12/8/2017 - NTUC Certificate?

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Res NA INC 17015559 K4	SAS e-filing	1		
CTC ( CO) D	E-mail (within Stars, AIC 2hrs)			
Vch No SJG6092P	I-Motor Claim Form			
DOA 12/08/2017 13:30	i-Motor W/O (Within: OD 2)	ors, TP 4hrs)		FC 89
OD TP Pepotung Only	i-Photo Uploaded			
OB (11) taponing 1				
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hane		ax:	
Proforred Wksp / INC Assign Wksp / QW: (		161.	ax,	-
TP Particulars: Veh No: S	JD7785H. INC		)	
Owner / Driver: (		Tel: Cover Type: (		
Policy No: ( ) Perio	oa: (	Time:	)	
Confirmed by : (	Date:	-20%; P: 21-79%. P: 80-	190%]	
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( ) Total Loss Case : to e-mail Insure	r URGENTLY.		<del></del>	)
Drive-In( )/Towed-In( ); Invoice:		; Towing Co: (		
Remarks (INC hor)inc 6788 6616)		OF DATE Time Completed	Done b	у
Remarks: (IN) and line productive	ourtesy Car ( )			
Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$3	000) ( )		<u></u>	-
3) Opload Resulvey Chee [144]				
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 ability.
- 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.

- This report will be forwarded by the insurers of 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	
12/08/2017 16:50	
12/08/2017 13:30	
JUNC OF CASSIA LINK AND JALAN DUA	
SINGAPORE	
DETAILS OF OWN VEHICLE	
SJG6092P	
CHUI TWIN CHONG	
S0683744A	640
NOEMAIL	
(LOCAL) +65-85900857	
	12/08/2017 16:50 12/08/2017 13:30 JUNC OF CASSIA LINK AND JALAN DUA SINGAPORE  DETAILS OF OWN VEHICLE SJG6092P  CHUI TWIN CHONG S0683744A NOEMAIL

Alternative Phone No
Vehicle Particulars

Manufacturer HONDA

Model CIVIC 1.6L VTI AUTO

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OTHERS-85900857

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 5072699690

Cover Note Number

#### Driver

Name of Driver CHUI TWIN CHONG

 NRIC No
 S0683744A

 Date Of Birth
 21/07/1947

 Occupation
 INDOOR

 Date Of Driving Pass
 10/09/1981

Driving Experience 35 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-85900857

Fax Number

Contact Number OTHERS-85900857

EMail Address NOEMAIL

Address

96B UPPER EAST COAST ROAD

Postcode

455234

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

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

140

Number of Passengers (Including Driver)

2

**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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJD7785H

Vehicle Make/Model/Colour Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **Details of Witness**

Name

Phone Number

Email Address

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 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' law yers/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.

Policyholder's-Signature / Da Time	te & Driver's 3 & Time	Signature (# driver is n	Witnessed by Reporting Centre Personnel			
ketch Plan	assia Link				28	
		Jalan	1 Duc			
			JG 6			

cribe Circumstances of the Accident	
Car D sa atalian again at Arabba	1-011+ machon
Car A is stationary at traffic of cassia Link and Jalan	118.61 7001010-1
of Cassia Link and James	DAG.
Traffic light was showing	red lieut
Matter "Parl mas 2.00010	160 113-11.
Car B moved forward and c	allided into the
rear of car A.	
TENT OF CON II-	
	J.

# Declaration

We declare the foregoing particulars are true in every respect.

Chui Twin Chong
12 Aug 17
Policyholder's Signature / Date &

Time

4 CClus

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

Witnessed by Reporting Centre Personnel







SINGAPORE



<b>eBao</b> Tech		0.54	Ger		Gene	neralClaim				
Hello, NAC_PAYA_UBI_80	0601		- Deliver	Name and Association			Change La	nguage	Change Passwo	rd · Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	o.				Date of Acc	ident	12/08	2017 13:30	
	Vehicle	No.(For Motor)	SJG6092P							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5072699690	CHUI TWIN CHONG	S0683744A	GPC	drivo CLASSIC	S)G6092P	SJG6092P	14/07/2015	13/07/2016
					1	Continue				

▽ Polic	y Information				
Policy No.	5072699690	Policyholder Name	CHUI TWIN CHONG	Policyholder NRIC	S0683744A
Address	96-B UPP EAST COAST ROAD S	INGAPORE 455	5234		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	13/07/2015	Effective Date	14/07/2015 00:00	Expiry Date	13/07/2016 23:59
hird 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		
Agent	M PLUS CONSULTANCY	Agent Tel.	63777336	GST Flag	Υ
Co- nsurance Flag Open Policy Info	No				
Certificate Info					
Policyh	older Mailing Address				
Address 1	96-B UPP EAST COAST ROAD	Address 2	SINGAPORE 455234	Address 3	
Address 4		Address Type	Singapore address	Post Code	455234
Unit No.		Related Policy Number	5072699690		
<b>▶</b> Insure	d Object: SJG6092P				
Endors	ements				
Sequenc	e Date of Endorsement	Endorse	ment Type	Endorsement Status	Endorsement Content

The state of the company of the company has

# Lkk Paya Ubi

From:

Desmond Foo Guo Hui <desmond.foogh@income.com.sg>

Sent:

Wednesday, 16 August, 2017 11:44 AM

To: Subject: rspu@lkkauto.com SJG6092P - 12/08/2017

Attachments:

SAS2258152.pdf

Hi

 $\mbox{SJG6092P}$  -  $\mbox{12/08/2017}$  is not insured with us on the accident date.

The policy has lapsed since July 2016.

Please inform the customer to make an addendum to amend the insurer indicated in the report.

### **Desmond Foo**

Assistant Manager, Motor Insurance T+65 6430 7976 www.income.com.sg











# Disclaimer

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