Date In: 6/3/18-10:25 Ref No: NA INC 18004246 24 Veh No: SGW 259 VK D.O.A: 6/3/18-09:30		Date & Time Completed	Done	
Veh No: SAW STAVK	SAS e-filing			
	E-mail (within Shrs, AIC 2hrs)			
0.0 0///18-0/-30	i-Motor Claim Form	MT 098 4849	6/3/18 K	0:45
	i-Motor W/O (Within: OD 2hr	-	01 51 10 1	
OD / TP Reporting Only	i-Photo Uploaded	3, 77 40(3)		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: (LP)	130c INC(WAS A	2.111.00
Owner / Driver: (7346	Tel:	,	
	riod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: () V	Warranty: YES ()/NO ()		
The state of the s	00()/\$2,000()		- VANDAGE OF THE STREET	
General Remarks:-		STATE OF THE STATE		1
() Walk-In Customer : Customer's infor	rmation strictly Confidential & St	rictly NO refer of repairer.	2000 11 11	-
() Total Loss Case : to e-mail Insure		nouy NO 1ster di reporter		
Drive-In ()/ Towed-In (); Invoice		owing Co: (
		owing co. (
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/C	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()	-		
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()			
Injury:				
				-
		MERCANNEL EL MONEGO DE MANDE DE LA TROMPO AL MOST AL MOST AL MOST AL MOST AND	784268-5-7 Aven	
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	Invaire Pre	paration Checklist	Ani (5)	(V) (V)
NA 180 (43)	1) AR : Accident	Reporting (\$30);	in Biji	(V) (V)
	1) AR : Accident 2) DA : Damege	Reporting (\$30); Assessment (\$100); INC (\$8	14.Biji 0)	(V) (V)
NA 180 (¥3)	1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey	in Biji	
NA 180 (43) laimant's Particulars :-	1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC (\$8 ee 540 brough Survey brough Survey (Resurvey)	7 (EB) (F 0) 1/545 5120 530	
NA (80 (43) Inimant's Particulars:- river/Owner: ontact No:	1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-insper	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	74:Bill 0) 0) 545 5120 530 0) \$75	(V) (V)
NA 180 (43) Inimant's Particulars:- river/Owner:	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion SMRT Survey	76:Bill 0) 7545 5120 530	
NA 180 (43) Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-insper	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion SMRT Survey	74:Bill 0) 0) 545 5120 530 0) \$75	
NA (80 (43) Inimant's Particulars:- river/Owner: ontact No:	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T Por claiming a 6) TR : Re-inspet 7) N1 : Idae DA 8) NTUC Addition OD* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$8 ee	6 Bill	
MA 180 (43) Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T Por claiming a 6) TR: Re-inspet 7) N1: Idae DA: 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C	Reporting (\$30); Assessment (\$100); INC (\$8 ee	6 Bill	
NA 180 1431 Inimant's Particulars:- river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge):	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idae DA: 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$8 ee	0) 7545 5120 530) 575 5160 \$5 510 525 53	Am((3)
MA 180 (43) Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idae DA: 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$8 ee	0) 7545 5120 530) 575 5160 \$5 510 525	

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.
- 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 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

ACCIDENT STATEMENT
06/03/2018 10:25
06/03/2018 09:30
PIE (CHANGI) BEFORE KALLANG WAY EXIT
SINGAPORE
DETAILS OF OWN VEHICLE
SGW2594K
CAI WENTING
S2657187A
NOEMAIL
(LOCAL) +65-97600608
OFFICE-97600608

Manufacturer

VIOS E AUTO Model Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

TOYOTA

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5072617705-02 Policy Number

Cover Note Number

Driver

CAI WENTING Name of Driver NRIC No S2657187A 04/10/1965 Date Of Birth OUTDOOR Occupation 15/06/1999 Date Of Driving Pass

Driving Experience 18 YEARS AND 8 MONTHS

MALE Gender

(LOCAL) +65-97600608 Mobile Number

Fax Number

OFFICE-97600608 Contact Number

NOEMAIL EMail Address

BLK 987A JURONG WEST STREET 93 Address

#11-561

641987 Postcode

NO Was driver an employee of the Insured's Company

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

2 Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG PIE (CHANGI) BEFORE KALLANG WAY EXIT. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

1

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLP2234C

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category YEW SAI WENG Name of Driver S7129485D NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
 - 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

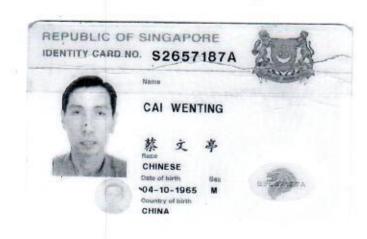
Name:

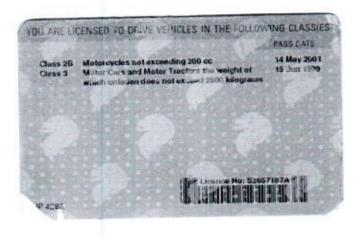
NRIC/FIN No.:

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.:









eBaoTech				in Selection					Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage +	Change Passwo	d · Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy No.					Date of Acc	oident	06/03/	2018 09:30	
	Vehicle	No.(For Motor)	SGW2594K							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5072617705- 02	CAI WENTING	S2657187A	GPC	drivo CLASSIC	SGW2594K	SGW2594K	11/07/2017	10/07/2018
		3,80			-	Continue				

	EARS(1770E 02	Policyholder	CAI WENTING	Policyholder	S2657187A
olicy No.	5072617705-02	Name		NRIC	2023898900
Address	BLK 987A #11-561 JURONG WE	ST STREET 93	SINGAPORE 641987		
Product Name	PRIVATE CAR INSURANCE	Plan		Policy Flag	N
Policy ssue Date	05/06/2017	Effective Date	11/07/2017 00:00	Expiry Date	10/07/2018 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	VICOM LTD	Agent Tel.	66975221	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
□ Policyl	nolder Mailing Address			198000M - 0000	SCHOOL OF THE PROPERTY AND ADDRESS OF THE PARTY.
Address 1	BLK 987A #11-561	Address 2	JURONG WEST STREET 93	Address 3	SINGAPORE 641987
Address 4		Address Type	Singapore address	Post Code	641987
Unit No.		Related Policy Number	5072617705-02		
) Insure	d Object: SGW2594K				
▽ Endors	sements				
Sequen	ce Date of Endorsement	Endors	ement Type Endorser	ment Status	Endorsement Content

cident MT/0984849						
Ncy No.	5072617705-02	Vehicle No.	5GW2594K	GST Registration No.		
licyholder Name	CAL WENTING			Policyholder NR3C	\$2657187A	
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
stact No.(Hobile)	97600608	Contact No.(Office)	0	Contact No.(Home)	0	
ail Address		Special Remark		eCode	ne.v	
K.	® No ○Yes	TCA	No ○ Yes	eCode Reason		
D Protection	No	NCD Entitlement(%)	30	Private Hire	No	
Accident Details						
port Date	06/03/2018 10:43	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Hea	d to Rear
e of Accident	06/03/2018	Time of Accident hh:mm	09:30	Country of Accident	Singepiere	
orting Centre		Orange Force		ICM No.		
ident Location	PIE (OHANGI) BEFORE KALLAN	NG WAY EXIT				
Senefits						
Excess						
n damage Excess	600.0		0.00	Windscreen Excess		100.00
arned Driver Excess	0.0	Outside Singapore OD Excess	600.00			
rd Party Excess	0.0	Outside Singapore TP Excess	0.00			
GST Registered Infor	mation					
Registered	No		GST Registration Date			
Registration No.			GST Status Verified	Yes		
Efication History						
Policyholder Mailing	Address					
fress 1	BLK 987A #11-561	Address 2	JUNONG WEST STREET 93	Address 3	SINGAPORE 6	41987
tress 4	CONSTRUCTOR SET SET SET	Address Type	Singapore address	Post Code	641987	
t No.		Related Policy Number	5072617705-02			
OI Driver Info						
ver Name	CAI WENTING	Driver Type	Main Driver			
named driver Name		Driver NRJC	52657167A	Driver DOB	04/10/1965	
jister Date of Oniver Licen	15/06/1999	Driver Age	52	Driving Experience	18	
tact No.(Mobile)	97600608	Contact No. (Office)	0	Contact No.(Home)	0.	
dress 1	BLK 987A					41007
	BECK AND A	Address 2	JURONG WEST STREET 93	Address 3	SINGAPORE (4170/
dress 4	960 3670	Address 2 Address Type	JURONG WEST STREET 93 Singapore address	Address 3 Post Code	51NGAPORE 6 641987	91307
						41707
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ddress 4 No. See Ne Dam a Singapore spistered car? claration eathalyser or Blood Test sading?	11-561	Address Type		Post Code	641987	4170/
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it No. see he own a Singapore gistered car? denation satharyser or Blood Test ading? Sification History Claim 001 New im Type * ritact No. (Mobile) self Address sem Description	11-561 O Yes ® Ms O mg CO-MX 97600608	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) D3 Vehicle Number	Singapore address O ves ® No CAI WENTING 67919622 SGW2594K	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office)	\$2657187A SLP2234C	41387
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No. Is he can a Singapore intered car? arabide athalyser or Blood Test ding? Illication History Italian 001 New Interest No. (Mobile) Isli Address In Description Ferred Workshop Contact pure Pinalisation e Regutered out Taken By Print AK letter Attachment	11-561 O res ® Ms O mg CO-MX 97600608 SGW2594K / SLP2234C ON 6 Ves	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) DI Vehicle Number Mar 2018 Insured Liability * Preferend Repair Option	Singapore address O ves ® No CAI WENTING 67919622 SGW2594K Not at Fault Preferred Workshop, Name unknown	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V G1A report	\$2657187A \$2657187A \$LP2234C	▼
t No. Is the own a Singapore intered cer? Isration athalyser or Blood Test dding? Iffication History Italian 601 Neer Image to the control of the certain of the certa	11-561 Ves ® No 0 mg 00-MX 97600608 Sgw2594x / SLP2234C On 6 Ves D6/03/2018 10:45	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) D3 Vehicle Number Mar 2018 Insured Liability 4 Preferend Repair Option Claim Close Date	Singapore address O Yes ® No CAI WENTING 67919622 SGW2594K Not at Fault Preferred Workshop, Name unknown Save Submit	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V G1A report	\$2657187A \$2657187A \$LP2234C	▼
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Attachment		iploaded By/Date	Category	9	Urgency	Description	Msg Sent? Action (CO)
NO	NAC PAYA_USI_800501(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 06 Ma , 2018 10:47	NR3C/ Driving License		Normal	NR3C/ Driving Ucense 2018-3-6	Edit
₩G	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 06 Ma v 2018 10:47	SAS		Normal	SAS 2018-3-6	Edit
esta F	NAC_PAYA_UBI_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 96 Me r 2018 10:46	Photos		Normal	Photos 2018-3-6	Edit
YAM	NAC_PAYA_UBI_B00601(NATIO	NIAL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 10:45	Photos		Normal	Photos 2018-3-6	Edit
	NAC_PAYA_UB1_800601(NATIO	MAL ASSESSMENT CENTRE SERVICES) on D6 Ma 7 2018 10:46	Photos		Normal	Photos 2016-3-6	Edit
3-1	NAC_PAYA_UBI_800603(NATIO	ONAL ASSESSMENT CENTRÉ SERVICES) on 06 Ma r 2018 10:46	Photos		Normal	Photos 2018-3-6	Edit
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- 2	NAC_DAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 10-45		Photos		Normal	Photos 2018-3-6	Edit
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3	NAC_PAYA_UB1_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 10:45	Photos		Normal	Photos 2018-3-6	Edit
3	MAC_PAYA_UB1_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 10:45	Photos		Normal	Photos 3018-3-6	Edit
-	NAC_PAYA_UBI_800801(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 06 Ma + 2018 10:45	Photos		Normal	Photos 2018-3-6	Edit
8	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 06 Ma r 2018 10:45	Photos		Normal	Photos 2018-3-6	Edit
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