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5.43		Date to Time Completed	De	ine ov
		1	:	.,
Veh No: Occ 39 yor E-mai	(within Shrs, AIC 2hrs)			
	or Claim Form	MT 0984359	3/3/18	11:36
OD (TP) Reporting Only	or W/O (Within: OD 2hrs	s, 7'P 4hrs)		
i-Phot	o Uploaded			
TP Insurer: Assessn	nent/Survey Report			
Ass't R	eport by Fax / Hand to	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: 5	Fax:	
TP Particulars: Veh No: Sk W2913K	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Str	atus (WO): N: 0-20	%; P: 21-79%. P: 30-1	00%1	
Year of Registration: () Warranty: Y)		-
P (9	2,000()			-
General Remarks:	COSTO (1888/1874/27/2009)		प्रमुख द लिए जन्म	
		fulled the first below to go at 2	200	\$?
() Walk-In Customer: Customer's information strict	ly Confidential & Stric	ctly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer URGENT	LY.	* *** ** **		
Drive-In ()/ Towed-In (); Invoice: YES (
/ / / / / / / / / / / / / / / / / / /) / NO (); To	wing Co: ()
// // // // // // // // // // // // //)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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	02/03/2018 11:06
Date Of Accident	01/03/2018 19:10
Exact Location Of Accident	SLIP RD PIE (CHANGI) TWDS SIMS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC3942R
Insured/Policyholder	
Name Of Registered Owner	MAUNG YE YINT AUNG
NRIC No	S8672450B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91815549
Alternative Phone No	OFFICE-91815549
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 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-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
and the second s	ALLES AND

5083888863-01 Policy Number

Cover Note Number

Driver

MAUNG YE YINT AUNG Name of Driver

NRIC No S8672450B Date Of Birth 08/10/1986 OUTDOOR Occupation 26/05/2011 **Date Of Driving Pass**

Driving Experience 6 YEARS AND 9 MONTHS

MALE Gender

(LOCAL) +65-91815549 Mobile Number

Fax Number

OFFICE-91815549 Contact Number

EMail Address NOEMAIL Address

BLK 414 COMMONWEALTH AVENUE WEST

#23-3007

Postcode

120414

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by YES

ambulance?

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)

Details of Police Action

Was the accident reported to the police?

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG KALLANG WAY FLYOVER. SUDDENLY VEHICLE C BRAKE HIS VEHICLE, SO I BRAKE MY VEHICLE ACCORDINGLY, SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION, MY VEHICLE MOVE FORWARD AND HIT ONTO VEHICLE C REAR PORTION, VEHICLE C MOVE FORWARD AND HIT ONTO VEHICLE D REAR PORTION.

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

Vehicle Registration Number

SKW2953K

Vehicle Make/Model/Colour

RED VIOS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

DOMINIC TAN WEE BENG

NRIC/Passport Number

S9141040J

Contact Number

91254309

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKC5848S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

EDWINA LIM

NRIC/Passport Number

Contact Number

90037663

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SGX9389K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHONG KOK HENG

NRIC/Passport Number

S7175708J

Contact Number

97669935

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MAUNG YE YINT AUNG

Approximate Age

Injuries Sustain

BACK

2

Injured person in which vehicle?

SKC3942R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 <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.
- 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

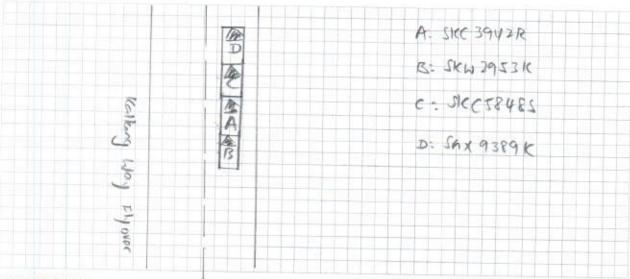
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor	to statement.	
_		

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 DENTITY CARD NO. \$8672450B





MAUNG YE YINT AUNG

BURMESE

Lists of balls

08-10-1986 MYANMAR

5728834



NRC No. S8672450B

13-04-2017

APT BLK 414 COMMONWEALTH AVENUE WEST #23-3007 SINGAPORE 120414

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

MEPUBLIC OF SINGAPORE

DRIVING LICENCE

S8672450B

MAUNG YE YINT AUNG

n Date 08 Oct 1986 - Dam 26 May 2011

EFFECTIVE DATE

NP 428A



eBaoTech		200							Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	ord • Log Out
My Desktop Notice of Loss	Policy N	cy Query				Date of Acc	cident	01/03/	2018 19:10	
	Vehicle	No.(For Motor)	SKC3942R			Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5083888863- 01	MAUNG YE YINT AUNG	S8672450B	GPC	drivo CLASSIC	SKC3942R	SKC3942R	09/09/2017	08/09/2018
		111111111111111111111111111111111111111			1	Continue				

Sequence	Date of Endorsement	Endorsen	nent Type Endorsemer	nt Status	Endorsement Content
▼ Endorse	ements				
Insured	Object: SKC3942R				
Unit No.	23-3007	Related Policy Number	5083888863-01		
Address 4	SINGAPORE 120414	Address Type	Singapore address	Post Code	120414
Address 1	BLK 414 #23-3007	Address 2	COMMONWEALTH AVENUE WES	Address 3	WEST COAST COURT
Policyh	older Mailing Address				
Certificate Info					
Open Policy Info					
Flag	No				
Agent	LQ INSURANCE AGENCY PTE LT	Agent Tel.	63340783	GST Flag	Υ.
Excess		TP Excess	VIII. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Outside Singapore OD	600	Outside Singapore	0		
Additional Excess	0	OS Premium	0		
Party Excess	0	damage Excess	600	Windscreen Excess	100
issue Date Third	29/07/2017	Effective Date	09/09/2017 00:00	Expiry Date	08/09/2018 23:59
Product Name Policy	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address					
Policy No.	5083888863-01	Policyholder Name	MAUNG YE YINT AUNG	Policyholder NRIC	S8672450B

ccident MT/0964359								
okcy No.	5083888863-01		Vehicle No.	SKC3942R	GST Registration No.			
olicyholder Name	MAUNG YE YINT AUNG				Policyhalder NRIC		58672450B	
oduct Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC	Loading		0	
ntact No.(Mobile)	91815549		Contact No. (Office)	0	Contact No.(Home)		0	
nail Address			Special Remark		eCode		N. Y	
C	® No ○ Yes		TCA	No ○ Yes	eCode Reason			
t) Protection	No		NCS Entitlement(%)	10	Private Hire		No	1.0
Accident Details								
port Date	02/03/2010 11:34		Academt Report Within 24 hrs	Yes	Academt Type		Chain Collision	
te of Accident	01/03/2018		Time of Accident hh:mm	19:10	Country of Accident		Singapore	
porting Centre			Orange Force		ICM No.			
odent Location	SUIP RO PIE (CHANGE) TWO	S SIMS AVE	33					
Benefits								
Excess								
	7792		***************************************	0.00	Windscreen Excess			100.00
n damage Excess		0.00	Additional Excess		windscreen excess			100.00
named Driver Excess		0.00	Outside Singapore OD Excess	600.00				
rd Party Excess		0.00	Outside Singapore TP Excess	0.00				
GST Registered Inform	ation							
Registered	No			GST Registration Date	622.1			
Registration No.				GST Status Verified	Yes			
dification History								
Policyholder Meiling Ac	ddress							
dress 1	BLK 414 #23-3007		Address 2	COMMONWEALTH AVENUE WES	Address 3		WEST COAST C	DURT
dress 4	SINGAPORE 120414		Address Type	Singapore address	Post Code		120414	
it No.	23-3007		Related Policy Number	5083888863-01				
OI Driver Info	22 333			170770707070707				
ver Name	HAUNG YE YINT AUNG		Driver Type	Main Driver				
named driver Name	TOTORO SE TIPI MONO		Driver NRIC	586724508	Driver DOB		08/10/1986	
				31	Driving Experience		6	
ister Date of Driver License			Driver Age					
tact No.(Mobile)	91815549		Contact No.(Office)	0	Contact No.(Home)		0	
dress 1	8LK 414		SCHOOL STORY	Company of the Compan				
			Address 2	COMMONWEALTH AVENUE WES	Address 3		WEST COAST C	OURT
dress 4	SINGAPORE 120414		Address Type	COMMONWEALTH AVENUE WES Singapore address	Address 3 Post Code		WEST COAST C	OURT
idress 4 IE No.					Post Code			OURT
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dress 4 is No. es he own a Singapore gistered car?	SINGAPORE 120414 23-3007		Address Type		Post Code	sany		OURT
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