Date in: Wylg-12:23	Job description	n	Date & Time Completed	Done	by.
Reino: Maliniciponstoty	SAS e-filing				
Veh No: JDN9931H	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 24/1/19-11:50	i-Motor Cla	im Form	m 1077033-001	MINIM	12:44
OD : (TP) ! Reporting Only	i-Motor W/0	O (Within: OD 2hr			PRESE S
OD . (1P). Reporting Only	i-Photo Uple	oaded			1
TP Insurer:	Assessment/S	urvey Report			
an insurer.	Ass't Report	by Fax/Hand	to Owner/Wksp	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SUP	1890H	, INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	,000 ()/\$2,000				
			1828 (SS) (SS)		
() Walk-In Customer : Customer's in		ontidential & St	ncuy NO 191er of repailer		
() Total Loss Case : to e-mail Insu					
Drive-In () / Towed-In (); Invoi	ce: YES () / I	NO();T	owing Co: (
Remarks:- (INC horline: 6788 6616)	Sell Comment of		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/	Courtesy Car ()			
A A A A A A A A A A A A A A A A A A A	action) and	/	the state of the s		
	()			
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	()			
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()		SENSON SE	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions	()) Lavoire Pre	paration Checklist	Ani((S)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	(paration Checklist.		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions	(1) AR : Accident	Reporting (\$30);	Anic (S)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Fime Actions NAIGOGEN Inimant's Particulars:-	(1) AR : Accident 2) DA : Damage 3) TF : Towing F	Reporting (530); Assessment (5100); INC (500)	Anit (\$) fst.Bill 580) 40/\$45	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time: Actions NA 19 = 96 % Itumant's Particulars:-	(1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T	Reporting (530); Assessment (5100); INC (566 Survey) hrough Survey (Resurvey)	Ani: (\$) 75t Bill 580) 40/\$45 \$120 \$30	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions NA 19 2 9 6 8 7 Itumant's Particulars:- priver/Owner:	(1) AR: Accident 2) DA: Darrage 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 Additional control of the control of t	Reporting (530); Assessment (5100); INC (5) Fee Survey Arough Survey (Resurvey) Rejust INC Only (wef 10 Jan 20) Cotion + SMRT Survey	Anit (\$) fst.Bill ss0) 40/\$45 \$120 \$30 \$5) \$75	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3 Injury: Date/Time Actions NA 19 9 9 8 3 Injury: Injury: Onter Time Actions NA 19 9 9 8 3 Injury: C Checked by (Engr-In-Charge):	(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 Addition OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep	Reporting (530); Assessment (5100); INC (5) Fee Survey Frough Survey (Resurvey) Rejust INC Only (wef 10 Jan 20) Colion + SMRT Survey For Survey For Allowance For administration For Inspection	Anit (\$) 15t Bill 10/\$45 \$120 \$30 \$5) \$75 \$160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3 Injury: Date/Time Actions NA 143 96% Claimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments:-	(1) AR: Accident 2) DA: Darrage 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 Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (530); Assessment (5100); INC (5) Fee Survey Arough Survey (Resurvey) Reginst INC Only (wef 10 Jan 20) Retion + SMRT Survey Resurvey Resu	Anic (\$) T\$t Bill \$80) \$0/\$45 \$120 \$30 \$5) \$75 \$160	Amt (1)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3 Injury: Date/Time Actions NA 19 96% Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	(1) AR: Accident 2) DA: Darrage 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 Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (530); Assessment (5100); INC (52) Fee Survey Arough Survey (Resurvey) Rejust INC Only (wef 10 Jan 20) Retion + SMRT Survey Resurvey Resu	\$30 \$150 \$150 \$120 \$30 \$55 \$160 \$3 \$10 \$23 \$3 \$20 \$3	

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	24/12/2019 12:23
Date Of Accident	24/12/2019 11:50
Exact Location Of Accident	SLIP RD UPP PAYA LEBAR RD TWDS AIRPORT RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDN9931H
Insured/Policyholder	
Name Of Registered Owner	NEO CHIN SENG
NRIC No	SXXXX582A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96607600
Alternative Phone No	OFFICE-96607600
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5G MANUAL
Exact Purpose for which vehicle was being used at time of accident	LEARN DRIVING
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	5075037209-04
Cover Note Number	
Driver	
Name of Driver	ZENG XIANYAO
NRIC No	TXXXX263D
Date Of Birth	05/06/2000

 Name of Driver
 ZENG XIANYAG

 NRIC No
 TXXXX263D

 Date Of Birth
 05/06/2000

 Occupation
 INDOOR

 Date Of Driving Pass
 24/12/2019

Driving Experience 0 YEAR AND 0 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91252836

Fax Number

Contact Number OFFICE-91252836

EMail Address NOEMAIL

BLK 541 SERANGOON NORTH AVENUE 4 Address

#09-115

550541 Postcode

Was driver an employee of the Insured's Company NO

OTHER - INSTRUCTOR 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1

NO

2

2

: NEO CHIN SENG NAME:

: MALE GENDER:

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, AS I APPROACHED THE SLIP RD OF UPP PAYA LEBAR RD. I STOPPED MY VEHICLE BEFORE THE STOPPING LINE TO CHECK ONCOMING VEHICLES ON MY RIGHT SIDE BEFORE I CAN PROCEED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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

SLP2890H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder 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>.
- 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;
 - 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 Personne's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN Airport Rd A: SDN99314 B: 2p28904

refer	to	statement.		
	_			

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 .:

eBao Tech							The second			Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					and the same of	· Chang	e Languag	e • Chan	ge Password	• Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident		24/12/2019 1	1:50	
	Vehicle	No.(For Mator)	5DN99	31H		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5075037209- 04		NEO CHIN SENG	51426582A	GPC	drivo CLASSIC	SDN9931H	SDN9931H	23/10/2019	22/10/2020
					1	Continue	1				

Seque	nce Date of Endorsen	nent	Endorsemen	nt Type	Endorsemen	nt Status Endorsement Conte		
♥ Endors	sements							
• Insure	d Object: SDN9931H							
Unit No.		Relat Numl	ed Policy per	5115008097				
Address 4			ess Type	Singapore address		Post Code	410668	
Address 1	BLK 668 #08-75	Addre	ess 2	JALAN DAMAN		Address 3	SINGAPORE 410668	
Policyl	nolder Mailing Address						western	
Certificate Info								
Open Policy Info								
nsurance Flag	No							
Co-								
Agent	CHENG HOE ENTERPRISE	Agent Tel.	67556142		GST Flag	y.		
Dutside Singapore DD Excess	600.0	Outside Singapore TP Excess	0.0			Young	/Inexperience Driver Excess	
Additional Excess	1000	OS Premium	0					
Third Party Excess	0.0	damage Excess	600.0		Windscreen Excess	100.0		
xcess Type	Per Accident	All Claims Excess Own			042220042-00000000			
Policy ssue Date	16/09/2019	Effective Date	23/10/2019	9 00:00	Expiry Date	22/10/2020 2	3:59	
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Address	BLK 668 #08-75 JALAN DAMA	N SINGAPORE 4	10668					
Certificate lo.								
olicy No.	5075037209-04	Policyholder Name	NEO CHIN	SENG	Policyholder NRIC	S1426582A		

Claim Handling						
Accident MT/1077033						
Yolicy No.	5075037209-04	Vehicle No.	SDN9931H	DST Registration No.		
ertificate No.						
Policyhalder Name	NEO CHIN SENG			Policyholder NR3C	S1420582A	
Product Code	PRIVATE CAR INSURANCE:	Cover Type	drivo CLASSIC	Loading	0	
Contact No.(Mobile)	96607600	Contact No.(Office)	0	Contact No. (Home)	0	
naii Address		Special Remark		eCode	N ♥	
CFK :	No ○Yes	TCA	® No ○Yes	eCode Reason		
		NCD Entitlement(%)	50	Private Hire	No	
VCD Protection	Yes	reco Contenting my	(A)			
Report Date	24/12/2019 12:41	Accident Report Within 24 hrs	Yes	Academ Type	Collision - Head to Rear	
bace of Accident	24/12/2019	Time of Accident hh:mm	11:50	Country of Accident	Singapore	
Reporting Centre		Orange Force		TCM No.		
Accident Location	SLIP RO UPP PAYA LEBAR RD TWOS AIRPORT	r RD				
□ Total Excess Applicable						
acess Type	Per Accident	Windscreen Excess	100.00			
1100						
DD Standard Excess	600.00	TP Standard Excess	0,00			
VIED OD Excess	2500.00	VIED TP Excent		Driver is Covered?		
Additional Excess	1000					
	4190.00	Total TP Excess Applicable				
otal OD Excess Applicable	+100.00	The IT Canesa Apparatie				
♥ Benefits						
GST Registered Informa			212000000000000000000000000000000000000			
ST Registered	No		GST Registration Date			
SST Registration No.			GST Status Ventied	Yes		
Hodification History						
Policyholder Mailing Ad	dress					
Address 1	BLK 668 #08-75	Address 2	JALAN DAMAN	Address 3	SINGAPORE 410668	
Address 4		Address Type	Singapore address	Post Code	410668	
Unit No.		Related Policy Number	5115000097			
♥ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	ZENG XIANYAO	Driver NRIC	TXXXX263D	Driver DOB	05/06/2000	
		Driver Age.	19	Driving Experience	0	
Register Date of Driver License					0	
Contact No.(Mobile)	91252836	Contact No.(Office)	0	Contact No.(Home)		
Address 1	BLK 541	Address 2 SERANGOON NORTH AVENUE 4		Address 3	SINGAPORE SS0541	
Address 4		Address Type	Singapore address	Post Code	550541	
Unit No.	09-115					
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
Registered car?	0,14,0,11					
Declaration						
Breathalyser or Blood Test		Charles and	() Yes ® No			
Reading?	0 mg	Any injury?	O res @ res			
Modification History						
Claim 001 New						
				2007-0000	011100000	
Claim Type *	OD-MX	Insured Name	NEO CHIN SENG	Insured NRIC	S1426582A	
Contact No.(Mobile)	110000	Contect No.(Home)		Contact No. (Office)	print and the second	
Email Address		OI Vehicle Number	SDN9931H	TP Vehicle Number	SLP2890H	
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select			
Claimant Name *	22	Claimant NRIC *				
Claimant Address						
Claim Description	SDN9931H / SLP2890H ON 24 Dec 2019			Name of Preferred Workshop		
Preferred Workshop Contact		Insured Liability *	Not at Fault			
No.				#IK	Territoria 199	
Require Finalisation	Yes.	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received V	
Date Registered	24/12/2019 12:44	Claim Close Date		Date Received	24/12/2019 00:00	
Report Taken By	Jackson					
Print AK letter	3 3. 65 PM 1. 11					
1.00						
			Seve Submit			
Attachment						
9						
Accident No.	MT/1077033	Claim No.	001			
Last Doc. Received	● Yes ○ No	Upload Date	24/12/2019 12:44			
		2010/27 2000/	Category *	Confidential Urger	cv + Description •	
	Path *	200	Annual property of the control of th		26.10	
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