Date in: 1/4/19-15:11	Jcb description	Date & Time Completed	Done	pi.
Ref No: 49 146 19017514/24	SAS e-filing			
Veh No: 5357 7493	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 1/5/19- 14:50	i-Motor Claim Form	M1 106067 7001	Malia 7	u! 78
	i-Motor W/O (Within: OD 2			
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: (M	L POS.C INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	500
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks;-	Edit II Codor Programme		15.000	14
() Walk-In Customer : Customer's in	nformation strictly Confidential & S	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins				
		Towing Co: ()
Dive-in () / fowed-in (), invo	nice. TES () / NO (),	TOWING CO. (-
			THE REPORT OF THE PARTY OF THE	
Remarks: (INC hotline: 6788 6616) is the second of the second	Date&Tims Completed	Done	by
) / Courtesy Car ()	Date&Time Completed."	Done)	by
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1) Apply for Transport Allowance ()	/ Courtesy Car ()	Date&Time Completed	Done	by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Tims Completed	Done	by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Completed	Done	by
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time 'Actions Nations Particulars :- Oriver/Owner: Contact No: Oamaged Portion: C Checked by (Engr-In-Charge): October Comments :-	Courtesy Car ()	eparation Checklist nt Reporting (\$30); to Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) section A + SMRT Survey tional Services: ay Car / Tpt Allowance Co-ordination epair Inspection olitect Excess Coordination TP (Non INC) against INC	So)	Amu

a part of the

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.
- 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.	
CANAL STREET,	ACCIDENT STATEMENT
Date Of Report	02/09/2019 15:11
Date Of Accident	01/09/2019 14:50
Exact Location Of Accident	JUNC AMK ST 31 & AMK AVE 6
Country/State of Loss	SINGAPORE
OF MANY MANY SERVICES IN SURFICION SERVICES	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS7749J
Insured/Policyholder	
Name Of Registered Owner	JEROME GARRET LEE CHYE SOON
NRIC No	S8614942G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98787066
Alternative Phone No	OFFICE-98787066
Vehicle Particulars	

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

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 Vehicle Category

THIRD PARTY PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5111736670

Cover Note Number

Driver

Name of Driver JEROME GARRET LEE CHYE SOON

 NRIC No
 \$8614942G

 Date Of Birth
 07/06/1986

 Occupation
 INDOOR

 Date Of Driving Pass
 04/08/2005

Driving Experience 14 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98787066

Fax Number

Contact Number OFFICE-98787066

EMail Address NOEMAIL

BLK 173 ANG MO KIO AVENUE 4 Address

#07-717

2

NO

NO

NO

NO

YES NO

NO

SML805C

PRIVATE CAR

2

560173 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

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?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: 2

GENDER: : FEMALE

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?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 12

No. Of Passenger (Including Driver)

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.
- 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:
 - (i) 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.

Date & Time:

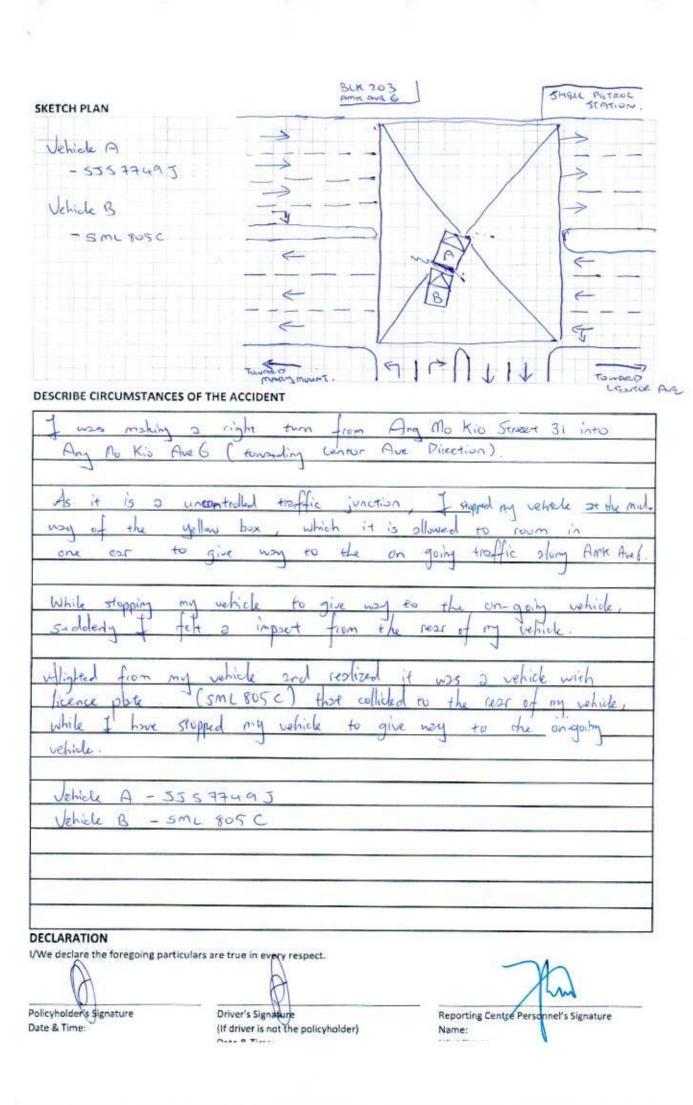
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

NRIC/FIN No.:

Name:

Reporting Centre Person

el's Signature



Ashicle No.	SJS 7749 J Model/Make TOSOTA ALTIS
Date of Accident	01/09/2019
ime of Accident	1450 HRS
ocation of Accident	AND MO KID ST 31 JUNITION AND MO KID AUR 6.
xact purpose use during accid	dent Pavacia Usia
Name of Owner	JECOME CARRET LEE CHYE SOON
Telephone No.	H/P: 98787 066 Home: Office:
NRIC	586149426
Address	BUK 173 ANG MO 1610 AVE 4 407-717 S(560173)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUE
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	
oney wo.	
Name of Driver	As Above If No,
NRIC	Any Passengers: I (FEMALE, WIFE)
Date of birth	07 JUN 1986
Occupation	Outdoor / Indoor
Driving License Pass Date	04 Aug 2005
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Ory Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SML 305C Any Passengers:
Name of Driver	Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers:
Witness Name	Witness Contact :
Accident Portion	REAR
Camera Recorder	Yes /(No)
Email Address	
	NA AUCOMOTIVE PER LTD
PARTICULAR WORKSHOP	1,4-3,1
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	6741 0510
WORKSHOP EMAIL APDRESS	

eBao Tech										Genera	IClaim
Hello, NAC_PAYA_UBI_80	0601				100		• Change	Language	· Chang	e Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident	0	1/09/2019 1	4:50	
	Vehicle	No.(For Motor)	535774	193		Certifi	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111736670		JEROME GARRET LEE CHYE SOON	S8614942G	GPC	drivo CLASSIC	SJS77492	SJS7749J	14/08/2019	02/09/2020
					18	Continue]				

Seque	ence Date of En	dorsement	Endorsement Type Endorseme			nt Status Endorsement Con		
□ Endor	rsements		6.00	Se (So) with	11 Sept. 2004 11 Sept. 14	0000000	Owen you so to be the grown as the area.	
D Insur	ed Object: SJS7749J							
Unit No.			elated Policy lumber	5111736670				
Address 4	SINGAPORE 56		ddress Type	Singapore address		Post Code	560173	
Address 1	BLK 173 #07-7	17 A	ddress 2	ANG MO KIO AVEN	IUE 4	Address 3	KEBUN BARU LINK 1	
Policy	holder Mailing Address	5						
Certificate Info								
Policy Info								
Open								
Co- insurance Flag	No							
Agent	ABWIN PTE LTD	Agent Te	1. 68423301		GST Flag	T		
Excess		TP Exces			GST Flag	Y		
Outside Singapore OD	600	Outside Singapor				Young	/Inexperience Driver Excess	
Additional Excess	0	OS Premium	0					
arty Excess	0	damage Excess	600		Excess			
Third	2.0	Own	600		Windscreen	100		
xcess	Per Accident	All Claims Excess						
olicy ssue Date	14/08/2019	Effective Date	14/08/2019	9 00:00	Expiry Date	02/09/2020 23	3:59	
roduct lame	PRIVATE CAR INSURANCE	CE Plan			Group Policy Flag	N		
ddress	BLK 173 #07-717 ANG	MO KIO AVENUE 4	KEBUN BARU LI	NK 1 SINGAPORE 560				
ertificate lo.								
olicy No.	5111736670	Policyhold Name	JEROME GA	RRET LEE CHYE SOC	Policyholder NRIC	S8614942G		

Claim Handling					- 6
Accident MT/1060677		V PARTY AND		ment have been been been	
Policy No.	5111736670	Vehicle No.	\$1577491	GST Registration No.	
ertificate No.				189403070102020	gaminaga.
okcyholder Name	JEROME GARRET LEE CHYE SOON			Policyholder NR3C	58614942G
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	98787066	Contact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	Tay -
FK	® No ⊜ Yea	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
eport Date	02/09/2019 21:26	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
	01/09/2019	Time of Accident his mm	14:50	Country of Accident	Singapore
		Drange Force		3CM No.	
eporting Centre		Diange Force		550000	
	JUNC AMK ST 31 & AMK AVE 6				
▼ Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
	7030703				
D Standard Excess	600,00	TP Standard Excess	0.00		20000
TED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Idditional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
♥ Benefits					
☑ GST Registered Informa	tion				
SST Registered	No		GST Registration Date		
SST Registration No.			GST Stacus Verified	Yes	
fodification History					
Policyholder Mailing Add	iress				
iddress 1	BLK 173 #07-717	Address 2	ANG MO KIO AVENUE 4	Address 3	KEBUN BARU LINK 1
daress 4	SINGAPORE 560173	Address Type	Singapore address	Post Code	560173
init No.		Related Policy Number	5111736670		
□ OI Driver Info	JEROME GARRET LEE CHYE SOON	Driver Type	Main Driver		
Drivet Name	JEROME GARRET LEE CHYE SOON	Driver NRIC	\$8614942G	Driver DOB	07/06/1986
Unnamed driver Name				Driving Experience	14
kegister Date of Driver License	04/08/2005	Driver Age	33		
Contact No.(Mobile)	98787066	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 173	Address 2	ANG MO KIO AVENUE 4	Address 3	KEBUN BARU LINK 1
Address 4	SINGAPORE 560173	Address Type	Singapore address	Pest Code	560173
unit No.	07-717				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?					
Declaration					
Breathalyser or Blood Test	Il ma	Any injury?	○ Yes ® No		
Reading?	0 mg	work inflanks	0.000		
Addition History Claim 001 New					
(100)					
Claim Type *	DD-MX	Insured Name	SEROME GARRET LEE CHYE SOC	Insured NRIC	\$86149426
	98787066	Contact No.(Home)	65839159	Contact No. (Office)	
Contact No.(Mobile)				TP Vehicle Number	SML805C
Email Address	garret86@gmail.com	OI Vehicle Number	S3577493	P were received?	Jr. 160000
Claimant Type Claimant Type *		Type of Benefit *	Please Select		
Claimant Name *	25	Claimant NR3C *			
Claimant Address				Name of Preferred Workshop	
Claim Description	53577493 / SML805C ON 1 Sept 201	TO A STATE OF THE	2000	name or meetied workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Pault	Para Maria	
Require Finalisation			Preferred Workshop, Name unknown	GIA report	Received
vicinite uniquipolitic	Yes	Preferend Repair Option			To a language of the day and the
	Ves C2/09/2019 21:28	Preferend Repair Option Claim Close Date		Date Received	02/09/2019 00:00
Date Registered	02/09/2019 21:28			Date Received	02/09/2019 00:00
Date Registered Report Taken By				Date Received	02/09/2019 00:00
Date Registered Report Taken By	02/09/2019 21:28			Date Received	02/09/2019 00:00
Date Registered	02/09/2019 21:28		Save Submit	Date Received	02/09/2019 00:00
Date Registered Report Taken By Print AK letter Attachment	02/09/2019 21:28		Save Submit	Date Received	02/09/2019 00:00
Date Repistered Report Taken By Print AK letter	02/09/2019 21:28 Jackson	Claim Cloke Date		Date Received	02/09/2019 00:00
Date Registered Report Taken By Print AK letter Attachment	02/09/2019 21:28		,001	Date Received	02/09/2019 00:00
Date Registered Report Taken By Print AK letter Attachment	02/09/2019 21:28 Jackson	Claim Cloke Date		Date Received	02/09/2019 00:00

