Date In: 21/5/18 - 17:42	Jeb description	Date &Time Completed	Done by
Re[No: NA NC 180097 03 ZY	SAS e-filing		
Veh No: 553161C	E-mail (within Shrs, AIC 2hr	s)	
D.O.A :20/5/18-22:70	i-Motor Claim Form	MT/0995173-001	31/1/18 18:32
	i-Motor W/O (Within: OE	2hrs, TP 4hrs)	
OD : TP : Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repo	rt	
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	V: (Tel: F	ax:
TP Particulars: Veh No:	SKC3584R . IN	C()/Non-INC().	
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-	100%]
Year of Registration: () Warranty: YES ()/NO ()	
	:\$1,000()/\$2,000()		
General Remarks			100 S
() Walk-In Customer : Customer			
() Total Loss Case : to e-mail I		1	
		; Towing Co: (. ;
		3	POSICE 22 100 P. III
temarks: (INC hothine: 6788 66		Date& fame Completed	Done by
l) Apply for Transport Allowance ()/Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cos	t>\$3000] ()	X Y - S	
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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.
- 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.

result in the second strategies and second	ACCIDENT STATEMENT
Date Of Report	21/05/2018 17:42
Date Of Accident	20/05/2018 22:30
Exact Location Of Accident	PIE (CHANGI) BEFORE PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ3161C
Insured/Policyholder	
Name Of Registered Owner	SIAK MUN CHONG
NRIC No	S1797229D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94551097
Alternative Phone No	OFFICE-94551097
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5096532030
Cover Note Number	
Driver	

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EMail Address

The state of the s		
Name of Driver	SIAK MUN CHONG	
NRIC No	S1797229D	
Date Of Birth	06/01/1967	
Occupation	OUTDOOR	
Date Of Driving Pass	10/11/1988	
Driving Experience	29 YEARS AND 6 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-94551097	
Fax Number		
Contact Number	OFFICE-94551097	

NOEMAIL

BLK 264 WATERLOO STREET Address

#07-201

180264 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

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?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

NAME:

: FEMALE

GENDER:

NO

NO

2

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

NO

Was there any audio recorded?

NO

Vehicle Registration Number

SKC3584R

Vehicle Make/Model/Colour

SUBARU EXIGA GT

DETAILS OF OTHER VEHICLE PROPERTY 1

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)

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</u> and <u>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.
- 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.

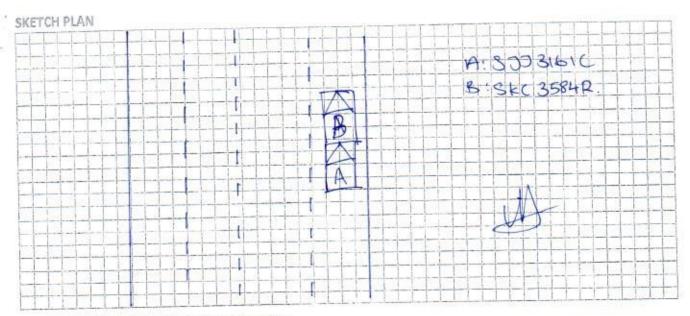
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No .:



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DECLARATION

I/We declare the foregoing particulars are true in every respect.

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.

- Please report correctly on the details of the accident to speed up the claim process.

 This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

AND THE RESERVE OF THE PARTY OF	ACCIDENT DETAILS	THE REPORT OF THE PARTY OF THE
Date of accident	20.05.2018	(DD/MM/YY)
Time of accident	10;30 pm	(HH:MM)
Exact location of accident	PIE towards changi before Paya Lebar exit.	

THE RESERVE OF THE PARTY OF THE	DET	TAILS OF V	EHICLE		计算的 100 000 000 000 000 000 000 000 000 00
Vehicle registration number	SDD 3161	C			
Vehicle make and model	Toyota Vi	os			
Type of vehicle	Saloon 🗷	MPV □ Bus □			Others:
Vehicle category	Private 🗆	Comm	ercial 🗗 🛚 N	lotorcyc	ele 🗆
Purpose of using at said time	GRAB				
Are you claiming under your own insurance company?	Yes Third part cl	No 🗆	if no, please Reporting o		

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number	5096532030		
Type of policy	Comprehensive	Third party fire & theft	TP only [

ALL ALL MARKET MARKET MARKET	INSURED / POLICY HOLDER		
Name	SIAK MUN & CHONG	Male 🗈	Female
NRIC / Fin / Passport number	51797790		
Contact	9455 1097		
Address	BIK 264 waterloo street #07-201 Singapor 180264		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	PHUNC
Name	Male 🗆	Female
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	06.01.1967	216/22-5
Occupation	Indoor Outdoor	
Driving date pass	10-11-1988	

Service Committee Committe	ENERAL IN	FORMATION	OF THE ACCIDENT	STATE OF THE PARTY OF
Vas driver an employee of	Voc	Non		
the insured's company?	If no, rela	tionship of th	he driver and insured:	owner.
Accident captured by camera?	Yes 💆	No		
Weather condition	The second secon	Raining =	Others:	
Road surface	Dry 🗹	Wet 🗆	A SV - VOR SV - VE - VE - VE - VE - VE	
No of passenger	2			(Inclusive of driver)
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Name	SIAK	Mun CHO	ng	
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Name				
Gender	Male 🗆	Female I	<u> </u>	
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Gender	Male 🗆	Female		
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Gender	Male 🗆	Female	0	
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Name				
Gender	Male 🗆	Female		
	A			
British Ship Leaving	· ·	OTHER INFO	RMATION	是1980年1月1日 (1981年1月1日日本)
Was anybody injured?	Yes 🗆	No 🗷		
Was other vehicle damaged?	Yes 🗹	No 🗆		
	D	ETAILS OF PC	DLICE ACTION	
Reported to police?	Yes □	No 🗷	If yes, please state w	hich police station.
Police station name				
	2-30-311-1 12-31-3			
THE RESERVE THE PROPERTY OF	11.71	WITN	ESS 1	
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Name				

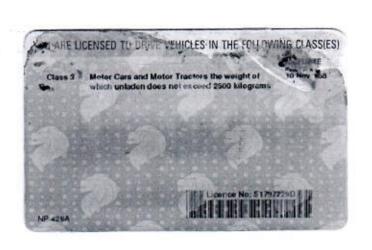
The way be deposited a second	THIRD PARTY VEHICLE 1
Vehicle registration number	Skc 3584R Subaru Exira GT
Vehicle make model	DANNIN CHIM CI
Name	
NRIC / Fin / Passport number	
Contact	
	THE DARTY WELLS 2
《新沙方》等《秦中的 是《秦中的》:	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
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NRIC /Fin / Passport number	
Contact	
STATE OF THE PROPERTY OF THE PARTY OF THE PA	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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Vehicle make model	
Name	
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	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
TO A PARTITION ASSET	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Vehicle registration number	
Vehicle make model	
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Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
建筑中国的人区间的建筑	6154000	INJURED	PERSON 2	
Name				
Injuries sustained				
Which vehicle person in ?			/	
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
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Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	Mon		
Was injured conveyed to	Yes □	No		
hospital by ambulance?				
建设的通过的外外的产业的收集	74.000	INJURED	PERSON 4	The second second second
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Injuries sustained				
Which vehicle person in?	1	/		
Were seat belts worn?	Yes 🗆	No D		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?	1			
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Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆	PERSON 6	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No 🗆		
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained		No 🗆		
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No 🗆 No 🗆 INJURED		
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Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No 🗆 No 🗆 INJURED		









eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601					,	Change La	nguage	Change Passw	ord · Log Out
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Notice of Loss	Policy N	Vo;				Date of Acc	cident	20/05	/2018 22:30	
	Vehicle	No.(For Motor)	SJJ3161C							200
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096532030	SIAK MUN CHONG	S1797229D	GPC	drivo CLASSIC	SJJ3161C	5333161C	07/12/2017	08/09/2018
					I	Continue		10000000	- 120 - 2000 No	***************************************

Policy No.	5096532030	Policyholder Name	SIAK MUN	CHONG	Policyholder NRIC	S1797229D	
Address	BLK 264 #07-201 WATERLOO	STREET SINGA	PORE 1802	54			
Product Name	PRIVATE CAR INSURANCE	Plan		3000	Group Policy Flag	N	
Policy issue Date	06/12/2017	Effective Date	07/12/20:	17 00:00	Expiry Date	08/09/2018 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	ALPINE CREDIT PTE LTD	Agent Tel.	65113025		GST Flag	Υ	
Co- insurance Flag Open Policy Info	No				20000,0000 to 2		
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 264 #07-201	Addres	is 2	WATERLOO STREET	2 20	Address 3	SINGAPORE 180264
Address 4		Addres	s Type	Singapore address	9	Post Code	180264
Jnit No.	07-201	Relate Numbe	d Policy	5096532030			
D Insured	d Object: SJJ3161C						
▽ Endorse	ements						
	ce Date of Endorseme		ndorsemen				

Accident MT/0995273								
Policy No.	5096532030	Vehicle No.	5))3161C		GST Registration	n No.		
Policyholder Name	STAK MUN CHONG				Policyholder NR)		\$1797229D	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading		0	
Contact No. (Motive)	94551097	Contact No. (Office)	O.			392		
Email Address		Special Remark			Contact No (Hon	ne)	D	
KEK:	® No C Yes	TCA			eCode		10.0	
VCD Protection	No		® No ○Yes		eCode Reason			
S Accident Details	(No.	NCD Entitlement(%)	0		Private Hire		Yes	
	Control of the Control of							
Report Date	21/05/2018 18:30	Academt Report Within 24 hrs	Yes.		Accident Type		Collision - Head to Rear	
Table of Accident	30/02/5018	Time of Accident hh:mm	22:30		Country of Accid	ent		
eporting Centre		Orange Force			ICM No.	4111	Singapore	
Accident Location	PIE (CHANGI) BEFORE PAYA LEBAR RD EXIT				res au.			
17 Benefits								
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Wn damage Excess								
	2,000.00	Additional Excess	0		Windscreen Exce	55	100.00	
nnamed Driver Excess		Outside Singapore OD Excess	2,000.00					
ned Party Excess	1,500.00	Dutside Singapore TP Excess	1,500.00					
GST Registered Inform	nation	2010	1,500.00					
ST Registered	No		COT NAME OF THE OWNER,					
ST Registration No.			GST Registration Date					
diffication History			GST Status verified		Yes			
Policyholder Mailing Ar	ddress							
IDress I	BLK 264 ±07-201	Address 2						
ddress 4			WATERLOO STREET		Address 3		SINGAPORE 180284	
ne No.	The National Control of the Control	Address Type	Singagore address		Post Code		180264	
	07-201	Related Policy Number	5096532030					
OI Driver Info								
river Name	Unnamed Driver	Onver Type	Unnamed Driver					
mamed driver Name	STAK MUN CHONG	Driver NRIC	\$17972290		Driver DOB		- Anna Control	
gister Date of Driver License	10/11/1988	Driver Age	51				06/01/1967	
react No.(Mobile)	94551097				Driving Experience	*	29	
ddress 1		Contact No. (Office)	0		Contact No. (Home	1)	0	
	RLK 264							
	1001407	Address 2	WATERLOO STREET		Address 3		SINGAPORE 180264	
		Address 2 Address Type					SINGAPORE 180264	
odress 4 Nt No.	07-201		WATERLOO STREET Singapore address		Address 3 Post Code		SINGAPORE 180264 180264	
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