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i-Photo Uploaded			
Assessment/Survey Rep	port		
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1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fore 6) TR: 7) N1: 8) NTU OD' *N5: *N6: *N7: *N8: TP(Ce Preparation Checklist: Accident Reporting (\$30); Damage Assessment (\$100); INC Fowing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Isiming against INC Only (wef 10 Jan 2) Re-inspection Idae DA + SMRT Survey C Additional Services:- Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection	(\$80) \$40/\$45 \$120 \$30 \$905) \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5	65
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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.
- 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

 By the loagement of this report to the insurers, you hereby consaforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
Search and the search of the s	ACCIDENT STATEMENT
Date Of Report	07/04/2020 18:34
Date Of Accident	06/04/2020 21:00
Exact Location Of Accident	CTE (SLE) AFTER BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD4156U
Insured/Policyholder	
Name Of Registered Owner	HOOI CHEE MENG
NRIC No	SXXXX882I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96288096
Alternative Phone No	OFFICE-96288096
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER ELEGANCE 2.0 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

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Policy Number 5081355441-03

Cover Note Number

Driver

HOOI CHEE MENG (XU ZHIMING) Name of Driver

NRIC No SXXXX882I Date Of Birth 05/05/1971 INDOOR Occupation 04/04/1996 Date Of Driving Pass

24 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96288096 Mobile Number

Fax Number

OFFICE-96288096 Contact Number

NOEMAIL EMail Address

BLK 308A ANCHORVALE ROAD Address

#10-04

541308 Postcode

NO Was driver an employee of the Insured's Company

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

RAINING Weather Conditions WET Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

4

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)

NAME:

: -

Passenger 1

: FEMALE GENDER:

Passenger 2 NAME:

> GENDER: : FEMALE

Passenger 3 NAME:

> 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

SMK5706C

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGB9184A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 withholding 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. 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.
- 7. 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)
 - (i) 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
- 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.
- 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

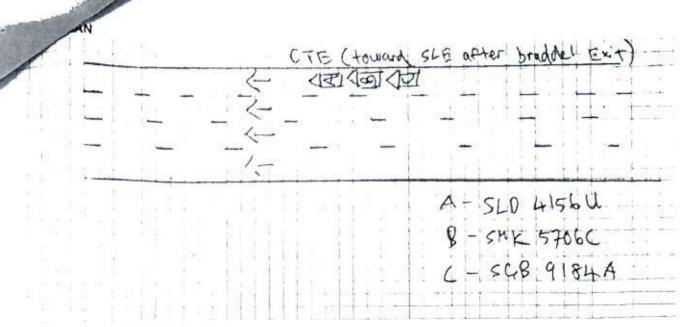
Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

١	was travelling on my relate scotissu on CTE towards	SIE.
TIN-	traftic ahead was moving slowly and eventually came	to a
sto	. I then followed suit. As my vehicle was stationary	\
1_	elt an impact from the rear. I aligned to realise t	hat
ve	rcle B who was travelling behind he slowed down an	d stop
to	whilst vehrule c couldn't stop on time and collided	onto
ve	sicle B. It then resulted in the collision between his ve	enrele
ON	d mine	
7	t's all.	

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

LOCATION: CTE (toward CLE before after bradel exit

	DETAILS OF VEHICLE SLD 4156	W = 1
	DINSURANCE COMPANY: 1 17 + LC	
	c)POLICY NUMBER:	2.60
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PA	RTY / THIRD PARTY FIRE &THEFT)
	OJMAKE & MODEL: TO YOTU HAVIOR	PY / MOTOPCYCLE / OTHERS!
	gIVEHICLE CATEGORY: PRIVATE / COMMERCE	CIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME: P	rivate use
	I) ARE YOU CLAIMING UNDER YOUR OWN INSI	URANCE (YES/NO))
	IF NO, PLEASE STATE (THIRD PARTY CLAIM)	EPORTING ONLY)
2	INSURED / POLICY HOLDER	7 11: -
		CONTACT: 9628809
	DINRIC/FIN/PASSPORT: 57115882T CIADDRESS: BILL 308 A AUCHORUALE	
	SP 5 4 308	HO 17 10 07
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	OLDER
*Ho of passong?	DRIVER	. 0
Charles	diname. Trees of the	MING) (MALE) FEMALE)
(1 nduding driver		CONTACT: 96288096
	CIADDRESS: BIK 308A Anchorvale	Poad #10-04
2 female	*d) DATE OF BIRTH: 05/05/ (971) (DD/	MM (YYYY)
I male	e)OCCUPATION: (INDOOR / OUTDOOR)	
	f) YEARS OF DRIVING EXPRERIENCE:	# 1
4.	WAS DRIVER AN EMPLOYEE OF THE INSURI	ED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	
5.	b)ROAD SURFACE: (DRY / WET) OTHERS	JIHERS
6.	WAS ANYBODY INJURED (YES / NO)	
	a) REPORTED TO POLICE (YES AND	
	IF YES, PLEASE STATE WHICH POLICE STATION:	
8.	O) VEHICLE NUMBER: SMK 5706C	MODEL:
He of passenger	b) DRIVER'S NAME:	_MODEL:
Including driver)	c) NRIC/FIN/PASSPORT:	CONTACT:
$(\underline{2})$ 9.	TUIDE SARTY VEHICLE	
tho of passenger	d) VEHICLE NUMBER: SGB 9184 A	_MODEL: ··
lad by passenger	e) DRIVER'S NAME:	• • •
Including driver) f) NRIC/FIN/PASSPORT:	CONTACT:
(_)		

email = fax =

VIDEO - NIL

eBao Tech	General C						lClaim				
Hello, NAC_PAYA_UBI_800	601		The state of the s	THE REAL PROPERTY.		-	+ Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.	16-			Date o	f Accident	O	6/04/2020 2	1:00	
	Vehicle	No.(For Motor)	SLD415	60		Certific	cate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5081355441- 03		HOOI CHEE MENG	S7115882I	GPC	drivo CLASSIC	SLD4156U	SLD4156U	16/06/2019	15/06/2020
		200 000			C	Continue					

Policy No.	5081355441-03	Policyholder Name	HOOI CHEE	MENG	Policyholder NRIC	S7115882I	
Certificate		121112					
Address	BLK 308-A #10-04 ANCHORV	ALE ROAD SING	APORE 5413	08			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	27/05/2019	Effective Date	16/06/2019	00:00	Expiry Date	15/06/2020 2	3:59
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	g/Inexperience Driver Excess
Agent	LECO PRESTIGE PTE. LTD.	Agent Tel.	97806972		GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate							
Info	Contract of the Contract of th						
	holder Mailing Address						
Policy!	BLK 308-A #10-04	Addre	ss 2	ANCHORVALE ROA	D	Address 3	SINGAPORE 541308
Info Policy Address 1 Address 4		0.0001000	ss 2 ss Type	ANCHORVALE ROA	D	Address 3 Post Code	SINGAPORE 541308 541308
Policyl Address 1 Address 4		Addre	ss Type ed Policy		D	0.604000000	200200000000000000000000000000000000000
Policyl Address 1 Address 4 Unit No.		Addre Relate	ss Type ed Policy	Singapore address	D	0.604000000	200700000000000000000000000000000000000
Policyl Address 1 Address 4 Unit No.	BLK 308-A ≠10-04	Addre Relate	ss Type ed Policy	Singapore address	D	0.604000000	200700000000000000000000000000000000000

coldent WT/1001049					
rident MT/1091048	5081355441-03	Vehicle No.	SLD4156U	GST Registration No.	
rtificate No.	eneroscon 2001516				
	HOOS CHEE MENC			Policyholder NRIC	571158821
licyholder Name	HOOT CHEE MENG		Anna Cristona	Loading	0
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		0
intact No.(Mobile)	96288096	Consact No. (Office)	0	Contact No.(Home)	
nell Address		Special Remark		eCode	NE V
ek.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	10	Private Hire	No
P Accident Details					
sport Date	07/04/2020 18:48	Academt Report Within 24 hrs	Yes	Accident Type	Chain Collision
10 mm					
ate of Accident	06/04/2020	Time of Accident filterim	21:00	Country of Accident	Singapore
eporting Centre		Ovange Force		3CM No.	
ccident Location	CTE (SUE) APTER BRADDELL RD EXIT				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100,00		
D Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess	0				
	600.00	Total TP Excess Applicable	0.00		
otal OO Excess Applicable	800,00	Court of Section Minimum	4.00		
P Benefits	WOOD				
9 GST Registered Informa	No.		GST Registration Date		
ST Registered ST Registration No.	No		GST Status Verified	Yes	
odification History			(FE) (FE) (FE) (FE) (FE) (FE) (FE) (FE)	espen	
Jonesoon restory					
Policyholder Mailing Ad		2020-12-25		Address 3	SINGAPORE 541308
ddress 1	BLK 308-A #10-04	Address 2	ANCHORVALE ROAD		
ddress 4		Address Type	Singapore address	Post Code	541308
nit No.		Related Policy Number	5081355441-03		
OI Driver Info					
rrver Name	HOOL CHEE MENG (XU ZHIMING)	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	571158621	Oriver DDS	05/05/1971
egister Date of Driver License	04/04/1996	Driver Age	48	Driving Experience	24
Contact No. (Mobile)	96288096	Contact No.(Office)	0	Contact No.(Home)	0
			ANCHORVALE ROAD	Address 3	SINGAPORE \$41308
ddress 1	BLK 308-A	Address 2			541308
ddress 4		Address Type	Singapore address	Post Code	341300
Init No.	10-04				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
again ag Larr					
eclaration					
reathalyser or filood Test leading?	0 mg	Any injury?	○ Yes No		
county					
Control of the Contro					
fodification History					
Claim 001 New					
Cambon Man					
laim Type *	00-MX V	Insured Name	HOOL CHEE MENG	Insured NRIC	S7115882I
	96288096	Contact No.(Home)	63123067	Contact No.(Office)	
Contact No.(Mobile)				TP Vehicle Number	SMK5706C
mail Address	rhnit@singnet.com.sg	OI Vehicle Number	SLD4156U	15 senerg lemmen	de marane
Jaimant Type Claiment Type *	Please Select	Type of Sereft *	Please Select		
Jaimant Name *	>>	Claimant NRIC *			
Jaimant Address					7.
Daim Description	SLD4156U / SMK5706C ON 6 Apr 2020			Name of Preferred Workshop	
referred Workshop Contact		Insured Liability •	Not at Fault		
teguire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
		Claim Close Date		Date Received	07/04/2020 00 00
late Registered	07/04/2020 18:50	Com Cose Mile		NOTES SERVER	
eport Taken By	Jackson				
eport ration of					
			Eura C. nort		
		1	Save Submit		
Print AK letter		!			
Print AK letter					
Print AK letter Attachment	MT/1091048	Claim No.	001		
Print AK letter Attachment		emesten.	001 07/04/2020 18:50		
Print AK letter Attachment	Yes □ No	Oalm No.	07/04/2020 18:50	Confidential Jimes	ency * Descrion
Print AK letter Attachment		Claim No. Upload Date	07/04/2020 18:50 Category *	and the second s	002000 7000000
Print AK letter Attachment	Yes □ No	Claim No. Upload Date Browse	07/04/2020 16:50 Category * Clear Please Select 1	Normal	
Print AK letter Attachment	Yes □ No	Claim No. Upload Date	07/04/200 18:50 Category • Clear Please Select 13	ND V Normal	
Print AK letter Attachment	Yes □ No	Claim No. Upload Date Browse	07/04/200 18:50 Category • Clear Please Select 13	Normal	
Print AK letter Attachment	Yes □ No	Claim No. Upload Date Browse Browse	07/04/2020 16:50 Category • Clear Please Select 13 Clear Please Select 13 Clear Please Select 13	ND V Normal	
Print AK letter	Yes □ No	Claim No. Upload Date Browse Browse	O7/04/2020 16:50 Category • Clear Please Select Clear Please Select Clear Please Select Clear Please Select	2 NO	

