			PEKS I FILAN			
Date In: 9/10/17 - 13:45	Jeb description	H	Date & Time Co	mpleted	Don	ie pi
Ref No: NA/ INC1703466/24	SAS e-filing					
Veh No: 51 63677	E-mail (within	1 Shrs, AIC 2hrs)				4
D.O.A :9/0/17 - 09:00	i-Motor Cla	im Form	MT 0972999	0	ון מונון	5:07
OD / TP / Reporting Only	i-Motor W/0	i-Motor W/O (Within: OD 2hrs, TP 4hrs)			-	
OD . 11 Treporting Only	i-Photo Uple	oaded				
TP Insurer:	Assessment/S	urvey Report				
	Ass't Report l	by Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	x:	DENIS DE MODIO
TP Particulars: Veh No: 54	63 066	. INC()/Non-INC().		
Owner / Driver: (Tel:	7.0)	
Policy No: () F	Period: ()	Cover Type: ()_	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%.	F: 80-10	0%]	SANIOREUM N
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1	,000()/\$2,000	()		WAN SALES AND		
General Remarks:-			i ve sa den al d	#2500		
	-)	Date&Time Con	pie sq.	Done	py
2) QC Check / Post Repair Inspection	/ \	Ġ.				
	()	Control of the second	1	versanile.		
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ()				
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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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> 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.
- 6. 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

建立在医院设施工程设施工程设施	ACCIDENT STATEMENT
Date Of Report	09/12/2017 13:45
Date Of Accident	09/12/2017 09:00
Exact Location Of Accident	BLK 2 BEACH RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
WEST THE PROPERTY AND INC.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV6367T
Insured/Policyholder	
Name Of Registered Owner	GOH BOON SENG
NRIC No	S1191863H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91515149
Alternative Phone No	OFFICE-91515149
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ 1.4A
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	REPORTING ONLY
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	5068883728-03
Cover Note Number	
Driver	
Name of Driver	GOH JUNHUI
NRIC No	S8437005C
Date Of Birth	10/12/1984
Occupation	INDOOR
Date Of Driving Pass	08/06/2007
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94555534
Fax Number	

OFFICE-94555534

NOEMAIL

Address

BLK 121 PAYA LEBAR WAY

#06-2817

Postcode

381121

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

Vehicle Registration Number

SH6306L

DETAILS OF OTHER VEHICLE PROPERTY 1

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)

2

Details of Witness

Name

Phone Number

Email Address

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:

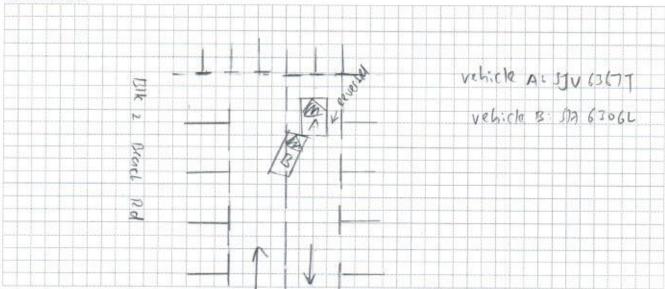
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 9/12/17 09:20 I was reversing my vehicle to get as it was a dead end.	out of	OV/c 2
Beach roady. I didn't aware of reliable B (SH63064) wa	is of m	w the back
f my vehicle and hif onfo rehicle 13 (5463064) from	t right	prtion.

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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8437005C





GOH JUNHUI



俊 辉

CHINESE

Date of birth

10-12-1984 Country/Place of birth SINGAPORE



5508094



04-08-2015

APT BLK 121 PAYA LEBAR WAY #06-2817 SINGAPORE 381121

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES PASS DATE Motorcycles =< 200 CC Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and natur tractors/vehicles =< 2500 kg S / No. 9000058372

eBao Tech							GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601						Change La	nguage	· Change Passwo	rd Log Out
My Desktop Notice of Loss	Poli	cy Query								Y.
	Policy N	lo.				Date of Acc	ident	09/12	2/2017 09:00	1
	Vehicle	No.(For Motor)	SJV6367T							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5068883728-03	GOH BOON SENG	\$1191863H	GPC	drivo CLASSIC	SJV6367T	SJV6367T	06/12/2017	05/12/2018
					E	Continue				

Policy No.	5068883728-03	Policyholder Name	GOH BOON SENG	Policyholder NRIC	S1191863H
Address	BLK 121 #06-2817 PAYA LEBA	R WAY SINGAP	ORE 381121		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/11/2017	Effective Date	06/12/2017 00:00	Expiry Date	05/12/2018 23:59
Third 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	JIANG YUNROU	Agent Tel.	63362001	GST Flag	Y
Co- insurance Flag Open Policy Info	No				
Certificate Info					
	older Mailing Address				
Address 1	BLK 121 #06-2817	Address 2	PAYA LEBAR WAY	Address 3	SINGAPORE 381121
Address 4		Address Type	Singapore address	Post Code	381121
		Related Policy	5068883728-03		
Unit No.		Number			
	d Object: SJV6367T	Number			
		Number			

Claim Handling					
Accident MT/0972998 Policy No.	5068883728-03		2001L		
Policyholder Name	GOH BOON SENG	Vehicle No.	SJV6367T	GST Registration No.	
Product Code	PRIVATE CAR INSURANCE		70.00	Policyholder NRIC	
		Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	91515149	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	No Ves	TCA	Ø No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50		
Report Date	09/12/2017 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/12/2017	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 2 BEACH RD OPEN SPACE CARPARK				
♥ Benefits					
♥ Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
→ GST Registered Inform.	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
	ldress				
Address 1	BLK 121 #06-2817	Address 2	PAYA LEBAR WAY	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5068883728-03	Foat Cade	
✓ OI Driver Info		Contract Street Manuaci	3000003720-03		
Driver Name	Goh Junhui	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8437005C	Driver DOB	
Register Date of Driver License	08/06/2007	Driver Age	32		
Contact No.(Mobile)	94555534	Contact No.(Office)	0	Driving Experience	
Address 1	BLK 121	Address 2	PAYA LEBAR WAY	Contact No.(Hame) Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-2817	nources rapic	Singapore adultess	Post Code	
Does he own a Singapore	TYes @ No	Driver Vehicle No.		Driver Insurer Company	
Registered car?				and the company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊕ Yes @ No		
Modification History					
Claim 001 New					
Claim Type *	OD-MX +	Insured Name	CON BOOK CENT	1	
Contact No.(Mobile)	91515149	Contact No.(Home)	GOH BOON SENG	Insured NRIC	
Email Address		OI Vehicle Number	67459272	Contact No.(Office)	
Claim Description	SJV6367T / SH6306L ON 9 Dec 2017	or venicle Number	SJV6367T	TP Vehicle Number	
Preferred Workshop Contact	330717 310300E ON 9 D8C 2017	400000400000	121121211211121111111111111111111111111	Name of Preferred Workshop	
No.		Insured Liability •	Partially at Fault •	- 1998 TO 10	
Require Finalisation	Yes •	Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report	
Date Registered	09/12/2017 15:07	Claim Close Date		Date Received	
Report Taken By	Jackson				
Report Taken By	Jackson				
	Jackson		Save Submit		
	Jackson		Save Submit		
Print AK letter	Jackson		Save Submit		
Print AK letter	Jackson MT/0972998	Claim No.	Save Submit 001		
Print AK letter Attachment					

