Date In: 21 19 - 15:49	Job description		Date & Time Completed	Done	pì.
	SAS e-filing				
Res No: NA INCIGO 2241614			1		
Veh No: 107 11384	E-mail (within				
D.O.A: 16/14/19-18:30	i-Motor Clair		m/107 668 9-00 1	NINIA	11:10
OD (TP) Reporting Only		(Within: OD 2hrs	, TP 4hrs)		
	i-Photo Uplo	aded			
TP Insurer:	Assessment/Su	rvey Report			
	Ass't Report b	y <u>Fax / Hand</u> t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QV	N: (	ALTER AND COMPANY	Tol:	Fax:	
TP Particulars: Veh No:	GBC 60183	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: (	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (V	VO): N: 0-20	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		y si en kersesa
THE RESERVE OF THE PARTY OF THE	: \$1,000 ( )/\$2,000	( )			
General Remarks:-				Strong Rivers	
( ) Walk-In Customer : Custome			Tri in the same of		
( ) Total Loss Case : to e-mail				10	
	nvoice: YES ( ) / N	IO ( ) · T	owing Co: (		)
Dive-in ( )/ idved-in ( ), i	nvoice. TES ( ) / I	, , , ,	owning co. (	27072574 SP2872 10	
Remarks:- (INC hotline: 6788 60	516)		Date&Time Completed	Done	by
1) Apply for Transport Allowance (	) / Courtesy Car (	)			
The second secon	) / Courtesy Car (	)			
2) QC Check / Post Repair Inspection	( )	)			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Co	( )				
2) QC Check / Post Repair Inspection	( ) st>\$3000] (				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Co     Injury:	( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Co     Injury:	( ) st>\$3000] (				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Co     Injury:	( ) st>\$3000] (				2
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Co     Injury:	( ) st>\$3000] (				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Co     Injury:	( ) st>\$3000] (				2
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Co     Injury:	( ) st>\$3000] (				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury:  Date/Time Actions	( ) st>\$3000] (		paration Checklist	Ant (5)	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury:  Date/Time / Actions	( ) st>\$3000] (	Invoice Pre	paration Checklist. Reporting (\$30);	Ant (5)	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury:  Date/Time / Actions	( ) st>\$3000] (	Invoice Pre  1) AR: Accident 2) DA: Damage	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (	Ant (5) fit Bill \$50)	Amt (\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury: Date/Fime Actions  Lia 190900	( ) st>\$3000] (	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (	Ant (5)	Amt (\$)
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury :  Date/Time   Actions  Liminant's Particulars :- river/Owner:  Ontact No:  Inmaged Portion:  C Checked by (Engr-In-Charge):  uditors' Comments :-	( ) st>\$3000] (	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition Oht *N5: Courtesy *N6: Repeir C *N7: Fost Rep *N8: DV / Co TP (N11): TF	paration Checklist Reporting (530); Assessment (5100); INC ( se	\$50) \$120 \$30 \$55 \$160 \$55 \$10 \$25 \$5 \$20	Amt(\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury:  Date/Time Actions	( ) st>\$3000] (	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addita OD.*  *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist Reporting (530); Assessment (5100); INC ( se	\$50) \$120 \$30 \$55 \$160 \$55 \$10 \$25 \$55 \$20 \$30	Amt (3)

is a part of the per-

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

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.
- 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.
- 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	21/12/2019 10:49
Date Of Accident	16/12/2019 08:30
Exact Location Of Accident	BLK 441 PASIR RIS DR 6 DRIVEWAY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDT1238Y
Insured/Policyholder	
Name Of Registered Owner	TEO SIET SWEI TERI
NRIC No	SXXXX175J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96864333
Alternative Phone No	OFFICE-96864333
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ESTIMA AERAS 2.4 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	5053443990-07
Cover Note Number	
Driver	
Name of Driver	TEO SIET SWEI, TERI
NRIC No	SXXXX175J
Date Of Birth	11/09/1969
Occupation	INDOOR
Date Of Driving Pass	22/06/1990
Driving Experience	29 YEARS AND 5 MONTHS
Gender	FEMALE

(LOCAL) +65-96864333

OFFICE-96864333

NOEMAIL

Address

5 LOYANG PLACE

Postcode

508869

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

RAINING

Road Surface

WET

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

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:

: MALE

**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

NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GBC6048J

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)

### SKETCH PLAN

#### IMPORTANT NOTICE

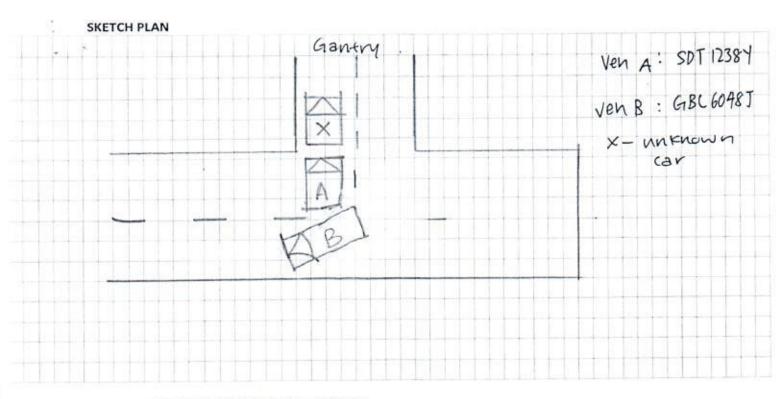
- Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



On	the	Stated	d date	and	time,	my v	enicle	was	Sta	tionary
at	BIK	441	pasir	vis D	rive 6	waitin	g to	exit	the	gantry
Si	udden	14 1	Ven B	(GB	C 60 <del>4</del> 8J	) die	d a	three	2 - pa	oint
+	urn á	end	ne mi	sjudgeo	d and	collio	ded a	onto	the.	veav
	right	port	ion o	f my	vehicle	2 .				
_(	71/2									
053	10/2	•								
	-,-									

DECLARATION

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

STATE OF THE STATE	ACCIDENT DETAILS	
Date of accident	16th Dec 2019	(DD/MM/YY)
Time of accident	8:30 am.	(HH:MM)
Exact location of accident	BIK 441 pasir Drive & Priveway.	

	DETAILS OF VEHICLE	**************************************
Vehicle registration number	SDT 12384	
Vehicle make and model	TOYOTA ESTIMA.	
Type of vehicle	Saloon  MPV CRV Van  Lorry Bus Motorcycle Others:	
Vehicle category	Private   Commercial   Motorcycle	
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes  No if no, please select:  Third part claim Reporting only	

INSURANCE INFORMATION									
Insurance company	HTUC								
Policy number									
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only 🗆						

	INSURED / POLICY HOLDER	<b>建设是"特别里来"</b>	THE RESERVE
Name	Teo siet swei, Teri	Male 🗆	Female 🗸
NRIC / Fin / Passport number	569331755		
Contact	9686 4333		
Address	5 Loyang place Singaporel	505869)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male 🗆	Female 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	11/09/1969	
Occupation	Indoor D Outdoor D	
Driving date pass	22/06/1990	

	GENERAL	NEORMATION (	OF THE ACCIDENT	WHO WE WAS THE WAS THE WAS
Was driver an employee of	Yes 🗆	No		
the insured's company?	1100	SOUTH STATE OF THE	driver and insured: _	owner
Accident captured by camera?	Yes 🗆	No.		
Weather condition	Clear 🗆	Raining	Others:	
Road surface	Dry 🗆	Wetz		
No of passenger	2			(Inclusive of driver)
NO OI passerigei	200			
<b>建设等的内侧等与中心高速等,</b> 所有:"从有关	5000	PASSENGE	R1	ATTRACTOR OF THE PARTY.
Name		in the state of th		
Gender	Male	Female		
Gender	maic			
		PASSENGE	R2	<b>建筑地里沿岸</b> 沿地市
Name				
Gender	Male 🗆	Female		
		PASSENGE	R3	
Name		had a contribution		
Gender	Male 🗆	Female □		
Gender	indic a		Action and the second s	
	The same	PASSENGE	R4	
Name		and the state of t		
Gender	Male 🗆	Female		
dender				
		PASSENGE	R 5	
Name				
Gender	Male 🗆	Female		
Gender	Think D			
Service and the service description	SHOP SHOP	PASSENGE	R 6	<b>经验性是产生产业的企业</b>
Name				
Gender	Male 🗆	Female		
<b>有一种人们的特别是一个一种人的</b>	The second	OTHER INFOR	MATION	
Was anybody injured?	Yes 🗆	Now		
Was other vehicle damaged?	Yes	No 🗆		
<b>和自然</b> 自然的最后的	DETAI	LS OF POLICE ST	ATION ACTION	(数)等。40年2年中国40年16日
Reported to police?	Yes 🗆		es, please state whic	h police station.
Police station name				
NO SERVE BEFORE VICE OF THE	Sept.	WITNESS	1	的可能是一种一种一种
Name				
<b>西</b> 沙斯斯林 高北新国际经验 30年至	<b>不</b> 如 作于 8	WITNESS	52	<b>网络斯里尔斯</b> 电影响
Name				

Walter Brown Walter Brown	THIRD PARTY VEHICLE 1
Vehicle registration number	GBC 6048J
Vehicle make model	CID
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
<b>第6种的成果在19</b> 种种的	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PART - VEHICLE -
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
<b>对自然的现在分词 新发生的 医水流管 被杀杀死</b>	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
March State Control of the State of	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>的复数影响。对于美国的影响</b>	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
20. Maria	
情受害的。然后来自己的必然争	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

CONTRACTOR SHIP (UNION) TO SHIP	DESTRUCTION OF THE PARTY OF THE	INJURED PERSON 1
Name	Maria de Caración	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1000	
nospital by ambalance.		
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆 //
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?	1 Control (1970)	
	-	
通过在多种的主义等,不同的主义等	1000	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆 /
Was injured conveyed to	Yes 🗆	No.6
hospital by ambulance?		
	AND DESCRIPTION OF THE PARTY OF	
空时进行首任 34 1950 1950 1950 1		INJURED PERSON 4
Name	/	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?		
Were seat beits worm:	/Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
	1	
Was injured conveyed to	1	No 🗆
Was injured conveyed to	1	
Was injured conveyed to hospital by ambulance?	1	No 🗆
Was injured conveyed to hospital by ambulance?  Name Injuries sustained	1	No 🗆
Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes 🗆	No  INJURED PERSON 5
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   Yes	No  INJURED PERSON 5  No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No  INJURED PERSON 5
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   Yes	No  INJURED PERSON 5  No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   Yes	No  INJURED PERSON 5  No  No  No  No  No  No  No  No  No  No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes   Yes	No  INJURED PERSON 5  No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes   Yes	No  INJURED PERSON 5  No  No  No  No  No  No  No  No  No  No
Name Injured sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   Yes	No  INJURED PERSON 5  No  No  No  No  No  No  No  No  No  No
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	No  INJURED PERSON 5  No  No  INJURED PERSON 6
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D Yes D Yes D	No  INJURED PERSON 5  No  INJURED PERSON 6
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	No  INJURED PERSON 5  No  No  INJURED PERSON 6

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	+ Chan	ge Password	Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	10.	\ <u></u>			Date o	of Accident	E	6/12/2019 (	08:30	
	Vehicle	No.(For Motor)	SD7123	8Y:		Certific	cate Number	[			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5053443990- 07		TEO SIET SWEI TERI	S6933175J	GPC	drivo CLASSIC	5DT1238	SDT1238Y	11/03/2019	10/03/2020
						Continue					

Sequer	ce Date of Endorsem	ent	Endorsement	Туре	Endorsement	Status	Endorsement Content
	ements						
• Insure	d Object: SDT1238Y	C-SPVE					
Unit No.		Relate Numb	ed Policy er	5053443990-07			
Address 4			ss Type	Singapore address		Post Code	508869
Address 1	5 LOYANG PLACE	Addre	ss 2	CLYDESCOVE		Address 3	SINGAPORE 508869
	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag	2777-0						
Co- nsurance	No						
Agent	LAW SIEW KEE	Agent Tel.	67563228		GST Flag	Y	
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	damage Excess	0.0		Excess	100	
Type		Excess Own			Windscreen		
xcess		All Claims					
Policy ssue Date	01/02/2019	Effective Date	11/03/2019	00:00	Expiry Date	10/03/2020 23:5	59
roduct Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	5 LOYANG PLACE CLYDESCOV	E SINGAPORE 5	08869				
Certificate		0.00019					
Policy No.	5053443990-07	Policyholder Name	TEO SIET S	WEI TERI	Policyholder NRIC	S6933175J	

Claim Handling											
Accident MT/1076689											
Policy No.	5053443990-07		Vehicle No.	SDT123BY			GST Registration No.				
Certificate No.											
Policyholder Name	TEO SIET SWEI TERI						Policyholder NR3C		569331	75)	
Product Code	PRIVATE CAR INSURANCE		Cover Type	dnyo CLASSIC			Loading		0		
Contact No.(Mobile)	96864323		Contact No. (Office)	0			Contact No.(Home)		0		
Email Appress			Special Remark				eCode		1		
KFK	No   Yes		TCA	® No ○Yes			eCode Reason		195377		
NCO Protection	Yes		NCIO Entitlement(%)	50			Private Hire		No		
									720003		
Report Date	21/12/2019 11:18		Accident Report Within 24 hrs.	Yes			Accident Type			ed whitst parked	
Date of Accident	16/12/2019		Time of Accident hh:mm	08:30			Country of Arzident		Singapo	re	
Reporting Centre			Orange Force				ICM No.				
Accident Location	BLK 441 PASIR RIS OR 6 D	RIVEWAY.									
♥ Excess		202	0.0000000000000000000000000000000000000	Ď			Windscreen Excess		100.00		
Own damage Excess		0.00	Additional Excess  Outside Singapore OD Excess	u .		0.00	William Cacasa		100.00		
Unnamed Driver Excess		0.00	Outside Singapore TP Excess			0.00					
Thed Party Excess  Benefits		0.00	Outside Singapore in excess			200					
Coverage				Sum Ins	ured						
Excess Waiver				9999999							
Transport Allowance				9999999	99.99						
GST Registered Inform	ation										
GST Registered	No			GST Reg	stration Da	ite					
GST Registration No.				GST Stat	tus Verified		Yes				
Modification History											
- 100 Marketine											
Policyholder Mailing Ad			Address 2	CLYDESCOVE			Address T		SINGA	PORE 508869	
Address 1	S LOYANG PLACE		Address Type	Singapore addre	es.		Post Code		508869		
Address 4 Unit No.			Related Policy Number	5053443990-07					37.55		
U OI Driver Info			Health Lare Marie								
Driver Name	TEO SIET SWEI TERI		Driver Type	Main Driver							
Unnamed driver Name	180000000000000000000000000000000000000		Driver NR3C	569331753			Driver DOS		11/09/	1969	
Register Date of Driver License	22/06/1990		Driver Age	50			Driving Experience		29		
Contact No. (Mobile)	96864333		Contact No. (Office)	0			Contect No.(Home)		0		
Address 1	S LOYANG PLACE		Address 2	CLYDESCOVE			Address 3		SINGA	PORE SD8869	
Address 4			Address Type	Singapore addre	ess		Post Code		508859		
unit No.											
Does he own a Singapore	○ Yes ( No		Driver Vehicle No.				Briver Insurer Comp	any			
Registered car?											
Declaration											
Breathalyser or Blood Test Reading?	0 mg		Any injury?	○ Yes (® No							
100000 C											
Modification History											
And the second s											
Claim 001 New											
Claim Type *	OD-MX	V	Insured Name	TEO SIET SWEI	TERI		Insured NRIC		56933	175)	
Contact No.(Mobile)	96864333		Contact No.(Prome)	67263215			Contact No. (Office)				
Email Address	teriseoss@yahoo.com		OI Vehicle Number	50T1238Y			TP Vehicle Number	GBC60	GBC6048)		
Claimant Type Claimant Type •		V	Type of Benefit *	Please Select		V					
Claimant Name *		22	Claimant NRIC *								
Claimant Address	U.								_		-
Claim Description	SDY1238Y / GBC6048) ON	16 Dec 2019					Name of Preferred Y	Versishep	_		
Preferred Workshop Contact No.			Insured Liability *	Not at Fault		¥			No.		3.30
Require Finalisation	Yes	V	Preferered Repair Option	Preferred Work	oshop, Nami	e unkhawn 💟	GSA report		Receiv		×
Date Registered	21/12/2019 11:20		Claim Close Date				Date Received		21/12/	2019 00:00	
Report Taken By	Jackson										
Print AK letter											
THE PERSON NAMED AND PARTY OF THE PE				Save Carr	1						
				Save Submit	1						
Attachment											
Accident No.	MT/1076689		Claim No.		001						
Last Doc. Received	® Yes ○ No		Upload Date			19 11:20					
	Path				C	stegory *	Confidential	urgen	cy *	Descrip	ption *
	5,740.0		Browse	clear Pie		COTOONLY C	F 134 ( 5 M G00)	Normal	v		
		/1-1/11	Browse	8 Clear Pla	nase Select	5	7 F6 V	Normal	v		
			Browse			- 3	2 NO W	Normal	v		
			Browse				z Roy	Normal	v		
			Browse	e Clear Pic	ease Select		7 60 V	Normal	V		
1			2.000		25-13172		TE COT	1000			

