Invoice Preparation Checklist	Donate ted 1		05/MN411917536	
Veh No:	Date In: 18 6 15 - 6:31	Jeb description	Date &Time Completed	Done by
Veh No:	Ref No: No INC WO 1645KTZ4	SAS e-filing		
DOA :	Veh No: SARRY	E-mail (within Shrs, AIC 2	hrs)	
I-Motor W/O (winhs: 0D 2ar, 7F + km) -Photor Uploaded	D.O.A : (49)19- 14:45	i-Motor Claim Form	MT 10 62893-001	isla la lava
F-Photo Uploaded		i-Motor W/O (Within:		-461 (G) JA-141
Profested Wksp / INC Assign Wksp / QW:	OD FIPS. Reporting Only	i-Photo Uploaded		
Ass't Report by Fax / Hand to Owner/Wksp Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax: The:)	TD	Assessment/Survey Rep	ort	
TP Particulars:	IP insurer:	Ass't Report by Fax / H	and to Owner/Wksp	
Owner / Driver: (Tel:) Period: () Cover Type: () Confirmed by: () Date: Time:)	Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
Policy No. (TP Particulars: Veh No: Y	1508 OR	NC()/Non-INC()	E
Confirmed by : (Tel:)
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO rafer of repairer. () Walk-In Customer: Customer's information strictly Confidential & Strictly NO rafer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () ()	Policy No: (Period: () Cover Type: ()
Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer. () Total Luss Case: to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Remarks: (INC hodine: 67886616)	Confirmed by : (Date:	Time:)
Excess: (\$) Loading: \$1,000 () /\$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Luss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Remarks: (INC holdine: 6788 6616)	Insured/Driver Liability: (%)	[Note-Est. Status (WO): N	: 0-20%; P: 21-79%. P: 80-1	00%]
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*N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 1. *TP (N11): TP (N21 NC) against INC \$20 9) N12: Idae Mobile \$30	nimant's Particulars :- iver/Owner: ntact No: maged Portion:	1) AR : Acc 2) DA : Da 3) TF : Tow 4) FT : Foll 5) FT : Foll For claim 6) TR : Re- 7) N1 : Idac 8) NTUC A QD*	cident Reporting (\$30); mage Assessment (\$100); INC (\$8 ving Fee \$40 ow-Through Survey (Resurvey) use seainst INC Only (wef 10 Jan 2005) inspection DA + SMRT Survey ddditional Services:-	0) Add Bill (0) Add Bill (0) (7545) (120 (130 (130 (130 (130 (130 (130 (130 (13
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9) N12: Idac Mobile 30	nimant's Particulars :- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	1) AR : Acc 2) DA : Da 3) TF : Tow 4) FT : Foll 5) FT : Foll For claim 6) TR : Re- 7) N1 : Idac 8) NTUC A OD* *N5: Con *N6: Re- *N7: Fos	cident Reporting (\$30); mage Assessment (\$100); INC (\$8 ring Fee \$40 ow-Through Survey ow-Through Survey (Resurvey) using against INC Only (wef 10 Jan 2005) inspection in DA + SMRT Survey dditional Services:- intesty Car / Tpt Allowance their Co-ordination it Repair Inspection	\$30 \$75 \$160 \$5 \$10 \$25
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.	
Appropriately and the property of the contract	ACCIDENT STATEMENT
Date Of Report	18/09/2019 10:31
Date Of Accident	16/09/2019 14:45
Exact Location Of Accident	IRRAWADDY RD TWDS BALESTIER RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA7842S
Insured/Policyholder	
Name Of Registered Owner	ER CHENG HOCK
NRIC No	S2575705Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96200398
Alternative Phone No	OFFICE-96200398
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X 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	THIRD PARTY
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	5100730411-01
Cover Note Number	
Driver	
Name of Driver	ER CHENG HOCK
NRIC No	S2575705Z
Date Of Birth	24/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1981
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96200398
Fax Number	
Contact Number	OFFICE-96200398
	802(2)(3)(4)(1)

NOEMAIL

BLK 124A RIVERVALE DRIVE Address

#06-189

541124 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

Type Of Accident SIDE SWIPE 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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

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? YES

If Yes, Please state which Police Station

Police Station Name PAYA LEBAR NEIGHBOURHOOD POLICE POST

NO

ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270, POSTCODE: 530114, Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-2899999 - FAX NO: 62815961 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190917/2118.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Remarks/ Reasons:

YES

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

COMMERCIAL VEHICLE

Name of Driver

ENG AH KEONG

NRIC/Passport Number

S6912062H

YN5080R

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

.

INO. Of Passenger (including briver)	20	
Septiment of the Continue and Continue	DETAILS OF INJURED PERSON 1	THE ST
Name	ER CHENG HOCK	
Approximate Age		
Injuries Sustain	BODY	
Injured person in which vehicle?	SJA7842S	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	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.
- 3. 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.
- 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.
- 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 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:
 - (i) 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.
- 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.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

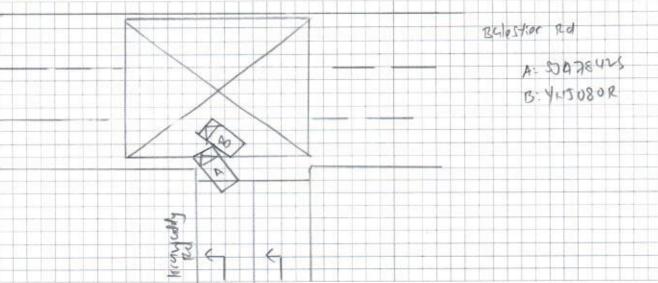
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



Refer to	price	report-7/20/904/3/NB.	

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.:

ACCIDENT STATEMENT

ACCIE	DENT DATE: 16 / 9 / 19)(DD/MM/YY	YY), TIME:(<u>\\ '.\\ '.\</u>)(HH:MM)
LOCAT	MON: Irrauaddy Rul twds Bull	Hier Rd.
1.	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: STA 78475	# E N
	DINSURANCE COMPANY: NTV	2
90	CIPOLICY NUMBER: 5/00730411-01	
	d)POLICY TYPE: (COMPREHEDSIVE / THIRD P	ARIT / THIRD PARIT FIRE & THEFT
	e)MAKE & MODEL:	· · · · · · · · · · · · · · · · · · ·
	f)TYPE:(SALOON / COUPE / MPV / VAN / LOR	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCE h) PURPOSE OF USING AT ACCIDENT TIME:	
	i) ARE YOU CLAIMING UNDER YOUR OWN INS	The state of the s
	IF NO, PLEASE STATE (THIRD PARTY CLAIM /	BERODING CHIES
2	INSURED / POLICY HOLDER	REPORTING ONLY)
	AINAME: ET (hing House	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT: STATIOTZ	CONTACT: 96200 398.
		Ap6-189 (541124)
100 (0) E	CINDORESS.	100-10,10-77
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	IOLDER
	DRIVER	OLDER
() - I fassenger	a)NAME:	(MALE / FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT:	CONTACT:
	c)ADDRESS:	comaci
	52 March 1972 1972 1972 1972 1972 1972 1972 1972	
	*d)DATE OF BIRTH: (24) ~ / 1938)(DD	/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)	
	F)YEARS OF DRIVING EXPRERIENCE:	_
4. \	WAS DRIVER AN EMPLOYEE OF THE INSUR	RED'S COMPANY? (YES / NO)
	F NO, RELATIONSHIP OF THE DRIVER WIT	
	WEATHER CONDITION (CLEAR / RAINING /	OTHERS
) ROAD SURFACE: (DRY / WET / OTHERS	
6. V	VAS ANYBODY INJURED (YES / NO)	**
/. o	PREPORTED TO POLICE (YES) NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION	1:
	HIRD PARTY VEHICLE	
() by passenger	b) DRIVER'S NAME: ENG Ah Wang	MODEL:
	b) DRIVER'S NAME: Eng Ah Wong C) NRIC/FIN/PASSPORT: 569 WOOVH	CONTACT
(<u>l.</u>) 9. Th	HIRD PARTY VEHICLE	CONTACT:
	d) VEHICLE NUMBER:	MODEL:
A Ma of hastander	I DDD (EDIO LLLL)	IVIOUEL
(Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT:
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	19. 33	181

email =

fax =

VIDEO =





Date of Expiry:

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 1 of 3 Report No. T/20190917/2118

REPORT OF A TRAFFIC ACCIDENT

Occupation:

GRAB DRIVER

Date/Time Report Made: 17/09/2019 16:14			Vide Report No.:	Station Diary No.: 28	
Informa	nt's Particu	ulars			
	Informant: NG HOCK	B 84	Address: APT BLK 124A RIVER 541124	VALE DRIVE #06-189 SINGAPORE	
ID Type / ID No.: NRIC NO / S2575705Z			Contact No.: Home/Office: Mobile: 96200398		
National MALAYS	130 TO 30-17	(4)	Email:		
Sex: Male	Age: 61	Date of Birth: 24/02/1958	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	

Driving Licence Information:

Class: 3

General Infor	mation of the Accid	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2019 14:45	Type of Location:
Location: Along Road 1 IRRAWADDY		into Balestier Road		
Weather:		Road Surface:	F	Road Speed Limit:
Traffic Flow:	5 5 5	Traffic Control:	17	Traffic Volume:
Type of Collis	sion:	at the same of the	8	Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJA7842S	Car	ТОУОТА	COROLLA AXIO 1.5X A	Grey	Slightly Damaged	0
YN5080R	Lorry					0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJA7842S	NTUC Income Insurance Co-Operative Limited	5100730411-01	21/06/2019	20/06/2020





2 of 3 Report No. T/20190917/2118

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

CONTINUATION OF REPORT

Brief Details.

On 16/09/2019 at about 1445hrs, I was travelling along Irrawaddy Road in my vehicle (SJA 7842S) and everything was in order. Shortly after, I was getting ready to turn left into Balestier road and I was on the left most lane. There was another lorry (YN 5080R) beside me also getting ready to turn left. After which, the traffic was clear and I made the left turn. The Lorry instead of joining the second lane after turning, the lorry turned into my lane which caused the traffic accident.

After which, both drivers came down and exchanged particulars and left after which. While on the way back, I felt some strains from my neck due to the accident and I was given three days Medical certificate after seeing the doctor. My blood pressure was also high when the doctor made a check on me.

This is the first time such an incident had happened and there are some dents and scratches on my right side of my headlight and front right bumper. I am lodging this report for record and insurance purposes.

Details of the lorry Name: Eng Ah Keong, S6912062H Contact number: 97738441





1/20190917/2118

3 of 3

Report No. T/20190917/2118

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

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 Informant:
Date/Time: 17/09/2019 16:14
Classification Of Case:

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	601						• Change	Languag	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Date o	of Accident		16/09/2019	14:45	
	Vehicle	No.(For Motor)	S3A784	2S		Certific	cate Number	ļ			
					I I	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100730411- 01		ER CHENG HOCK	\$2575705Z	GPC	drivo CLASSIC	SJA78425	SJA7842S	21/06/2019	20/06/2020
		00000			C	continue					

Sequen	nce Date of Endorsem	ent I	Endorsemer	nt Type	Endorsement	Status	Endorsement Content
▼ Endors	ements						
> Insure	d Object: SJA7842S	- Jonathine					
Jnit No.		Relate Numb	d Policy er	5100730411-01			
Address 4			ss Type	Singapore address		Post Code	541124
Address 1	BLK 124A #06-189	Addre	ss 2	RIVERVALE DRIVE		Address 3	SINGAPORE 541124
Policyh	nolder Mailing Address						
Certificate Info							
Open Policy Info							
lag	1000						
Co- nsurance	No						
Agent	KESSIE KIN ENTERPRISE	Agent Tel.	97531946		GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
excess	0	Premium	0				
excess Additional		Excess			Excess	100	
Third Party	1500	Own damage	2000		Windscreen	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	18/06/2019	Effective Date	21/06/201	9 00:00	Expiry Date	20/06/2020 2	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 124A #06-189 RIVERVAL	E DRIVE SINGA	ORE 54112	24			
Certificate No.							
Policy No.	5100730411-01	Policyholder Name	ER CHENG	HOCK	Policyholder NRIC	S2575705Z	



