Date In: 20/4/2 16.41	The second secon		
	Jeb description	Date &Time Completed	Done by
Res No: 44 1420005351 124	SAS e-filing		
Veh No: JFXq1934	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 4/4/2- 9:20	i-Motor Claim Form	Noo- FEFICA IM.	22/4/20 16:
	i-Motor W/O (Within: OD 2h		
OD TP Reporting Only	i-Photo Uploaded		
TD I	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:
TP Particulars: Veh No:	757518 . INC ()/Non-INC().	12
Owner / Driver: (Tel:)
Policy No: (Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$	\$1,000()/\$2,000()		
General Remarks:-		Grand Telephonomy and Aller	300
Remarks:- (INC hotline: 6788 6616 1) Apply for Transport Allowance ()	To start a consideration and a second start and a second s	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection	()		
	()		
3) Upload Resurvey Photo [Repair Cost >	>\$3000] ()		
	>\$3000] ()		
3) Upload Resurvey Photo [Repair Cost > Injury :	>\$3000] ()		
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3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions:	Invoice Pre	Reporting (\$30);	Tit Bill Add
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions: Actions:	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$80	Tit Bill Add
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Lamant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$80 ce \$40/ brough Survey \$	75: Bill Add
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Lamant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$80 se	Tir Bill Add
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3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idao DA 3) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co	Reporting (\$30); Assessment (\$100); INC (\$80 ce \$40/ Arough Survey Survey) rough Survey (Resurvey) rough Survey (Resurvey) rough Survey (Resurvey) rough Survey (Resurvey) rough Survey (\$10 Jon 2005) tion SMRT Survey \$ car / Tpt Allowance condination in Inspection lect Excess Coordination (Non INC) against INC	75. Bill Add) 545 120 530 575 160 55 510 525 55

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

aforesaid.	ru nereby consent to the archiving of this report at the centre and to copies of the report being made available
建筑等于10.25 20000000000000000000000000000000000	ACCIDENT STATEMENT
Date Of Report	22/04/2020 16:41
Date Of Accident	21/04/2020 17:25
Exact Location Of Accident	BUKIT MERAH RD TWDS UPP BUKIT TIMAH
Country/State of Loss	SINGAPORE
建设在建立区域 上,1000年	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFX9193U
Insured/Policyholder	
Name Of Registered Owner	LIEW THIAM BOEY
NRIC No	SXXXX099G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91786828

Alternative Phone No. Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS CLASSIC 1.6 CVT

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-91786828

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 CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5100837504-01

Cover Note Number

Driver

Name of Driver LIEW THIAM BOEY

NRIC No SXXXX099G Date Of Birth 04/08/1951 Occupation INDOOR Date Of Driving Pass 21/01/1976

44 YEARS AND 3 MONTHS **Driving Experience**

Gender FEMALE

Mobile Number (LOCAL) +65-91786828

Fax Number

Contact Number OFFICE-91786828

EMail Address NOEMAIL Address 31 DEVONSHIRE ROAD

Postcode 239851

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JTS7518 (COMMERCIAL VEHICLE)

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.

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes. Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200421/7015.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

> **DETAILS OF OTHER VEHICLE PROPERTY 1** JTS7518

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

85917660 Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 16

Nature Of Damage

No. Of Passenger (Including Driver)

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 <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.
- 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) 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

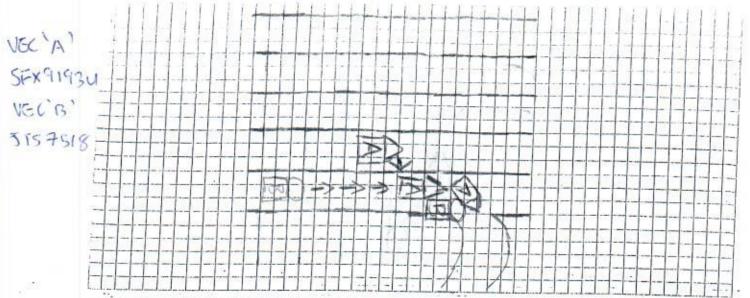
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

Name:

MRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- STATE CIRCUITATIONS OF THE ACCIDENT
ON 21/04/2020 at about 1720 hrs, T (VEC'A') was
travelling along Bt Timoh Road towards Upp Bukit Timosh
Road. I was on the 2nd lane heading to signalling right
to 1st lane mand to make a U-turn ahead. While I slow
down upon approaching the U-TURN. As I was turning
right into the bend, A motor (VEC'B' Suddenly dash part
and collided into my front right portion. We exchange
particul I called ambulance immediately. The RIDER had
admitted that due to his missudgement that resulted in this
Collison.

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 Personney's Signature Name:

NRIC/FIN No.:

	25
Date of Accident	21/4/2-20 Accident Time: 1770 (24-HR-Format)
Accident Place	: B+ Timah Road towards upp RUKi+ Timal
Vehicle Reg. No. (Car Plate No.)	
Vehicle Make/Model	Toyota Altis
Issurance Company	NTUC INCOME Policy No.
Owner or Company Name /IC No	: Lieu Thian Boey Soulgoga
Owner or Company Contact No.	: 91786628 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Liew. Thian Bory
DRIVER'S Date Of Birth	:04/08/1951 DRIVER'S License Pass Date 21/01/1976
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: -
DRIVER'S Address	: 31 Devenshire read (5239851)
DRIVER'S Contact No./ Alt No.	:1) 9175682F 2)
DRIVER'S Occupation	:(INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	Tongsign tase you com. 59
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Dr	iver):
Was there any video Captured by car Exact purpose for which vehicle was	camera: YES \NO being used at the time of accident: Private use \ Work purpose
5,000	arty Driver's Particular (if any)
Vehicle Reg. No: JTS7518	Vehicle Reg. No:
Vehicle Make\Model:	Control of the contro
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add: 8591	766 = Driver's Contact & Add:





1 of 3

Report No. T/20200421/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 21/04/202	e Report N 20 22:32	/lade:	Vide Report No.: D/20200421/0098	Station Diary No.:
Informan	t's Partic	ulars		
Name of I LIEW THI	nformant: AM BOEY		Address: 31 DEVONSHIRE ROAD	SINGAPORE 239851
ID Type / NRIC NO	ID No.: / S00490	99G	Contact No.: Home/Office:	Mobile: 91786828
Nationality SINGAPO	y: ORE CITIZ	EN	Email: tongsiantng@yahoo.com	n.sg
Sex: Female	Age: 68	Date of Birth: 04/08/1951	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation TEMPLE	n: ADMIN S	TAFF	Driving Licence Informati Class: 3	ion: Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/04/2020 17:2	Type of Locat Straight Road	
Location: BUKIT TIMAF Weather: Clear	H ROAD	Road Surface:		Road	Speed Limit:
	· · · · · · · · · · · · · · · · · · ·	THE STATE OF THE S		de la constante de la constant	
Traffic Flow: One Way		Traffic Control: Traffic Light - Wor	king	Traffi Light	c Volume:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JTS7518	Motorcycle					0
SFX9193U	Car	ТОУОТА	COROLLA ALTIS CLASSIC 1.6 CVT	White	Slightly Damaged	0

Details of V	ehicle Insurance			E E E
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFX9193U	NTUC Income Insurance Co-Operative Limited	5100837504	04/06/2019	03/06/2020





2 of 3 Report No. T/20200421/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver	The state of the s	SITE OF MICH.	The state of	PARL	Char	
Name	DO NOT KNOW			ID No		DO NOT KNOW
Related Vehicle	JTS7518 (Motorcyc	le)		Conta	ct No.	85917660
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	21/04/2020	TV.	Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of	Injury	Slight	
Driver				are the sale	a division	AND DESCRIPTION OF THE PARTY OF
Name	LIEW THIAM BOEY	,		ID No		S0049099G
Related Vehicle	SFX9193U (Car)			Conta	ct No.	91786828
Hospital/Clinic	NIL			Class Driving Licente Expiry	g æ&	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

Car accident along Bukit Timah Road just after Anamalai Avenue. There was a car accident involving SFX9193U and JTS7518. I am the driver of SFX9193U. At 21/4/20 at about 1725 hours, I was travelling along Bukit Timah Road towards Upper Bukit Timah Road. It is a 5 lane road and I was on the second lane from the right. I signalled right, and wanted to make a uturn at the uturn point (which was on the right). I was already halfway in the first lane when the motorcycle (JTS7518) on the first lane hit onto my car from the back (onto the side of my car). The motorcyclist fell off from his motorcycle onto the pavement (just right beside where our vehicles collided.) He was slightly injured with some abrasions.





3 of 3

Report No. T/20200421/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan	

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65472077

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time: 21/04/2020 22:32

Classification Of Case:

Authentication Stamp

NP168

eBao Tech									(Haran	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					THE RESERVE THE	• Change	e Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Date o	of Accident	2	1/04/2020	17:25	
	Vehicle	No.(For Motor)	SFX919	30		Certifi	cate Number	[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100837504- 01		LIEW THIAM BOEY	50049099G	GPC	Third Party, Fire & Theft	SFX9193U	SFX9193U	04/06/2019	03/06/2020
					C	Continue					

Accident MT/1091737									
Policy No.	FLORESCE AL	-183508	17/263	2227		Massacra Trans			
	5100837504-01	Vehicle No.	SFX	P193U		GST Registration	No.		
Certificate No.									
Policyholder Name Product Code	LIEW THIAM BOEY	11 (2001) (2001)				Policyholder NRII		500	49099G
	PRIVATE CAR INSURANCE	Cover Type	Thin	Party, Fire & Theft		Loading		0	
Contact No.(Mobile)	NA	Contact No. (Office)				Contact No.(Hom	ie)		
Email Address	M2200200000	Special Remark				eCode		NS	~
KFK	® No ○ Yes	TCA	⊕ N	o ⊜ves		eCode Reason			
NCD Protection	No	NCD Entitlement(%)	50			Private Hire		Not	available
Accident Details									
Réport Date	22/04/2020 14:41	Accident Report With	in 24 hrs Yes			Accident Type		Colle	Non - Head on collision
Date of Accident	21/04/2020	Time of Accident History	mm 17:4	5		Country of Acade	ent	Sing	apore
Reporting Centre		Orange Force				ICM No.		57.4	2000
Accident Location	BUKIT MERAH ROAD					5203033			
Total Excess Applicable									
Excess Type	Per Accident	Windscreen Excess		0.00					
				6.00					
OD Standard Excess	0.00	TP Standard Excess		0.00					
TED OD Excess		YIED TP Excess		100000		Driver is Covered	2	Kint d	Applicable
Additional Excess						Differ to Covered		rade a	-paritionie
otal OD Excess Applicable	0.00	Total TP Excess Applic	rable	0.00					
♥ Benefits		Total IF Caucas Apple		0.00					
♥ GST Registered Inform	ation								
ST Registered Inform	No No								
2ST Registration No.	NO.			GST Registration Date GST Status Verified		Yes			
todification History				dia i atalus venneu		743			
Policyholder Mailing Ac	dress								
Address 1	31 DEVONSHIRE ROAD	Address 2	SING	APORE 239851		Address 3			
Iddress 4	and the same of the same of	Address Type							
				pore address		Post Code		2398	51
Int No.		Related Policy Number	5100	137504-01					
OI Driver Info									
Oriver Name		Driver Type							
Mnamed driver Name		Driver NRIC				Driver DOS			
legister Date of Driver License		Driver Age				Driving Experience			
Contact No. (Mobile)		Contact No.(Office)				Contact No Prome	e)-		
		Contact No.(Office) Address 2				7/12	e)		
Address 1			Fareig	n address		Contact No.(Home Address 3	*)		
Contact No. (Mobile) Audress 1 Address 4 Unit No.		Address 2	Foreig	n address		Contact No (Home	0		
oddress 1 oddress 4 init No. coes he own a Singapore	O yes ® No	Address 2	Foreig	n address		Contact No.(Home Address 3			
Address 1 Address 4 Jint No. Does he own a Singapore Registered car?	○ Yes ® No	Address 2 Address Type	Fareg	n apdress		Contact No.(Home Address 3 Post Code			
udress 1: indress 4 int No. roes he own a Singapore legistered Car?	○ Yes ® No	Address 2 Address Type	Fores	n apdress		Contact No.(Home Address 3 Post Code			
odress 1 odress 4 init No. ines he own a Singapore egistered car? odification History Claim 002 New		Address 2 Address Type Driver Vehicle No.				Contact No. (Home Address 3 Post Code Driver Insurer Con			
odress 1 odress 4 init No. ines he own a Singapore egistered car? odification History Claim 002 New	GD-MX 🔽	Address 2 Address Type Driver Vehicle No. Insured Name	Liew	THIAM BOEY		Contact No.(Home Address 3 Post Code		5004	9099G
odress 1 odress 4 init No. ines he own a Singapore egistered car? odification History Claim 002 New laim Type *		Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home)	L16W 67374	THIAM BOEY		Contact No. (Home Address 3 Post Code Driver Insurer Con	mpany	5004	9099G
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