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Veh No: SLYGGVIR	E-mail (within 8	thrs, AIC 2hrs)			
D.O.A: 6/4/2-15:00	i-Motor Clair	n Form	M7/1090895-021	614/2	17:35
	i-Motor W/O	(Within: OD 2hrs,	TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploa	aded			
	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	- Contravalue St. O
TP Particulars: Veh No: 501	EA38K	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: (-103)
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (V	VO): N: 0-20	%; P: 21-79%. P: 9	30-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000	()			
General Remarks:-	A CONTRACTOR	- AND		3 11 2000	
Remarks: (INC hotline: 6788 6616)	Date&Turie Complets	4* / D	one by
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3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	\$3000] (1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a 6) TR : Re-inspec 7) N1 : Idae DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (530); Assessment (5100); IN ce brough Survey brough Survey (Resurvey) coinst INC Only (wef 10 Jan thon + SMRT Survey onal Services:- Car / Tpl Allowance co-ordination air Inspection lect Excess Coordination (Non INC) against INC	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	(5)) (\ Am\(5

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number 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.
- 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.

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The last of the la	ACCIDENT STATEMENT
Date Of Report	06/04/2020 16:58
Date Of Accident	06/04/2020 15:00
Exact Location Of Accident	SIN MING RD BEFORE UPP THOMSON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU6621R
Insured/Policyholder	
Name Of Registered Owner	SEOW JUN YUAN, EUGENE
NRIC No	SXXXX951J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98376951
Alternative Phone No	OFFICE-98376951
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5106087553-01
Cover Note Number	
Driver	
Name of Driver	SEOW JUN YUAN, EUGENE
NRIC No	SXXXX951J
Date Of Birth	07/04/1990
Occupation	INDOOR
Date Of Driving Pass	08/10/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Markita Maria kan	(1 0041) 165 09376054

(LOCAL) +65-98376951

OFFICE-98376951

NOEMAIL

Address

BLK 614A TAMPINES NORTH DRIVE 1

#11-268

Postcode

521614

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

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?

Was any other material or property damaged?

YES

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

Number of Passengers (Including Driver)

NO 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

ON STATED DATE AND TIME, AS I WANTED FILTER TO LEFT LANE, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPORT BEFORE I FILTER OUT. TRAFFIC WAS CLEAR ON 3RD LANE, I FILTER OUT. I DID NOT NOTICED THAT VEHICLE B WAS MOVING SLOWLY, MY VEHICLE FRONT RIGHT PORTION HIT ONTO VEHICLE B REAR LEFT PORTION.

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

SJE738K

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.
- 2. 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)

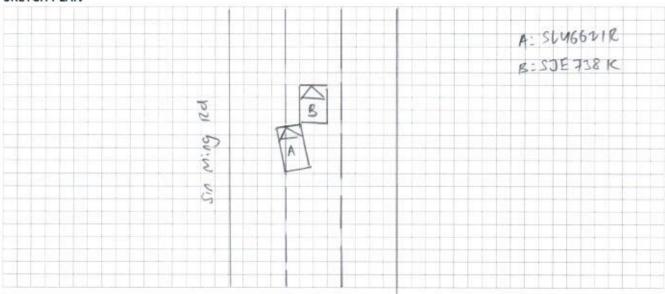
I understand, acknowledge, agree and consent that:

- (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:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	statement.	W.		
	2			
			W.	

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 .:

Hello, NAC_PAYA_UBI_8	00601						· Change	Language	Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query					Victoria			•	
Notice of Loss	Policy t	No.				Date o	of Accident	[6	6/04/2020 1	5:00	
	Vehicle	No.(For Motor)	SLU662	riR .		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	5106087553- 01		SEOW JUN YUAN, EUGENE	59010951)	GPC	drivo CLASSIC		SLU6621R	08/12/2019	07/12/2020

Policy No.	5106087553-01	Policyholder Name	SEOW JUN	YUAN, EUGENE	Policyholder NRIC	590109513	
Certificate No.		MATTOWEN.					
Address	BLK 731 #14-141 TAMPINES ST	REET 71 TAME	INES COUR	TVIEW SINGAPORE S	20731		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	08/11/2019	Effective Date	08/12/201	9 00:00	Expiry Date	07/12/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third 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			Young/I	nexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policyh	older Mailing Address						
Address 1	BLK 731 #14-141	Addres	s 2	TAMPINES STREET	71	Address 3	TAMPINES COURTVIEW
Address 4	SINGAPORE 520731	Addres	s Type	Singapore address		Post Code	520731
Unit No.	14-141	Relate Numbe	d Policy er	5106087553-01			
♪ Insured	Object: SLU6621R						
▽ Endorse	ements						

coldent MT/1090895					
wise Kin					
my mo.	5106087583-01	Vehicle No.	SLU6521R	GST Registration No.	
minicate No.					
licyholder Name	SROW JUN YUMN, EUGENE			Policyholder NRIC	59010951)
oduct Code	PRIVATE CAR INSURANCE	Cover Type	prive CLASSIC	Loading	0
ntact No. (Mobile)	9837695L	Contact No.(Office)	0	Contact No.(Home)	0
nali Address		Special Remark	11.514	eCode	The V
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	Inch
D Protection	No	NCD Entitlement(%)	10		477
P Accident Details		ACD cittoemerc(46)	10	Private Hire	No
port Date	06/04/2020 17:33	Acodent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ne of Accident	06/04/2020	Time of Accident hh:mm	15:00	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
dent Location	SIN MING RD BEFORE UPP THOMSON RD				
Total Excess Applicable	ů.				
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess	0				
al OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Inform	ation				
l'Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
dification History					
Policyholder Mailing Ad	dress				
dress 1	BLK 731 #14-141	Address 2	TAMPINES STREET 71	Address 3	TAMPINES COURTVIEW
Oresa 4	SINGAPORE 520731	Address Type	Singapore address	Post Code	520731
r No.	14-141	Related Policy Number	\$106087553-01		
OI Driver Info					
ver Name	SEOW JUN YUAN EUGENE	Driver Type	Main Driver		
names driver Name		Driver MRIC	\$90109513	Driver DOB	02/04/1900
ister Date of Driver License	06/10/2012	Oriver Age			07/04/1990
itact No.(Mobile)	98376951		29	Driving Experience	7
		Contact No. (Office)	ů .	Contact No.(Home)	0
iress 3	BLK 614A	Address 2	TAMPINES NORTH DRIVE 1	Address 3	SINGAPORE 521614
Iress 4	SINGAPORE 520731	Address Type	Singapore address	Post Code	521614
t No.	11-268				
es he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
daration					
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
athalyser or Blood Test eding?	0 mg	Any injury?	○ Yes ® No		
ading?	0 mg	Arry injury?	○ Yes ® No		
ading?	Omg	Any injury?	○ Yes ® No		
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ding? Reation History	Omg	Any injury?	○ Yes No		
ding? fication History	O mg	Any injury? Insured Name	O Yes ® No	Insured MRIC	\$90109517
incation History Naim 001 New		Insured Name			\$90109517
incation History Naim 001 New m Type * tact No.(Moore)	OD-MX S8375951	Insured Name Contact No.(Home)	SECW JUN YUAN, EUGENE	Contact No.(Office)	
incation History Nam 001 New Type * tact No.[Moore] Hi Address	OD-MX S8375951 eugeneseew90@hotmatl.com	Insured Name Contact No.(Home) OI Vehicle Number	SECW JUN YUAN, EUGENE SLU6621R		\$90109517
incation History Naim 001 Nex m Type * tact No.(Modile) all Address mant Type Claimant Typs *	OD-MX S8375951 Sugeneseew90@hotmail.com Please Select V	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	SECW JUN YUAN, EUGENE	Contact No.(Office)	
incation History Naim 001 Nex m Type * tact No.(Hobie) Hi Address mant Type Claimant Typs * mant Name *	OD-MX S8375951 eugeneseew90@hotmatl.com	Insured Name Contact No.(Home) OI Vehicle Number	SECW JUN YUAN, EUGENE SLU6621R	Contact No.(Office)	
Incation History Italian 001 New Type * tact No. [Moore] Iii Address mant Type Claimant Typs * mant Name * mant Address	OD-MX 98376951 eugeneseew90@hotmall.com Please Select >>	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	SECW JUN YUAN, EUGENE SLU6621R	Centact No.(Office) TP Venicle Number	
Incation History Islam 001 New In Type * Islam No. (Moone) Islam Type Claimant Type * Incation No. (Moone) Islam Type Claimant Type * Incation Name * Incation Name * Incation Name Name Name Name Name Name Name Name	OD-MX S8375951 Sugeneseew90@hotmail.com Please Select V	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC +	SECW JUN YUAW, EUGENE SLU6621R Please Select	Contact No.(Office)	
Incation History Italian 001 New Type * Itact No. [Moore] Iii Address mant Type Claimant Typs * mant Name * mant Address m Description erred Workshop Contact	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	SECW JUN YUAN, EUGENE SLU6621R	Centact No.(Office) TP Venicle Number	
Incation History Initial Mexical Mexi	OD-MX 98376951 eugeneseew90@hotmall.com Please Select >>	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC +	SECW JUN YUAW, EUGENE SLU6621R Please Select	Centact No.(Office) TP Venicle Number	
in Type * ttact No.(Moore) sit Address mant Type Claimant Type * mant Address mant Address m Description lerred Workshop Contact ure Finalisacion	OD-MX	Insured Name Contact No. (Home) Of Vervice Number Type of Benefit * Claimant NRIC +	SECW JUN YUAN, EUGENE SLU6621R Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SXE738K
shing? Shaim 001 New In Type * Itact No. (Moone) It Address Imant Type Claimant Type * Imant Address Imant Address Im Description Perred Workshop Confact Lure Finalisation e Registered	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	SECW JUN YUAN, EUGENE SLU6621R Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SJE738K
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Incation History Initial Mexical Mexi	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	SECW JUN YUAN, EUGENE SLU6621R Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SJE738K
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incation History Italian 001 New Im Type * Italian No. [Moore] Isli Address Imant Type Claimant Type * Imant Address Im	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	SECW JUN YUAN, EUGENE SLU6621R Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SJE738K
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in Type * thairm 001 New In Type * thact No.(Moone) sil Address Imant Type Claimant Type * mant Address Imant	OD-MX	Insured Name Contact No. (Home) Of Vervice Number Type of Benefit * Claimant NRIC * Insured Liabitay * Preference Repair Option Claim Close Date	SECW JUN YUAW, EUGENE SLU6621R Prease Select Not at Fault Preferred Workshop, Name unknown Save Submet	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SJE738K
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