Date In: 1/10-09:23	Job description	1	Date & Time Completed	Don	e by		
Daf No:	SAS e-filing						
Veh No: 925985L	E-mail (within	Shre AfC 2hre)	1				
D.O.A: 1/1/20-15:05	i-Motor Cla		1	l al V	lavia		
D.O.A. 11/102/11:08			M71137866-201	11/10	13:10		
OD / TP / Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4brs) i-Photo Uploaded					
TP Insurer:	Assessment/S		<u> </u>				
<u> </u>	Ass't Report i	y Fax / Hand to		Large Contract			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:			
TP Particulars: Veh No: UM	A 635]	. INC()/Non-INC().				
Owner / Driver: (Tel:)			
	eriod: ()	Cover Type: ()			
Confirmed by : (Date:	Time:)			
			%; P: 21-79%. P: 80-	-100%]			
The same of the sa	Warranty: YES ()				
Excess: (\$) Loading: \$1,	,000 ()/\$2,000	()					
General Remarks:-				12.07 At 1.5			
() Walk-In Customer : Customer's inf	formation strictly Co	nfidential & Str	ctly NO refer of repairer	V1			
() Total Loss Case : to e-mail Insur					-		
			· · · · · · · · · · · · · · · · · · ·				
Drive-In () / Towed-In (); Invoice	ce: YES () / I	(O(); To	owing Co: ()		
Remarks: (INC hotline: 6788 6616)			Date&Time Comple od	Done	by		
Apply for Transport Allowance ()/	Courtesy Car ()			-		
ni 00 m 1 / n - n - 1 - 1	W			Committee of the Commit	HIS SECTION		
2) QC Check / Post Repair Inspection	(14		- Considerate the second			
	())					
3) Upload Resurvey Photo [Repair Cost > \$	())					
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Onte/Time Actions Actions	()	Invoice Prep	aration Checklist	Anit (s)	Amt		
Injury: Onte/Time Actions Actions aimant's Particulars:	()	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$500); S	Anit (\$) fat Bill 580) 40/545	Amt		
Onte/Time Actions Actions Actions Actions Actions Actions Actions Actions Actions	()	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$500); S	Anit (\$) [# Bill 580)	Amt		
July 2 Photo [Repair Cost > \$ Injury : Date/Time Actions Actions Actions Actions Actions Actions Actions Actions	()	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$00) Frough Survey Frough Survey (Resurvey) Finist JNC Only (wef 10 Jan 20)	Anif (\$) fpt Bill 580) 40/545 \$120 \$30	Amt		
July : Date/Time Actions	()	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect	aration Checklist Reporting (\$30); ssessment (\$100); INC (\$6 \$500) rough Survey rough Survey (Resurvey) pinst INC Only (wef 10 Jan 200) ion	Anit (\$) [§t Bill \$80) 40/\$45 \$120 \$30	Amt		
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Date/Time Actions Ac	()	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy 0 *N6: Repair Co	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (Section of the content of the conte	Anit (\$) fpt Bill 580) 40/545 \$120 \$30 \$75 \$160	Amt (
Injury: Date/Time Actions Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	()	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy 0 *N6: Repair Co *N7: Fost Repair	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (Section of the content of the conte	Anif (\$) fpt Bill 580) 40/545 \$120 \$30 575 \$160	Amt (
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions alimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): inditors' Comments:-	()	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy 0 *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	aration Checklist Reporting (\$30); ssessment (\$100); INC (\$6	Anit (\$) fpt Bill 580) 40/545 \$120 \$30 \$75 \$160	Amt (
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions almant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	()	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy 0 *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$6	\$30 \$120 \$30 \$55 \$160 \$5 \$10 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	Amt (

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

aforesaid.	
Street, and the second	ACCIDENT STATEMENT
Date Of Report	02/01/2020 09:23
Date Of Accident	01/01/2020 15:05
Exact Location Of Accident	127 VERDE VIEW
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD5985L
Insured/Policyholder	
Name Of Registered Owner	YEO ZHEN ZHI
NRIC No	SXXXX551J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91160201
Alternative Phone No	OFFICE-91160201
Vehicle Particulars	
Manufacturer	DAIHATSU
Model	COPEN 660 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	REPORTING ONLY
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	5108589765
Cover Note Number	
Driver	
Name of Driver	CHU XUE JUN
NRIC No	SXXXX867E
Date Of Birth	31/08/1990
Occupation	INDOOR
Date Of Driving Pass	15/11/2010
Driving Experience	9 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91892318

OFFICE-91892318

NOEMAIL

Address 127 VERDE VIEW

Postcode 688720

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - GIRLFRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

ompany of Environment

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s)
soliciting/offering accident claims assistance.

NO
Number of Passengers (Including Driver)

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

ON STATED DATE AND TIME, MY VEHICLE WAS PARKED OPPOSITE OF 127 VERDE VIEW. AS I WANT TO EXIT, I CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHEN I SAW THAT THERE WAS NO ONCOMING VEHICLES ALONG FRONT AND BACK VIEW. I SLOWLY TAKE AN EXIT. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B WAS AT REAR VIEW OF MY VEHICLE OVERTAKING MY VEHICLE AND HIT ONTO MY STATIONARY VEHICLE FRONT RIGHT PORTION. AFTER AN IMPACT, VEHICLE B CONTINUED MOVED FORWARD, I HORN HER AND SHE STOP BRIEFLY AND RAN OFF THEN U-TURN AND PARK ASIDE.

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

Vehicle Registration Number SMA635J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver PANG SOON LIAN

NRIC/Passport Number SXXXX318D

Contact Number

Address Postcode

Insurance Company Name

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:

2010 no 20/9:44an

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

		mai apran En ma	A. SLDS 985L &: SMA635J
E CIRCUMSTANCES OF THE	ACCIDENT	2	
to Hintement.			

Policyholder's Signature Date & Time: Driver's Signature
(If driver is not the policyholder)
Date & Time: 2 TAN 20 29 / 9! 44AM

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

eBaoTech	GeneralC								alClaim			
Hello, NAC_PAYA_UBI_80					· Change	Languag	e • Chan	ge Password	· Log Out			
My Desktop	Poli	Policy Query										
Notice of Loss	Policy N	lo.				Date o	f Accident		01/01/2020	15:05		
	Vehicle	No.(For Motor)	SLD59	BSL		Certifi	cate Number					
					1	Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5108589765		YEO ZHEN ZHI	590005513	GPC	drivo CLASSIC	SLD5985	L SLD5985L	04/04/2019	12/09/2020	
					4	Continue						

Policy No.	5108589765	Policyholde Name	YEO ZHEN	IHZ	Policyholder NRIC	\$90005513	
Certificate							
ddress	245 PONGGOL SEVENTEENTH AV	VENUE SING	APORE 82970	03			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	04/04/2019	Effective Date	04/04/201	19 00:00	Expiry Date	12/09/2020	23:59
xcess	Per Accident	All Claims Excess					
hird Party excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	16	GST Flag	X	
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	No						
lag Open	No						
nsurance Flag Open Policy Info Certificate Info	No.						
lag Open Policy Info Certificate nfo	No older Mailing Address						
lag Open Policy Info Certificate Info Policyh		ENTH A' Add	ress 2	SINGAPORE 8297	03	Address 3	20031-19-20
Policy Info Certificate Info Policyh	older Mailing Address	Add	ress Type	SINGAPORE 8297		Address 3 Post Code	829703
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Den pen colicy Info Certificate of the pen ce	older Mailing Address 245 PONGGOL SEVENTEI d Object: SLD5985L	Add Rela	ress Type ited Policy	Singapore address			829703
Plag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 245 PONGGOL SEVENTER d Object: SLD5985L ements	Add Rela Nun	ress Type ited Policy	Singapore address		Post Code	829703 Endorsement Content Thank you for giving us the

Claim Handling					
Accident MT/1078066					
Policy No.	5306589765	Venicle No.	SLD5985L	GST Registration No.	
Certificate No.					
Policyholder Name	YEO ZHEN ZHI			Policyholder NRIC	590005511
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo QLASSIC	Loading	(0
Contact No. (Mobile)	91160201	Contact No. (Diffice)	0	Contact No.(Home)	ů.
Email Address		Special Remark		eCode	1. V
KPK	(€) NQ ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No.	NCD Emitlement(%)	0	Private Hire	No
Accident Details	(40)	aco chare and al	74	3 (3 NOV. (1 D))	
			Mine ()	Accident Type	Side Swipe
Report Date	02/01/2020 10:10	Accident Report Within 24 hrs	Yes		
Date of Accident	01/01/2020	Time of Accident Thomas	15:05	Country of Acodent	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	127 VEADE VIEW				
▽ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100,00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
CED OD Excess	500.00	YIED TO EXCESS		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	1100.00	Total TP Excess Applicable			
♥ Benefits					
GST Registered Informa	ition				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
□ Policyholder Mailing Ad	dress				
Address 1	245 PONGGOL SEVENTEENTH A	Address 2	SINGAPORE 829703	Address 3	
Address 4		Address Type	Singapore address	Post Code	929703
Unit No.		Related Policy Number	5108589765		
OI Driver Info					
Driver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
Unnamed driver Name	OHU XUE JUN	Onver NR3C	SXXXX867E	Driver DOB	31/08/1990
Register Date of Driver License	15/11/2010	Driver Age	29	Driving Expenence	9
Contact No.(Mobile)	91892318	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	127 VERDE VIEW	Address 2	VILLA VERDE	Address 3	51NGAPORE 688720
	ser series rich	Address Type	Singapore address	Post Code	688720
Appress 4		Add cas 1996	2000		
Unit No. Does he own a Singapore				20.0.0	
Registered car?	○ Yes ® Na	Oriver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test. Reading?	0 mg	Any injury?	○ Yes @ No		
Modification History					
Claim 001 New					
				Terror 19715	590005512
Claim Type +	OD-MX	Insured Name	YEO ZHEN ZHI	Insured NRIC	37009317
Contact No.(Mobile)	92310177	Contact No.(Home)		Contact No. (Office)	Table 1
Email Address	zhenzhi.yeo.2011@smu.edu.sg	OJ Vehicle Number	SLD5985L	TP Vehicle Number	SMA635)
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	23	Claimant NRIC *		-1	
Claimant Address				Character and the second	
Claim Description	SLD598SL / SMA635J ON 1 Jan 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
No. Require Finalization	Yes V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/01/2020 10:12	Claim Close Date		Date Received	02/01/2020 00:00
	Jackson	(2000) (2000) (2000)		and the second of the second o	ATTOMATIC SECURITION
Report Taken By	and and				
Print AK letter					
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Attachment			(A)		
-AARTHINETTE,					
· ·					
Accident No.	MY/1078066	Claim No.	00L		
	® yes ○ No	Upload Date	02/01/2020 t0:13		
Last Doc. Received		apan vaid		Particle and a second	ncy * Description *
	Path *		Category *	Confidential Urger	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
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