		·	1,77
NATIONAL Assessment Cent	tre Services well savios	FITBSC PILANM	,
Date In: 54/14 - 17:50	Jeb description	Date & Time Completed	Done by
Ref No: Nahurias/2043/24	SAS e-filing		
Veh No: MCSXYC	E-mail (within Shrs, AIC 2hrs)		
D.O.A: T/7/19-15.33	i-Motor Claim Form	M-11052395-201	03/19 19:17
OD (TP) Reporting Only	i-Motor W/O (Within: OD :		1
OD : (1) Reporting Only	i-Photo Uploaded	1	
TD 1	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Han		
Preferred Wksp / INC Assign Wksp / QW: (Fax:
TP Particulars: Veh No: da	tion INC	()/Non-INC()	1 44.
Owner / Driver: (Tel:)
Policy No: () F	Period: () Cover Type: (
Confirmed by : (Date:	Time:	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0		100%1
Year of Registration: ())	13070]
	,000 ()/\$2,000 ()		
General Remarks		CARDON SERVICE SERVICE	TRANSPORTER TO THE PARTY OF THE
() Walk-In Customer : Customer's inf			14,6% A
Remarks:- (INC hotline: 6788 6616): 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car ()	Date&Time Completed	Man madone by
Injury:			
Date/Time : Actions		en e	Single Commence
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grane .			
			a
A 190504L	Invoice Pr	eparation Checklist	Anit (5) Ami (3
laimant's Particulars :-	1) AR : Accide		fit Bill Add Bil
river/Owner;		c Assessment (\$100); INC (\$	80) 0/\$45
IvenOwner:	4) FT : Follow-	Through Survey	\$120
ntact No:		Through Survey (Resurvey) against INC Only (wef 10 Jan 200:	\$30
maged Portion:	6) TR : Re-insp	pection	\$75
		A + SMRT Survey	\$160
Checked by (Engr-In-Charge):	OD.	*	-
		sy Car / Tpt Allowance Co-ordination	\$10 ₁
ditors! Comments :-	N6: Renair		310
	N7: Fost Re	epair Inspection	\$25
1:	*N7: Fost R *N8: DV / C TP (N11): T	epair Inspection follect Excess Coordination (P (N n INC) against INC	
	*N7: Fost Re *N8: DV / C	epair Inspection follect Excess Coordination (P (N n INC) against INC	\$25 \$5

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 aforesaid.

aforesaid,	and to copies of the report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	08/07/2019 12:50
Date Of Accident	05/07/2019 16:00
Exact Location Of Accident	AIRPORT BLVD TWDS CITY
Country/State of Loss	SINGAPORE
ı	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK5314L
Insured/Policyholder	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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
FIGURE DE 1970	

Fleet Policy YES

Policy Number 5104798553

Cover Note Number

Driver

 Name of Driver
 YEO TECK SOON

 NRIC No
 \$7301646J

 Date Of Birth
 14/01/1973

 Occupation
 OUTDOOR

 Date Of Driving Pass
 09/05/2005

Driving Experience 14 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96466415

Fax Number

Contact Number OFFICE-96466415

EMail Address NOEMAIL

Address BLK 929 TAMPINES STREET 91

#12-453

Postcode 520929

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Drivers Of

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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? YES

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE

NO

NO

YES

1

Police Station Address ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190705/2173.

Attachment(s)

Are accident photos available for attachment? YES

YES

Was there any video captured by Car Camera? Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

remarkar reasons.

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC5380J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver LEE CHIN TECK
NRIC/Passport Number S1298879F

Contact Number

91010972

Address Postcode Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YEO TECK SOON

Approximate Age

Were seat belts worn?

Injuries Sustain BODY

Injured person in which vehicle? SLK5314L

Was this injured conveyed to hospital by ambulance?

YES 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.
- 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:

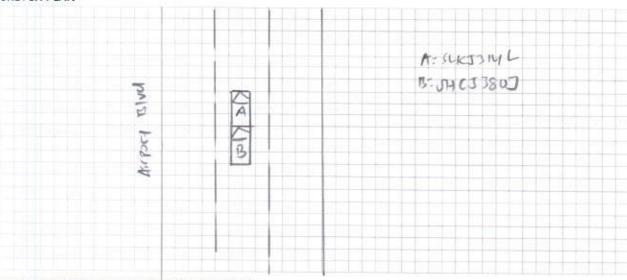
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

01814975W

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 .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Retit to pice report. Thought of 12122.		
	Refer to pice	1204. 1/20160701/2127.
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I/We declare the coregoing 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 .:





1 of 3

Report No. T/20190705/2173

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

REPORT (OF A TRAFFI	CACCIDENT			
	ne Report I 019 21:52	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		133	
Name of YEO TE	f Informant: CK SOON		Address: APT BLK 929 TAMPINES ST 520929	TREET 91 #12-453 SINGAPORE	
ID Type / ID No.: NRIC NO / S7301646J			Contact No.: Home/Office:	Mobile: 96466415	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 46	Date of Birth: 14/01/1973	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRER (GRAB)			Driving Licence Information: Class: 3	Date of Euripe	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2019 16:00	Type of Location
Location: Along Road 1 AIRPORT BO TOWARDS C Weather:	ULEVARD			1
		Road Surface:		Road Speed Limit:
Sunny		Dry Traffic Control:		#1 539500000000000000000000000000000000000
Sunny Traffic Flow: Type of Collis	000	Dry	3	Road Speed Limit: Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	To- in	
SHC5380J	TAXI	DENAME	model		Condition	No of Passenger
01100000	IAM	RENAULT		Red	American Decreed of the American	0
SLK5314L	Car	MAZDA				
OLN0014L	Car	MAZDA	3	What has been been a second		0

· AND A COUNTY OF THE PARTY OF	Insurance Company			
		Insurance No	Effective	Expiry Date
OLNO3 14L	NTUC Income Insurance Co-Operative Limited	5104798553	24/10/2018	23/10/2019





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

2 of 3 Report No. T/20190705/2173

Any Pedestrian I	nvolved: No				
No. of Pedestria		Use of Pe	destria	n Cross	sing: NA
Driver			ucotria	Clos	sirig. IVA
Name	LEE CHIN TECK	ID No),	S1298879F	
Related Vehicle	SHC5380J (TAXI)	Conta	act No.	91010972	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	flaiur	NIL	
Driver		Degree of	injury	INIL	
Name	YEO TECK SOON		ID No.		S7301646J
Related Vehicle	SLK5314L (Car)		Contact No.		96466415
Hospital/Clinic	LITTLE CROSS FAMILY CLINIC	O PTE LTD	E LTD Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	05/07/2019	Date Disc			/2019
No of Dave grant	ed Medical Leave 03	Degree of		NIL	

Brief Details.

On 05/07/2019, at about 4:00pm, I was driving my car (SLK5314L) along Airport Boulevard towards City with no passengers on board. It is a three lane road and I am on the middle lane.

As I was driving my car in the middle lane, I had slow down to a complete stop as there was a car stationary in the middle lane infront of me when the traffic light was already green. As such, I had gave a horn. When I was still in a stationary position, I had suddenly felt an impact on the rear and realised that a car (SHC5380J) had collided onto the rear of my car.

No traffic police or ambulance attended to us as no one is injured. There is only front in-car camera recording in my car. After the accident, I had felt pain on my neck and back as such I had went to seek medical consultation at "Little Cross Family Clinic Pte Ltd" and was given 3 days medical certificate.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

3 of 3 Report No. T/20190705/2173

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Re G / Staff Sgt CHAN DE MI	N	Signature Of Informant:	
Signature Of Interprete Not applicable	r.	Date/Time: 05/07/2019 21:52	
Officer In Charge Of Ca TP / AEIT / Sr Staff Sgt ONG YONG Contact No.: 65476436	G HOCK	Classification Of Case:	
Authentication Stamp	SINGAPORE POLICE FORCE		
	SIGNATU	RE	

REPUBLIC OF SINGAPORE DENTITY CARD NO. S7301646J



YEO TECK SOON

CHINESE

14-01-1973

SINGAPORE





25-11-1994

APT BLK 929 TAMPINES STREET 91 #12-453 SINGAPORE 520929

NRIC No: \$7301646J

Date: 01-02-2004

No: 4832790

OF ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Motor cars =< 9000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vahicles =< 2500 kg

NP 428A

KK/NAC Use Only

eBao Tech									C	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601				Timeland		· Change Lan	guage	· Change Pa	assword .	Log Out
My Desktop	Polic	cy Query									8.
Notice of Loss	Policy N	0,				Date of	Accident	05/0	7/2019 16:00		
	Vehicle	No.(For Mator)	SLK5314	IL.	1	Certifica	te Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry
	0	5104798553		NEO AUTO LEASING PTE LTD	201814915N	GFT	drivo CLASSIC	SLK5314L	SLK5314L	24/10/2018	
					Cor	ntinue					

Policy No.	5104798553	Policyholder Name	NEO AU	TO LEASING PTE LTD	Policyholder NRIC	201814915	N
ertificate lo.							
ddress	BLK 31 #17-204 EUNOS CRESC	ENT EUNOS C	OURT SIN	GAPORE 400031			
roduct	FLEET INSURANCE	Plan			Group	N	
lame					Policy Flag	IN .	
isue ate	18/10/2018	Effective Date	18/10/20	018 00:00	Expiry Date	24/09/2019	23:59
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hird		Own			2220-8218579-000		
arty xcess	1500	damage Excess	1500		Windscreen Excess	100	
dditional	0	os	0				
xcess		Premium					
ingapore	1500	Outside Singapore	1500			Vall	
D xcess		TP Excess	1500			You	ng/Inexperience Driver Excess
gent	ANIKA INS BROKERS & CONSUL	Agent Tel.	6672998	8	GST Flag	Υ	
o- isurance	No				7.5-60 to 1.5-50 - 0.5		
lag							
olicy nfo							
Certificate nfo							
	nolder Mailing Address						
ddress 1	BLK 31 #17-204	Addre	ss 2	EUNOS CRESCENT		Address 3	EUNOS COURT
ddress 4	SINGAPORE 400031	Addre	ss Type	Singapore address		Post Code	400031
nit No.	17-204	Relate	ed Policy er	5104798553			
) Insure	d Object: SLK5314L						
	sements						
Sequen	nce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorser	nent Status	Endorsement Content
		Basic Informat Endorsement	tion	000001286928022	Endorseme Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLJ8974S 24-10-2018 \$1,064.32 2. SLX5314L 24-10-201 \$1,064.32 3. SLX6304X 24-10-201 \$1,064.32 4. SLN7306K 24-10-2018 \$1,064.32 In view of this amendment, an additional premium of \$5,321.60 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque if avour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
							Thank you for giving us the opportunity to serve you. We confirm that this policy is extended

olicy No.	5104798553	Vehicle Ng.		(1211) (1211) (1211) (1211) (1211)	
ertificate No.	3104790323	Vehicle No.	SLK5314L	GST Registration No.	
olicyholder Name	NEO AUTO LEASING PTE LTD				
oduct Code	FLEET INSURANCE	40.00	2310 04256	Policyholder NRIC	201814915N
Ontact No.(Mobile)	91449265	Cover Type	drive CLASSIC	Loading	0
mail Address		Contact No.(Office) Special Remark	0	Contact No. (Home)	0
rk	® No ○ Yes	TCA TCA	Ray Cour	eCode	No.
ID Protection	No	NCD Entitlement(%)	® No ⊜Yes	eCode Reason	
Accident Details		ness crotterient(44)	0	Private Hire	Yes
port Date	08/07/2019 19:11	Accident Report Within 24 hrs.	Yes		
ite of Accident	05/07/2019	Time of Accident hh:mm		Accident Type	Collision - Head to Rear
porting Centre		Drange Force	16:00	Country of Accident	Singapore
cident Location	AIRPORT BLVD TWDS CITY	and the second		ICM No.	
Excess					
m damage Excess	1,500.00	Additional Excess	D .	142-200-00	
named Oriver Excess		Outside Singapore OD Excess	\$1.000000000000000000000000000000000000	Windscreen Excess	100.00
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,900.00		
Benefits		Collabor anythere in cacess	1,500.00		
GST Registered Inform	ation				
Registered	No.		CST Registration Date		
Registration No.			GST Status Verified	Yes	
Rication History			7.5-71733-773	020	
Bellevi II.	2007				
Policyhelder Mailing Ac		00100000			
dress 1 dress 4	BLK 31 #17-204	Address 2	HUNOS CRESCENT	Address 3	EUNOS COURT
dress e d No.	SINGAPORE 400031	Address Type	Singapore address	Post Code	400031
OI Driver Info	17-204	Related Policy Number	5104798553		
ver Name	Unnamed Driver	Down &	W. 1990/02/2010		
amed driver Name	YEO TECK SOON	Driver Type Driver NRIC	Unnamed Driver		
ister Date of Driver License			57301646)	Driver DOB	14/01/1973
Eact No.(Mobile)	96466415	Driver Age	46	Driving Experience	14
ress 1	BUX 929	Contact No. (Office)	0	Contact No.(Home)	0
ress 4	SINGAPORE 520929	Address 2	TAMPINES STREET 91	Address 3	TAMPINES PALMSPRUNG
No.	12-453	Address Type	Singapore address	Post Code	520929
as he own a Singapore					
retered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
làration					
athalyser or Blood Test iding?	0 mg	Any injury?	Yes ○No		
		*COMPANDA A A A A A A A A A A A A A A A A A A	0.40.0		
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ncetion History					
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ncation History aim OOI New	GD-MX U		NED AUTO LEASING PTE LTD	Insured NRIC	201814915N
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It is to the second of the sec	81332853	Contact No.(Home) Of Vehicle Number	SLK5314L	Contact No.(Office)	NIL
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ntabon History alim GO1 New Type * act No. (Mobile) Il Address nent Type Claimant Type * nant Name * nant Address In Description irred Workshop Contact	SLK5314L / SHC53803 CN 5 Jul 2019	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	Si K 5314L Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	NIL SHC5380)
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