	Jcb description	Date &Time Completed	Done b	1
Ref No: 141	SAS e-filing			
Ref No: UA INC 14022333 24				
Veh No: 5033030K	E-mail (within 8hrs, AIC 2hrs)			
D.O.A : 18/~ 19-17:00	i-Motor Claim Form	105-49 401 LW	17/1/19/19	20.5
OD TP 1 sporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	j		
	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:	
TP Particulars: Veh No: 415	D848xx . INC ()/Non-INC()		200
Owner / Driver: (Tel:)	30
Policy No: () Po	eriod: (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: \$1,0	000()/\$2,000()			
General Remarks;-			Son S	. 5.
() Walk-In Customer: Customer's info				
() Total Loss Case : to e-mail Insur-				
Drive-In ()/ Towed-In (); Invoice	e: YES () / NO (); To	owing Co: ()
Remarks: - (INC hodine: 6788 6616)		Date& Time Completed	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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	19/12/2019 14:50
Date Of Accident	18/12/2019 17:05
Exact Location Of Accident	BUKIT BATOK EAST AVE 2
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDB3030K
Insured/Policyholder	
Name Of Registered Owner	LEE KONG ENG
NRIC No	S2556783H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82336030
Alternative Phone No	OFFICE-82336030
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER 2.0 PREMIUM AT AIRBAG
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	5109113498
Cover Note Number	
Driver	
Name of Driver	LEE KOK CHENG, JAMES
NRIC No	S9647670A

 NRIC No
 \$9647670A

 Date Of Birth
 31/12/1996

 Occupation
 INDOOR

 Date Of Driving Pass
 31/01/2018

Driving Experience 1 YEAR AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81803295

Fax Number

Contact Number OFFICE-81803295

EMail Address NOEMAIL

Address

30 HILLVIEW DRIVE

Postcode

669390

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

2

Was any body injured in the Accident?

NO

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.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

GBJ8462X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Page 2 of 13

SKETCH PLAN

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 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.
- 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.
- 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)

Lunderstand, 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)

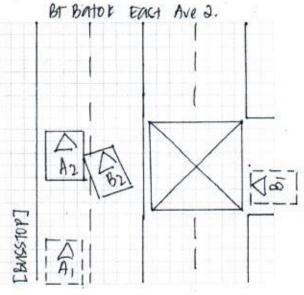
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle A: SDB 3030K Vehicle B. GBJ8462K.



	on.	tre	stated	date	A -	ime,	I, V6	hille '	A',
SDB	3030K,	Was	travel	ling s	traigns	alor	ng tru	state	d venue.
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and	collid	led o	uto m	y vehi	ile's	right	portion	1.	
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signat re

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 13 / 20 (9)(DD/MM/YYYY), TIME: (14: 09 HHHM)
LOCATION: Along By Batok East Ave 2, after Ave 5.
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: SPB3030 K. b)INSURANCE COMPANY: NTOC c)POLICY NUMBER: NTOC g)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF e)MAKE & MODEL: TONOTA HAYNEY f)TYPE: (SALODN / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: NVATE i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: LEE KONG ENG b) NRIC/FIN/PASSPORT: S2556763HONTACT: 6233603 c) ADDRESS: 30 HIIIVIEW DIVE (669390)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER JINAME: Lee KOK CHENA, JAMES (MALE/FEMALE) DINAME: CONTACT: 8180 330 COD) CODO CODO CODO CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Lee KOK CHENA, JAMES (MALE/FEMALE) DINAME: Lee KOK CHENA, JAMES (MALE/FEMALE) DINAME: SONTACT: 8180 330 CODO CO
f(MAIL PALSENDER OF BIRTH: (3) / 12 / 1906)(DD/MM/YYYY) #)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: MICHELY / WE / PIHERS B) ROAD SURFACE: (DRY / WE / OTHERS WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE GBJ 8462X MODEL:
Including driver) b) DRIVER'S NAME:
(U1) MALE THIRD PARTY VEHICLE d) VEHICLE NUMBER:MODEL:
oduding driver) f) NRIC/FIN/PASSPORT:CONTACT:
()

email =

Pax =

Hello, NAC_PAYA_UBI_80	0601						· Chang	e Languag	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident		18/12/2019 1	7:05	
	Vehicle	No.(For Motor)	SDB30	30K		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109113498		LEE KONG ENG	52556783H	GPC	drivo CLASSIC	SDB3030K	5DB3030K	08/05/2019	07/05/2020

) Insure	d Object: SDB3030K	10000					
Unit No.		Relate Numb	d Policy	5109113498			
Address 4		Addre	ss Type	Singapore address		Post Code	669390
Address 1	30 HILLVIEW DRIVE	Addre	ss 2	SINGAPORE 669390	0	Address 3	
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- Insurance Flag	No						
Agent	AA INTERNATIONAL INSURANCE	Agent Tel.	64646022		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	J/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	26/04/2019	Effective Date	08/05/201	9 00:00	Expiry Date	07/05/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	30 HILLVIEW DRIVE SINGAPORE	669390					
Certificate No.							
Policy No.	5109113498	Policyholder Name	LEE KONG	ENG	Policyholder NRIC	S2556783H	

Continue Cancel

	Claim Handling					
Minimate Many M	ccident MT/1076467	200000				
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MICHAEL CAN MICHAEL MICHAEL Court Py MICHAEL MICHAEL MICHAEL MICHAEL		LEE VOUE ENC			- National Control	
Cattle No Catt			Count Time	de-a 5-48010		
Second Framework Second Fram						
March Mar		WA 230020		· ·	733 30	
March Marc		8-0-		6 0		111.4
## Account Type Calcase - Account Type Ca		T 750 FT-000 F		120 Jan 1900 CO.		
March Marc		76	NCD emissions(%)	50	Private Hire	No
March Marc						
Control Cont			Academ Report Within 24 hrs	Yes	Acadent Type	Collision - Major Minor Road
Part		18/12/2019		17:05		Singapore
Part			Grange Force		ICM No.	
Part						
District Contents			100000000000000000000000000000000000000			
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Address 20 Profit VEW CRIVE Address 2 STOCKAPORE 669990 Address 3 STOCKAPORE 66990 Address 3 ST						
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O D Privat Table Unrained Driver Driver Type Unrained Driver Driver Type 21/12/1996 31/12/1996	ddress 4		Address Type	Singepore address	Post Code	669390
Private Control Con			Related Policy Number	5109113498		
Driver Name Life KCK CHEWG, JaMES Driver Name Clear (Driver Name Life KCK CHEWG, JaMES Driver Name Driver DDB 31/12/1966 Driver DDB 31/12/1966 Driver DDB 31/12/1966 Driver Name Driver Name Driver Name Driver Name Driver Name Driver Name Driver Vehicle Name Driver Name Drive			A2011 (A1011 A1011 A			
### Description Date of Orient License ### 21/01/2018	RESERVED IN THE					
## STATE NO. (MODIES)			Driver NRIC	\$9547570A	Driver DOB	31/12/1996
Address 2 SingAPORE 669390 Address 2 SingAPORE 669390 Address 3	egister Date of Driver License	31/01/2018	Driver Age	32	Driving Experience	1
## Address Type Singspore address Post Code 693390 ## Any Injury One No One Injury Company ## Any Injury One No One Injury One No One Injury One One Injury ## Any Injury One No One One	ontact No.(Mobile)	81803295	Contact No.(DMcs)		Contact No.(Home)	0
Driver Vertice No. Driver Vertice No. Driver Vertice No. Driver Impurer Company Driver Impurer Com	ddress 1	30 HILLVIEW DRIVE	Address 2	SINGAPORE 669390	Address 3	
Driver Vertice No. Colambia Colambia Character No. Character N	ddress 4		Address Type	Singapore address	Post Code	669390
Column Ool Ob-HX New Manual Notice Manual	nit No.					
Any injury?	oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Any Injury Pass No mg						
Claim 001 00-HX Next Claim 001 00-HX Next Sim Type * 00-PX						
### Claim ### DO-MX	reathalyser or Blood Test eading?	0 mg	Any Injury?	() Yes ® No		
### Claim ### DO-MX						
aim Type * DO-PNX Distured Name LEE KONG ENG Insured NRIC \$2550783H Disturbing Name S085030 Contact No. (Notice) \$333.9318 The Address Seeking, eng@yahoo.com.sg D1 Vehicle Number S085030K TP Vehicle Number GD3462X Select V	odification History					
aim Type * DO-PNX Distured Name LEE KONG ENG Insured NRIC \$2550783H Disturbing Name S085030 Contact No. (Notice) \$333.9318 The Address Seeking, eng@yahoo.com.sg D1 Vehicle Number S085030K TP Vehicle Number GD3462X Select V	A STATE OF THE PARTY OF THE PAR					
Ordect No. (Mobile) 82336030 Contact No. (Hotole) 67828076 Contact No. (Office) 63313318 mall Address lesking_eng@yahoo.com.sg	Claim 001 OD-MX New	4 <u>11</u>				
Tribut No. (Mobile) 83356030 Contact No. (Horme) 67628076 Corract No. (Office) 63313318 nal Address lesking_eng@yahoo.com.sg O1 Vehicle Number S083030K TP Vehicle Number G33462X innant Type Clarmant Type * Pease Select ▼ Type of Benefit * Piesse Select ▼ Type of Benefit * Pies						
Trace No. (Mobile) 8336030 Contact No. (Internet) 67628076 Contact No. (Office) 63313388 The Address Belong_eng@yahoo.com.sg OI Vehicle Number SOB3030K TP Vehicle Number GB38462X Insurant Name *	sim Type *	00-MX	Insured Name	LEE KONG ENG	Insured NRIC	\$2556783H
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