Date III. WILLIAM - KILLE	Jcb description	Date & Time Completed	Don	ne by
Ref No: University	SAS e-filing			
Veh No: Ly 16546	E-mail (within Shrs, AIC 2hrs)			
101 4	i-Motor Claim Form			
	i-Motor W/O (Within: OD 2hr	WJ 180062-001	14/1/10	12:16
OD / TP / Reporting Only	i-Photo Uploaded	s, TP 4hrs)		
		<del> </del>		
TP Insurer:	Assessment/Survey Report			
Preferred Wksp / INC Assign Wksp / QW: (	Ass't Report by Fax / Hand t			
TP Particulars: Veh No:	nio (		ax;	
Owner / Driver: (	. INC(	)/Non-INC( )	-	- 25,0
	eriod: (	Tel:		
Confirmed by : (	Date:	Cover Type: (		
	[Note-Est. Status (WO): N: 0-20		00%1	
	Warranty: YES ( )/NO (	) 1. 21-7970. F. SU-1	2070]	
Excess: (\$ ) Loading: \$1,		/		
General Remarks:		Der Bergerander 250.	Marie II	
( ) Walk-In Customer : Customer's info	ormation strictly Confidential & Sta	ictly NO refer of renairer	Kraiz No. 1.	x
( ) Total Loss Case : to e-mail Insur		isay NO Isier of repailer.		
Drive-In ( )/ Towed-In ( ); Invoic		owing Co: (		<u></u>
	Direction of the control of the cont			
1) Apply for Transport Allowance ( )/(	Courtesy Car ( )	Date&Tirris Completed	Done	by
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	( )	Date&Time Completed	Done	hy
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3]  Injury:	( )	Date&Tirrie Completed	Done	by
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1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  Laimant's Particulars:  iver/Owner:	Invoice Prep:  1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti	aration Checklist.  sporting (\$30); ssessment (\$100); INC (\$80  \$400 ough Survey (\$cough Survey) inst INC Only (wef 10 Jan 2005) on	Anit (\$). Tst Bill  545 120 530	Amt
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1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Laumant's Particulars: iver/Owner: intact No: imaged Portion:	Invoice Preparation of the state of the stat	aration Checklist.  seporting (\$30); ssessment (\$100); INC (\$80)  Survey (\$100); INC (\$80)  Survey (\$100); INC (\$80)  Survey (\$100); INC (\$80)  Survey (\$100); INC (\$80)  SMRT Survey (\$100); SMRT Survey (\$10	Anit (\$). Tst Bill  545 120 530  575	Amt
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1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Laumant's Particulars: iver/Owner: intact No: imaged Portion:	Invoice Preparation of the state of the stat	aration Checklist.  eporting (\$30); ssessment (\$100); INC (\$80)  Survey (\$100); INC (\$80)  Survey (\$100); INC (\$80)  Survey (\$100); INC (\$80)  SMRT Survey (\$100)  SMR	Anic(S).  Tet Bill  )  \$45 120 530  \$75 160  \$55 510 525	Amt
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1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  Laimant's Particulars:  iver/Owner:  ontact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Preparation ( )  Invoice Preparation ( )  Invoice Preparation ( )  I) AR: Accident R  I) DA: Damage A  I) T: Towing Fee  I) FT: Follow-Thr  For claiming acc  I) TR: Re-inspective ( )  I) NI: Idac DA + ( )  II NI: Idac DA + ( )	aration Checklist  sporting (\$30); ssessment (\$100); INC (\$80)  Survey (\$200) Survey (\$200) SMRT Survey (\$20	Anit (\$)  fix Bill  545 120 530  575 160  55 510 5225 55 520 300	Amti

## 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.
- 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,	
Linear Company of the American Street, and the	ACCIDENT STATEMENT
Date Of Report	14/01/2020 15:45
Date Of Accident	13/01/2020 11:00
Exact Location Of Accident	BAHAR FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY1654G
Insured/Policyholder	
Name Of Registered Owner	HAN CHEOW YAH
NRIC No	SXXXX985B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98313257
Alternative Phone No	OFFICE-98313257
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	MRS 1.8 V-EDITION 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	5113761466
Cover Note Number	
Driver	

ANG CHI SHENG Name of Driver NRIC No SXXXX366J Date Of Birth 27/01/1995 Occupation INDOOR 29/08/2014 Date Of Driving Pass

5 YEARS AND 4 MONTHS **Driving Experience** 

Gender MALE

Mobile Number (LOCAL) +65-98280890

Fax Number

OFFICE-98280890 Contact Number

EMail Address NOEMAIL

BLK 590B ANG MO KIO STREET 51 Address

#31-21

Postcode 562590

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 COLLIDED INTO PROPERTY

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?

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)

# **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

# 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 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.
- 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.

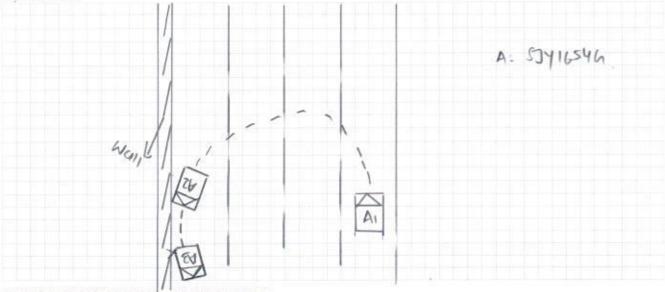
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



neter to a	Internet.		
		-	

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. WHILE I FILTER OUT TO  $2^{\text{ND}}$  LANE. MY VEHICLE LOST CONTROL AND MY VEHICLE RIGHT PORTION HIT ONTO THE WALL.

# ACCIDENT STATEMENT

ACCIDENT DATE: 13/1/20	)(DD/MM/YYYY), TIME:(
LOCATION: Bahar Flysler	
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPANY:  c) POLICY NUMBER:  M) POLICY TYPE: (COMPREHENS)  e) MAKE & MODEL:  f) TYPE: (SALOON / COUPE / MPV  g) VEHICLE CATEGORY: (PRIVATE  h) PURPOSE OF USING AT ACCIDI  i) ARE YOU CLAIMING UNDER YO  IF NO, PLEASE STATE (THIRD PAR  2. INSURED / POLICY HOLDER  A) NAME:  HON ( LEGW YO  b) NRIC/FIN/PASSPORT:  C) ADDRESS:	VE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  VAN / LORRY / MOTORCYCLE / OTHERS) / COMMERCIAL / MOTORCYCLE) ENT TIME: UP OWN INSURANCE (YES/NO) TY CLAIM / REPORTING ONLY)  (MALE / FEMALE) SSR
*CONTINUE TO 3.d IF DRIVER ALSO  DRIVER  (Including driver) DINRIC/FIN/PASSPORT: S9:  CLD CLADDRESS:	O POLICY HOLDER  [MAJE / FEMALE]  CONTACT: 9828 0893.
5. a) WEATHER CONDITION: (CLEAR / I b) ROAD SURFACE: (DRY / WEY / OT 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)	FHE INSURED'S COMPANY? (YES / NO) RIVER WITH INSURED: (A) Id (O)
he of passenger a) VEHICLE NUMBER:	MODEL:
9. THIRD PARTY VEHICLE	CONTACT:
Including driver f) DRIVER'S NAME:  ( ) NRIC/FIN/PASSPORT:	CONTACT:
	Na Na

email =

fax =

VIDEO =

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						+ Change	e Languag	e Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date o	of Accident		13/01/2020	11:00	
	Vehicle	No.(For Motor)	SJY165	4G		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	5113761466		HAN CHEOW YAH	51211985B	GPC	drivo CLASSIC	5JY16540	SJY1654G	04/11/2019	03/11/2020
						Continue					

	04/11/2019 00:00		formation	San S	morsement S	racus	Endorsement Content
Sequenc	e Date of Endorsement	Er	ndorsement	Type F	ndorsement S	Labore	ne digen compresso grandono.
□ Endorse	ments						
Insured	Object: SJY1654G						
nit No.		Related Number		5113761466			
ddress 4	SINGAPORE 562590	Address	Туре	Singapore address	p	ost Code	562590
ddress 1	BLK 590B #31-21	Address	5 2	ANG MO KIO STREE	T 51 A	ddress 3	CHENG SAN COURT
Policyh	older Mailing Address						
Certificate nfo							
Open Policy Info							
lag	No						
Co- nsurance	No				GST Flag	x	
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133		GST Flag	Y	
Singapore OD Excess	1500	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Excess Outside	0	Premium	0				
Excess Additional	550	Excess OS	1200		Excess	100	
Third Party	0	Own damage	1500		Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	04/11/2019	Effective Date	04/11/201	9 00:00	Expiry Date	03/11/2020	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 590B #31-21 ANG MO KIO	STREET 51 CF	ENG SAN	OURT SINGAPORE 56	52590		
Certificate No.		Name			NRIC	312119030	
	5113761466	Policyholder Name	HAN CHE	DW YAH	Policyholder	S12119858	

Claim Handling					
Accident MT/1080065					
Policy No.	5113761466	Vehicle No.	STYL654G	007	
Certificate No.			1000000 PM	GST Registration No.	
Policyholder Name	HAN CHEOW YAH			Pakcyhalder NR3C	#15-1-1-1-
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo Q <sub>ASS</sub> IC	Loading	S12119858
Contact No. (Mobile)	98313257	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	0
KPK	No      Yes	TCA	® No ○ Yes	eCode Reason	1
NCD Protection	Yes	NCD Entitioment(%)	50	Private Hire	No
Accident Details					3990
Report Date	14/01/2020 15:55	Accident Report Within 24 h	rs Yes	Accident Type	-
Date of Accident	13/01/2020	Time of Accident Nh:mm	11:00	Country of Acodent	Collided Into Property
Reporting Centre		Orange Force		ICM No.	Singapore
Accident Location	BAHAR FLYOVER			167 10	
→ Total Excess Applical	ble				
Excess Type	Per Acodem	Windstreen Excess	190.00		
OD Standard Excess	F-2502-501				
VIED OD Excess	1,500.00	TP Standard Excess	9.00		
Additional Excess	2500.00 D	THO TP Excess		Driver at Covereg?	
Total DD Excess Applicable	4000.00				
□ Benefits	9,00.00	Total TP Excess Applicable			
GST Registered Infor	mation				
SSY Registered	No		OCT P		
GST Registration No.			GST Registration Date GST Status Verified	25:30	
Modification History			Section of the sectio	Yes	
Policyholder Mailing A					
Address 1	BLK 5908 #31-21	Address 2	ANG MO KID STREET SI	Address 3	CHENG SAN COURT
Address 4	STNGAPORE 562590	Address Type	Singapore address	Post Code	562590
Unit No.		Related Policy Number	5113761466		996393
Of Driver Info	Description of the Control of the Co				
Unnamed driver Name	Unnamed Driver ANG CHI SHENG	Driver Type	Unnamed Driver		
legister Date of Orivor Licens		Driver NRIC	SXXXX3663	Driver DOB	27/01/1995
Contact No. (Mobile)	95280890	Oriver Age	24	Driving Experience	5
dovess 1	BLK 590B	Contact No. (Office)	D	Contact No. (Home)	0
ddress 4	SINGAPORE 562590	Address 2	ANG MO KID STREET \$1	Address 3	CHENG SAN COURT
nit No.		Address Type	Singapore address	Post Code	562590
loes he own a Singapore	31-21				
epistered car?	○ Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company	
sclaration				#10.5%	
reathelyser or Blood Text	422				
tading?	D mg	Any injury?	○ Yes ® No		
Affinition to the same of					
odification History					
Claim 001 New					
aim Type *	on hy		Water and the second		
ntact No.(Mobile)	OD-MX	Insured Name	HAN CHEOW YAH	Insured NR3C	\$12119858
nail Address	98313257	Contact No. (Home)	05759864	Contact No.(Office)	
	winnehan@live.com.sg	OI Vehicle Number	\$1Y16\$4G	TP Vehicle Number	
ilmant Type Claimant Type •		Type of Benefit *	Pigase Select 💟		
imant Address	>>	Claimant NR3C +			
im Description	ENTARAD DE VENUEN				
ferred Workshop Contact	S7Y1654G ON 13 Jan 2020			Name of Preferred Workshop	
		Insured Liability *	Fully at Fault		
quire Finelisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	14/01/2020 15:56	Claim Close Date		Data Received	14/01/2020 00:00
oort Taken By	Jackson				THE PROPERTY OF THE
Print AK letter					
ttachment		3	Save Submit		
and a second second					
dent No.	MT/1080065	Cwm No.	(GA)		
Doc. Received	® Yes ○ No		001		
	Path *	Upload Date	14/01/2020 15:57		
	rain *	1.0000000000000000000000000000000000000	Category +	Confidential Urgens	cy • Description
		Browse	The state of the s	V Normal	v
		Browse	Carl Advanced Co.	V Normal	v
		Browse	Coar Please Select	V Normal	v
		Browse	I and I	✓ Normal  ✓ Normal	
			I and I	✓ Normal	

