Date In: 5/3 12 -15:30	Jeb description	Date &Time Completed	Don	e py
Re[No: 44]14CN003648/24	SAS e-filing			
Vch No: 50234496	E-mail (within 8hrs, AIC 2hrs)		Ì	
D.O.A: 1/2/w-01:30	i-Motor Claim Form	M7/1087063-001	573/20	16:53
	i-Motor W/O (Within: OD 2h		177	
OD / P Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp / QW: (			Fax:	)
TP Particulars: Veh No: JML	INC (	)/Non-INC()		
Owner / Driver: (	1 46 0001	Tel:	)	
Policy No: ( ) P	eriod: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,				
General Remarks:			33.000	y , '.
( ) Walk-In Customer: Customer's infe	formation strictly Confidential & S	trictly NO refer of repairer	·	
( ) Total Loss Case : to e-mail Insur	rer URGENTLY.			
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/		Towing Co: ( Date&Time Completed:	Don.	eby .
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/6  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ( )	- 1	Don	e by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection	Courtesy Car ( ) ( )	Date & Time Completed		
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/6  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:	Courtesy Car ( ) ( )	- 1		
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/6  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:	Courtesy Car ( ) ( )	Date & Time Completed		
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Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Actions  Actions	Courtesy Car ( ) ( ) (3000] ( ) Invoice Pro 1) AR: Acciden 2) DA: Darwage 3) TF: Towing I	paration Checklist: t Reporting (530); Assessment (5100); INC (5	Ant (5) fit Bill 580) 10/545	Ami (3)
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Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Actions  Inimant's Particulars:-  inter/Owner:	Courtesy Car ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	Date & Time Completed  Date & Time Completed  t Reporting (530); Assessment (5100); INC (5 Fee S4 Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 200	Ant (5) fst Bill (80) (0/545 5120 530	Ami(3)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Actions  Actions  Actions  Actions  Inimant's Particulars:-  iver/Owner:	Invoice Proint	Date & Time Completed  Date & Time Completed  Transporting (530);  Assessment (5100); INC (57);  Through Survey (Resurvey)  Assessment (5100); Wef 10 Jan 200 ction  + SMRT Survey	Ant((5))  fit Bill  10/545  \$120  \$30  \$5)	Ami(3)
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time: Actions  Actions  aumant's Particulars:- iver/Owner: ontact No: maged Portion:	Courtesy Car ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	Date & Time Completed  Date & Time Completed  Transporting (530);  Assessment (5100); INC (57);  Through Survey (Resurvey)  Assessment (5100); Wef 10 Jan 200 ction  + SMRT Survey	Ant((5))  fit Bill  10/545  \$120  \$30  \$5)  \$75  \$160	Ami(3)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date Time Actions  Actions  Actions  injury: Particulars:  inter/Owner:  ontact No:  amaged Portion:	Courtesy Car ( )   ( )	Date & Time Completed  Date & Time Completed  Date & Time Completed  Date & Time Completed  The Complete State of the Complete State	Ant((5)) fit Bill (80) (0/545 \$120 \$30 (5)) \$75 \$160	Amt (3)
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Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Actions  Injury:  Injury:  Injury:  Injury:  Checked by (Engr-In-Charge):  Inditors! Comments::	Courtesy Car ( )	Date & Time Completed  paration Checklist  t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 200  ction  + SMRT Survey  onal Services:-  y Car / Tpt Allowanse Ca-ordination  pair Inspection  licet Excess Coordination	Ant(S)  FR Bill  S80)  10/545  \$120  \$30  \$5)  \$75  \$160	Amt (3)
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMail Address

- Please report <u>correctly</u> 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 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.
- 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.	
The subsection of the second	ACCIDENT STATEMENT
Date Of Report	05/03/2020 15:30
Date Of Accident	05/03/2020 01:30
Exact Location Of Accident	SERANGOON GARDEN WAY TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ3449L
Insured/Policyholder	
Name Of Registered Owner	ANG YI JIE
NRIC No	SXXXX960B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91123335
Alternative Phone No	OFFICE-91123335
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
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	5109629820
Cover Note Number	
Driver	
Name of Driver	ANG YI JIE
NRIC No	SXXXX960B
Date Of Birth	16/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91123335
Fax Number	

OFFICE-91123335

NOEMAIL

BLK 231 HOUGANG STREET 21 Address

#06-326

530231 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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3 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.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: TAN SU SIN

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMN7866U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJR2748A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly 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 Personnel's Signature

Name:

NRIC/FIN No .:

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

										SJ&3449
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an T	mpact	on	my ve	hicle 's	. Ye	av	port	ion. I	tuen	vealised
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vehic	les.						VE 26-			
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										The second second
									•	

## 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.:

# ACCIDENT STATEMENT

224	IDENT DATE:	05/03/2	DD/MM/YY	YY), TIME:( 0	1 : 30	(HH:MM)
	TION:	gerang oon	Garden Way	towards	410 chu	Kang Pa
1.	DETAILS OF		JJQ3449L		100	.50
	a) VEHICLE	NUMBER:	Nor.A.			
		CE COMPANY:				
	C)POLICY N	JMBER:	THE ATHER	A DTV / THIPD R	ARTY FIRE	&THEFT)
	d)POLICY TY	PE: [COMPRE	HENSIVE / THIRD P		,	
	eJMAKE & M	OPEL:	מוויר מוטרטו	PRY / MOTORO	YCLE / OT	HERS)
	f)TYPE:(SALC	ON / COUPE	MPV /V AN / LOI	CIAL / MOTOR	CYCLE	
	CIVEHICLE C	ATEGORY: (PR	INAIE / COMME	private		
	h)PURPOSE	OF USING AT A	CCIDENT TIME:_ ER YOUR OWN IN	SUPANCE (YES	/NO1	
	I) ARE YOU C	LAIMING UND	D PARTY CLAM	REPORTING C	NLY)	
	IF NO, PLEA	SE STATE THIR	D PAKIT CET (I)		~	
2.		PLICY HOLDER	VI 110. A	(	7 7 111	MALE
	A) NAME: b) NRIC/FIN/F	- I	591089601			23555
	C) ADDRESS:	72	HOUGANA S	1 21 村06-	326 565	307917.
	THE REAL PROPERTY.		The state of the s			1000
	· CONTINUE	TO 3.d IF DRIV	ER ALSO POLICY	HOLDER		
16 11 . 1	DRIVER				/ FF4	4415
14 Ho of pessenga	CINAME!				AALE / FEN	IALE
(Induding driver)	b) NRIC/FIN/F	ASSPORT:		CONTAC	1	STATE OF THE PARTY
( <u>02</u> )	CIADDRESS:_	4				1
male passenge	v .	16.	03/1991 10	D/MM/YYYY)	***	
	* ALD ATE OF	BIRTH: ((6		5/14/14/7	+	
	e)OCCUPATI	ON: (INDOOR	OUTDOOR)	*		OH 5.4 4 80 878
	f)YEARS OF D	RIVING EXPRE	EE OF THE INSU	RED'S COMP	ANY? (YES	(ON)
4.	WAS DRIVE	TONCHIP OF	THE DRIVER W	ITH INSURED	: OWh	ev
	IF NO, RELA	ITONSHIP OF	LEAR / RAINING	/ OTHERS	No.	
5.	MIPOAD SUP	FACE IDRY /	VET / OTHERS			
	WAS ANYROL	DY INJURED (Y	ES / NUO)		the tensor Va	(A)
7.	~IDEPOPTED	TO POLICE IYE	S/NO)			4
In the second of	IF YES, PLEA	SE STATE WHIC	H POLICE STATIC	N:	4 ** * **	a might of a land
8.	THIRD PARTY		MN 7866 U.			
4 No of passenger	a) VEHICLE	NUMBER:	MN 100001	MODEL:	BOOK WILL	
male drive (Induding driver) male passenger  (103) 9.	b) DRIVER'S	NAME:		CONTAC	71.	
male drive (02)	c) NRIC/FIN	/PASSPORT:_	March Springer	CONTA	-11-	
malemantiller 9.	THIRD PARTY	/EHICLE	SJR2748	A. MODEL:	Sul Barrier	
temale passenger passenger			00/27.10			
Emare passend of prosend	e) DRIVER'S	NAME:		CONTAC	T:	
(Including driver)	f NRIC/FIN	/PASSPORT:			P. CONTROL OF LAND	
(02) = male	UWVCV .	,			76	100
Wal	e passenger				1	4
	41. 35 8	90				* 1

email =

fax =

<b>eBao</b> Tech	11.00					1			Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Policy Que	ry								,
Notice of Loss	Policy No.	9			Date o	of Accident	[0	5/03/2020 0	1:30	
	Vehicle No.(For	Motor) SJQ344	9L		Certifi	cate Number		- 0.5		
				E	Search					
	Select Policy	No. Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 510962	9820	ANG YI JIE	S9108960B	GPC	drivo CLASSIC	S3Q3449L	5JQ3449L	23/05/2019	22/05/2020
	-			C	Continue	700.000				

olicy No.	5109629820	Policyholder Name	ANG YI JIE		Policyholder NRIC	S9108960B	
Certificate							
Address	BLK 231 #06-326 HOUGANG	STREET 21 SING	APORE 5302	31			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	24/05/2019	Effective Date	23/05/2019	00:00	Expiry Date	22/05/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	LQ INSURANCE AGENCY PTE	LTI Agent Tel.	63340783		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	holder Mailing Address						
Address 1	BLK 231 #06-326	Addre	ss 2	HOUGANG STREET	21	Address 3	SINGAPORE 530231
White 52 T		Addre	ss Type	Singapore address		Post Code	530231
1016/1007/00/00		Addit					
Address 4	06-326		ed Policy	5109629820			
Address 4 Unit No.	06-326 ed Object: SJQ3449L	Relat	ed Policy	5109629820			
Address 4 Unit No.	ed Object: SJQ3449L	Relat	ed Policy	5109629820			

107 100	laim Handling					
MACHINE MACH 18	cident HT/1087063	#100510010	Matteria Pro	\$1034491	GST Registration No.	
Modern Finales   Mod		5109629820	venicle No.	27424471	and integral during 1901	
STATES AND MINES 120 APPLICATION OF THE PROPERTY OF THE PROPE					Bolloubolder NO 15	591089608
Contact No. (Contact No. (Cont			Name of the last o	4		
According to the control of the co				SECOND SE		
Control   Cont		91123335	(6)	0		
Marciant Facility   Marc						Althorated
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Marchanist				Mar.	Accident Tons	Chain Collision
Control   Cont						
SEASONOOR GRADEN NAY TRUST 100 FOLIO MARK 80		05/03/2020		01:30		Singapore
Part					ICM No.	
Standard Excess    2,000   17 Secrets   150.00		SERANGOON GARDEN WAY TWDS YIO CH	U KANG RD			
1.500.00   1.500.00						
10 OD Document   10 O	cess Type	Per Accident	Windscreen Excess	100.00		
## 100 D Notes   0.00   YES   1.00 D   Onliver is Covered?   Covered   ## 1.00 D Notes   0.00   Onliver is Covered?   ## 1.00 D Notes   0.00 D Notes   0.0	Standard Evrass	2,000,00	TP Standard Excess	1,500.00		
Total To Excess Aprication  20 Target To Excess Application  21 Target To Excess Application  22 Target To Excess Application  23 Target To Excess Application  24 Target To Excess Application  25 Target To Excess Application  26 Target To Excess Application  26 Target To Excess Application  27 Target To Excess Application  28 Target To Excess Application  29 Target To Excess Application  29 Target To Excess Application  20 Ta				117	Driver is Covered?	Covered
March   1,000.00   1			TIED IT CHOOSE	2.02	#7/43/136.76/C30/C30/C	A LANGEST
Passeries   Pas			Total TR Escape Applicable	1, 500,00		
Part Progression   No		2000.00	Total Tr Excess Approache	4,000,00		
Targeterrown   Tar		ition				
Targetine Name				GST Registration Date		
## Patinghater Mailing Address    Patinghater Mailing Address					Yes	
Principrolated Mailing Address						
## ADDRESS 2 ## A						
Mail	Policyholder Halling Ad	dress				
March   Mar			Address 2	HOUGANG STREET 21	Address 3	SINGAPORE 530231
Main Driver Table	idress 4		Address Type	Singapore address	Post Code	530231
Marie   Mari		06-326	Related Policy Number	5109629820		
March   Marc	OI Driver Info					
Driver Name   Great Place   Driver Diale   Driver		ANG YI 31E	Driver Type	Main Driver		
grater Date of Oriver License			Driver NR3C	\$91089608	Driver DOB	16/03/1991
Contact No. (Mooles)   \$122333\$   Contect No. (Contect No. (Contect No. (Moone)   \$122333\$   \$200		03/10/2012	Driver Age	28	Driving Experience	7
Address 1 BUX 231 Address 2 HOUGANG STREET 21 Address 3 STREED 231  Address Type			Contact No. (Office)	0	Contact No.(Home)	0
Address Type Singspore address Post Code \$30231  NEW No. 06-326  Ores No. Oriest Venice No. Oriest No. O					Address 3	SINGAPORE 530231
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