	DET FILEST		: SN 0920 C'		V
Date In: 24 12 20 11:59	Jeb descriptio	on .	Date & Time Complet	ed Don	e př.
Rellin MAI IMC 200,14443 144	SAS c-filling	;			
VCh No SMA 3205 Y		n āļus, AIC Zhrs)		80.	
11/11/1 21/12/20 14:45.	I-Motor Cir	ılm Form	5.MT/1114837°	02 24/12/2	0 12:0-
OD . TP . Reporting Only	I-Motor W/	O (Within; OD 2hrs	TP 4brs)		
Ore 17 . Reparing Only	i-Photo Upil	onded	1		
101	Assessment/S	Survey Report			
TP Insurer:	Ass't Report	by Fax/Hand to	Owner/Wksp		
Professed Wksp / INC Assign Wksp / QW: (The second second		Tol: 4	Fax:	}
TP Particulars: Veh No: 50	1 2 67 E	. INC()/Non-INC(-)		
Owner / Driver: (<i>A</i> a	Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Tline:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N:'0-20	%; P: 21-79%. P: 8	d-100%]	
	brranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000) () / \$2,000)()		• • • • • • • • • • • • • • • • • • •	
Concrete the Concrete	和批准的問題	(10)(10)(10)(10)	计划编数数据数据	A	
() Walk-In Customar : Customor's Inform	nation strictly Co	onfidential & Stri	ctly NO refer of repole	er.	
() Total Loss Case : to e-mail Insurer	URGENTLY.		- 1 mar 1 3		+
Drive-In ()/ Towed-In (); Invoice:	YES()/1	NO(); To	wing Co: (# .)
Drive-In ()/Towed-In (); Invoice:	YES()/1	NO();To	wing Co: (# · . /	· A State of the s) (By · ·
	YES() / I	NO();To	wing Co: (#	M. T. William	by · ·
				NE TEXTION	by · ·
Remarks (ING and Institute Comments) 1) Apply for Transport Allowance () / Comments () / Comm	urtesy Car (wing Co: (#	in Silver in Sil) (by · .
Remarks (ING to fill and the Constant of the C	urtesy Car (RELECTION OF THE PROPERTY OF T) By · ·
Remarks: (ING hell) (Section 1) Apply for Transport Allowance () / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$300 Injury:	urtesy Car (NEW TONE	by · ·
Remarks (ING to fill and the Constant of the C	urtesy Car (E E E E E E E E E E E E E E E E E E E) Aby
Remarks: (ING) (MI) (CI) (CI) (CI) (CI) (CI) (CI) (CI) (C	urtesy Car (E E E E E E E E E E E E E E E E E E E) Ey · · ·
Remarks: (ING the Instance () / Con () QC Check / Post Repair Inspection () Upload Resurvey Photo (Repair Cost > \$300 Infury:	urtesy Car (E Paragrante) Ny
Remarks: (ING the Instance () / Con () QC Check / Post Repair Inspection () Upload Resurvey Photo (Repair Cost > \$300 Infury:	urtesy Car (E E E E E E E E E E E E E E E E E E E) Dy
Remarks: (ING hell) (Section 1) Apply for Transport Allowance () / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$300 Injury:	urtesy Car (E E E E E E E E E E E E E E E E E E E	by · ·
(ING)	urtesy Car (hy canulate
(ING) of the Control	urtesy Car (aporting (330);	Physicalist	
(ING)	urtesy Car ())))) 1) Alt 1 Acoldent R 2) DA: Damage A	aparting (330); sporting (330); sporting (3100); INC	(250) (250)	nid hod i
(ING)	urtesy Car ())))) (1) AR 1 Accident R 2) DA 1 Damage A 3) TF 1 Towing Fee 4) FT 1 Follow-Thr	aparting (330); sustainent (5100); INC	(350) 540/545 5120	iid hod!
(ING)	urtesy Car ()))))))))) (1) All; Accident R 2) DA: Dameya A 3) TF: Towing Fee 4) FT: Fellow-Thr	aparting (330); securing (3100); INC	(350) \$40/545 \$120 \$30	iid hod!
(ING) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	urtesy Car (1) AR: Acoldent R 2) DA: Dameye A 3) TF: Towing Fee 4) FT: Follow-Thr For slaiming and 6) TR: Re-Impecti	aporting (330); section (5100); INC ough Survey ough Jurvey (Resurvey) lugLING Only (well 0 Jan 2 on	(580) \$40/\$45 \$120 \$30 990) \$75	iid hod!
(ING) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	urtesy Car ())))))) (1) AR; Accident R 2) DA; Dameye A 3) TF; Follow-Thr For slaiming ata 6) TR; Re-inspecti 7) NI; Idao DA +	aporting (330); secured (5100); INC ough Survey ough Jurvey (Resurvey) luzi NC Only (well 0 Jan 2 on	(\$5.0) \$40/\$45 \$120 \$30 (995)	iid hod!
(ING) (Allowance () / Con ()	urtesy Car ()))))))) (Figure 1	aporting (330); securing (5100); INC ough Survey ough Jurvey (Resurvey) lusting Only (wello Jan 2 on SMRT Survey	(\$5.0) \$40/\$45 \$120 \$30 999) \$75 \$160	nid hod i
(ING	urtesy Car ())))))))) (1) Alt; Accident R 2) DA: Dameya A 3) TF: Towing Fee 4) FT: Fellow-Tir For glaining ata 6) TR: Re-inspect 7) N1: Ideo DA + 3 8) NTUC Addition OD' *N5: Courtagy C *N6: Repart Co- *N6: Repart Co-	porting (330); secured (3100); INC ough Survey ough Burvey (Resurvey) locally Conty (West 10 Jan 2 on SMRT Survey at Services:- er/Tpt Allowanus andination	(380) \$40/\$45 \$120 \$30 (99) \$75 \$160	iid bod i
(ING. M. Allowance () / Co. 2) QC Check / Post Reprir Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Defection MA2100 Injury: Injury: Checked by (Engr-In-Charge):	() () () () () () () () () () () () () ()))))))))))))) () () ()	Intribut Gircling aparting (330); sporting (330); section (5100); INC ough Survey ough Burvey (Resurvey) locating Only (wef 10 Jan 2 on SMRT Survey at / Tpt Allowance ardination Impection	(350) \$40/\$45 \$120 \$30 793) \$75 \$160	iid bad bin
(ING 10/1) 1) Apply for Transport Allowance ()/Con 2) QC Check / Post Reprir Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Defection NA2100 Injury: priver/Owner: ontact No: maged Portion:	() () () () () () () () () () () () () ())))))))))) (I) Alt; Accident R 2) DA: Damage A 3) TF: Follow-Thr 5) FT: Follow-Thr For glaiming as 6) TR: Re-impact 7) N1: Idao DA + 8 8) NTUC Addition OD: *N5: Courteey C *N6: Repair Co- *N7: Fost Repair *N8: DV / College *N8: DV / College	Dittical Control of the Control of t	(380) \$40/545 \$120 \$30 (99) \$75 \$160 \$35 \$10 \$25	iid bad bin



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 aforesaid.

ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident Additional Location Information	24/12/2020 11:59 (SGT) 21/12/2020 14:45 (SGT) Exeter Rd, Singapore
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Handa

Vehicle Registration Number	***************************************	SMA3205Y	
-----------------------------	---	----------	--

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	I DESIGNLINE PTE LTD
Company Reg No	2XXXXX388M
Email Address	EDMUNDHYH@GMAIL.COM
Mobile Phone No	(Phone) +65-82991766
Alternative Phone No	+65-82991766

VEHICLE PARTICULARS

Manufacturer

Model	Jazz
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109683075-01
Cover Note Number	-

DRIVER

Name of Driver	EDMUND HO YU HUI
NRIC No	SXXXX757E
Date Of Rirth	00/00/4000

Date Of Driving Pass	10/12/2015
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-82991766
Alt, Phone Number	(11010) 100-02331700
Email Address	EDMUNDHYH@GMAIL.COM
Address	BLK 191 PASIR RIS ST 12 #04-24
Address complement	BLK 191 FASIK KIS ST 12 #04-24
	-
Postcode	510191
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	(2)
Insurance Company of Other Vehicle Owned by Driver	(#1)
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	2.7
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	0.00
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	140
ii yes, against mioni.	
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vahiala Registration Number	CMI 267E
Vehicle Registration Number	SML267E
Vehicle Manufacturer	
Vehicle Model	•
Vehicle Variant	
Vehicle Colour	District one
Vehicle Category	Private car
Name of Driver	•

Contact Number

Address complement Postcode

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

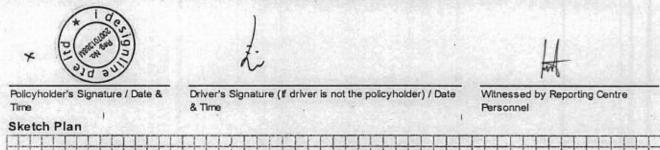
SKETCH PLAN

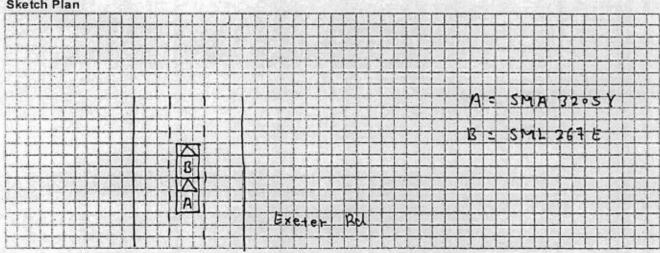
IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.





Describe Circumstances of the Accident

		Bell			ASTRIC								185/25	建計組
ON	21	Dece	mber	- 202	0, 1	was	on	NY	way	to	Deven	shine	roa	d .
Dari	ns +	he	pomo	of	time,	the	wear	ther	was	s ou	a b	of fu	e +	raffic
was	re	ally	bao	l. ev	eyne	cane	-60	9	Stop	and	duce	durm	a th	4
time		1/4	45	packer	5 some	stuff	into	m	ban	not	know	in ste	odna	on to
my	acc	elera	or	and	time, eyme g some that	cause	. the	_ 0	ccioten	of to	handl	n	11 3	
1			Pilot :								11		12:11	16850
		(Supple						N. S.	A REST	B B B	to the		90.750	100
				Hily				MALE	3-993	CELO	en, eur	582		023
		WE			De Fich		Kilo I			1000		-500		911
									I Manager	T.P. TY	4	Wan-P		ALC:
			100						H.S. Birth	BATTE.			SVA TO	SPECTO
				to he		TO DEC		SUL.		HIPSK.			1817 5	1837/10
200		JE 16				AVEN				137 11	V6.3378			
6.5	1.0		138	17 8		SHOW T	1.44	200	MERCE	114		42.5		36.5
	No. 3				Tal. A				11.54		E MEL	UT-M		
		Contra		00.0		2.135			12.14		Sesido		F. SE	G WE SE
	1743		307		CAN A		CALL R	0.446		()	100	Tall of	4-12-1	4820
			7			St. Files		1510		I SUFFER				PRE-IV
		12.5					Cy but		YAN	15.50	K TIE	0.0000		
							MAN CO	101	the second		TOTAL S	Gend	15150	
6.0							Sallin		330	UKKS	270	A	Same:	
		NO.	13.10				CHE S			Sec. 35.				
		delica		and a		LO LEARN	E. Link		40.00	A A STATE OF	20 4602	CMBB	E0127	
				14.40						1015	1.10.00	ALCO	les les	
200					V Sees W			571.00	R ENG		7.0-11		19.01	
					No sale	A TAKE OF			100		1982	CHINA		
				4 1	Self de Train	To File	12.725.19	300		-1 1	ESPANI)	5.9000	3000	ALC: A
	11.6			30	SPASS	640	A DE H	HELE	Treal (in	197 July	59.4239.7		P-110	AND A
			12.5		SE BREE	L. Cox		5		Texappa	# P4 13 / P	70.00		295, 121
		0.76	Q.E.S		31/28/91			MA ST	AL S	DVIEW	Darker.	To the last	THE PARTY	10 TO
	1		A COL	Wife					71.5				P.V. C	DE E
		WILE.		1		7029.0		1955	ALVE SO	ST IN		7 1-10	10.45	
	3.338		al E d		**	A RAIS	100/55			I Devis	LEY OVE		THE	CHURC
	93/					THE PLAN	- X	A EEE	16.3		OTE LOVE		+ 1	
	H 100	23/2 (6	100	SP/SE		T. DEF			1078		STATE OF			
	1,75			27 (13)	S-2-2-PURL			500	E I SH	W. C.	WAR S			

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Sign

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

Witnessed by Reporting Centre Personnel



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9234757E





EDMUND HO YU HUI

晃 何 Race CHINESE

Date of birth 23-09-1092 M

S0234757E

Country of birt's SINGAPORF

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S9234757E

02-10-2007

APT BLK 191 PASIR RIS STREET 12 #04-24 SINGAPORE 510191

NP 428A

4,109156

eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601			0.00			• Chang	e Language	· Chan	ge Password	
My Desktop	Pol	icy Query									,
Notice of Loss	Policy	No.				Date	of Accident				
	Vehicle	No.(For Motor)	SMA	3205Y		Cert	ificate Numbe	er			_
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5109683075- 01		I DESIGNLINE PTE LTD	200701388M	GPC	drivo PREMIUM	SMA3205Y	SMA3205Y	01/06/2020	31/05/2021
					-		1				

ACCIDENT STATEMENT

	TION: Exe-	ter Rd			ē
	DETAILS OF VEHICLE	100		21411	
5.20	CIVERIOLE NUMBER	SMA 32	05 Y		
	LINGUALION COLLE	ALDY LATER			
8		ANY: MTUC			
	C)POLICY NUMBER:				
		APREHENSIVE / THIRD		RTY FIRE &THEFT)	
		Honda Jazz	CONTRACTOR OF THE PROPERTY OF		*
	f)TYPE:(SALOON / CO	DUPE / MPV /VAN / LO	ORRY / MOTORCY	CLE_/ OTHERS)	
		Y:(PRIVATE / COMME			64
		AT ACCIDENT TIME:_			
		UNDER YOUR OWN IN			
2	INSURED / POLICY HO	7 1 43	REPORTING ON	-11	
2		Signline Pte L	Hd. IM	ALE / FEMALE)	
	b)NRIC/FIN/PASSPORT	T:	CONTACT	82991766.	
	c)ADDRESS:				
	C/ADDRESS				0.811
	* CONTINUE TO 3.d IF I	DRIVER ALSO POLICY	HOLDER		*800 (* 3
the of passange	DRIVER	DINITER FILED FOLIOT	Hotbert		
Charles of bussenger	ajNAME: Edmyn	d Ho Yu Hu,	· (MA	LE / FEMALE)	
(Including driver)	b)NRIC/FIN/PASSPORT		CONTACT:		
()	c)ADDRESS:				28 (20)
	-	10			
	*d)DATE OF BIRTH: (D/MM/YYYY)		
	e)OCCUPATION: (INDO			4	87400
	f) YEARS OF DRIVING E				
	WAS DRIVER AN EMP				
	IF NO, RELATIONSHI		(1) 전경 경영의 이렇게 식탁하면		
	a) WEATHER CONDITIO				
	b)ROAD SURFACE: (DR WAS ANYBODY INJURE			-,	
	a)REPORTED TO POLIC				
5.5		WHICH POLICE STATIC	ON:		
8.	HIRD PARTY VEHICLE				
He of passenger	a) VEHICLE NUMBER:	SML 267 E	MODEL:		.*
	b) DRIVER'S NAME:				,
/)	c) NRIC/FIN/PASSPOI	RT:	CONTACT:		
9. 1	HIRD PARTY VEHICLE				99.7
No of passenger	d) VEHICLE NUMBER:		MODEL:		
	e) DRIVER'S NAME:				
Induding driver)	f) NRIC/FIN/PASSPOR	₹T:	CONTACT:		
()		¥ 8		•	12
·	- 2				114
19	ंत	(9)		i	80
	2 g	67	_	/ -	
	0	1ail = edmudhyh	Damail.com	/edmundhuh Q	hofmail.com
20	617	- Chammail' FIV	An all their Carry	Cat. at a. L. C	
* chan	en en	mil - commany	(a durant and	J. C	
* chop	· Le	ix = cammayin	(a dimition)		
* chop. - Sketch w	. Fe	ko = Yea	(e ghan, and)	G	