	tre Services [met 1 Janios]	MNA19168916	
Date In: WIN 19-12:76	Jeb description	Date & Time Completed	Done by
Res No: WALINCIGO27566/24	SAS e-filing	The state of the s	
Veh No: 17K87654	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/1/19-17:45	i-Motor Claim Form	m 1107 6424-201	While billing
OD / (TP)! Reporting Only	i-Motor W/O (Within: OD 2)		
OB . IT reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
TI Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax:)
TP Particulars: Veh No: ED	ITSI . INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () F	Period: (Cover Type: ()
Confirmed by : (Date:	Time;)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-1	00%]
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$) Loading: \$1	,000()/\$2,000()		
General Remarks;-			Son Service
() Walk-In Customer : Customer's inf		The state of the s	**************************************
() Total Loss Case : to e-mail Insu	rer URGENTLY.		24
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47 OC Check / Post Repair inspection	7 3		
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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.
- 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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	24/12/2019 10:26
Date Of Accident	23/12/2019 17:45
Exact Location Of Accident	JUNC THOMSON RD & MOULMEIN RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK8765Y
Insured/Policyholder	
Name Of Registered Owner	LEE YEW KHOON
NRIC No	SXXXX043A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98734859
Alternative Phone No	OFFICE-98734859
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X 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	5112820288
Cover Note Number	
Driver	
Name of Driver	LEE YEW KHOON (LI YOUQUN)
NRIC No	SXXXX043A
Date Of Birth	11/05/1978

Date Of Birth OUTDOOR Occupation 05/08/2003 Date Of Driving Pass

16 YEARS AND 4 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-98734859 Mobile Number

Fax Number

OFFICE-98734859 Contact Number

NOEMAIL EMail Address

BLK 195 KIM KEAT AVENUE Address

#05-320

310195 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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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 NO

2

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) NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME: .

: FEMALE GENDER:

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

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. VEHICLE B WAS INFRONT OF MY VEHICLE SUDDENLY REVERSED AND HIT ONTO MY STATIONARY VEHICLE FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

ED175Z 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

- 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 <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 Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN Daraces A: 571687657 B. ED 1752

neder 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				GeneralClaim							
Hello, NAC_PAYA_UBI_80	0601						Change	Languag	e • Char	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	No.	8	Date of Accident 23/12/2019	23/12/2019	17:45					
	Vehicle	No.(For Motor)	SJK876	5Y		Certificate Number		1			
					1	Search					
	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112820288		LEE YEW KHOON	S7813043A	GPC	drivo CLASSIC	S3K8765Y	SJK8765Y	20/09/2019	06/11/2020
					C	Continue					

Sequen	ce Date of Endorsemen	t	Endorseme	nt Type	Endorsement	Status	Endorsement Content
□ Endors	ements						
♭ Insured	Object: SJK8765Y						
Unit No.	05-320	Relate Numb	d Policy er	5112820288			
Address 4	SINGAPORE 310195	Addre	ss Type	Singapore address		Post Code	310195
Address 1	BLK 195 #05-320	Addre	ss 2	KIM KEAT AVENUE		Address 3	KIM KEAT VIEW
□ Policyh	older Mailing Address						
Policy Info Certificate Info							
Open							
Co- Insurance Flag	No						
Agent	TELESALES-DIRECT MARKETING	Agent Tel.			GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy Issue Date	20/09/2019	Effective Date	20/09/201	9 00:00	Expiry Date	06/11/2020 23	:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 195 #05-320 KIM KEAT AV	ENUE KIM KEA	T VIEW SI	NGAPORE 310195			
Certificate No.		11-2007-01			020101201		
Policy No.	5112820288	Policyholder Name	LEE YEW	KHOON	Policyholder NRIC	S7813043A	

Continue Cancel



