NATIONAL Assessment Cent	re services.					
Date In: 9/11/19-15:39	Job descriptio	n	Date &Time Comp.	leted	Done	py.
Ref No: NA/INC 190/9879/24	SAS e-filing		1			
Veli No: 1/267B4	E-mail (within	a 8hrs, AIC 2hrs)				10
D.O.A: 9/1/19-11-To	i-Motor Cla	im Form	M7 1070660-0	21 0	11/19 17	"JF
	i-Motor W/	O (Within: OD 2hr			+	
OD TP ! Reporting Only	i-Photo Upl	oaded	1			(1 × ×)
TD Issues	Assessment/S	Survey Report				
TP Insurer:	Ass't Report	by Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		Wenter
TP Particulars: Veh No: Soy	8638B	. INC()/Non-INC().	45	
Owner / Driver: (Tel:)	000000
Policy No: () Pe	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F:	80-1009	%]	28 - 122
	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,0	000()/\$2,000)()				
General Remarks;-						M
() Walk-In Customer: Customer's info	ormation strictly Co	onfidential & Str		make the desired to the second		
() Total Loss Case : to e-mail Insur	er URGENTLY.		* - 0 F			
Drive-In ()/ Towed-In (); Invoice	e: YES() / 1	NO () ; T	owing Co: (£ :)
				3002 732	NAME OF THE OWN	1010
			Date&Time Comple	5d	Done	by
1) Apply for Transport Allowance ()/(Courtesy Car ()		5d	Done	by
Apply for Transport Allowance ()/(QC Check / Post Repair Inspection	(ad 1	Done	by
1) Apply for Transport Allowance ()/((rad s	Done	by
Apply for Transport Allowance ()/(QC Check / Post Repair Inspection	(Sd.	Done	by
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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

aforesaid.	
The second of the second second second second	ACCIDENT STATEMENT
Date Of Report	09/11/2019 15:39
Date Of Accident	09/11/2019 11:50
Exact Location Of Accident	ALONG HOUGANG ST 21
Country/State of Loss	SINGAPORE
The second residence of the second se	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP6713G
Insured/Policyholder	
Name Of Registered Owner	LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY
Co Reg No	07959000D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64420784
Vehicle Particulars	
Manufacturer	ISUZU
Model	NHR85AUE4A R1
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111881572
Cover Note Number	

Driver

Driver	
Name of Driver	LEE KEOK YONG
Passport No/FIN	F0143834N
Date Of Birth	12/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1975
Driving Experience	44 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91717287
Fax Number	
Contact Number	OFFICE-91717287
EMail Address	NOEMAIL

Address 96J JALAN SENANG

Postcode 418489

Was driver an employee of the Insured's Company YES

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

Type Of Accident COLLISION - MAJOR/MINOR RD

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

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.

NO

NO

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? NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE, SUDDENLY VEHICLE COME OUT FROM MINOR ROAD AND HIT ONTO MY VEHICLE FRONT PORTION.

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 SDP8638B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEM SWEE KUAN

NRIC/Passport Number \$1730056C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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 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.

Policyholder's Signature

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

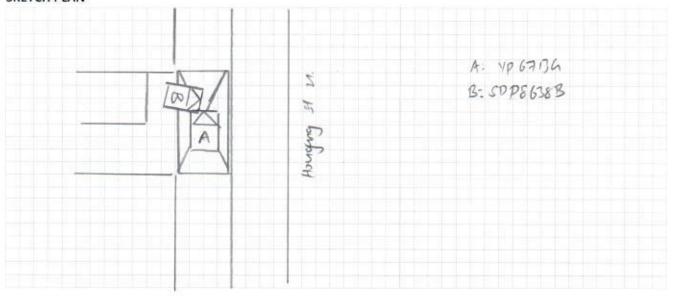
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

neter to statement.	
3.18.6	
33-20	

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.:



Policy No.	5111881572	Policyholder Name	LAU BOO	N HENG KWEI TEOW &	Policyholder NRIC	07959000D	
Certificate No.	5111881572-000015	1000000			Misse		
Address	96J JALAN SENANG SINGAPORE	418489					
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	13/08/2019	Effective Date	10/09/20	19 00:00	Expiry Date	09/09/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess		Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
	VICTOR MOTOR CREDIT PTE LTI	Agent Tel	68582020	v.	200000000000000000000000000000000000000	Y	
Agent	The late of the la	regene ren	00302020	J.	GST Flag	4	
Agent Co- insurance Flag Open Policy Info	No	Agent Ten	00302020	,	GST Flag		
Co- insurance Flag			00302020	,	GST Flag		
Co- insurance Flag Open Policy Info Certificate Info			00302020		GST Flag		
Co- insurance Flag Open Policy Info Certificate Info Policyh	No	Addres		SINGAPORE 418489	**	Address 3	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No nolder Mailing Address	Addres					418489
Co- insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address	Addres Addres	ss 2 ss Type d Policy	SINGAPORE 418489		Address 3	418489
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No nolder Mailing Address	Addres Addres Relate Numbe	ss 2 ss Type d Policy	SINGAPORE 418489 Singapore address		Address 3	418489
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No nolder Mailing Address 96J JALAN SENANG d Object: 5111881572-000015	Addres Addres Relate Numbe	ss 2 ss Type d Policy	SINGAPORE 418489 Singapore address		Address 3	418489
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured	No solder Mailing Address 96J JALAN SENANG d Object: 5111881572-000015	Addres Addres Relate Numbe	ss 2 is Type d Policy er	SINGAPORE 418489 Singapore address		Address 3	418489 Endorsement Content
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Claim Handling							
Accident MT/1070660							
Policy No.	5111001572	Vehicle No.	YP6713G		GST	Registration No.	201713715E
Certificate No.	5111881572-000015						
Policyholder Name	LAU BOON HENG KWEI TEDW & NOODLE MAN	AFACTORY			Pali	cyholder NRIC	079590000
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehe	insive	Loa	ding	α
Contact No.(Mobile)	9	Contact No.(Office)	64420784		Con	rtact No.(Home)	0
Email Address		Special Remark			eCo	de	
KPK	® No ○ Yes	TCA	No ○	Yes	eCo	de Reason	
NCD Protection	No	NCD Entitlement(%)	0		Priv	ate Hire	No
Report Date	09/11/2019 15:56	Accident Report Within 24 hr	5 765		Acc	ident Type	Collision - Hajor Hirlor Road
Date of Accident	09/11/2019	Time of Accident nh:mm	11:50			ntry of Accident	Singapore
Reporting Centre		Orange Force	637533		ICH		Sea Market A.
Accident Location	ALONG HOUGANG 57 21	THE PROPERTY OF			367		
Total Excuss Applicable							
Ексиях Туре	Per Accident	Windscreen Excess		100.00			
OD Standard Excess	600.00	TP Standard Excess					
YIED OD Excess	0.00	YIEO TP Excess			Driv	er is Covered?	
Additional Excess							
Total OD Excess Applicable	600.00	Total TP Excess Appricable					
□ Benefits							
□ GST Registered Inform	ation						
GST Registered	Yes		GS	T Registration Date		01/07/2017	
GST Registration No.	2017137156			T Status Venfied		Yes	
Modification History							
Policyholder Mailing Ad	dress						
Address 1	961 JALAN SENANG	Address 2	SONGAPOR	E 415409	Add	ress 3	
Address 4		Address Type	Singapora	address.	Post	Code	418489
Unit No.		Related Policy Number	51118815	72			
OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed t	Driver			
Unnamed driver Name	LEE KEOK YONG	Driver NRIC	F0143834	N	Drivi	er DOB	12/06/1956
Register Date of Driver License	24/02/1975	Driver Age	63		Drivi	ing Experience	44
Contact No.(Mobile)	91717287	Contact No.(Office)	0		Cont	tact No. (Home)	0
Address 1	951 JALAN SENANG	Address 2	SINGAPOR	E 418489	Addr	ress 3	
Address 4		Address Type	Singapore	address	Post	Code	418409
Linit No.							
Does ne own a Singapore Registered car?	□ Yes ® No	Driver Vehicle No.			Drive	er Insurer Company	
richisto en cars							
Declaration							
Breethalyser or Blood Test Reading?	o mg	Any-injury?	○ Yes (®)	No			
Newsory!							
A. A. C.							
Modification History							
Claim 001 OD-MX New	d)						
	74						
			provenuestano				p*************************************
Claim Type *	ОО-МХ	Insured Name	LAU BOON	HENG KWEI TEOW &	Insu	red NRIC	07959000D
Contact No.(Mobile)		Contact No.(Home)			Com	sact No.(Office)	64420784
Email Address		Of Vehicle Number	YP6713G	200	TPA	ehicle Number	SDP86388
Claimant Type Claimant Type *	Please Select.	Type of Benefit +	Please Sel	ect V			
Claimant Name *	28	Claimant NRIC *					
Claimant Address							
Claim Description	VP67135 / SDP86388 ON 9 Nov 2019				Nam	e of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fau	it v			
Require Finalisation	Yes 🔍	Preferered Repair Option	Preferred I	Workshop, Name unknown	y GIA	report	Received
Date Registered	09/11/2019 15:58	Claim Close Date				Received	09/11/2019 15:58
Report Teken By	Jackson	Workshop Repairer			Total	Loss but Repaired	
Print AK letter						(1)	
			Save Sub	arra arra			
Attachment							
o ·							
Accident No.	MT/1070660	Claim No.		001			
Last Doc. Received	● Yes ○ No	Upload Date		09/11/2019 15:58			
	Path *			Category *		Confidential Urgeno	y * Description *
		Brows	e Gear	Please Select	V	□ Normal	•
		Brows	g Clear	Please Select	9	∨ Normal	7
		Brows	e Dear	Please Select	9	> Normal	v
		Brows	Clear	Please Select	V F	W Normal	•
		Brows	A SECURIOR AND	Please Select	7	∪ Normal	To .
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