Date In: 63120-05-16	Jeb description		Date &Time Completed	Done	οý
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Veli No: 144 485/12	E-mail (within 8	ihrs, AIC 2hrs)			
D.O.A: \$\$ 20-08: TO	i-Motor Clair	n Form	M7(1087119-22)	6/3/20 69	4
	i-Motor W/O	(Within: OD 2hrs	, TP 4brs)		
OD / TP / Reporting Only	i-Photo Uplos		1		
	Assessment/Su	rvey Report		The second of the second of	
TP Insurer:			o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:				Fax:	
		INC (3.5-1.0	
- i i i i i i i i i i i i i i i i i i i	n & 49992 ·	· mot	Tel:)	
Owner / Driver: (Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (r criod. (Date:	Time:)	
	Note-Bet Status (V		0%; P: 21-79%. P: 80-	100%]	
	Warranty: YES ()/NO()		
Year of Registration: ()	\$1,000 ()/\$2,000		/		
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General Remarks:-					-
() Walk-In Customer: Customer's	THE RESERVE AND PERSONS ASSESSMENT OF PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMEN	ifidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins			3	·	
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2) QC Check / Post Repair Inspection	()				
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3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()			
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Injury: Date/Time Actions aimant's Particulars:- iver/Owner:	> \$3000] (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	Reporting (\$30); Assessment (\$100); INC (\$30); Rec	580) 40/545 \$120 \$30	A CONTRACTOR OF THE PARTY
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Injury: Date/Time Actions Actions Lamant's Particulars: river/Owner: Intact No: Inmaged Portion; C Checked by (Engr-In-Charge):	> \$3000] (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC (Company) Reporting (\$100); INC (Company) Reporting Survey Arough Survey (Resurvey) Report INC Only (wef 10 Jan 20) Re	\$80) 40/\$45 \$120 \$30 \$530 \$575 \$160 \$53 \$510 \$525 \$53 \$520 \$30	A STATE OF THE STATE OF

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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.
- 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

foresaid.	5000001 (1900001) 50 (1000001) 5 (100000000000000000000000000000000000
	ACCIDENT STATEMENT
Date Of Report	06/03/2020 09:16
Date Of Accident	05/03/2020 08:50
Exact Location Of Accident	MERCHANT RD EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU4851R
Insured/Policyholder	
Name Of Registered Owner	YEO CHEE SENG (YANG ZHICHENG)
NRIC No	SXXXX309E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98461161
Alternative Phone No	OFFICE-98461161
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 2.0L 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	5104592695-01
Cover Note Number	
Driver	
Name of Driver	WONG CHEN HOW
NRIC No	SXXXX411J
Date Of Birth	18/01/1989
Occupation	INDOOR
Date Of Driving Pass	24/05/2014
	PROPERTY OF THE ACCUSAGE OF THE CONTRACT OF TH

5 YEARS AND 9 MONTHS

(LOCAL) +65-86664310

OFFICE-86664310

MALE

NOEMAIL

Address

BLK 160 MEI LING STREET

#03-311

Postcode

140160

Was driver an employee of the Insured's Company YES

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

Type Of Accident

COLLISION - HEAD TO REAR

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

2

...

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)

1

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

SMQ4999Z

Vehicle Make/Model/Colour

MERCEDES-BENZ A200

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)

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.
- 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)

Lunderstand, 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:
 - (i) 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 Person

mel's Signature

Name:

NRIC/FIN No.:

Exit Merchant Rd





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WINTER STATE			HOTELE RO							- 00110			
						direction							

DECLARATION

I/We declare the foregoing particulars are true in every respect.

2

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.:

Date of Accident	5/3/20 OX-5. hus. CHIRECENTILE Exit Merchant Ed.
Accident Place	txit Merchant Ed.
Vehicle Reg. No (Carplate No.)	SGU4851R vehicle Make Model: Honde Gige.
Insurance Company	NTUC Policy No. 57 04592695-01.
Name of Registered Owner	: Company Individual YEO CHEE SENG CYANG ZHICHENG
ID of Registered Owner	: Co Reg No: - Owner's NRIC No: S-7678309E
DRIVER'S Name DRIVER'S Date of Birth	Co Contact No: - Owner's Contact No: 9846/161 WONG OHEN HOW DRIVER'S NRIC No: 589 79441J. 18/41/1987 DRIVER'S License Pass Date 24 May 2014.
Relationship bet, Owner & Driver	: Spouse \ Parents \ Children\ Sibling Employee Others:
DRIVER'S Address	APIRUS 160 Mel LING 57 403-311 (5) 140/60.
DRIVER'S Contact No./ Alt No.	:11 8666 4310 21 -
DRIVER'S Occupation	INDOOR OUTDOOR (eg. working inside or outside of an ofc)
Email Address	
Weather & Road Surface	CLEAR & DRY (RAINING & WET WIFTER RAIN & WET
Reporting Type	Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (including I Was the accident reported to the po Was there any video Captured by a Exact purpose for which vehicle w	olice7 YES (NO)
(n) CM a Gig	Party Driver's Particulars (If any)
Vehicle Reg No. B) SM Q 49 Vehicle Make Model:	Vehicle Reg No:
Vehicle Make\Model:	Vehicle Make Model:
Name DRIVER:	Name DRIVER:
IC NO DRIVER:	IC No DRIVER
DDIVER'S CAMERI & Add -	DRIVER'S Contact & Add:

Hello, NAC_PAYA_UBI_8	00601						→ Chang	e Language	· Chang	ge Password	· Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.	7		- 30	Date	of Accident	8	05/03/2020 0	8:50	
	Vehicle	No.(For Motor)	SGU48	51R		Certif	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	5104592695- 01		YEO CHEE SENG (YANG ZHICHENG)	57628309E	GPC	drivo CLASSIC	SGU4851R	SGU4851R	16/11/2019	15/11/2020

olicy	No.	5104592695-01	Policyholde Name	YEO CHEE	SENG (YANG ZHICHE	Policyholder NRIC	S7628309E	
ertific		No. of the last of	(and the					
ddres		BLK 62 #04-90 MARINE DRIVE	SINGAPORE	440062				
rodu						Group	N	
lame		PRIVATE CAR INSURANCE	Plan			Policy Flag		
olicy ssue i	Date	08/10/2019	Effective Date	16/11/201	9 00:00	Expiry Date	15/11/2020 23	3:59
xces	5	Per Accident	All Claims Excess					
Third	Party		Own	600		Windscreen	100	
Exces		0	damage Excess	000		Excess	-5.7.7%	
Additi Exces		0	OS Premium	0				
Outsid			Outside				Verine	/Inexperience Driver Excess
Singa OD Ex		600	Singapore TP Excess	0			Toung	/Inexperience priver Excess
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Co- insura	ence	No						
Flag								
Open	Info							
Open Policy Certif								
Open Policy Certif Info	icate	nolder Mailing Address						
Open Policy Certif Info	icate olicyh	nolder Mailing Address BLK 62 #04-90	Add	Iress 2	MARINE DRIVE		Address 3	SINGAPORE 440062
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cident HT/1087119					
			Total Control of the	CCT Designation to	
cy No.	5104592695-01	Vehicle No.	SGU4851R	GST Registration No.	
tificate No.				Policyholder NRIC	576283096
icyholder Name	YEO CHEE SENG (YANG ZHICHENG)		Professional Control		0
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
ntact No.(Mobile)	96461161	Contact No.(Office)	0	Contact No.(Home)	NC V
ail Address		Special Remark		eCode	INCO
C.	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	Yes	NCD Entitlement(%)	90	Private Hire	No
Accident Details					
port Date	06/03/2020 09:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
		Time of Accident hhimm	08:50	Country of Accident	Singapore
te of Accident	05/03/2020			ICM No.	
porting Centre		Orange Force			
cident Location	MERCHANT RD EXIT				
Y Total Excess Applicable			1,000		
cess Type	Per Accident	Windscreen Excess	100.00		
	1927/2/2	**************	0.00		
Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
ED QD Excess	0.00	VIED TP Excess	0.00		
iditional Excess	0				
tal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
P Benefits					
GST Registered Informa	tion				
T Registered	No		GST Registration Date	Ven	
ST Registration No.			GST Status Venfied	Yes	
odification History					
Policyholder Halling Ad	iress		Post consultant Consultant	******	SINGAPORE 440062
pdress 1	BUK 62 #04-90	Address 2	MARINE DRIVE	Address 3	
ddress 4		Address Type	Singapore address	Post Code	440062
nit No.		Related Policy Number	5091151026-03		
S OI Driver Info			575.00.000.005.7050		
myer Name	Wong Chen How	Driver Type	Named Driver		
nnamed driver Name	many content of	Driver NRIC	589794113	Driver DOS	18/01/1969
egister Date of Driver License	24/05/2014	Driver Age	31	Driving Experience	5
	86664310	Contact No.(Office)	0	Contact No.(Home)	0
ontact No. (Mobile)		Address 2	MEI LING STREET	Address 3	MEI LING VISTA
ddress 1	BLK 160			Post Code	140160
ddress 4	SINGAPORE 140160	Address Type	Singapore address	7021 0000	n3-953876V
Int No.	03-311			**************************************	
ooes he own a Singapore	O Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
legistered car?					
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epistered car? sciaration reathalyser or Blood Test eading? odification restory Claim 001 New Darm Type *	ор-мк	Insured Name	YEO CHEE SENG (YANG ZHICHE 64400634 SGU4851R		57628309E
ecistered car? ecistation reathlyser or Blood Test eading? odification History Claim 001 New Dam Type * contact No.(Mobile) imail Address	GD-MX 98461161 DONYEDCS@SINGNET.COM.SG	Insured Name Contact No.(Home)	YEO CHEE SENG (YANG ZHICHE 64400634	Contact No.(Office)	
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