Date In: 14/6/19-14:03	ntre Services	Date & Time Completed	Done by
	<del></del>	Date to Time Completed	Done oy
Ref No: Halineigo (6262) 24	SAS e-filing		
Veh No: Str ADIK	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 17/4/19-17:00	i-Motor Claim Form	M1062433-001	14/5/19 15:57
OD : TP! Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4brs)	
0	i-Photo Uploaded		20
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: F	ax:
TP Particulars: Veh No: St	129977R . INC(	)/Non-INC( )	0.40
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: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$	\$1,000( )/\$2,000( )		
General Remarks:-			TO THE STATE OF TH
( ) Walk-In Customer : Customer's i			3.72
( ) Total Loss Case : to e-mail Ins			
Drive-In ( )/ Towed-In ( ); Invo	oice: YES( ) / NO( ); To	owing Co: (	and the second of the second o
		Date&Timb Completed	Done by
Cemarks:- (INC hotline: 6788 6616	) / Courtesy Car ( )	Dates Timb Completed	Done by
Remarks:- (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )		Date&Time Completed	Done by
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection	/ Courtesy Car ( )	Dates:Time Comple ad	Done by
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ( )	Date&Timis Completed	Done by
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )	Dates:Time Comple ad	Done by
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )		Done by
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ( )		
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ( )		
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )		
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )		
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  ate/Time Actions	/ Courtesy Car ( )		
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Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  ate/Time Actions	/ Courtesy Car ( )	aration Checklist.	Anic (S) Am
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Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions  Umant's Particulars:-  ver/Owner:	( )   ( )	aration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8  • \$40 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) ion SMRT Survey	Anic (\$) Am Tit Bill Add 0) S45 \$120 \$30
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Pate/Time Actions  Ware/Time Actions  Imaged Portion:	( )   ( )	aration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8  • \$40 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) ion SMRT Survey	Anic(s)) Ami Tik Bill Add
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Pate/Time Actions  Ware/Time Actions  Imaged Portion:	Invoice Prep  Invoice Prep  I) AR: Accident  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For Claiming as  6) TR: Re-inspect  7) N1: Idae DA +  8) NTUC Addition  OD*  *N5: Courtesy 6	aration Checklist:  Reporting (\$30); Assessment (\$100); INC (\$8 to \$40); Frough Survey (Resurvey) Frough Survey (Resurvey	Anic (\$) Am Tit Bill Add 0) \$45 \$120 \$30 \$75 \$160
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions  Umant's Particulars:  ver/Owner:  ntact No:  naged Portion:  Checked by (Engr-In-Charge):	Invoice Prep  Invoice Prep  I) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) i*T: Follow-Th  For claiming as  6) TR: Re-inspect  7) N1: Idae DA +  8) NTUC Addition  QD*  *N5: Courtesy (  *N6: Repsir Co	aration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8 to \$40 to	Anic(s)) Ami Tit Bill Add 0) S45 5120 530 575
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Limant's Particulars:  Ever/Owner:  Intact No:  Transport Allowance ( )  The comments of Allowance ( )  Checked by (Engr-In-Charge):	Invoice Prepared	aration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 or 100); I	Anic(s)) Ami Tik Bill Add 0) S45 5120 530 ) \$75 1160
Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Pate/Time Actions  Umant's Particulars:  ver/Owner:  ntact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Prepared	aration Checklist:  Reporting (\$30); Assessment (\$100); INC (\$8 to \$40); Frough Survey (Resurvey) Frough Survey (Resurvey	Anic(s)) Ami Tit Bill Add 0) S45 5120 530 575 1160

SUBMITTED BY: Jackson Ho Zhao Tian

### 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

	ACCIDENT STATEMENT
Date Of Report	14/09/2019 15:07
Date Of Accident	13/09/2019 17:00
Exact Location Of Accident	FARRER RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS4131K
Insured/Policyholder	
Name Of Registered Owner	SOONG YIP HENG
NRIC No	S8155434Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91978083
Alternative Phone No	OFFICE-91978083
Vehicle Particulars	
Manufacturer	тоуота
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112112914
Cover Note Number	

### Driver

SOONG YIP HENG Name of Driver

NRIC No S8155434Z 03/07/1981 Date Of Birth OUTDOOR Occupation 04/05/2010 Date Of Driving Pass

9 YEARS AND 4 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91978083 Mobile Number

Fax Number

OFFICE-91978083 Contact Number

NOEMAIL EMail Address

597A GEYLANG ROAD Address

389536 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

NO

NO

NO

YES

1

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO 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)

**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? YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

PRIVATE CAR

**SLQ9977R** 

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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.

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.:

# SKETCH PLAN Refer to organizate and she fich Plan.

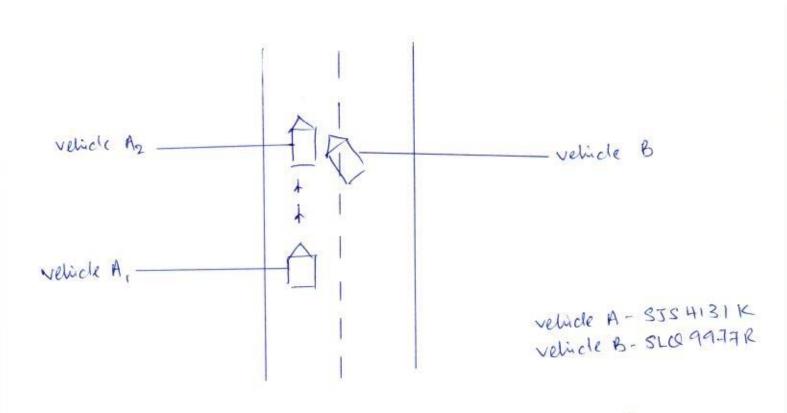
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Leter to distensent.		

## DECLARATION

I/We declare the foregoing 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.:



on the above-mentioned date and time, I was travelling along Farrer food. As I was still travelling straight, along Farrer food. As I was still travelling straight, vehicle B suddenly out into my lane as illustrated vehicle B suddenly out into my lane as illustrated and collided into my vehicle. As a result of the and collided into my vehicle. As a result of the collision, my relicle was damaged.

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_8006	01		The second second		THE PERSON NAMED IN		> Change	Language	• Chan	ge Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.	5112112914			Date of Accident		1	13/09/2019 17:00		
	Vehicle	No.(For Motor)	SJS413	1K		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112112914		SOONG YIP HENG	S8155434Z	GPC	drivo CLASSIC	SJS4131K	SJS4131K	24/08/2019	23/08/2020
	-				C	Continue					

Sequer	nce Date of Endorsem	ent	Endorseme	nt Type	Endorsemen	t Status	Endorsement Content
▼ Endors	sements						
Insure	d Object: SJS4131K						
Unit No.		Relate Numb	ed Policy er	5112112914			
Address 4			ss Type	Singapore addre	ess	Post Code	389536
Address 1	597A GEYLANG ROAD	Addre	ss 2	SINGAPORE 389	9536	Address 3	
→ Policyl	nolder Mailing Address						
Certificate Info							
Policy Info							
Flag	(1155)						
Co- nsurance	No						
Agent	INDEX AGENCY PTE LTD	Agent Tel.			GST Flag	Y	
Singapore OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
xcess	0	Premium Outside	0				
Additional	2	Excess OS	2		7727756		
Third Party Excess	0	Own damage	600		Windscreen Excess	100	
xcess Type	Per Accident	All Claims Excess					
Policy ssue Date	23/08/2019	Effective Date	24/08/201	9 00:00	Expiry Date	23/08/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	597A GEYLANG ROAD SINGAP	ORE 389536			938947557		
Certificate Vo.							
Policy No.	5112112914	Name	SOONG YI	P HENG	NRIC	S8155434Z	

laim Handling							
cident MT/1062433		100000 and	E304131V	GST Registration No.			
licy No.	5112112914	Vehicle No.	5)54131K	GST Registration No.			
rtificate No.				Policyholder NR3C	581554342		
100	SOONG YIP HENG	1200200	drive CLASSIC	Loading	981998185		
duct Code	PRIVATE CAR INSURANCE	Cover Type		Contact No.(Home)	0		
ntact No.(Mobile)	91978083	Contact No.(Office)	0		N V		
ail Address		Special Remark		eCode	18.4		
<b>S</b>	® No ○Yes	TCA	® No ○Yes	eCode Reason	62		
D Protection	No	NCD Entitlement(%)	0	Private Hire	No		
Accident Details							
port Date	14/09/2019 15:50	Accident Report Within 24 hrs	Yes	Acadent Type	Collision - Change / Cross lane		
te of Accident	13/09/2019	Time of Academ hhimm	17:00	Country of Accident	Singapore		
orting Centre		Orange Force		ICM No.			
cident Location	FARRER RD						
Total Excess Applicable							
ess Type	Per Accident	Windscreen Excess	100.00				
			82 Kg/0				
Standard Excess	600.00	TP Standard Excess	0.00				
D OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered		
ditional Excess	0						
al OO Excess Applicable	600.00	Yotal TP Excess Applicable	0.00				
Benefits							
GST Registered Informa	tion						
Registered	No		GST Registration Date				
Registration No.			GST Status Verified	Yes.			
ofication History							
Policyholder Hailing Ad			North Street Control of Control	various w			
dress 1	597A GEYLANG ROAD	Address 2	SINGAPORE 389536	Address 3			
dress 4		Address Type	Singapore address	Post Code	389535		
it No.		Related Policy Number	5112112914				
OI Driver Info							
iver Name	SOONG YIP HENG	Onver Type	Main Driver				
named driver Name		Driver NRIC	S8155434Z	Driver DOB	03/07/1981		
gister Date of Driver License	04/05/2010	Oriver Age	38	Driving Experience	9		
mact No.(Mobile)	91978083	Contact No.(Office)	0	Contact No.(Home)	0		
dress 1	597A GEYLANG ROAD	Address 2	SINGAPORE 389536	Address 3			
dress 4		Address Type	Singapore address	Post Code	389536		
nt No.			SERVICE SERVICES				
ses he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company			
igistered car?	C 188 CE 180	porter vende not					
claration							
eathalyser or Blood Test	Omg	Any injury?	☐ Yes ® No				
ading?		3304.53450					
edification History							
and the second							
Claim 001 New							
im Type *	00-MX v	Insured Name	SOONG YIP HENG	Insured NRIC	581554342		
intect No. (Mobile)	98521137	Consact No.(Home)		Contact No. (Office)			
nail Address		Ot Vehicle Number	5354131K	TP Vehicle Number	SLQ9977R		
almant Type Claimant Type *	Please Select	Type of Benefit *	Please Select				
smant Name *	22	Claimant NRIC *					
smant Address							
am Description	5354131K / SLQ9977R ON 13 Sept 2019			Name of Preferred Workshop			
eferred Workshop Contact		Insured Liability *	Not at Fault	ACCOUNT OF THE PARTY OF THE PAR	A3		
	Tree Tree	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
equire Finalisation	Yes V	Claim Close Date		Date Received	14/09/2019 00:00		
ite Registered	14/09/2019 15:52	Committee Creek		(2003)-3717-033	-		
port Taken By	Jackson						
Print AK letter							
			Save Submit				
Attachment .							
Attachment							
•							
coders No.	MT/1062433	Claim No.	001				
		Upload Date	14/09/2019 15:53				
st Doc. Received	® Yes ○ No	uposo pare		August 1	Parameter Parame		
	Path *	in the same of	Category *	Confidential Urgen			
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