	tre Services		HAP 0064		5	Jan.
Date In: 111/2 - 15:53	Jeb descriptio	n	Date & Time Comple	ted	Done	D.
Ref No: Haj INC 22224 11/14	SAS e-filing		İ	1		
Veh No: SLV 533P.	E-mail (within	a Shrs, AIC 2hrs)				94
D.O.A: 11872-12:05	i-Motor Cla	im Form	m/1698589-001	118	12 16:	06
OD : (TP) Reporting Only	i-Motor W/	O (Within: OD 2hr	s, TP 4hrs)			
OD . IT reporting only	i-Photo Upl	oaded	l l		-11-20	
TP Insurer:	Assessment/S	Survey Report				
111111111	Ass't Report	by Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax:		
TP Particulars: Veh No: MA	78247	. INC()/Non-INC().	100	Continue.
Owner / Driver: (Tel:)	
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F:	80-1009	6]	
Year of Registration: ()	Warranty: YES ()			
Excess: (\$) Loading: \$1,	000 ()/\$2,000)()	A. D. C.	W- 3457		
General Remarks:-					1 10 1 1 2	10
() Walk-In Customer : Customer's infe	ormation strictly Co	onfidential & St	rictly NO refer of repa	irer.	A STATE OF	S. Indianos
() Total Loss Case : to e-mail Insur	rer URGENTLY.					200
Drive-In () / Towed-In (); Invoice			owing Co: (
Diversit (), towed-in (), invoice	.c. 125 () / .	,,,	owing co. (
Remarks: (INC horline: 6788 6616)			Date&Time Complet	dab	Done	hy
	Significations and series in the residence	Carlo C. C. C. C. S. C. S. L. S. C.		12 100	1	-
1) Apply for Transport Allowance ()/	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
The state of the s	()))				
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()				
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()				
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Nations laimant's Particulars:-	(Invoice Pro 1) AR: Accident 2) DA: Darnage 3) TF: Towing F	Daration Checklist. Reporting (\$30); Assessment (\$100); IN	C (\$80) \$40/\$45	Anit(s)	5 1
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars:- river/Owner:	(Invoice Pres 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a	Daration Checklist. Reporting (\$30); Assessment (\$100); IN the control of the c	C (\$80) \$40/\$45 \$120 \$30 \$2005)	Anit(s)	5 1
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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.
- 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.

aforesaid.	
and the second s	ACCIDENT STATEMENT
Date Of Report	01/08/2020 15:53
Date Of Accident	01/08/2020 12:05
Exact Location Of Accident	UPP CHANGI RD EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV1533P
Insured/Policyholder	
Name Of Registered Owner	CHIU AI LIAN
NRIC No	SXXXX856Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91453899
Alternative Phone No	OFFICE-91453899
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	C-HR HYBRID 1.8G 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	THIRD PARTY
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	5106261915-01
Cover Note Number	
Driver	
Name of Driver	CHIU AI LIAN
NRIC No	SXXXX856Z
Date Of Birth	31/03/1965
Occupation	INDOOR
Date Of Driving Pass	18/03/2005
Driving Experience	15 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91453899
Fax Number	
Contact Number	OFFICE-91453899
EMail Address	NOEMAIL

75 PASIR RIS GROVE Address #11-30 Postcode 518207 Was driver an employee of the Insured's Company NO OWNER 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) 2 involved in the accident 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) NO soliciting/offering accident claims assistance. 2 Number of Passengers (Including Driver) Passenger 1 NAME: . . GENDER: : FEMALE **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**

SHA7824T

Vehicle Make/Model/Colour **Details Of Properties** Vehicle Category TAXI Name of Driver TAN KIM CHYE NRIC/Passport Number SXXXX916Z Contact Number

Address Postcode

Insurance Company Name

Vehicle Registration Number

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

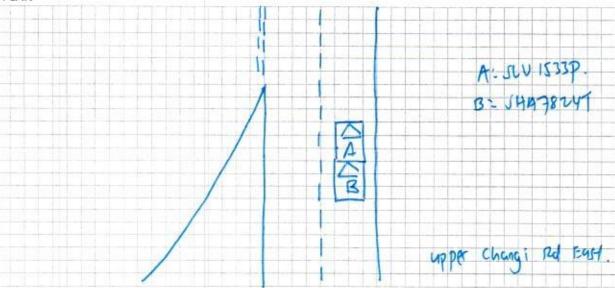
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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:
 - (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

on Huted dute and tim	me, I was trav	elling along a	are upper chance	i Rd
cust. Fundalenly I felt con	impact of my	velide and	realised that	vehick
hif onto my vehicle	ny projen.			
	T.			411
				- 115 E- 115

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

	1. DETAILS OF VEHICLE			85
	a) VEHICLE NUMBER:_	J LV 1333p.	Alexander Britania	
	bJINSURANCE COMPA	ANY: N700	<u></u>	
	C)POLICY NUMBER:			
	d)POLICY TYPE: (COM	PREHENSIVE / THIRD PA	ARTY / THÍRD PARTY FIR	E &THEFT)
	e)MAKE & MODEL:		24	
	f)TYPE:(SALOON / CO	UPE / MPV /VAN / LOR	RY / MOTORCYCLE./ C	OTHERS)
		(: (PRIVATE / COMMERC		
		AT ACCIDENT TIME:		<u> </u>
		UNDER YOUR OWN INS		
		THIRD PARTY CLAIM / F	REPORTING ONLY)	.03
8	2. INSURED / POLICY HOL	DER		1
	A)NAME:		(MALE / FE	MALE)
		<u> </u>	CONTACT:	9140 70
	c) ADDRESS:			
65	* CONTINUE TO 2 4 IF I	DRIVER ALSO POLICY H	וסוסבי	
· P		DRIVER ALSO POLICY H	OLDER	
of passange		%	(MALE / FE	MALE)
uding driver	The second secon			
2)	c) ADDRESS:		connact))
I umale.	Annual Control of the			
	*d)DATE OF BIRTH: (V/_)(DD	/MM/YYYY)	
13	e)OCCUPATION: (INDO	OR / OUTDOOR)	20 1/20 1/2 19	1,50
	f) YEARS OF DRIVINGE	PRERIENCE:	_	
	. WAS DRIVER AN EMP			
4				nerv
4	IF NO, RELATIONSHIP			
	. a) WEATHER CONDITIO			
5	 a) WEATHER CONDITION b) ROAD SURFACE: (DB) 	Y / WET / OTHERS		
5	 a)WEATHER CONDITION b)ROAD SURFACE: (DR.) WAS ANYBODY INJURE 	Y / WET / OTHERS D (YES / NØ)		
5	 a)WEATHER CONDITION b)ROAD SURFACE: (DR.) WAS ANYBODY INJURE a)REPORTED TO POLICE 	Y / WET / OTHERS D (YES / (100)) E (YES / (100))		
5 6 7	 a) WEATHER CONDITION b) ROAD SURFACE: (DR WAS ANYBODY INJURE a) REPORTED TO POLICION IF YES, PLEASE STATE V 	Y / WET / OTHERS D (YES / NØ)		
5 6 7	a) WEATHER CONDITION b) ROAD SURFACE: (DR WAS ANYBODY INJURE a) REPORTED TO POLICE IF YES, PLEASE STATE V	Y / WET / OTHERS D (YES / (100) E (YES / (100)) WHICH POLICE STATION	N:)
5 6 7 8 1 Na seemy sir	 a) WEATHER CONDITIO b) ROAD SURFACE: (DR WAS ANYBODY INJURE a) REPORTED TO POLICE IF YES, PLEASE STATE V THIRD PARTY VEHICLE a) VEHICLE NUMBER: 	Y / WET / OTHERS D (YES / (10)) E (YES / (10)) WHICH POLICE STATION S # A 78247.	N:MODEL:	
5 6 7 8 1 Na seemy sir	 a) WEATHER CONDITIO b) ROAD SURFACE: (DR WAS ANYBODY INJURE a) REPORTED TO POLICE IF YES, PLEASE STATE V THIRD PARTY VEHICLE a) VEHICLE NUMBER: 	Y / WET / OTHERS D (YES / (10)) E (YES / (10)) WHICH POLICE STATION S # A 78247.	N:MODEL:	
5 6 7 8 Passenger ding driver	a) WEATHER CONDITION b) ROAD SURFACE: (DR WAS ANYBODY INJURE a) REPORTED TO POLICI IF YES, PLEASE STATE V THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORE	Y / WET / OTHERS D (YES / (10)) E (YES / (10)) WHICH POLICE STATION S # A 78247.	N:MODEL:	
f passanger ding driver	a) WEATHER CONDITION b) ROAD SURFACE: (DR WAS ANYBODY INJURE a) REPORTED TO POLICE IF YES, PLEASE STATE V THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPOR THIRD PARTY VEHICLE	Y / WET / OTHERS_D (YES / NO) E (YES / NO) WHICH POLICE STATION SHAFF2YT. Ton Com Chy e RT: 569199163	N:MODEL:	
f passanger ding driver	a) WEATHER CONDITION b) ROAD SURFACE: (DR WAS ANYBODY INJURE a) REPORTED TO POLICE IF YES, PLEASE STATE V THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPOR THIRD PARTY VEHICLE	Y / WET / OTHERS_D (YES / NO) E (YES / NO) WHICH POLICE STATION SHAFF2YT. Ton Com Chy e RT: 569199163	N:MODEL:	
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f passanger ding driver	a) WEATHER CONDITION b) ROAD SURFACE: (DR WAS ANYBODY INJURE a) REPORTED TO POLICI IF YES, PLEASE STATE V THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORE	Y / WET / OTHERS_D (YES / NO) E (YES / NO) WHICH POLICE STATION SHAFF2YT. Ton Com Chy e RT: 569199163	N:MODEL:	

Pax = Kesinyidionna @gmail.com

eBao Tech								NEED TO BE	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		The same of the sa		and the same of th	Change	Languag	e • Chan	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.	e vee	120			f Accident	į	01/08/2020	12:05	-
	Vehicle No.(For Motor)	SLV153	334		Search	ate Number	1			
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5106261915-		CHIU AI LIAN	S1709856Z	GPC	drivo CLASSIC	SLV1533F	5LV1533P	22/12/2019	21/12/2020
				C	ontinue					

Sequen	ce	Date of Endorsemer	t E	ndorseme	nt Type	Endorsement	Status	Endorsement Content
	ements							
1 Insure	d Object: SL	V1533P						
Jnit No.			Related	d Policy er	5058450977-07			
Address 4			Addres		Singapore address	ś	Post Code	518207
Address 1	75 P	ASIR RIS GROVE	Addres	s 2	#11-30 LIVIA		Address 3	SINGAPORE 518207
Policy!	older Mailin	g Address						
Certificate Info								
Open Policy Info								
nsurance Flag	No							
Do-	N.							
Agent	KAREN LOW	(Agent Tel.			GST Flag	Y	
Singapore OD Excess	600		Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Additional Excess Dutside	0		Premium Outside	0				
Third Party Excess	0		damage Excess	600		Excess	100	
Гуре	Per Accident		Excess			Windscreen		
ssue Date Excess	12/11/2019		Date All Claims	22/12/20	19 00:00	Expiry Date	21/12/2020 2	3.59
Name Policy			Effortivo	22/12/20	19.00:00	Policy Flag	21/12/2020 2	2-50
Product		R INSURANCE	Plan	LOVE DIESE BY		Group	N	
No. Address	75 PASTR R	S GROVE #11-30 L	VIA SINGAPOR	E 518207				
Policy No. Certificate	510626191	5-01	Policyholder Name	CHIU AI L	IAN	Policyholder NRIC	S1709856Z	

Claim Handling					
Accident MT/1098569					
Policy No.	\$106261915-01	Vehicle No.	SLVt533P	GST Registration No.	
Certificate No.					
Policyholder Name	CHIU AT LIAN			Policyholder NRIC	S17098S6Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo O.ASSIC	Loading	а
Contact No. (Mobile)	91453899	Contact No.(Office)	0	Contact No.(Home)	0
Email Address	and the second	Special Remark		eCode	10:50
KFK	® No ☐ Yes	TCA	® No O Yes	eCode Reason	
NCD Protection Accident Details	No	NCD Enotiement(%)	20	Private Hire	No
Report Date	01/08/2020 16:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/08/2020	Time of Accident hh:mm	12:05	Country of Academ	Singapore
Reporting Centre	ALLOW LYES	Orange Force	****	ICM No.	ar gapara
Accident Location	UPP CHANGI RD BAST	- Grange Porce		ION NO.	
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIEO OO Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Apartional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
♥ Benefits					
■ GST Registered Inform CST Registered	ation No		GST Registration Date		
GST Registered GST Registration No.	790		GST Registration Date: GST Status Verified	Yes	
Modification History				101724	
Policyholder Mailing Ad	dress				
Address 1	75 PASIR RIS GROVE	Address 2	#11-30 LIVIA	Address 3	SINGAPORE 518207
Address 4		Address Type	Singapore address	Post Code	518207
Unit No.		Related Policy Number	5058450977-07		
□ OI Driver Info					
Driver Name	CHIU AI LIAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NR3C	S1709856Z	Driver 0.08	31/03/1965
Register Date of Driver License		Onver Age	55	Driving Experience	15
Contact No. (Mobile)	91453899	Contact No. (Office)	0	Contact No.(Home)	0
Abdress I	75 PASIR RIS GROVE	Address 2	LIVIA	Address 3	SINGAPORE 518207
Address 4	Winds	Address Type	Singapore address	Post Code	518207
Unit No. Does he own a Singapore	11-30			7.900.000 550 0020 400000	
Registered car?	☐ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	☐ Yes ® No		
Reading?		227	0.00.0		
Modification History					
Claim 001 OD-MX Nev	a)				
100000000000000000000000000000000000000	-				
				TANKS PROCESS	- ESSAURANE - 1
Claim Type *	ор-их 🔽	Insured Name	CHIU AL LIAN	Insured NRIC	517098562
Contact No. (Mobile)	91453899	Contact No. (Home)	65845183	Contact No.(Office)	
Email Address Claimant Type Claimant Type •	CHERYL_LEEX/70@HOTMAIL.COM	Of Venicle Number Type of Benefit *	SLV1533P Please Select	TP Vehicle Number	SHA7624T
Claimant Type Listmant Type *	Please Select	Clement NRIC *	Metale Select		
Claiment Address	2	27.000			
Claim Description	SLV1533P / SHA7824T ON 1 Aug 2028			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Not at Fault		
No. Require Finalisation	ves 🔻	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received 💟
Date Registered	01/08/2020 16:06	Claim Close Date	The second second second (A)	Date Received	01/08/2020 16:07
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	A MARKON MARKATAN AND AND AND AND AND AND AND AND AND A
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Print AK letter					
			Save Submit		
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Acodem No.	MT/1098569		01/08/2020 16:07		
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