Company of the second state of the second stat	Jcb description	Date & Time Completed	Done	: py
Ref No: Klapuchar 13: 17	SAS e-filing			
Veli No: JWDEN3YJ	E-mail (within Shrs, AIC 2hrs)		3 45	
D.O.A: 15/14/19-18:40	i-Motor Claim Form	M7/1075947-001	16/14/4	
	i-Motor W/O (Within: OD 2hr		I MINIO	8:11-
OD FR ! Reporting Only	i-Photo Uploaded			110.00
TD	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:)
TP Particulars: Veh No: PC	susoh inc)/Non-INC()	W.	-
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,0	000()/\$2,000()			
General Remarks;-			100 S	
() Walk-In Customer: Customer's info				
() Total Loss Case : to e-mail Insur-	er URGENTLY.	. Walter 19		
Drive-In ()/ Towed-In (); Invoice	e: YES() / NO(); T	owing Co: (/+:-)
Remarks;- (INC hotline: 6788 6616)		Date&Time Completed	Done	hv
	Courtesy Car ()	1	West of Street	
2) QC Check / Post Repair Inspection	()	-		2000
3) Upload Resurvey Photo [Repair Cost > \$3	30001 ()	 		
and the second s	()			
Injury:		1,2		
Date/Time Actions			1225 1358 DOJETING	
W4-626.024CW4700 10.1100000 10.1100000000000000000000			D 50000 1200 1 0 0 1 2 2 7	
			OSCIONA 1967-1697-186-7-	
			055085 (35, 255, 255, 257,	
		3	10000100.000.00	
			05003 150 150, 37	
,	1			
NA 1012 938C	Invoice Prep	aration Checklist	Anit (S)	Amt(5)
NA 193 9385 .	Invoice Prep	Reporting (\$30);	Ant (S)	Amt (3) 'Add Bill
Ma 195 9385 : aumant's Particulars :-	1) AR : Accident 2) DA : Damage /	Reporting (\$30); Assessment (\$100); INC (\$30	Anit (S)	
MA 193 938 S. zumant's Particulars :- iver/Owner:	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$80 e \$40/ rough Survey \$	Ant (\$) Ist Bill S45 120	
Ma 195 9385 : aumant's Particulars :-	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$80) Tough Survey \$ Tough Survey (Resurvey)	Ant (\$) Ist Bill S45 120 \$390	
Ma 195 936 : nimant's Particulars :- iver/Owner: ntact No:	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspec	Reporting (\$30); Assessment (\$100), INC (\$80) Frough Survey \$ Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey (Resurvey)	Ant (5) 15t Bill 345 120 530	
Ma 195 936 : nimant's Particulars :- iver/Owner: ntact No:	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) i*T : Follow-Th For claiming as	Reporting (\$30); Assessment (\$100), INC (\$80); Assessment (\$100), INC (\$80); Frough Survey \$ Frough Survey (Resurvey) Asinst INC Only (wef 10 Jan 2005) Frough Survey \$ SMRT Survey \$	Ant (\$) Ist Bill 345 120 539	
Malon 936 : umant's Particulars :- iver/Owner: ntact No: maged Portion:	1) AR : Accident 2) DA : Damage / 3) TF : Towing F 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspec 7) N1 : Idae DA + 8) NTUC Addition OD*	Reporting (\$30); Assessment (\$100), INC (\$80); Assessment (\$100), INC (\$100), INC (\$100); A	Ant (S) 19t Bill 345 120 330 375 160	
Ma 195 936 : mimant's Particulars :- iver/Owner: ntact No: maged Portion;	1) AR : Accident 2) DA : Damage / 3) TF : Towing F 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspec 7) N1 : Idae DA + 8) NTUC Addition OD*	Reporting (\$30); Assessment (\$100), INC (\$80) Frough Survey \$ Frough Survey (Resurvey) Ainst INC Only (wef 10 Jan 2003) BINT Survey \$ Final Services -	Ant (5) 15t Bill 345 120 530	
Ma 195 936 : cumant's Particulars :- iver/Owner: ntact No: maged Portion; Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Damage A 3) TF : Towing F 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspec 7) N1 : Idae DA + 8) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair	Reporting (\$30); Assessment (\$100), INC (\$80); Assessment (\$100), INC (\$100), INC (\$100); Asses	Ant (S) 15t Bill 35t Sill 375 160 53 510 525	
Ma 195 936 : nimant's Particulars :- iver/Owner: ntact No: maged Portion; Checked by (Engr-In-Charge):	1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100), INC (\$80); Assessment (\$100), INC (\$100), INC (\$100); Assessment (\$100), INC (\$100), INC (\$1	Ant (5) 15t Bill 345 120 330 375 160	
Ma 195 936 : stimant's Particulars :- iver/Owner: ntact No: maged Portion;	1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100), INC (\$80); Frough Survey \$ Frough Survey (Resurvey) Ainst INC Only (wef 10 Jan 2003) Bion SMRT Survey \$ For / Tpt Allowance Fordination For Inspection For Excess Coordination For INC) against INC	310 S25 S30 S20 S30 S20 S30 S30 S35 S30	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Contact Number EMail Address

Fax Number

- 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.
- 6. 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.
- 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.

aforesald.	The second of th
了的大学发展的工作。 2014年9月,共	ACCIDENT STATEMENT
Date Of Report	16/12/2019 17:57
Date Of Accident	15/12/2019 20:40
Exact Location Of Accident	MAUDE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD5234J
Insured/Policyholder	
Name Of Registered Owner	NEO WEI MING ANDREW
NRIC No	S9341752F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97621641
Alternative Phone No	OFFICE-97621641
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180
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	5108628669
Cover Note Number	
Driver	
Name of Driver	ANDREW NEO WEI MING
NRIC No	S9341752F
Date Of Birth	01/11/1993
Occupation	INDOOR
Date Of Driving Pass	02/04/2019
Driving Experience	0 YEAR AND 8 MONTH

MALE

NOEMAIL

(LOCAL) +65-97621641

OFFICE-97621641

BLK 383 TAMPINES STREET 32 Address

#08-25

520383 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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC5250G

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- I Please report correctly the details of the accident to speed up the claims process
- The form many be completed by the Policyholder and/or the Authorised Driver
- and a matter promoted must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material to be may a low incomance companies to repudiate policy liability.
- The owner and acceptance of this Form by insurance companies is not an admission of policy hability on the part of the insurance
- Any take reporting may be referred to the Police for investigation.
- The report and 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
- By the loggment 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.
- Lonvent under the Personal Data Protection Act (PDPA)
 - synderstand acknowledge, agree and consent that:
 - Als inspirer 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 Presental information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured as his less involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Allonetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - in processing handling and/or dealing with my claims including the settlement of the claims and any necessary my estigations relating to the claims;
 - (ii) investigating the accident and/or my claims:
 - the learning out and for dealing with my instructions or responding to any enquiries by me:
 - (v) parametering 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 !
 - the second state of the first of the second second in this accident and the insurers' lawyers/law firms, may/are permitted to correct use disclose and/or process my Personal Information for one or more of the above Purposes; and
 - 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.
 - (iii) the imprimation so collected under (d) above may be shared / disclosed:
 - 11 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
 - to complying with requirements under any regulations, laws or court orders.

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

Name: NRIC/FIN No ::

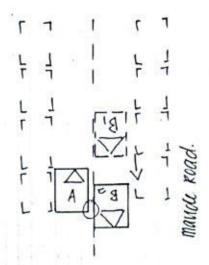
Reporting Centre Persony

Signature

SKETCH PLAN

Volide A: SMO 5234J

Ulille B: 0652506.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on	tru	statea	date	A ti	me,	I	was
Statio	nany	along	1 the	state	d WI	nue	Wh	en
vehicu	ъ,	10 50	509,	керт і	nching	g gr	d	grated
anto	my	vehic	u's	rear	nght	port	ion	. I
Wish	10	state	mat	mere	wei	re v	em	les
parred	on	hotu	erclo	s of	The	road	Ø.	
					4.	- 3		
	10 m							
	785 FOR							
			*					

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

ACCIDENT DATE: 15 1.12 / 2019 10	D/MM/YYY), TIME: 20: 44 HHH:MM
LOCATION: Along mande Poac	X
1. DETAILS OF VEHICLE	05234J·
BINSURANCE COMPANY:N	[M()
DIPOLICY TYPE: (COMPREHENSIVE	/ THIRD PARTY / THIRD PARTY FIRE &THEFT) des Bent. CIEU COTHERS
FITTYPE: (SALOON / COUPE / MPV /V	AN / LORRY / MOTORCYCLE / OTHERS)
I) ARE YOU CLAIMING UNDER YOUR IF NO, PLEASE STATE (THIRD PARTY)	OWN INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER	ei Mina [MALE/FEMALE]
· CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
22-130 of passengs, DRIVER	(MALE / FEMALE)
(Indicating driver) BINRIC/FIN/PASSPORT:	CONTACT:
eloccupation: (INDOOR / OUTDO	93_1(DD/MM/YYYY) OR)
4 WAS DRIVER AN EMPLOYEE OF THE DRI	VER WITH INSURED: (YES / NO)
5. DIWEATHER CONDITION: (CUEAR / NO.) BIROAD SURFACE: (DRY / WET / ATH	MINING / CITIESTS
6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE	
B. THIRD PARTY VEHICLE PUBLE PUBLE	
Including driver) b) DRIVER'S NAME:	CONTACT:
(UI) WAY, THIRD PARTY VEHICLE	MODEL:
No of passinger of DRIVER'S NAME:	CONTACT:
	S S

email =



folicy No.	5108628669	Policyholder Name	NEO WEI	MING ANDREW	Policyholder NRIC	59341752F		
ertificate lo.		Hallie			IVE C			
ddress	BLK 383 #08-25 TAMPINES STR	EET 32 SINGA	PORE 5203	83				
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
olicy ssue Date	03/04/2019	Effective Date	ve 03/04/2019 00:00		Expiry Date	14/05/2020 23:59		
ype	Per Accident	All Claims Excess						
hird Party xcess	0	Own damage Excess	600		Windscreen Excess	100		
dditional xcess	0	OS Premium	0					
outside lingapore D Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess	
gent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y		
lag	No							
open Olicy Info Certificate								
nfo								
Policyh	older Mailing Address							
ddress 1	BLK 383 #08-25	Addre	55 2	TAMPINES STREET	32	Address 3	SINGAPORE 520383	
ddress 4		Addre	ss Type	Singapore address		Post Code	520383	
Init No.	08-25	Relate Numb	d Policy er	5108628669				
	Object: SMD5234J							
	ements			yr	1960000		T HAVE THE SECOND	
Sequent	Date of Endorsement		tension/Shi		Endorsement		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 03 Apr 2019 TO 14 May 2020 In view of this amendment, an additional premium of \$362.74 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches be	

Claim Handling					
Accident MT/1075947					
Palicy No.	5108628669	Vehicle No.	SMD52343	GST Registration No.	
Certificate No.					
Policyholder Name	NEO WEI MING ANDREW			Palicyholder NRIC	59341752F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo QuASSIC	Loading	a
Contact No. (Mobile)	97621641	Contact No. (Office)	0	Contact No.(Home)	0
meil Address		Special Remark		eCode	To V
SEK.	® No ○ Yes	TCA	® No Cires	eCode Reason	
ICD Protection	TAG	NCD Entitlement(%)	0	Private Hare	No
Accident Details		1-00		10000000	200
leport Date	16/12/2019 18:09	Accident Report Within 24 hrs	Var	Acodemt Type	- Habelines
					Side Swipe
rate of Acodeni	15/12/2019	Time of Accident hhomm	20:40	Country of Academt	Singapore
sporting Centre		Orange Force		ICM No.	
codent Location	MAUDE RD				
 Total Excess Applicable 	E.				
xcess Type	Per Accident	Windscreen Excess	100.00		
O Standard Excess	800.00	TP Standard Excess.	0.00		
ED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
stal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
7 Senefits					
GST Registered Inform					
T Registeress	No		GST Registration Date		
ET Registration No.			GST Status Verified	Yes	
odification History					
	10000				
Policyholder Mailing Ad					
ddress 1	BUK 383 #08-25	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE \$20383
ddress 4		Address Type	Singapore address	Post Code	520383
nit No.	08-25	Related Policy Number	5108628669		
OI Driver Info					
river Name	ANDREW NEO WEI MING	Driver Type	Main Driver		
named driver Name		Driver NRIC	593417529	Driver DOB	01/11/1993
gater Date of Driver License	02/04/2019	Oriver Age	36	Driving Experience	0
ontact No. (Mobile)	97621641	Contact No.(Office)	0	Contact No.(Home)	a a
rdress 1	BUK 383	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE 520383
foress 4		Address Type	Singapore address	Post Code	520383
nit Na	08-25				
oes he own a Singapore	○ Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company	
igstered car?	130.1 CO.#630			STATE THAT IS CALLED	
eclaration					
reathalyser or Blood Teet	0 mg	Any injury?	() Yes ® No		
rading?	2.719	and industry	Otto San		
odification History					
200 Sept. 1980					
Claim 001 New					
aim Type *	CO-MX	Insured Name	NEO WEI MING ANDREW	Treured NRIC	S9341752F
ntact No (Mobile)		Contact No:(Home)	67885193	Contact No.(Office)	62913603
nail Address		DI Vehide Number	SMD52343	TP vehicle Number	PC5250G
simant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
elment Neme *	22	Claimant NKIC +			
simant Address				T .	
sim Description	SMD5234) / PC5250G ON 15 Dec 2019			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
1	No.	99		en conse	[Annual Control of the Control of th
quire finalisation	Yes 💟	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	16/12/2019 18:11	Claim Close Date		Date Received	16/12/2019 00:00
port Taken By	Jackson				
Print AK letter					
			soul soul		
			Save Submit		
Attachment					
2					
		2555000	(000)		
cident No.	MT/1075947	Claim No.	001		
st Doc. Received	● Yes ○ No	upload Date	16/12/2019 18:12		
	Path *		Category *	Confidential Urgen	cy + Description
		Browse.	. Open Please Select 5	V Normal	<u> </u>
		Browse.	Oear Please Select	✓ [Normal	V
		Browse.	Clear Please Select	V Normal	V
		Browse,		V Normal	V
			I shake a second	2000000	1000
		Browse.	Clear Please Select	V Normal	
			I Descript Process Course	A CONTRACTOR OF THE PARTY OF TH	1001-11

