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D.O.A .: 2/4/18-08-30	i-Motor Claim	n Form	MT 0988676	13/4/18	A:21
	i-Motor W/O	(Within: OD 2hr	s, 7'P 4hrs)		
OD : TP ! Reporting Only	i-Photo Uploa	aded	1		
	Assessment/Sur	rvey Report			
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: 5		INC ()/Non-INC()	£()	
Owner / Driver: (-	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (W	VO): N: 0-2	0%; P: 21-79%. F: 30-	100%]	-
Year of Registration: ()) Warranty: YES ()/NO()		
	\$1,000 ()/\$2,000	()		w v	
			des Marie de la company	30.00	
() Walk-In Customer: Customer's					
() Total Loss Case : to e-mail In			None i d	93	
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Remarks:- (INC horline: 6788 661)	77.37	14.12.136.65 \		N. 10	-
) / Courtesy Car ()	-	-	
2) QC Check / Post Repair Inspection	- 520007		 		
B) Upload Resurvey Photo [Repair Cost	> \$3000])	1	1 mg / A 2 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	
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iver/Owner:		4) FT : Follow-	Through Survey	\$120 \$30	
ntact No:		5) FT : Follow-	Through Survey (Resurvey) against INC Only (wef 10 Jan 20		
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Francisco

SINGAPORE ACCIDENT STATEMENT

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.
- 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.

- 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

to see the second in the second	ACCIDENT STATEMENT
Date Of Report	13/04/2018 14:25
Date Of Accident	02/04/2018 08:30
Exact Location Of Accident	ALONG GAMBAS AVE BEFORE JUNC WOODLANDS AVE 7
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDY2699S
Insured/Policyholder	
Name Of Registered Owner	KHADIJAH BINTE YAAKUB
NRIC No	S1668884C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92286250
Alternative Phone No	OFFICE-92286250
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8X 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	5098667698
Cover Note Number	
Driver	

AZRUN BIN ABBAS Name of Driver S7001998A NRIC No 22/01/1970 Date Of Birth INDOOR Occupation 02/10/1990 Date Of Driving Pass 27 YEARS AND 6 MONTHS **Driving Experience** MALE Gender (LOCAL) +65-84027911 Mobile Number

Fax Number

OFFICE-84027911 Contact Number

NOEMAIL **EMail Address**

Address BLK 34 TANGLIN HALT ROAD

#04-47

Postcode 142034

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

.

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

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) soliciting/offering accident claims assistance,

NO

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?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 GAMBAS AVE BEFORE JUNC WOODLANDS AVE 7. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO MY VEHICLE B 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

SJD3879Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

SKETCH PLAN

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.
- 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.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

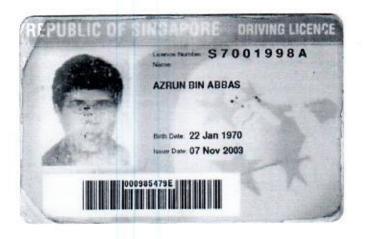
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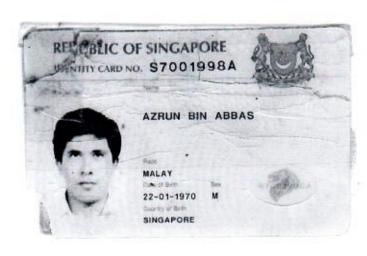
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DECLARATION		- 4.1		
/We declare the foregoing pa	articulars are true (n	every respect.		TAM
Policyholder's Signature Date & Time:	Driver's S (If driver	signature is not the policyholder)	Reporting Centre Pe Name:	ersonnel's Signature

(If driver is not the policyholder) Date & Time:

NRIC/FIN No.:









eBaoTech								GeneralClaim		
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	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098667698	KHADIJAH BINTE YAAKUB	51668884C	GPC	drivo CLASSIC	SDY26995	SDY2699S	16/03/2018	15/03/2019
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To Secretary	eporting Centre	agministrator	Grange Force	No	ICM No.	
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Marchen Printer March Ma	→ Benefits					
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NAC_PAYA_UBI_600601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Ap

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