NATIONAL Assessment Centre	Services per same	Date & Time Completed	Done by	
Date In: 12/08/2017 16:50	Jcb description		WATER Specially	
ResNo NA INC 17015559 KY	SAS e-filing	- 1		
VCII NO SJG6092P	E-mail (within 8hrs, AIC 2hr	*)		
DOA 12(08/2017 13:30	I-Motor Claim Form			-
	i-Motor W/O (Within: OL	2hrs, TP 4hrs)		9
OD TP Reporting Only	I-Photo Uploaded			
	Assessment/Survey Repo	ort		
TP Insurer:	Ass't Report by Pax / Ha		-	1
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Owner / Driver: (Tel:		
Policy No: () Pe	riod: () Cover Type: (Time:)	
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Insured/Driver Liability: (%) [: 0-20%; P: 21-79%. P: 80-		777
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please 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 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.

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	
Date Of Report	12/08/2017 16:50	
	12/08/2017 13:30	
Exact Location Of Accident	JUNC OF CASSIA LINK AND JALAN DUA	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJG6092P	
Insured/Policyholder		
Name Of Registered Owner	CHUI TWIN CHONG	
NRIC No	S0683744A	112
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-85900857	
Alternative Phone No	OTHERS-85900857	
Vehicle Particulars		
Manufacturer	HONDA	
Model	CIVIC 1.6L VTI AUTO	
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-OPERATIV	E 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		
A CONTRACTOR OF THE CONTRACTOR		

OTHERS-85900857

NOEMAIL

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be <u>completed by the Policyholder and/or the Authorised Driver</u>.
- 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>.
- 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.
- 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)

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' 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")

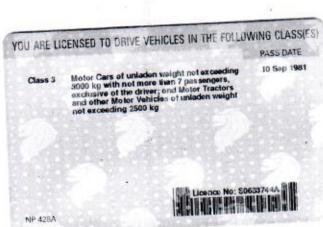
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Sketch Plan	C. C. A.			older) / Date	Personnel	Centre
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		7.1				
		Jak	in Duc	4		









	ce Date of Endorsement	-	ement Type Endo	rsement Status	Endorsement Content
De Endors	sements				
1 Insure	d Object: SJG6092P			(== 10 == 0 = 1	
Jnit No.		Related Policy Number	5072699690		
Address 4		Address Type	Singapore address	Post Code	455234
Address 1	96-B UPP EAST COAST ROAD	Address 2	SINGAPORE 455234	Address 3	
Policyh	nolder Mailing Address				
Certificate Info					
Open Policy Info					
Co- nsurance Flag	No				
Agent	M PLUS CONSULTANCY	Agent Tel.	63777336	GST Flag	Υ
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Additional excess	0	OS Premium	0		
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Policy ssue Date	13/07/2015	Effective Date	14/07/2015 00:00	Expiry Date	13/07/2016 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
ddress	96-B UPP EAST COAST ROAD ST	NGAPORE 455	5234		
Policy No.	5072699690	Policyholder Name	CHUI TWIN CHONG	Policyholder NRIC	S0683744A

Lkk Paya Ubi

From:

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

Sent:

Wednesday, 16 August, 2017 11:44 AM

To:

rspu@lkkauto.com SJG6092P - 12/08/2017

Subject: Attachments:

SAS2258152.pdf

Hi

SJG6092P - 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 7+65 6430 7976 www.income.com.sg











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This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.