Date In: 1/3/18-14:38	Jeb description	Date &Time Completed	Done by
	SAS e-filing		
Ref No: NA INC18 005057 /24			
Veh No: 556 3227 M	E-mail (within Shrs, AIC 2hrs)	111 ac(112	17/3/18 15:04
D.O.A : 17/3/18-06:50	i-Motor Claim Form	MT/0986428	1//3/14 /3.04
OD TP Peporting Only	i-Motor W/O (Within: OD 2)	nrs, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report	1.0 038	
	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW:			ax:
TP Particulars: Veh No: P	460034 INC		
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date: 6) [Note-Est. Status (WO): N: 0-:		100%]
	Warranty: YES ()/NO (1	13070
Year of Registration: () Excess: (\$) Loading: 5			
General Remarks:-		EMPERANTANIA	785 B 17 1
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() Walk-In Customer: Customer's		strictly NO refer of repailer.	
() Total Loss Case : to e-mail Ins		T - C - ()	· · · · · ·
		Towing Co: (,
Remarks:- (INC hotline: 6788 6616	5) `c	Date&Time Completed	Done by
) / Courtesy Car ()		
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3) Upload Resurvey Photo [Repair Cost	() (00062 <	-	
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Date/Time Actions National Actions Inimant's Particulars: river/Owner: Inimaged Portion:	Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA	nt Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) section	761,Bill Add Bi
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Date/Time Actions Nations Nations Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-imag 7) N1: Idae DA 8) NTUC Addi QD: N5: Courte N6: Repair N7: Fost Re- N8: DV/C	nt Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) section A + SMRT Survey tional Services: sy Car / Tpt Allowance Co-ordination spair Inspection collect Excess Coordination	\$60) 800) 807545 \$120 \$30 \$75 \$160 \$55 \$510 \$25 \$53
NAISOTTOW Inimant's Particulars:- river/Owner: ontact No: nmaged Portion: C. Checked by (Engr-In-Charge):	Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-imag 7) N1: Idae DA 8) NTUC Addi QD: N5: Courte N6: Repair N7: Fost Re- N8: DV/C	nt Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) section A + SMRT Survey tional Services: sy Car / Tpt Allowance Co-ordination cpair Inspection follect Excess Coordination TP (Non INC) against INC	\$60) 0/\$45 \$120 \$30 \$75 \$160 \$55 \$510 \$25 \$53 \$20 \$30 \$30 \$30 \$30 \$40 \$50 \$50 \$50 \$50 \$50 \$50 \$5

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.

- 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 ladgement 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
Date Of Report	17/03/2018 14:38
Date Of Accident	17/03/2018 06:50
Exact Location Of Accident	SLIP RD GEYLANG LOR 1 TWDS SIMS AVE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG3227M
Insured/Policyholder	
Name Of Registered Owner	WONG SEE BOON
NRIC No	S1192074H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97551667
Alternative Phone No	OFFICE-97551667
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8XE A
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	5037148463-08
Cover Note Number	

-			
п	rı	0	r

EMail Address

WONG SEE BOON Name of Driver S1192074H NRIC No 10/08/1956 Date Of Birth INDOOR Occupation 29/03/1977 Date Of Driving Pass 40 YEARS AND 11 MONTHS **Driving Experience** Gender (LOCAL) +65-97551667 Mobile Number Fax Number

NOEMAIL

OFFICE-97551667 Contact Number

BLK 39A BENDEMEER ROAD

#18-804

331039 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

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

Address

NO Was any foreign vehicle involved in this accident? 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)

Passenger 1 NAME:

GENDER: : FEMALE

2

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 SLIP RD LOR 1 GEYLANG TWDS SIMS AVE. SUDDENLY VEHICLE B FROM LANE 1 TRYING CUT ONTO MY LANE. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

PA6003H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

KONG FANWAN Name of Driver G6786360M NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

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.
- 3. 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.
- 6. 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.
- 7. 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)
 - (i) 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.
- 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 .:

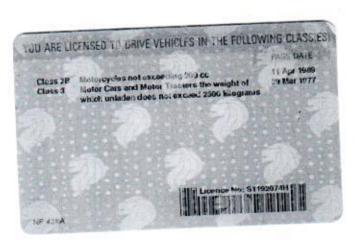
KETCH PLAN	
5,773 470	
	A: SJG 3227M B: PA6003H
	B: PA6003H
) (B)	
777	
Log 1 heylang	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to Statement.	
DECLARATION /We declare the foregoing particulars are true in every respect.	
/ we decide the loregoing particulars are true in every respective	
Notheran	

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.:









eBao Tech			NEWS TO						Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601			The state of the s		¥	Change Lan	guage	Change Passwo	rd PLog Out
My Desktop	Polic	y Query								•
Notice of Loss	Policy N	lo.				Date of Acc	ident	17/03	/2018 06:50	
	Vehicle	No.(For Motor)	S3G3227M	8						
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5037148463- 08	WONG SEE BOON	S1192074H	GPC	drivo CLASSIC	S)G3227M	53G3227M	26/06/2017	25/06/2018
			15 6,000		- 1	Continue				

▽ Polic	y Information			A 11 12 12 12 12 12 12 12 12 12 12 12 12	
olicy No.	5037148463-08	Policyholder Name	WONG SEE BOON	Policyholder NRIC	S1192074H
ddress	BLK 39A #18-804 BENDEMEER	ROAD SINGAP	ORE 331039		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	25/05/2017	Effective Date	26/06/2017 00:00	Expiry Date	25/06/2018 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	VINCENT SEAH WEE KHIM	Agent Tel.	68981328	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info Certificate Info					
Policy	holder Mailing Address				
Address 1	BLK 39A #18-804	Address 2	BENDEMEER ROAD	Address 3	SINGAPORE 331039
Address 4		Address Type	Singapore address	Post Code	331039
Unit No.		Related Policy Number	5037148463-08		
) Insure	ed Object: SJG3227M				
▽ Endor	sements				
Sequer	nce Date of Endorsement	Endors	ement Type	Endorsement Status	Endorsement Content

cident MT/0986428										
Bry No.	5037148463-08		Vehicle Nb.	SIG3227M		GST Registration		100	20100	
Scynolder Name	WONG SEE BOON					Policyhelder NR	ric.		92074H	
oduct Code	PRIVATE CAR INSURANCE	K .	Cover Type	drive CLASSE	c	Loading		0		
ntact No.(Motile)	97551667		Contact No. (Office)	0		Contact No.(Ho	ime)	0		
ek Address			Special Remark			eCode		No	Υ.	
C :	® No ○ Yes		TCA	® No ○ Yes		eCode Reason				
D Protection	Yes		NCD Employment(%)	50		Private Hire		No		
Accident Details										
	17/03/2018 15:02		Acadent Report Within 24 hrs	Yes		Accident Type		Sid	e Swipe	
port Date			Time of Accident hhumm	06:50		Country of Acc	ident	Sin	gapore	
se of Acadent	17/03/2018		Orange Force			ICM No.				
oorting Centre	SLIP RD GEYLANG LOR :	mune energie								
ident Location	SLIP KD GEYLANG LOK	LIMPO SOUS WAR								
Benefits										
Excess			HPD DATE OF THE PARTY OF THE PA		0.00	Windscreen Ex	cess			100.00
in damage Excess		600.00	Additional Excess		600.00	Hillians devices				
named Driver Excess		0.00	Outside Singapore OD Excess							
ed Party Excess		0.00	Dutside Singapore TP Excess		0.00					
GST Registered Informa	rtion			10000						
Registered	No				Registration Date Status Verified	Yes				
T Registration No.				001:2	status veinieu	1,000				
dification History										
Policyholder Mailing Ad	dress									
dress 3	BLK 39A #18-804		Address 2	BENDEMEER	ROAD	Address 3			NGAPORE 331039	
idress 4			Address Type	Singapore ad	idress	Post Code		33	1039	
of No.			Related Policy Number	5037148453	1-08					
OI Driver Info										
wer Name	WONG SEE BOOM		Driver Type	Main Driver						
named driver Name			Driver NRJC	51192074H		Driver DOB		10	V08/1956	
gister Date of Driver License.	29/03/1977		Driver Age	61		Driving Exper	ence	40	1	
	97551667		Contact No.(Office)	0		Contact No.(H	iome)	0		
ntact No.(Mobile)			Address 2	BENDEMEER	ROAD	Address 3		Si	NGAPORE 331039	
dress 1	BLK 39A			Singapore as		Post Code		3	1039	
idress 4			Address Type	Singapore di	22103					
Nt No.	18-804		CONTRACTOR OF THE PARTY OF THE			Driver Insure	Company			
oes he own a Singapore agistered car?	○ Yes ® No		Driver Vehicle No.			Diller Dade	Company			
eclaration										
reathalyser or Blood Test	0.44		Any injury?	○ Yes ⑧ N	0					
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→ Video List							
6	NAC_PAYA_UBI_800603(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 17 Ma + 2018 15:05	Photos		Normal	Photos 2018-3-17	Edit
0	NAC_PAYA_UBI_B00601(NATIO	WAL ASSESSMENT CENTRE SERVICES) on 17 Ma v 2018 15:05	Photos		Normal.	Photos 2018-3-17	Edit
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13	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 17 Ma r 2018 15:05	SAS		Normal	SAS 2018-3-17	Edit
868 FT1	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 17 Ma v 2018 15:05	NRIC/ Driving License		Normal	NRSC/ Driving License 2018-3-17	Edit
Attachment	· ·	groaded By/Date	Category	9	Urgency	Description	Sent? Action (CO)