Date In: 304/18-14:55	Jeb description	Date &Time Completed	Done by
Ref No: NA / INC18007942/24	SAS e-filing		
Vch No: 5577216	E-mail (within Shrs, AIC 2hrs)		
D.O.A .: X/4/8-13-20	i-Motor Claim Form	M70992484-001	30/4/18 19:
The state of the s	i-Motor W/O (Within: OD 2)	1	
OD TP! Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Fax:
TP Particulars: Veh No: Spm>	INC	()/Non-INC().	
Owner / Driver: (0080	Tel:)
	riod: (Cover Type: ()
Confirmed by : (Date:	Time:)
	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,00			
General Remarks;	The Control of the Co	federal Assessment	Cole States
() Walk-In Customer : Customer's infor	The state of the s	- Harris Harrison - In the second	
		A	
() Total Loss Case : to e-mail Insure		Towing Co: (
Drive-In ()/ Towed-In (); Invoice		Date&Time Completed	Done by
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	Courtesy Car ()		
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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.
- 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

State of the state of the state of the state of	ACCIDENT STATEMENT
Date Of Report	30/04/2018 14:55
Date Of Accident	28/04/2018 13:20
Exact Location Of Accident	JUNC PORTSDOWN AVE & JALAN HANG JEBAT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ721G
Insured/Policyholder	
Name Of Registered Owner	WONG KAM CHOI
NRIC No	S6865049F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96369327
Alternative Phone No	OFFICE-96369327
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E MANUAL
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5093479456
Cover Note Number	
Driver	

(LOCAL) +65-96238126

SEE CHOON KIAT Name of Driver G0486644X Passport No/FIN 06/11/1992 Date Of Birth **INDOOR** Occupation 13/03/2012 Date Of Driving Pass 6 YEARS AND 1 MONTH Driving Experience MALE Gender

Mobile Number Fax Number

OFFICE-96238126 Contact Number

NOEMAIL EMail Address

27 FOCH ROAD Address

#18-01 HOA NAM BUILDING

Postcode

209264

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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 injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: KELLY

GENDER:

: FEMALE

Passenger 2

NAME:

GENDER: : MALE

Passenger 3

NAME:

. .

GENDER:

: FEMALE

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 DRIVING SJJ721G ALONG PORTSDOWN AVE (IN THE DIRECTION OF PIE) ON THE FIRST LANE (MOST RIGHT LANE). THIS SAID LANE IS FOR TRAFFIC GOING STRAIGHT AND TURNING RIGHT, VEHICLE B WAS TRAVELLING IN THE MIDDLE LANE AND HIS LANE ONLY ALLOW TRAFFIC TO GO STRAIGHT. WHEN I WAS AT THE TRAFFIC JUNCTION BETWEEN PORTSDOWN AVE & JALAN HANG JEBAT, SUDDENLY VEHICLE B MADE AN ABRUPT RIGHT TURN INTO JLN HANG JEBAT AND CAUSED A COLLISION BETWEEN MY VEHICLE & VEHICLE B. NO ONE WAS INJURED. MY FRIEND WAS IN MY CAR AND SHE WITNESSED THE SAID ACCIDENT.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

Details of Witness 1

Name

KELLY

Phone Number

91546455

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDM2688L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

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.
- 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 .:

SKETCH PLAN	
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10, 8	
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
nefer to statement.	
<i>f</i>	
DECLARATION	
I/We declare the foregoing particulars are true in every respect.	
	dan.
47	1111/2"

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.:

Alter Accident 多回 1 1 1 000 J Vehille A-535721G Jalan Houng Jebert Kedyna Accident NE] Mc] ~wobstro? EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Engloyee ...
INFINITY DRIVE PTE. LTD.



SEE CHOON KIAT

GD486644X



K0202783



VISIT PASS

Immigration Regulations

23-03-2018

SEE CHOON KIAT



G0486644X



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 13 Mar 2012 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		70000				Change Lan	guage	· Change Passwo	rd • Log Out
My Desktop	Polic	cy Query					and the same of th			
Natice of Loss	Policy N	lo.	Date of Accident		28/04	1/2018 13:20	3			
	Vehicle	No.(Far Motor)	S33721G							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093479456	WONG KAM CHOI	S6865049F	GPC	Third Party	5))721G	533721G	16/08/2017	30/08/2018
						Continue				

Seque	nce Date of Endorse	ment	Endorseme	nt Type	Endorsemen	t Status	Endorsement Content
♥ Endor	sements				1,600	NSVIEW 0	
D Insur	ed Object: SJJ721G						
Jnit No.		Relat Num	ed Policy ber	5093479456			
Address 4			ess Type	Singapore add	ress	Post Code	209264
Address 1	27 FOCH ROAD	Addr	ėss 2	#18-01 HOA N	AM BUILDING	Address 3	SINGAPORE 209264
□ Policy	holder Mailing Address						
Certificate Info							
olicy nfo							
lag Open							
Co- nsurance	No						
\gent	PATRONUS PTE. LTD.	Agent Tel.	63441918		GST Flag	Y	
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		7 Land 19 Land		/Inexperience Driver Excess
edditional excess		OS Premium	0				
hird arty xcess	0	Own damage Excess	0		Windscreen Excess	0	
xcess ype		All Claim Excess					
olicy ssue ate	16/08/2017	Effective Date	16/08/2017	7 00:00	Expiry Date	30/08/2018 2	3:59
roduct Iame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	27 FOCH ROAD #18-01 HOA	NAM BUILDING S	SINGAPORE	209264	0.23-0.000		
olicy No.	5093479456	Policyholder Name	WONG KAN		Policyholder NRIC	S6865049F	

Claim Handling											- Sa
Accident MT/0992484							-	GST Registration No.			
Policy No.	5093479456		Vehicle No.		S17721G					568650496	
Policyholder Name	WONG KAM CHOI							Policyholder NR3C		0	
Product Code	PRIVATE CAR INSURANC	2	Cover Type		Third Party			Loading Contact No.(Home)		0	
Contact No.(Mobile)	96369327		Contact No.(Office)		0						
Email Address			Special Remark					eCode		NC.Y	
KFK	® No Dives		TCA		® No ○Ye			eCode Reason			
NCD Protection	No		NCD Entitlement(%)		0		No.	Private Hire		No	
 Accident Details 										200	
Report Date	30/04/2018 19:36		Accident Report Within	n 24 him	Yes			Accident Type			Change / Cross lane
Cate of Accident	28/04/2018		Time of Accident hhim	Nette .	13:20			Country of Accident		Singapore	
Reporting Centre			Orange Force					ICM No.			
Accident Location	SUNC PORTSDOWN AVE	6 JALAN HANG JEBAT									
→ Benefits											
₩ Excess			Venezania e anti-					Windspreen Excess		0.00	
Own damage Excess:		0.00	Additional Excess	Evente		0.00					
Unnamed Driver Excess		0.00	Curside Singapore OD			0.00					
Third Party Excess	Partice.	0.00	Outside Singapore TP	Excess		0.00					
SST Registered Informa					ngv	Registration Date					
GST Registered	No					Status Verified		Yes			
GST Registration No. Modification History					,,,,,,			1,000			
Modification Procesy											
Policyholder Mailing Ad			120/02/29		A18 01 HD	A NAM BUILDING		Address 3		SINGAPOR	E 209264
Address 1	27 FOCH ROAD		Address 2					Post Code		209264	2 207201
Address 4			Address Type		Singapore a			7031 (1000)		200201	
Unit No.			Related Policy Number	r	509347945	6					
⇒ OI Briver Info	was an experience		No. or Tone		Named Driv	eri :					
Driver Name	SEE CHOON KIAT		Onver Type Driver NR3C		G0486644X			Driver DOB		06/11/199	12
Unnamed driver Name	42,002,000.0		Driver Age		25			Driving Experience		60	
Register Date of Driver License			Contact No.(Office)		0			Contact No.(Home)		0	
Contact No.(Mobile)	96230126		Address 2		HOA NAM B	u m navč		Address 3		SINGAPOR	E 209264
Address I	27 FOOH ROAD				Singapore a			Post Code		209264	
Address 4			Address Type		Singapore a	ioureas .		r pas saves		*****	
Unit No. Does he own a Singapore Registered car?	18-01 Yes No		Driver Vehicle No.					Driver Insurer Comp	any.		
Declaration											
Breathalyser or Blood Test Reading?	0 mg		Any injury?		○ Yes ® *	No					
Modification History											
Claim 001. New											
	V-1000				WONG KAN			Insured NRIC		56855049	
Claim Type *	ор-мк	~	Insured Name		WONG KAP	CHOI		Contact No. (Office)		Sounders	
Contact No.(Mobile)			Contact No.(Home)		COURSE OF			TP vehicle Number		SDM2688	
Email Address			Of Vehicle Number		SJ3721G			Name of Preferred V	inderhon	3DH2000	
Claim Description	SJ)721G / SOM26BBL C	N 28 Apr 2018	consone transpor		_		7	Marine of Preferred (HOIKSHOP		
Preferred Workshop Contact. No.			Insured Liability *		Not at Fau		-			-	
Require Finalisation	res	¥	Preferered Repair Opt	ban	Preferred (Workshop, Name unknown	V	GIA report		Received	
Date Registered	30/04/2018 19:38		Claim Close Date					Date Received		30/04/201	18 00:00
Report Taxon by	Jackson										
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	MT/0592484		Claim No			001					
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0.00					7354						Send Message Uplo

Attachment	9	Iploaded By/Date	Category	P	urgency	Description	Msg Sent? Action (CO)
1 1	NAC_PAYA_UBI_BD0601(NATIO	MAL ASSESSMENT CENTRE SERVICES) on 30 Ag r 2018 19:39	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-30	Edit
46		NAL ASSESSMENT CENTRE SERVICES) on 30 Ap + 2018 19:39	SAS		Normal	SAS 2018-4-30	Edit
7159	NAC_PAYA_USI_8D0803(NATIO	NAL ASSESSMENT CENTRE BERVICES) on 20 Ap + 2018 19-38	Photos		Normal	Photos 2018-4-30	Lain
7	NAC PAYA_UST_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 30 Ap + 2018 19:38	Photos		Normal	Photos 2018-4-30	Edit
	NAC_PAYA_1/81_80080)(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 30 Ap y 2018 19:38	Photos		Normal	Photos 2018-4-30	Edit
10	NAC_PAYA_USI_800501(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 30 Ap + 2018 19:38	Photos		Normal	Photos 2018-4-30	Edit
500	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 30 Ap r 2018 19:38	Photos.		Normal	Photos 2018-4-30	Edit
	NAC_PAYA_UBI_800601(NATX	NAL ASSESSMENT CENTRE SERVICES) on 30 Ap r 2018 19:38	Photos		Normal	Photos 2018-4-30	Edis
		MAL ASSESSMENT CENTRE SERVICES) on 30 Ap r 2018 19:38	Photos		Normal	Photos 2018-4-30	Edit
5	NAC_PAYA_UBI_800603[NAT]	MAI: ASSESSMENT CENTRE SERVICES) on 30 Au + 2018 19:38) Photos		Normal	Photos 2015-4-30	Edit
4	NAC_PAYA_UBI_B00603(NATI	MAL ASSESSMENT CENTRE SERVICES) on 30 Ap + 2018 19-38) Photos		Normal	Photos 2018-4-30	Edit
	NAC_PAYA_UBI_600603(NATS	ONAL ASSESSMENT CENTRE SERVICES) on 30 Ap 7 2018 19:36	Photos		Normal	Photos 2015-4-30	Edit
7		NAL ASSESSMENT CENTRE SERVICES) on 30 Ap r 2018 19:38	Photos		Normal	Photos 2018-4-30	Edit
4	NAC_PAYA_USI_800801(NATI	INAL ASSESSMENT CENTRE SERVICES) on 30 Ap + 2018 19:38	Photos		Normal	Photos 2018-4-30	Edit
	NAC_PAYA_UBI_800601(NATO	ONAL ASSESSMENT CENTRE SERVICES) on 30 Ap r 2018 19:38	Photos		Normal	Photos 2018-4-30	Edit
⇒ Video List							
	Uploaded By/Date	Folder Date	File Name		9	Source	Action