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Date In: 17/3/18-11:62	Jeb description	Date &Time Completed	Done by
Res No: NA INC 18005055 /24	SAS e-filing	i	
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D.O.A 38 1 18 - 04:00	i-Motor Claim Form	MT/0985096	17/3/18 11:39
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
OD / TP / Reporting Only	i-Photo Uploaded	1.	
TD L	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hane	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No:	7237L . INC	()/Non-INC().	14
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: () .
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	1,000 ()/\$2,000 ()		
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Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
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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.

5. 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

eforesaid.	
AND A CONTRACTOR OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	17/03/2018 11:02
Date Of Accident	28/02/2018 04:00
Exact Location Of Accident	ALONG BUYONG RD TWDS CTE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR1258D
Insured/Policyholder	
Name Of Registered Owner	GOH XUE ER
Co Reg No	53331669C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81235482
Alternative Phone No	OFFICE-81235482
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A S/R
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095537899
Cover Note Number	

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D	r	1	v	е	r

LIEW JOON WEE, DESMOND (LIU JUNWEI) Name of Driver

S8714829G NRIC No 04/06/1987 Date Of Birth INDOOR Occupation 26/04/2007 Date Of Driving Pass

10 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-84880341 Mobile Number

Fax Number

OFFICE-84880341 Contact Number

NOEMAIL EMail Address

Address BLK 826 JURONG WEST STREET 81

#03-420

Postcode 640826

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

NO

2

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

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

ambulance?

Was any other material or property damaged? YES

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

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?

notice of intended Prosecution given:

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS ON 2ND LAND FILTERED TO 1ST LANE. SUDDENLY VEHICLE B ALONG 1ST LANE TRYING TO GO STRAIGHT. IN A RESULT, MY VEHICLE HIT ONTO VEHICLE B LEFT 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 PC7227L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.

Driver's Signature

(If driver is not the policyholder)

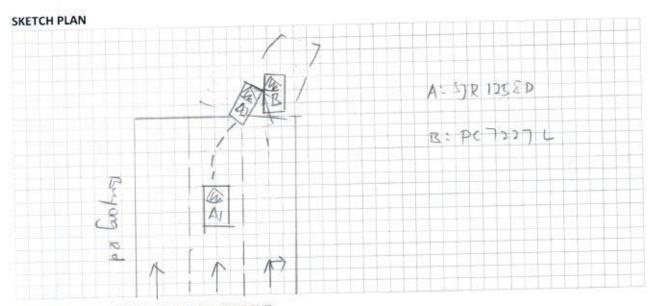
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyho



fer to statement.		
	7	

DECLARATION

regoing particulars are true in every respect.

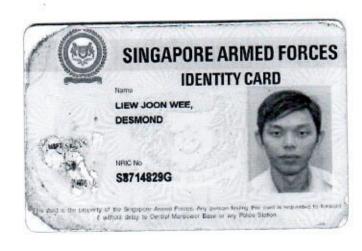
Policyhold Date & Time: Dever's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



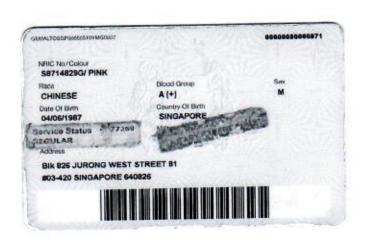


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES).

PASS DATE

Class 3 Motor Cars < 3000kg with =<7 passengers, exclusive 26 Apr 2007 of the driver; and other motor vehicles =< 2500kg

NP 428A



eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		The state of the s	NAME OF TAXABLE PARTY.	- Commenter		Change Lan	guage	· Change Passwo	rd + Log Out
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Notice of Loss	Policy N	0.				Date of Acc	ident	28/02	2/2018 04:00	
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						Search				
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	0	5095537899	GOH XUE ER	53331669C	GPC	drivo CLASSIC	SJR1258D	SJR12580	10/12/2017	09/12/2018
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ort Date	07/03/2018 14:12	Accident Report Within 24 hrs	Yes		Academ Type		Unknown	
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ification History	07/03/2018 16:22:43	Karthlyn Yuen changed GST Status Verif	hed from No to	Yes				
Policyholder Mailing Ad	dress							
ress 1	BLK 838 ##04-517	Address 2	HOUGANG C	DENTRAL	Address 3		SINGAPOR	RE 530838
dress 4	erson Undur Internetial	Address Type	Singapore ad	idress	Post Code		530838	
	#04-513	Related Policy Number	5095537899					
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OI Driver Info		Driver Type						
ver Name		Driver NRJC			Driver DOB			
named driver Name								
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