Date In: 25/3/20-15:48	Jeb description	on	Date &Time Completed	Dor	ne by
Ref No: NA INCLOSO 4503/24	SAS e-filing		<del> </del>		
Vch No: 04 X366~16			1		-
		a Shrs, AIC 2hrs)	1 112		
D.O.A: 24/2/20 - 18:45	i-Motor Cla		M7/10 89571-300	75 3/20	16:38
OD : TP : Reporting Only		O (Within: OD 2hr.	s, TP 4hrs)		
	i-Photo Upl	oaded			2
TP Insurer:	Assessment/S	Survey Report			
Thousand the second sec	Ass't Report	by <u>Fax / Hand</u> t	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	ax:	
TP Particulars: Veh No: 40	H M774M	. INC(	)/Non-INC( )	21	
Owner / Driver: (		The second second	Tel:	)	35 - S
Policy No: ( ) Pe	eriod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	Note-Est Status	WO): N· 0-20	%; P: 21-79%. P: 80-1	00%1	
			1. 21-7570. 1. 30-7	0070	
	Warranty: YES (	)/NO(			
	000()/\$2,000	)( )	Communication of the second		
General Remarks				2000	
( ) Walk-In Customer : Customer's info	rmation strictly Co	onfidential & Str	ictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insure	er URGENTLY.				
Drive-In ( )/ Towed-In ( ); Invoice		NO ( ) ; To	wing Co: (		
20110 III ( ), NOVICE-III ( ), III VOICE	C. 123( )/1	10( );10	wing co: (		
Remarks: (INC hotline: 6788 6616)		41.4	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/C	Courtesy Car (	)	•	3.3517.	7.0
	Courtesy Car (	)			
2) QC Check / Post Repair Inspection		)			7
2) QC Check / Post Repair Inspection		)			
2) QC Check / Post Repair Inspection		)			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:		)			
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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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.
- 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

THE PROPERTY OF THE PROPERTY OF THE	ACCIDENT STATEMENT
Date Of Report	25/03/2020 15:48
Date Of Accident	24/03/2020 18:45
Exact Location Of Accident	AMK AVE 10 TWDS AMK AVE 5
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX3662K
Insured/Policyholder	
Name Of Registered Owner	LEE WEE CHONG (LU WEI ZHANG)
NRIC No	SXXXX137B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87502123
Alternative Phone No	OFFICE-87502123
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
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	5110397240
Cover Note Number	
Driver	
Name of Driver	LEE WEE CHONG (LU WEI ZHANG)
NRIC No	SXXXX137B
Date Of Birth	11/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87502123
Fax Number	

OFFICE-87502123

NOEMAIL

BLK 785A WOODLANDS RISE Address

#11-124

731785 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

2

NO

YES

NO

2

NO

NO

General Information of the Accident

SIDE SWIPE 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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

**GBH1574M** 

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

YANG DAN Name of Driver

NRIC/Passport Number

82014518 Contact Number

Address Postcode

Insurance Company Name

Page 2 of 15

# Name LEE WEE CHONG (LU WEI ZHANG) Approximate Age Injuries Sustain NECK & BACK Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? NECK & BACK SGX3662K YES NO

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 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, involces, 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: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Name:

NRIC/FIN No.:

Date & Time:

School Steen Albert Waller

Date & Time:

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
   Please report correctly on the details of the accident to speed up the claim process.

- This form must be filled up by the policy holder and/or authorised driver.
   Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

## **Accident details**

Date and time of accident	Date: 24 Mar 2020 (DD/MM/YY) Time: 1844	(HH:MM)
Exact location of accident	Any Mo kho Arenue 10 towards	

## **Details of vehicle**

Vehicle registration number	SGX 3662K
Vehicle make and model	met Lancer Ex
Type of vehicle	Saloon MPV CRV Van Carry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Phrate
Are you claiming under your own insurance company?	Yes  No en if no, please select: Third part claim en Reporting only  Reporting only

## Insurance information

Insurance company	NTUC		-
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

## Insured / Policy holder

Name	Lee wee Chomp	Male Female
NRIC / Fin / Passport number	13713	
Contact	8750 413	
Address	Block 785A Woodlond Kize #11-124 Pinjapore 731785	

#### Same as insured above (skip to D.O.B) Driver

Name					Male 🗆	Female 🗆
NRIC / Fin / Passport number						
Contact				¥.	C-111-	
Address						
Email address	1					
Date of birth	11	Mar	1982	50 115		
Occupation	Indo	or 🗆	Outdoor			10
Driving date pass	07	Dec	2017			

# General information of the accident

Was driver an employee of the insured's company?	Yes a	No.el ationship of the	driver and insured:	lef
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry.	Wet 🗆		
No of passenger	2			(Inclusive of driver)

# Passenger 1

Name			
Gender	Male 🗆	Female	

# Passenger 2

Name			
Gender	Male 🗆	Female p	

# Passenger 3

Name	
Gender	Male D Female 2

## Passenger 4

Name		
Gender	Male   Female	

## Passenger 5

Name		
Gender	Male   Female	
-		

## Passenger 6

Name		
Gender	Male D Female D	

# Other information

Was anybody injured?	Yes	No a	
Was other vehicle damaged?	Yes	No 🗆	

# Details of police action

Reported to police?	Yes 🗆	No	If yes, please state which police station.
Police station name			

# Third party vehicle 1 (Vekicle 6)

Name	Yang Dan	
Contact number	8201 4518	
NRIC / Fin / Passport number	929C	
Vehicle registration number	G6H 1574M	
Vehicle make model		

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1	
Name	
Witness 2	
Name	
Injured person 1	
Name	her see Chong
Injuries sustained	Heck I back
Which vehicle person in?	SUX 3662 X
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No.2
Injured person 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗆

<b>eBao</b> Tech	GeneralCl								alClaim		
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Notice of Loss	Policy N	vo.				Date	of Accident		24/03/2020	18:45	
	Vehicle	No.(For Motor)	SGX36	62K		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110397240		CHONG (LU WEI ZHANG)	S8208137B	GPC	drivo CLASSIC	SGX36629	SGX3662K	24/06/2019	21/08/2020
				200000000000000000000000000000000000000		Continue	1				

Control   Cont	cident HT/1089571										
Minimary		5110397240	Vehicle No.	SGX3662K			ST Registration	n No.			
Marie Mar		3110377240	348304630753								
MICHIE MARTHE M		I SE WEE CHONG (I II WEI ZHANG)				39	Policyholder NR1	IC .		\$82081378	
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The of Science Supplies  The of Science Supplies  The of Science Supplies  The Office Supplie	Accident Details										
Control Location	ort Date	25/03/2020 15:57	Accident Report Within 24 hrs	Yes						Unknown	
Part	te of Accident	24/03/2020	Time of Accident hh:mm.	18:50			Country of Accid	dent		Singapore	
Note   Part	porting Centre		Orange Force				ICM No.				
Standard Fundament   Standar	ident Location	ALONG ANG HO KID AVE 10 BEFORE JU	NCTION OF AVE 3								
Standard Encess	Total Excess Applicable										
The Content	ека Туре	Per Accident	Windscreen Excess		100.00						
The Content											
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Marcina   1,000   1,	D OD Excess		YIED TP Excess			84	Driver is Covere	167		Not Applicat	ble
Paces	ditional Excess	0									
Page particular   Page	al OD Excess Applicable	2000.00	Total TP Excess Applicable		1,500.00						
Margamation	Benefits										
Margamation	GST Registered Informa	tion									
Control No.				GST	Registration Date						
Particular Malling Address				GST	Status venfied		Yes				
MARTELINA NEE											
MARTELINA NEE											
Address Type	Policyholder Mailing Ade	irese									
Real of Protest Table	dress 1	BLK 123 #05-86	Address 2	MARSILING	RISE		Address 3			SINGAPORE	730123
## Command driver Name	dress 4		Address Type	Singapore a	ddress	- 6	Post Code			730123	
## Command driver Name											
Content No.	OI Driver Info										
Driver Name	and the latest and th		Driver Type								
Driver Age   Contact No. (Office)			Driver NRIC			- 5	Driver DDB				
Cortact No.   (Micro)   (Micro)   Cortact No.   (Micro)   (Mic			Driver Age				Driving Experier	nce			
Address 1											
Address Type Foreign address  Address Type Foreign address  Driver Vehicle No.  Driver											
See the emin a Simpapore year Simpapore grant 90	idress 1		Address 2				Address 3				
Driver   Product   Company											
ancuora History  Claim 602   Max    Sim Type *	ddress 4		Address Type	Foreign add	ress		Post Code				
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aim Type * OD-MX V Incured Name EE WEE CHDNG (LU WE) ZHAN Incured NRIC 582061375 Contact No. (Michie) 80707288 COntact No. (Michie) 90707288 PASS Select V Type of barefs * PASS Select V Type o	nit No. oes he own a Singapore	○ Yex <b>®</b> No		Foreign add	ress			Compan	v		
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