ()	Date Chillips (III)	ne sa	DOR	ejby
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ()		ne su	YDOR	epby
2) QC Check / Post Repair Inspection	/ Courtesy Car ()		ne:sas	YDOR	e,by
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()		ue: sas	e a vision	ejby
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()			, VIJOR	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Pate/Time Actions	/ Courtesy Car ()			Process of the second	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Pate/Time Actions	/ Courtesy Car (Invoice Prepa	ration Checklist		Ant (3)	Africal
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Pate/Time Actions	/ Courtesy Car (ration Checklist		Process of the second	Africal
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Pate/Time Actions Lingsquy Limant's Particulars:	/ Courtesy Car (1) AR : Accident Re	ration Checklist		Ant (3)	Africal
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Pate/Time Actions	/ Courtesy Car (1) AR : Accident Re 2) DA : Damage Ass 3) TF : Towing Fee	ration Checklist porting (\$30); essment (\$100);		Anii (S)	Amu
Algorial Particulars:	/ Courtesy Car (1) AR : Accident Re 2) DA : Damage Ass 3) TF : Towing Fee 4) FT : Follow-Thro	ration Checklist porting (\$30); essment (\$100);	INC (\$80) \$40/\$45 \$120	Anii (S)	Anti
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Pate/Time Actions Lingsquy Limant's Particulars:	/ Courtesy Car (1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro	ration Checklist porting (\$30); esament (\$100); agh Survey	INC (\$80) \$40/\$45 \$120 \$30	Anii (S)	Anti
Algorial Particulars:	/ Courtesy Car (1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again	ration Checklist porting (\$30); esament (\$100); igh Survey igh Survey (Resurvey) istINC Only (wef10)	INC (\$80) \$40/\$45 \$120 \$30 Jan 2005)	Anii (S)	Afrit
Algorial Particulars:	/ Courtesy Car (1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro	ration Checklist porting (\$30); esament (\$100); igh Survey igh Survey (Resurvey) istINC Only (wef 10.5)	INC (\$80) \$40/\$45 \$120 \$30	Anii (S)	Afrit
Algorial Particulars: Nate/Owner: Inaged Portion:	/ Courtesy Car (1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idao DA + S) 8) NTUC Additional	ration Checklist porting (\$30); esament (\$100); agh Survey agh Survey (Resurvey) astINC Only (wef10.) MRT Survey	INC (\$80) \$40/\$45 \$120 \$30 Jan 2005) \$75	Anii (S)	Afrit
Algorial Particulars: Nate/Owner: Inaged Portion:	/ Courtesy Car (1) AR: Accident Re 2) DA: Damage Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + S) 8) NTUC Additional	ration Checklist porting (\$30); esament (\$100); igh Survey igh Survey (Resurvey) istINC Only (wef10.in MRT Survey Services:-	INC (\$80) \$40/\$45 \$120 \$30 Jen 2005) \$75 \$160	Anii (S)	Afrit
Algorial Particulars:	/ Courtesy Car (1) AR: Accident Re 2) DA: Damage Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + S) 8) NTUC Additional ODE *N5: Courtesy Cai	ration Checklist porting (\$30); esament (\$100); igh Survey igh Survey (Resurvey) istINC Only (wef10.) improved the survey Services:-	INC (\$80) \$40/\$45 \$120 \$30 Jen 2005) \$75 \$160	Anii (S)	Afrit
Algorial Particulars: Other Repair Inspection Repair Cost > Injury: Pate/Time Actions Limant's Particulars: Ver/Owner: Itact No: Inaged Portion: Checked by (Engr-In-Charge):	/ Courtesy Car (1) AR: Accident Re 2) DA: Damage Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + S) 8) NTUC Additional ODE *N5: Courtesy Cai *N6: Repair Co-on	ration Checklist porting (\$30); essment (\$100); igh Survey igh Survey (Resurvey) istINC Only (wef10.) improved the survey Services:- / Tpt Allowence dination	INC (\$80) \$40/\$45 \$120 \$30 Jen 2005) \$75 \$160	Anii (S)	
Algorive Actions Algorive Actions Algorive Actions Checked by (Engr-In-Charge):	/ Courtesy Car (1) AR: Accident Re 2) DA: Damage Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + S) 8) NTUC Additional OD: *N5: Courtesy Cai *N6: Repair Co-or *N7: Fost Repair Co-or	ration Checklist porting (\$30); essment (\$100); igh Survey igh Survey (Resurvey) istINC Only (wef10.) improved the survey Services:- / Tpt Allowence dination	INC (\$80) \$40/\$45 \$120 \$30 Jan 2005) \$75 \$160 \$5	Anii (S)	Amit
Algorial Particulars: Other Repair Inspection Repair Cost > Injury: Pate/Time Actions Limant's Particulars: Ver/Owner: Itact No: Inaged Portion: Checked by (Engr-In-Charge):	/ Courtesy Car (1) AR: Accident Re 2) DA: Damage Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + Si 8) NTUC Additional OD: *N5: Courtesy Coi *N6: Repair Co-or *N7: Fost Repair I *N8: DV / Collect	ration Checklist porting (\$30); esament (\$100); igh Survey igh Survey (Resurvey) istINC Only (wef 10.) in MRT Survey Services:- / Tpt Allowence dination inspection	INC (\$80) \$40/\$45 \$120 \$30 Jen 2005) \$75 \$160	Anii (S)	Amit
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Pate/Time Actions Actions Limant's Particulars: ver/Owner: Itact No: Inaged Portion: Checked by (Engr-In-Charge):	/ Courtesy Car (1) AR: Accident Re 2) DA: Damage Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + Si 8) NTUC Additional OD)* *N5: Courtesy Cai *N6: Repair Co-or *N7: Fost Repair I *N8: DV / Collect TP (N11): TP (N-9) N12: Idae Mobile	ration Checklist porting (\$30); essment (\$100); agh Survey agh Survey (Resurvey) st INC Only (wef 10 and MRT Survey Services: / Tpt Allowence dination aspection Excess Coordination a INC) against INC	INC (\$80) \$40/\$45 \$120 \$30 Jan 2005) \$75 \$160 \$25 \$35 \$20 30	Anii (S)	Ami (
Algorive Actions Algorive Actions Algorive Actions Checked by (Engr-In-Charge):	/ Courtesy Car (1) AR: Accident Re 2) DA: Damage Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + Si 8) NTUC Additional OD: *N5: Courtesy Can *N6: Repair Co-on *N7: Fost Repair I *N8: DV / Collect TP (N11): TP (N-	ration Checklist porting (\$30); essment (\$100); agh Survey agh Survey (Resurvey) sstINC Only (wef 10.) MRT Survey Services: / Tpt Allowance dination aspection Excess Coordination	INC (\$80) \$40/\$45 \$120 \$30 Ion 2005) \$75 \$160 \$25 \$510 \$25 \$30 \$30 arged	Anii (S)	Anti

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.

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.

aforesaid.	
March 1965 Commedia (1967)	ACCIDENT STATEMENT
Date Of Report	04/06/2019 19:10
Date Of Accident	03/06/2019 16:25
Exact Location Of Accident	KJE TWDS BKE
Country/State of Loss	SINGAPORE
All and the second seco	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP3013R
Insured/Policyholder	
Name Of Registered Owner	LEE WEI GUANG JOHN
NRIC No	S9106170H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97947902
Alternative Phone No	OFFICE-97947902
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SPORTBACK 2.0 TFSI QU
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5109300973
Cover Note Number	
Driver	
N	

Name of Driver LEE WEI GUANG, JOHN

 NRIC No
 S9106170H

 Date Of Birth
 20/02/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/08/2009

Driving Experience 9 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97947902

Fax Number

Contact Number OFFICE-97947902

EMail Address NOEMAIL

24 CANBERRA DRIVE Address

#16-09

Postcode 768427

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 - CHANGE/CROSS LANE

Weather Conditions RAINING Road Surface WET

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?

I have been approached by unknown person(s)

YES

3

NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

. -

GENDER: : FEMALE

Passenger 2

NAME:

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC4556Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 25

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - For complying with requirements under my regulations, laws or court orders.

光

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

Page 5

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT was travelling straight along Were moving left

Hoolage		08.25 W =	

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature

Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS							
Date of accident	3/6/2019	(DD/MM/YY)					
Time of accident	4:27pm	(HH:MM)					
Exact location of accident	KJE towards BKE						

	D	ETAILS OF	VEHICLE	THE RESERVE TO SEE	Ren Pro
Vehicle registration number	SJP	3013R			
Vehicle make and model	Aud	Λ -			
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗈	CRV Motorcycle	Van □ □ Others:	
Vehicle category	Private 🗷	Comm	rcial Mot	corcycle 🗆	
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes Third part cl	No d	if no, please se Reporting only		

VIEW PLANTED TO THE	INSURANCE IN	FORMATION	TOTAL PLANE SE
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

INSURED / POLICY HOLDER								
Name	Lee	Wei	Guana	John		Male 🗹	Female	
NRIC / Fin / Passport number	So	1106170		7				
Contact	970	14790	2					
Address	24	Canb	erra	Drive	#16-09	S(7684)7)		

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)	STAL SHEET
Name	Male 🗆	Female
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	20/02/1991	
Occupation	Indoor D Outdoor	
Driving date pass	51812009	

Market State State of State St	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗆 No 🗷
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes, No 🗆
Weather condition	Clear Raining Others:
Road surface	Dry U Wet
No of passenger	3 (Inclusive of driver)
	PASSENGER 1
Name	Grab passenger
Gender	Male Female Female
THE PERSON NAMED IN	PASSENGER 2
Name	Grab Passenger
Gender	Male D Female Z
	PASSENGER 3
Name	TASSENSENS AND THE PROPERTY OF
Gender	Male - Female -
	Indic 2 Tentale 2
	PASSENGER 4
Name	PASSENGER 4
Gender	Male Female
	Marc 2 Terrare 2
	PASSENGER 5
Name	PASSENGER 5
Gender	Male Female
dender	Iviale D Female D
Name	PASSENGER 6
Gender	Male Female
Cenqe	Iviale Female
Was anyhody injured?	OTHER INFORMATION
Was anybody injured? Was other vehicle damaged?	Yes No
was other venicle damaged?	Yes No 🗆
Providence in 2	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No. If yes, please state which police station.
Police station name	
THE RESERVE OF THE PERSONS	WITNESS 1
Name	
A STATE OF THE STA	WITNESS 2
Name	

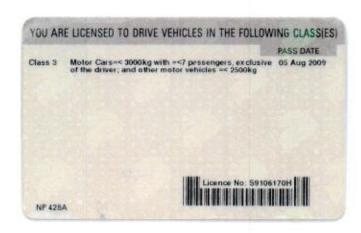
BOOK STATE OF THE PARTY OF THE	THE DARWAY WELLOW	
	THIRD PARTY VEHICLE 1	All District
Vehicle registration number	GBC 4556Y	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
AND COMPANY OF THE VALUE OF	THIRD PARTY VEHICLE 2	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		/
1.	/	/
	THIRD PARTY VEHICLE 3	
Vehicle registration number	AIRD FARTI VEHICLE 3	THE RESERVE TO SHAPE
Vehicle make model		
Name	/	
NRIC / Fin / Passport number		
Contact		
Contact		
Valida and the Control of the Control	THIRD PARTY VEHICLE 4	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 5	
Vehicle registration number		
Vehicle make model		
Name /		
NRIC / Fin / Passport number		
Contact		
THE RESERVE ASSESSMENT OF THE PARTY OF THE P	THIRD PARTY VEHICLE 6	THE RESERVE OF THE PARTY OF
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
WAR WATER TO THE REAL PROPERTY AND THE	TUIDD DARTY VEHICLE 3	
Vahicle registration	THIRD PARTY VEHICLE 7	
Vehicle registration number		
Véhicle make model		
Name		
NRIC / Fin / Passport number Contact		
Contact		

	TA STA	INJURED PERSON 1	B SUB PARK	
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes □	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?	Sea restaril			
	N. C. STORAGO	INITIDED DEDSON 3		
Name	MINERAL DE	INJURED PERSON 2	SERVICE DESIGNATION	
Injuries sustained			-	
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆			
hospital by ambulance?	res	No 🗆		
张国际企业 企业企业企业	ALL AND A	INJURED PERSON 3		
Name		/		
Injuries sustained			9-1-21	
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
		INJURED PERSON 4	A Principle of the Control	
Name		INJUNED PERSON 4		
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆 /	No 🗆		
hospital by ambulance?				
		CIEDRO COPIONI AND TO L		
		INJURED PERSON 5		
Name	A			
Injuries sustained				
Which vehicle person in?		100		
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
	HARRING SE	INITIDED DEDSON 6		
Name		INJURED PERSON 6		
Injuries sustained	-			
Which vehicle person in?				
Were seat belts worn?	14.400.000000	1. 1 SEC. 191		
Were seat neits worn?	VAC	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		





For LKK/NAC Use Only





eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	Log Out
Notice of Loss Policy No. Vehicle No. Select	Poli	cy Query									
	No.				Date	of Accident	0	3/06/2019	16:25		
	Vehicle	No.(For Mator)	S3P301	3R		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5109300973		LEE WEI GUANG JOHN	S9106170H	GPC	drivo CLASSIC	SJP3013R	SJP3013R	08/05/2019	29/09/2020
						Continue	I				

Poli	cy Information							
Policy No.	5109300973	Policyholder Name	LEE WEI G	UANG JOHN	Policyholder NRIC	S9106170H		
Certificate No.								
Address	7 YISHUN STREET 51 #13-14							
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	08/05/2019	Effective Date	08/05/201	9 00:00	Expiry Date	29/09/2020 2	23:59	
Excess Type	Per Accident	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				Youn	Young/Inexperience Driver Excess	
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
→ Policyl	nolder Mailing Address							
Address 1	7 YISHUN STREET 51	Addre	ess 2 #13-14 THE CRI		ITERION	Address 3	SINGAPORE 767969	
Address 4		Address Type		Singapore address		Post Code	767969	
Unit No.	13-14	Related Policy Number		5109300973				
) Insure	d Object: SJP3013R	27.50	201					
	ements							
Sequen	ce Date of Endorseme	10000 1	Endorsemer	9381GR9836	Endorsemen	W6/2003007	Endorsement Cor	3516.002

Continue Cancel

Claim Handling							Exit
Accident MT/1047651							
Policy No.	5109300973		Vehicle No.	\$3P3013R	GST Registration No.		
Certificate No.							
Policyholder Name	LEE WEI GUANG JOHN				Policyholder NRIC	59106170H	
Product Code	PRIVATE CAR INSURAN	OE .	Cover Type	drivo CLASSIC	Leading	0	
Contact No.(Mobile)	97947902		Contact No.(Office)	0	Contact No.(Home)	0	
Email Address			Special Remark		eCode	Zin 🗸	
KFK	® No ○ Yes		TCA	® No ○ Yes	eCode Reason		
NCD Protection	No		NCD Entitlement(%)	0	Private Hire	Yes	
→ Accident Details							
Report Date	04/06/2019 19:17		Accident Report Within 24 hrs.	Yes	Acodem Type	Épitision - Change / Cross lane	
Date of Accident	03/06/2019		Time of Accident hhomm	16:25	Country of Accident	Singapore	
Reporting Centre			Orange Force		ICM No.		
Accident Location	KJE TWDS BKE						
→ Total Excess Applicable							
Excess Type	Per Accident		Windscreen Excess	100.00			
OD Standard Except		2000	15500005000				
VIED OD Excess		2,000,00	TP Standard Excess	1,500.00			
			VIED TP Excess	0.00	Driver is Covered?	Covered	
Additional Excess Total OD Excess Applicable		0.00	Total TO Farage Assistant	4 400 00			
▼ Benefits		No. of Control of Control	Total TP Excess Applicable	1,500.00			
GST Registered Informa	ition						
GST Registered	No.			GST Registration Date			
GST Registration No.	35			GST Status Venfied	Yes		
Modification History							
							- 4
Policyholder Mailing Ad	dress						
Address 1	7 YISHUN STREET SI		Address 2	#13-14 THE CRITERION	Address 3	SINGAPORE 767969	
Address 4			Address Type	Singapore address	Post Code	767969	
Unit No.	13-14		Related Policy Number	5109300973			
⇒ DI Driver Info							
Driver Name	JOHN LEE WEI GUANG		Driver Type	Main Driver			
Unnamed driver Name			Driver NRIC	S9106170H	Driver DOB	20/02/1991	
Register Date of Driver License			Oriver Age	26	Driving Expenence	9	
Contact No. (Mobile)	97947902		Contact No. (Office)	0	Contact No.(Home)	0	
Address 1	24 CANBERRA DRIVE		Address 2	YISHUN EMERALD	Address 3	SINGAPORE 768427	
Address 4			Address Type	Singapore address	Post Code	768427	
Unit No. Does he own a Singapore	16-09						
Registered car?	O Yes ® No		Driver Vehicle No.		Driver Insurer Company		
Paralle San Control							
Declaration Breathalyser or Blood Test							
Reading?	0 mg		Any injury?	☐ Yes No			
Modification History							
Part of the State							
Claim 001 New							
Claim Type *	DO-MX	~	Insured Name	LEE WEI GUANG JOHN	Insured NRIC	\$9106170H	
Contact No.(Mobile)	97947902		Contact No.(Home)	ND,	Contact No.(Office)		
Email Address	84863@myrp.edu.sg		OI Vehicle Number	51P3013R	TP vehicle Number	GBC4555Y	
Claimant Type Claimant Type *	Please Select	~	Type of Benefit *	Please Select.			
Claimant Name *		22	Claimant NRIC *				
Claimant Address					3		
Claim Description	5JP3013R / GBC4556V	ON 3 Jun 2019	STATE OF THE PARTY		Name of Preferred Workshop		
Preferred Workshop Contact No.			Insured Liability *	Not at Pault			
Require Finalisation	Yes	~	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	04/06/2019 19:19		Claim Close Date		Date Received	04/06/2019 00 00	
Report Taken By	Jackson					A STATE OF THE PARTY OF THE PAR	
Print AK letter							
				Salestia Harrisoniana			
Attachment				Save Submit			
Attachment							
A							
Accident No.	MT/1047651		Claim No.	001			
Last Doc, Received	● Yes ○ No		Upload Date	04/06/2019 19:20			
		with *			Confidence		
			Record	Case Place Select	Confidential Urgen	cy * Description *	

