15	Services (4.0" 120.005) Date & Time Completed	Done b	1.
Date In: 03/01/18	Jcb description Date & Time Completed	170110 0	
Ref No: NA/INC/8000018/13	SAS e-filing		
Veh No 51/72/43	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/12/17 1285	i-Motor Claim Form m7/0975987		
OS : 70 / Bussing Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		ne 1
OD / TP / Reporting Only	i-Photo Uploaded		
TDI	Assessment/Survey Report	- EII	
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)
TP Particulars: Veh No:	GBF8383L INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Per	iod () Cover Type: ()	
Confirmed by : (Date: Time:)	
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	
, , , , , , , , , , , , , , , , , , , ,	Varranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,00	00()/\$2,000()		
General Remarks;-			
The state of the s	mation strictly Confidential & Strictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insure		10.	
Drive-In () / Towed-In (); Invoice	: YES () / NO () ; Towing Co. ()
Remarks:- (INC horline: 6788 6616)	Date&Time Completed	Done l	у
	Courtesy Car ()		
2) QC Check / Post Repair Inspection			000150-11.5X
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()	11	
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Date/Time Actions NA 180 000 8 Claumant's Particulars:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$30) 3) TF : Towing Fee \$40/\$45		4 (2)
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Date/Time Actions NA 180000 & Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$30) 3) TF : Towing Fee \$40.745 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection \$75 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services.	Ist Bill	4
Date/Time Actions NA 180000 & Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection \$75 7) N1 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services. OD* *N5: Courtesy Car / Tpt Allowance \$5	lit Bill	4
Date/Time Actions NA 180000 & Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion:	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey (Resurvey) \$320 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection \$75 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services. OD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Fost Repair Inspection \$225	lit Bill	4
Date/Time Actions NA 180000 & Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection \$75 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services. OD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$55	lit Bill	4
Date/Time Actions	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection \$75 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services. OD.* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Fost Repair Inspection \$25	lit Bill	4

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.
- 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 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 STATEMEN

ACCIDENT	STATEMENT
02/01/2018	14:04

Date Of Report 02/01/2018 14:04

Date Of Accident 30/12/2017 12:35

Exact Location Of Accident CTE TURNING INTO PIE CHANGI

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP7214B

Insured/Policyholder

Name Of Registered Owner WONG WEN HAN

NRIC No S6940037Z

Email Address WENHAN11@YAHOO.COM.SG

 Mobile Phone No
 (LOCAL) +65-91180295

 Alternative Phone No
 OTHERS-91180295

Vehicle Particulars

Manufacturer HONDA

Model STREAM

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?

O

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 5042763007-07

Cover Note Number

Driver

Name of Driver WONG WEN HAN

 NRIC No
 \$6940037Z

 Date Of Birth
 14/11/1969

 Occupation
 INDOOR

 Date Of Driving Pass
 08/08/1994

Driving Experience 23 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91180295

Fax Number

Contact Number OTHERS-91180295

EMail Address WENHAN11@YAHOO.COM.SG

9 MIMOSA PLACE Address

805534 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

: YEO YIK FENG NAME:

GENDER: : MALE

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? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBF8383L

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

MR TAN Name of Driver

NRIC/Passport Number

86115344 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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:
 - 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.

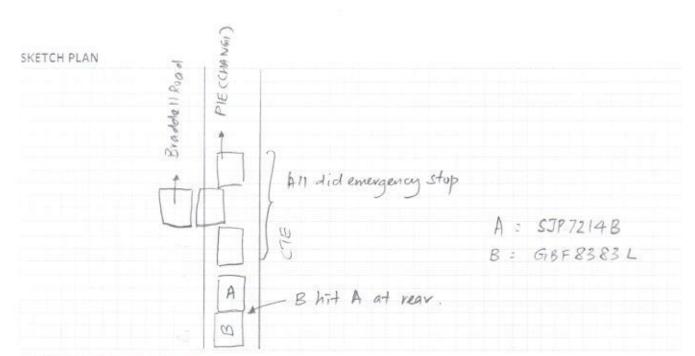
Policyholder's Signature

Date & Time:

30/12/17 4.15/pm 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

7 6/	c tva	valling	alo	uo (7	6 (turning	into	PIE (Chavai		
The	vehicle	1 Times	chaut	did	em	ove once	brate	and	7 401	المد ما	SWIT
The	van b	ehind	me	hit	my	turning ergenag rear.	Digit	4001	2 007		<u> </u>
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				Committee of							
						200-2					

DECLARATION

I/We declare the foregoing particulars are true in every respect.

- Hory.

Policyholder's Signature

Date & Time: 30/12/17 4.15pm Driver's Signature

(If driver is not the policyholder)

Date & Time:

elgre 02/01/17

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 30 12 201 (DD/	MM/YYYY), TIME: (12:33) (HH:MM
LOCATION: CTE turning into PIE	
1. DETAILS OF VEHICLE	
alvehicle Number: SJP 721	4 R
DINSURANCE COMPANY: NTUC	
C)POLICY NUMBER:	INCOME
	THE PLANT IN THE
e)MAKE & MODEL: HONDA ST	HIRD PARTY / THÍRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE MPV V/A	N / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY PRIVATE CO	MMEDCIAL (MOTORCYCLE) OTHERS)
h) PURPOSE OF USING AT ACCIDENT T	IME: Private use
i) ARE YOU CLAIMING UNDER YOUR O	INIL INCIDANCE (VECANO)
IF NO, PLEASE STATE (THIRD PARTY CI	AIM PEPOPTING ONLY
2. INSURED / POLICY HOLDER	KEF-OKTING ONLY
AINAME: WONG WEN HAN	(MALE (FEMALE)
b)NRIC/FIN/PASSPORT: 569400	372 CONTACT: 91180295
C)ADDRESS: 9 MIMOSA PLACE	
* CONTINUE TO 3.d IF DRIVER ALSO PO	DLICY HOLDER
The of passengs DRIVER	
(Including diseas) a) NAME: WONG WEN HAN	(MALE (FEMALE)
12 3 DINKIC/FIN/PASSPORT: 361403/2	COMINCI. INV
CJADDRESS: 9 MIMUSIA PLACE	SINGAPORE 805534
*d)DATE OF BIRTH: (_ 14 / 11 / 1969	
eJOCCUPATION: (NDOOR) OUTDOO)(DD/MM/YYYY)
f)YEARS OF DRIVING EXPRERIENCE:	23
4. WAS DRIVER AN EMPLOYEE OF THE	INSUPER'S COMPANYS (VEG (NO)
IF NO, RELATIONSHIP OF THE DRIVE	ER WITH INSURED: 6WMER
a) WEATHER CONDITION: (CLEAR (RAI)	VING) OTHERS
b)ROAD SURFACE: (DRY (WET) OTHER	RS
6. WAS ANYBODY INJURED (YES /NO)	t0 - 80
7. a) REPORTED TO POLICE (YES /NO)	63
IF YES, PLEASE STATE WHICH POLICE S'	TATION:
8. THIRD PARTY VEHICLE	7.16.74
A His of passenger a) VEHICLE NUMBER: GBF 8383	MODEL.
A NIDIO (FILL (D. 1995)	B东 先生)
(/) RIC/FIN/PASSPORT:	CONTACT:86115344
	170,0400
The of historial and the second	MODEL:
(Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT
()	CONTACT:
* **	
You You Fa	
Yeo Yik Feng email = wenha	an 11@ yahoo. com sq
Male Man = Wenne	11.220 /
30 /12 /12 fax =	U 20000
Male 30 /12 /17 fax =	
	.50
02/01/17-7 TP/RP.	**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilogram

08 Ang 1994

Licence No: S6540037Z

9 MIMOSA PLACE SINGAPORE 805534 NRIC No: \$69400372 Date: 21/02/2008 No: \$753883

eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601	THE RESIDENCE					Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	30/12	2/2017 12:35	
	Vehicle	No.(For Motor)	SJP7214B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	9	5042763007- 07	WONG WEN	S6940037Z	GPC	drivo PREMIUM	SJP7214B	SJP7214B	02/04/2017	01/04/2018
		888	70207			Continue				

Claim Handling

Special I Address KFK NO Protection Yes NCD Ent N	No.(Office) Remark itlement(%) Report Within 24 hrs Accident hh:mm	drivo PREMIUM 0 No Yes 50 Yes 12:35		Policyholder NRIC Loading Contact No.(Horne) eCode eCode Reason Private Hire Accident Type	0 0 No
Product Code PRIVATE CAR INSURANCE Cover Ty Contact No. (Mobile) 91180295 Contact Small Address Small Address Special F STAN COD Protection Yes NCD Ent PAccident Details Report Date 0 22/01/2018 20:11 Accident Protection CTE TURNING INTO PIE CHANGI PREporting Centre Orange I Accident Location CTE TURNING INTO PIE CHANGI PREporting Centre Orange I Accident Location CTE TURNING INTO PIE CHANGI PREporting Centre Orange I Accident Location CTE TURNING INTO PIE CHANGI PREporting Centre Orange I Accident Location CTE TURNING INTO PIE CHANGI PREporting Centre Orange I Accident Location Orange I Accident Location CTE TURNING INTO PIE CHANGI PREporting Centre Orange I Accident Location II Accident Lo	No.(Office) Remark iitlement(%) Report Within 24 hrs Accident hh:mm Force iiid Excess Singapore OD Excess	0 ● No □ Yes 50 Yes		Contact No.(Horne) eCode eCode Reason Private Hire	0 No
Contact No.(Mobile) 91180295 Contact Contact No.(Mobile) 9120295 Cont	No.(Office) Remark iitlement(%) Report Within 24 hrs Accident hh:mm Force iiid Excess Singapore OD Excess	No Yes		eCode eCode Reason Private Hire	N
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