NATIONAL Assessment Cen	tre Services	[we! 1 Jan'05] M	141919261		
Date In: 9/9/19-13/59	Jeb description	n	Date &Time Completed	Done	e pi.
Res No: Halneys ky 1/14	SAS e-filing		İ		
Veh No: 54 21936	E-mail (within	a Shrs, AIC 2hrs)			587
D.O.A: 8/9/19 14:00	i-Motor Cla	im Form	M7/106/1741-001	9/9/19 1	4:14
	i-Motor W/0	O (Within: OD 2hrs	The second secon		
OD : TP : Reporting Only	i-Photo Uple	oaded			
TD	Assessment/S	urvey Report			
TP Insurer:	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (CHICAGO TO THE CONTRACT OF THE	Tel: F	Fax:)
TP Particulars: Veh No: SU	W88981C	. INC()/Non-INC().		-
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	- 17
Year of Registration: ()	Warranty: YES ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000)()			
General Remarks;				Section 1	
() Walk-In Customer : Customer's in	nformation strictly Co	onfidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins	urer URGENTLY.	6			
Drive-In ()/ Towed-In (); Invo	ice: YES () / I	NO (); To	owing Co: (,)
Remarks: (INC hotline: 6788 6616)	n in the second		Date&Time Completed	Done	by
	/ Courtesy Car ()		Bu-Sala-a-	-
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
Injury:					
			e fa seda	8028837 A. *	ATT & TOTAL ST. T.
Date/Time Actions		a va sessaria	entre de la company de distant	ESPECIAL RE	
	CHEO CALL CONTRACTOR	22.00			
				a	
Maryo6828		Invoice Prep	aration Checklist	Anit (\$)	Amt (3)
Contract Con	1) AR : Accident	Reporting (\$30);	S. O. M. Diff.	, togijem	
laimant's Particulars:-		2) DA : Damage A 3) TF : Towing Fe	Assessment (\$100); INC (\$8	80) 0/\$45	
river/Owner:		4) FT : Follow-Th	rough Survey	\$120	
ontact No:		5) FT : Follow-Th	rough Survey (Resurvey) ajust JNC Only (wef 10 Jan 2005	\$30	
maged Portion:		6) TR : Re-inspect	lion	\$160	
		7) N1 : Idac DA + 8) NTUC Addition	DA-4818	3100	
Checked by (Engr-In-Charge):		OD*		\$5	
, (8-)		*N5: Courlesy (Car / Tpt Allowance	510	
uditors! Comments :-		*N7: Fost Repa		\$25	
1;	to Mark State Stat	TP (N11): TP	(Non INC) against INC	\$20	
31.7.634.		9) N12: Idae Mob	ile Fee Charged	30	and fait
. 2/3;		Invoice dated	Fee Charged	SAME	

in paratition

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.
- 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.

atoresaid,	
	ACCIDENT STATEMENT
Date Of Report	09/09/2019 13:59
Date Of Accident	08/09/2019 14:00
Exact Location Of Accident	BLK 125 PENDING RD CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH2193C
Insured/Policyholder	
Name Of Registered Owner	LEE CHUN LOONG (LI JUNLONG)
NRIC No	S7621046B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96675823
Alternative Phone No	OFFICE-96675823
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ISIS 1.8LX A
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	REPORTING ONLY
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	5103551798-01

-			ø	Я
D	n	v	е	r

Cover Note Number

Name of Driver LEE CHUN LOONG (LI JUNLONG)

 NRIC No
 \$76210468

 Date Of Birth
 16/07/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/10/2015

Driving Experience 3 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96675823

Fax Number

Contact Number OFFICE-96675823

EMail Address NOEMAIL

Address BLK 283 YISHUN AVENUE 6

#12-152

Postcode 760283

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 - MAJOR/MINOR RD

2

NO

NO

NO

YES

NO

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) 1

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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLW8898K

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

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

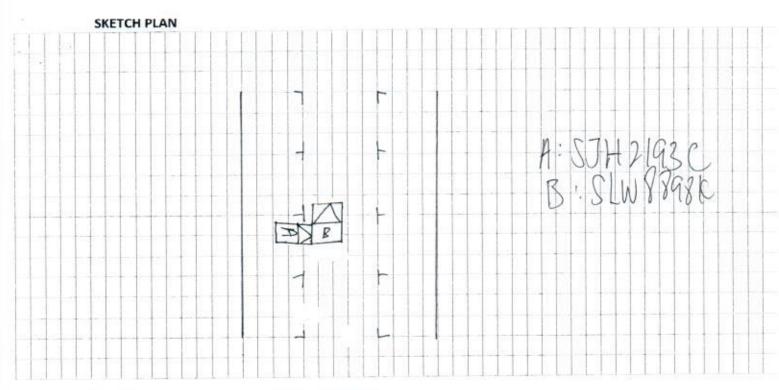
- Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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:
 - (I) 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

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date 1 time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



	RIBE CIRCUI				at	BIK	125 per	nding 1	oad	CarparE,
							0			(Lidentally
Collide	onto	his -	Vear	1ett p	orti or	04	his	vehici	€.	

DECLARATION

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 NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

J'ANT 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.

			ACC	DENT DETAILS			No. of the State o
Date of accident	08	09	2019				(DD/MM/YY)
Time of accident	11110	210	Opm				(HH:MM)
Exact location of accident	BI	K	125	Pending	road	carpara	

	DE	TAILS OF	VEHICLE			
Vehicle registration number	SZH2193	SC				
Vehicle make and model	touta ISIS					
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆	CRV D Moto	Van	Others:	
Vehicle category	Private 🗆	Comme	rcial 🗆	Motorcyc	ele 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes □ Third part cla	No 🗗	if no, please select: Reporting only			

	INSURANCE IN	FORMATION	
Insurance company	SUTIN		
Policy number			
Type of policy	Comprehensive	Third party fire & theft □	TP only

POLICE TO A CONTRACT OF THE REAL PROPERTY.	INSURED / POLICY HOLDER	平安10万家大学10万米10万米
Name	LEE CHUN LOONE	Male ✓ Female □
NRIC / Fin / Passport number	S7621046B	
Contact	9667 5823	
Address	BIK 283 YISHUN Avenue 6 #	112-152 5(760283)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	n iii
Name	Male Femal	e 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	16/07/1976	
Occupation	Indoor D Outdoor	
Driving date pass	06/10/2015	

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes No Ø
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	
Weather condition	Clear Raining Others:
Road surface	Dry D Wet a
No of passenger	(Inclusive of driver
	(metasive of univer
是在大型企工。1982年在新年的400	PASSENGER 1
Name	
Gender	Male Female
NO DESCRIPTION OF THE	PASSENGER 2
Name	
Gender	Male Female
	PASSENGER 3
Name	
Gender	Male Female
企业 可以扩展的 (1986年)	PASSENGER 4
Name	
Gender	Male Female
	PASSENGER 5
Name	
Gender	Male Female
A ART STATE OF THE STATE OF	PASSENGER 6
Name	
Gender	Male Female
SILMOTE VIEW OF COURSE AND ADDRESS OF	OTHER INFORMATION
Was anybody injured?	Yes D No.
Was other vehicle damaged?	Yes P No D
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No lf yes, please state which police station.
Police station name	
	WITNESS 1
Name	
Name	WITNESS 2
Name	

	THIRD PARTY VEHICLE 1
Vehicle registration number	SLW 8899 K
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
11.78公司 到于12个世界下达于60	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
"我们然因为你的过去分分的 "	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
经国际公司 在1000000000000000000000000000000000000	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A CONTRACTOR OF THE PARTY OF TH	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
ACAVANA SALAKAN	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

对自己的 		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
38		
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
经验 计图像数 计图像		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
第45 数十二位第二条		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	\rightarrow	<u> </u>
上海山东山东北京山东 山东		INJURED PERSON 5
Name		
Injuries sustained	//	
Which vehicle person in?	1	Man and the second of the sec
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	NEW COLUMN STATE	WILLIAM DEDCOME
Market Indiana Section		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?	Vac -	No 🗆
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	NOL

eBao Tech		The second second second							GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	• Chang	e Password	• Log Out	
My Desktop	Policy Query										
Notice of Loss	Policy No.				Date	of Accident	0	8/09/2019 1	4:00		
	Vehicle No. (For Motor)	SJH219	93C		Certifi	icate Number					
				1	Search						
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	O 5103551798- 01		LEE CHUN LOONG (LI JUNLONG)	S7621046B	GPC	drivo CLASSIC	SJH2193C	SJH2193C	07/09/2019	06/09/2020	
				8	Continue	I					

Policy No.	5103551798-01	Policyholder Name	LEE CHUM	LOONG (LI JUNLONG	Policyholder NRIC	S7621046B	
Certificate No.							
Address	BLK 283 #12-152 YISHUN AVE	NUE 6 SINGAP	ORE 76028	3			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	19/08/2019	Effective Date	07/09/20	19 00:00	Expiry Date	06/09/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020) null	GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 283 #12-152	Addre	ss 2	YISHUN AVENUE 6	33	Address 3	SINGAPORE 760283
Address 4		Addre	ss Type	Singapore address		Post Code	760283
Unit No.	12-152	Relate Numb	ed Policy er	5103551798-01			
	ed Object: SJH2193C						
D Insure							
	sements						

Claim Handling Accident MT/1061541				9	
olicy No.	\$103551798-01	Vehicle No.	S3H2193C	GST Registration No.	
ertricate No.					
olicyholder Name	LEE CHUN LOONG (LI JUNLONG)			Policyholder NR3C	57621046B
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Ontact No. (Mobile)	96675823	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	D. V
FK.	® No ○ Yes	TCA	® No ○Yes	eCode Reason	A STATE OF THE PARTY OF THE PAR
ICD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details					
eport Date	09/09/2019 14:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Tate of Accident	06/09/2019	Time of Accident hhomm	14:00	Country of Accident	Singapore
teporting Centre		Orange Force		ICM No.	STORMEN
ocident Location	BLK 125 PENDING RD CARPARK			(designation)	
Total Excess Applicable					
ховяв Туре	Per Accident	Windscreen Excess	100.00		
D Standard Excess	2,000.00	TP Standard Excess	1,500.00		
IED OD fiscess	0.00	VIED TP Excess	0,00	Driver is Covered?	Coveres
dditional Excess	1500				
otal OD Excess Applicable	3500.00	Total TP Excess Applicable	1,500.00		
♥ Benefits					
GST Registered Inform	7,15				
IST Registered IST Registration No.	No		GST Registration Date		
odification History			GST Status Verified	Yes	
Policyholder Mailing Ad	dress				
ddress 1	BLK 283 #12-152	Address 2	YISHUN AVENUE 6	72000	
sidness 4		Address Type		Address 3	SINGAPORE 760283
nit No.	12-152		Singapore address	Post Code	760283
OI Driver Info	THE CONTRACT OF THE PARTY OF TH	Related Policy Number	\$103551798-01		
nver Name	LEE CHUN LOONG (LI XUNLONG)	Driver Type	Main Oriver		
nnamed driver Name		Driver NRIIC	\$7621046B	Driver DOB	16/07/1976
egister Date of Driver License	06/10/2015	Driver Age	43	Driving Experience	3
ontact No.(Mobile)	96675823	Contact No. (Office)	0	Contact No.(Home)	0
ddress 1	BLK 283	Address 2	YESHUN AVENUE 6	Address 3	SINGAPORE 760283
ddress 4		Address Type	Singapore address	Post Code	760283
nit No.	12-152		177	The same	700203
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Prove ton one formation	
egistered car?	35.77 49.77	Siries delice no.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
eading?	3705 * 3		0.000		
odification History					
ouncetion matery					
Claim 001 New					
am Type *	DD-MX	Insured Name	LEE CHUN LOONG (LT JUNLONG	Insured NRIC	\$76210468
ntact No.(Mobile)	96675823	Contact No.(Home)	ELE GROW DOONS (LI JUNEONG		0/0210408
nali Address	YR220596@HOTMAIL.COM		ENDING.	Contact No.(Office)	
armant Type Claimant Type *	The second secon	OI Vehicle Number	SJH2193C	TP Vehicle Number	SLW8B98K
. the consult tabe.		Type of Benefit * Claimant NRIC *	Please Select		
ermant Name *	>>	AND THE PARTY OF T			
imare Address	STUDYOR / STUDYOR AND A SHALL ASSA				
simant Address sim Description	5JH2193C / SLW8898K ON 8 Sept 2019	. Wernessan and		Name of Preferred Workshop	
timant Address tim Description oferred Workshop Contact		Insured Liability +	Fully at Fault		
simant Address sim Description eferred Workshop Contact quire Finalisation	Yes 🔻	Preferered Repair Option	Fully at Fault Preferred Workshop, Name unknown	GIA report	Received
simane Address sim Description eferred Workshop Coreact quire Finalisation ne Registered	Yes V				Received
simant Address sim Description referred Workshop Cortact quire Finalisation ric Registered port Taken By	Yes 🔻	Preferered Repair Option		GIA report	station at the second s
simant Address sim Description referred Workshop Cortact quire Finalisation ric Registered port Taken By	Yes V	Preferered Repair Option		GIA report	station at the second s
simere Address sim Description referred Workshop Contact or, outure Trinsisation rise Registered sport Taken By	Yes V	Preferend Repair Option Claim Close Date		GIA report	station at the second s
simane Address sim Description eferred Workshop Contact to to to to to the Registered sport Taken By Princ AK retter	Yes V	Preferend Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	station at the second s
aimane Address aim Description referred Workshop Contact by Inquire Finalsation rise Registered riport Taken By Princ AK retter Attachment	Yes V	Preferend Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	station at the second s
simere Address sim Description referred Workshop Cortect object sequere Finalsation see Registered port Taken By Princ AK retter Attachment	Yes V	Preferend Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	station at the second s
aimane Address aim Description eferred Workshop Contact by Iquire Finalsation ate Registered apport Taken By Print AK retter Attachment	Yes V	Preferend Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	station at the second s
simare Address sim Description referred Workshop Contact of Contact standard Standard standard Standard standard Standard standard Standard Attachment	Yes V 09/09/2019 14:14 Jackson	Preferenced Repair Option Claim Close Date	Preferred Workshop, Name unknown Save Submit	GIA report	station at the second s

