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Date In: 20/3/19-143	Jeb description	Date &Time Completed	Done	by
Res No: Nallycigary 58/24	SAS e-filing			
Veh No: Ulp8 62JE	E-mail (within Shrs, AIC 2hrs)			a.
D.O.A: 20/2/19- 5:12	i-Motor Claim Form	M7/1054395-001	247/19	3:48
	i-Motor W/O (Within: OD 2h			19
OD (TP) Reporting Only	i-Photo Uploaded		A second state of the second	
TD I	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:	
TP Particulars: Veh No: 50	INC ()/Non-INC()		
Owner / Driver: (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: 30-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()			
General Remarks:-			. 600	
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() Walk-In Customer : Customer's		nctly NO rater of repairer.		
() Total Loss Case : to e-mail Ins				-
Drive-In ()/ Towed-In (); Invo	oice: YES() / NO(); T	owing Co: ()
Remarks:- (INC hotline: 6788 6616	0	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		No. Contract of the Contract o	-
		- 1	The state of the s	
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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	22/07/2019 12:43
Date Of Accident	20/07/2019 15:10
Exact Location Of Accident	TAMPINES AVE 12 TWDS PASIR RIS AFTER TPE (SLE)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP8625E
Insured/Policyholder	
Name Of Registered Owner	CHANG AI LING IRENE
NRIC No	S1713711E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93825878
Alternative Phone No	OFFICE-93825878
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TOURAN 1.6 TDI AT 1T332Z
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 CAR
Insurance Company	

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5109742248

Cover Note Number

Driver

Name of Driver LEE CHEE KONG GEORGE

 NRIC No
 S1525733D

 Date Of Birth
 12/09/1962

 Occupation
 INDOOR

 Date Of Driving Pass
 19/09/1980

Driving Experience 38 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93825878

Fax Number

Contact Number OFFICE-93825878

EMail Address NOEMAIL

Address BLK 145 PASIR RIS STREET 11

#02-81

Postcode 510145

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

licie

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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

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.

Number of Passengers (Including Driver)

Passenger 1

NO

NAME:

2

2

: LEE JUN WEI JUSTIN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes,against whom?

NO

NO

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 SLL6735T

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.
- 2. 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.
- 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)

Lunderstand, 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 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:
 - 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.

Ch

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.

vehicleA: CKPB625E	1		(5)
iehicle b: SLL 6735 T.		1/15	15
		12	1
ETPE(SLE)	18	L-1	4
	Y	ITAIL	S AVEIZ
	1	1 LAT!	ampines
RCUMSTANCES OF THE ACCIDENT	1/	1 1	V2

DESCRIBE the stated date Y time, I, vehicle X', SKPB625E, XC it venue. was travelling straight: along The stated in my tavour, morecoded Mas the opposite direction trom CLL6735T turned out hor having her and despite nonk ON partion. vehicles HIGHT tuen collided onto mu tont vehille Name: Lee Jun Wei Justin UN PASCENGEY: 59723704B NRIL:

DECLARATION

I/We declare the foregoing particulars are truen every respect.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Perso Name:

NRIC/FIN No ::

ACCIDENT STATEMENT

	1. DETAILS OF VEHICLE
	GIVEHICLE NUMBER: SKP 8615E
	DINSURANCE COMPANY: NTUC
	CIPOLICY NUMBER:
	DIPOLICY TYPE: (COMPREDENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
	FITYPE: (SALOON / COUPE / MEN / VAN / LORRY / MOTORCYCLE / OTHERS)
	CIVEHICLE CATEGORY: (PRIMATE / COMMERCIAL / MOTORCYCLE)
	PUPURPOSE OF USING AT ACCIDENT TIME: TVIVILV
	IN A DE YOU CLAIMING LINDER YOUR OWN INSURANCE (1ES/1997)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2	INSURED / POLICY HOLDER
	AINAME
	DINRIC/FIN/PASSPORT: SITY 3 TIE CONTACT: CONT
	CIADDRESS: 145 Pasiv Fiz 4 11, #02-81 e(\$10145)
	CIADDRESS: 145 PASIV F15 ST 11, 401-81
1 10	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
No of passionad	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER
The second secon	CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: LLC CHEC LONG GLOTAL (MALE / FEMALE) 0363 5676.
No of passing a Including driver	CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: Le Chee Long George (MALE / FEMALE) DINRIC/FIN/PASSPORT: (15)5733 D CONTACT: 9382 5878.
The second secon	CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: LLC CHEC LONG GLOTAL (MALE / FEMALE) 0363 5676.
Industing driver	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER GINAME: Lee Chee Long Geotge (MAGE / FEMALE) DINRIC/FIN/PASSPORT: S1525733D CONTACT: 9382 5878 CIADDRESS: 145 PABIN FIS St 11, #02-81 2(5/0145)
including driver	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER GINAME: Lee Chee Long GCO TGE (MAGE / FEMALE) DINRIC/FIN/PASSPORT: C1575733D CONTACT: 9362 5878. CIADDRESS: 145 PABIN FIS CT 11, #02-81 2(510145) *d)DATE OF BIRTH: (12/09/1962)(DD/MM/YYYY)
including driver	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: Lee Chee Long GCOTGE (MADE / FEMALE) DINRIC/FIN/PASSPORT: C1575733D CONTACT: 9382 5878. C) ADDRESS: LEE PABIN FIS CT 11, #02-81 2(510145) *d) DATE OF BIRTH: (12/09/1962) (DD/MM/YYYY) ELOCCUPATION: (INDOOR / OUTDOOR)
nduding driver (02)male	CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: Le che Long Geotal (MADE / FEMALE) DINRIC/FIN/PASSPORT: S1525733D CONTACT: 9382 5878. CIADDRESS: 145 PABIN FIS St 11, #02-81 (1510145) *d) DATE OF BIRTH: (12/09/1962) (DD/MM/YYYY) EJOCCUPATION: (INDOOR / OUTDOOR)
(02)male	CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: Le Chee Long Gootge (MARE / FEMALE) DINRIC/FIN/PASSPORT: (1515733 D) CONTACT: 9382 5878. CIADDRESS: LE PABIV FIS C+ 11, #02-81 (1510145) *d)DATE OF BIRTH: (12 / 09 / 1962) (DD/MM/YYYY) EJOCCUPATION: (INDOOR / OUTDOOR) F)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10)
(0))male	*CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: LC CHC LONG GCOTAL (MARE / FEMALE) DINRIC/FIN/PASSPORT: C1575733 D CONTACT: 9382 5878. CIADDRESS: LLG PABIV FIR ST 11, #02-81 SC10145 *d)DATE OF BIRTH: (12/09/1962) (DD/MM/YYYY) EJOCCUPATION: (INDOOR / OUTDOOR) T)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) LE NO. RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE
(0))male	CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: Le che tong acotal (Mare Female) DINRIC/FIN/PASSPORT: (15)5733 D CONTACT: 9382 5878. CIADDRESS: LUS PADIV FIS ST 11, #02-81 (15)0145 *d)DATE OF BIRTH: (12/09/1962) (DD/MM/YYYY) EJOCCUPATION: (INDOOR / OUTDOOR) I)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE D)WEATHER CONDITION: (CLEAR / RAINING / OTHERS.
(02) Imale 4.	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: LL CHLL LONG GLOTAL (MALE / FEMALE) DINRIC/FIN/PASSPORT: (15)5733D CONTACT: 9362 5678. CIADDRESS: LLG PABIN FIS CT 11, #02-81 (15)0145 *d)DATE OF BIRTH: (12 / 09 / 1962) (DD/MM/YYYY) EJOCCUPATION: (INDOOR / OUTDOOR) TYEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE DINEATHER CONDITION: (CLEAR / RAINING / OTHERS) DIROAD SURFACE: (DRY / WET / OTHERS)
(0))male 4. 5.	CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: LL CHLL LONG GLOTAL (MALE / FEMALE) DINRIC/FIN/PASSPORT: (15)5733 D CONTACT: 9362 5678 - CIADDRESS: LLE PANY FIS CT 11, #02-81 2 (510145) *d)DATE OF BIRTH: (12 / 09 / 1962) (DD/MM/YYYY) EJOCCUPATION: (INDOOR / OUTDOOR) TIYEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE DIROAD SURFACE: (DRY/WET / OTHERS WAS ANYBODY INJURED (YES / NO)
(02) Imale 4.	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G)NAME: LLC (NCC LONG GCOTAL (MAGE / FEMALE) b)NRIC/FIN/PASSPORT: (15)57330 CONTACT: 9362 5678. C)ADDRESS: LLG PANY FIS CT 11, #02-81 2 (510145) *d)DATE OF BIRTH: (12 / 09 / 1962) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) G)REPORTED TO POLICE (YES / NO)
(0))male 4. 5.	*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: LC (NCC LONG GCOTAL (MALE / FEMALE) DINRIC/FIN/PASSPORT: (15)25733 D CONTACT: 9382 5878. C) ADDRESS: LLG PADIV FIS CT 11, #02-81 CLG 10145 *d) DATE OF BIRTH: (12 / 09 / 1962) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSC D) WEATHER CONDITION: (CLEAR / RAINING / OTHERS WAS ANYBODY INJURED (YES / NO) O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
(O))male 4. 5.	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G)NAME: LLC (NLC LONG GLOTAL (MADE / FEMALE) D)NRIC/FIN/PASSPORT: (15)5733 D) CONTACT: 9362 5676 - C)ADDRESS: LLG PABIV FIS C+ 11, #02-8 (15)0145 *d)DATE OF BIRTH: (12 / 09 / 1962) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSC G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY / WET / OTHERS) WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE
(O))male 4. 5.	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: LLL (NLL LONG GLOTAL (MALE) FEMALE) DINRIC/FIN/PASSPORT: (15)5733 D CONTACT: 9362 5878. C) ADDRESS: LLL PADIV FIR CT 11, #02-81 [510145] *d) DATE OF BIRTH: (12 / 09 / 19 b) 1 (DD/MM/YYYY) DIOCCUPATION: (INDOOR / OUTDOOR) I) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE D) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) D) ROAD SURFACE: (DRY / WET / OTHERS) WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE O) VEHICLE NUMBER: LLL 6735T MODEL:
(0) Imale 4. 5. 6. 7. of passenger	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: LLL (MLL LONG GLOTGL (MALE) FEMALE) DINRIC/FIN/PASSPORT: (15)5133 D CONTACT: 9382 5878. CIADDRESS: LLC PARIV FR St 11, #02-81 (15)0145 "d)DATE OF BIRTH: (12 / 09 / 1962) (DD/MM/YYYY) DIOCCUPATION: (INDOOR / OUTDOOR) I)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE D)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE D) VEHICLE NUMBER: SLL 6735T MODEL: D) DRIVER'S NAME:
(D) male 4. 5. 6. 7. cf passenger duding driver)	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER GINAME: LC CHC LONG GCOTOC (MALE / FEMALE) DINRIC/FIN/PASSPORT: (15)57331) CONTACT: 9382 5878. CIADDRESS: LLC PANY FR Ct 11, #02-81 2[510145] "dIDATE OF BIRTH: (12 / 09 / 1962) (DD/MM/YYYY) DIOCCUPATION: (INDOOR / OUTDOOR) I) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSC DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS) WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE D) VEHICLE NUMBER: SLL 6735T MODEL: D) DRIVER'S NAME: CONTACT: CONTACT:
oduding driver (D) male 4. 5. 6. 7. cf passenger duding driver)	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER GINAME: LC CHC LONG GCOTOC (MALE / FEMALE) DINRIC/FIN/PASSPORT: (15)57331) CONTACT: 9382 5878. CIADDRESS: LLC PARIVER ST. ST. 102-81 2 [510145] "dIDATE OF BIRTH: (12 / 09 / 1962) (DD/MM/YYYY) eloccupation: (INDOOR / OUTDOOR) I) YEARS OF DRIVING EXPRENENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSC GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE GI VEHICLE NUMBER: LL 6735T MODEL: D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE
of passenger	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER GINAME: LC CHC LONG GCOTOC (MALE / FEMALE) DINRIC/FIN/PASSPORT: (15)57331) CONTACT: 9382 5878. CIADDRESS: LLC PANY FR Ct 11, #02-81 2[510145] "dIDATE OF BIRTH: (12 / 09 / 1962) (DD/MM/YYYY) DIOCCUPATION: (INDOOR / OUTDOOR) I) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSC DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS) WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE D) VEHICLE NUMBER: SLL 6735T MODEL: D) DRIVER'S NAME: CONTACT: CONTACT:

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1525733D





Name

LEE CHEE KONG GEORGE



Race

For LKK/NAC Use Only



CHINESE

Date of birth

Sex

12-09-1962

M

Country/Place of birth SINGAPORE







NRIC No. S1525733D



Date of Issue Or LKK/NAC Use Only

28-09-2017

Address

APT BLK 145 PASIR RIS STREET 11 #02-81 SINGAPORE 510145

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B

Motorcycles not exceeding 200 cc

Class 2A Motorcycles between 201 cc and 400 cc

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

22 Feb 1984

22 Feb 1984

19 Sep 1980

For LKK/NAC Use Only

NP 428A

Licence No: 61526733D

eBaoTech	Ge							Genera	neralClaim		
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	+ Log Out
My Desktop	Polic	cy Query									,
Notice of Loss Poli		lo.				Date	of Accident	2	0/07/2019 1	5:10	
	Vehicle	No.(For Motor)	SKP862	25E		Certifi	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109742248		CHNG AT LING IRENE	S1713711E	GPC	drivo CLASSIC	SKP8625E	SKP8625E	23/05/2019	22/05/2020
						Continue	I				

Policy No.	5109742248	Policyholder Name	CHNG AI LI	NG IRENE	Policyholder NRIC	S1713711E	
Certificate No.		Harrie			Mic		
Address	BLK 145 #02-81 PASIR RIS S	TREET 11 SING	PORE 51014	5			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Ssue Date	23/05/2019	Effective Date	23/05/2019	00:00	Expiry Date	22/05/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Υ	
Co- insurance Flag Open Policy	No						
Info							
Info	holder Mailing Address						
info Policyl	BLK 145 #02-81	Addre	ss 2	PASIR RIS STREET	11	Address 3	SINGAPORE 510145
info Policyl Address 1	-	Visited	ss 2 ss Type	PASIR RIS STREET Singapore address		Address 3 Post Code	SINGAPORE 510145 510145
Enfo	-	Addre	ss Type ed Policy	AND INCIDENCE VIOLENCE MANAGEMENT		re-cat. Cattorioch	particular de la companya del companya de la companya del companya de la companya
Info Policyl Address 1 Address 4 Unit No.	-	Addre Relati	ss Type ed Policy	Singapore address		re-cat. Cattonioch	particular de la companya del companya de la companya del companya de la companya
Address 1 Address 4 Unit No.	BLK 145 #02-81	Addre Relati	ss Type ed Policy	Singapore address		re-cat. Cattonioch	particular de la companya del companya de la companya del companya de la companya

Claim Handling					
Accident MT/1054395			2000000	MASSAC II CONTAV	
Policy No.	5109742248	Venicle No.	5KP8625E	GST Registration No.	
Certificate No.	Manager of the Control of the Control				
Policyholder Name	CHNG AT LING TRENE	25.25	11.	Policyholder NR3C	S1713711E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No. (Mobile)	92825878	Contact No.(Office)	0	Contact No. (Home)	0
Ernati Addreso.	D	Special Remark		eCode	100
NCD Protection	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
	Vac	NCD Entitlement(%)	50	Private Hire	No
Accident Details	22/07/2019 13:46	PARTY CONTRACTOR CONTR	0.000		
Report Date		Accident Report Within 24 hrs		Accident Type	Callision - Cross Junction
Date of Accident	20/07/2019	Time of Accident hh:min	15:10	Country of Acadent	Singapore
Reporting Centre Accident Location	TAMPINES AVE 12 TWDS PAS	Orange Force		ICM No.	
Total Excess Applicable		IN HIS AFTER THE (SUE)			
Excess Type	Per Accident	Windscreen Excess	100.00		
	Ter Helice	Windscreen Excess	100.00		
OD Standard Excess	600	TP Standard Excess	0.00		
VIED OD Excess	500		3.75073	Driver is Covered?	
Additional Excess		0		CONTRACTOR	
Total OD Excess Applicable	1100				
⇒ Benefits	53732				
GST Registered Inform	etion		The state of the s		
2ST Registered	No		GST Registration Date		
3ST Registration No.			GST Scatus Verified	Yes	
Hodification History					
→ Policyholder Mailing Ad	draw				
Address 1			DATE OF CHARTS	725002	
Address 1	BLK 145 #02-81	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510145
Int No.		Address Type Related Policy Number	Singapore address	Post Code	510145
OI Driver Info		Related Policy Number	5109742248		
Inver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Jonamed driver Name	LEE OHEE KONG GEORGE	Driver NRIC	61525733D	Driver DOS	12/09/1962
Register Date of Driver License		Driver Age	56	Oriving Experience	38
Dointact No. (Mobile)	93825878	Consact No. (Office)	0	Contact No.(Home)	0
Address 1	DLK 145	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510145
Address 4		Address Type	Singapore address	Post Code	510145
Jnt No.	02-81		THE PROPERTY OF		
Coes he own a Singapore Registered car?	○ Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company	
regard ou car				0.007-(3.00-0.007-0	
leclaration					
ireathalyser or Blood Test leading?	0.mg	Any injury?	○ Yes ® No		
Socification History					
outscatton mistory					
Claim 001 New					
laim Type +	Ор-мх		CARLO AL LINO INC.	Property Name	FIRENCE
	Your and the second	Insured Name	CHNG AT LING TRENE	Insured NRIC	51713711E
ontact No.(Mobile) mail Address	90267948 Irene@cranspeed.com.sg	Contact No.(Home) Of Vehicle Number	65816542 CVD86765	Contact No.(Office)	65420044
Inell Address Nament Type Claimant Type+			Please Select	TP Vehicle Number	SLL6735T
lament Name +	L. L.	≥≥ Claimant NR3C •	Please Select		
armant Address				1	
laim Description	SKP8625E / SLL6735T ON 20	Jul 2019		Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Not at Fault		
eguire Finalisation	[ves [S	4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Preferred Workshop, Name unknown	GIA report	Received
ate Registered	22/07/2019 13:48	Claim Close Date	a transmission name ununum V	Date Received	22/07/2019 00:00
sport Taken By	Deckson	4 2000 2000 2000		water Control and I	The state of the s
		2			
Print AK letter					
		81	Save Submit		
		1.5	Section Residence (Section 1992)		
Attachment					
· ·	HT/3054395	Claim No.	001		
	HT/3054395 ⑤ Yes ○ No	Clarm No. Upload Date	001 22/07/2019 13:49		

