Date In: >1/5/18-10:18	Jeb description	Date &Time Completed	Done	pi.		
Ref No: NA/INC18009238/24	SAS e-filing					
Veh No: E2969J	E-mail (within Shrs, AIC 2hrs)		- EXAMPLE			
	i-Motor Claim Form	MT/0995286-001	31/2/18	20:09		
D.O.A: 20 5 8-18:15			7.131.4	-		
OD (TP-) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded					
TP Insurer:	Assessment/Survey Report	to Occupantivities				
Preferred Wksp / INC Assign Wksp / QW: (Ass't Report by Fax / Hand		ax:			
TP Particulars: Veh No: 61						
Owner / Driver: (W 7 7011	Tel:)			
Policy No: ()	Period: ()	Cover Type: (
	Date:	Time:)	-		
Confirmed by : (Control of the Contro	00061			
	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 50-1	100%			
Year of Registration: ()	Warranty: YES ()/NO ()				
	\$1,000 ()/\$2,000 ()					
General Remarks;-	THE PLAN STATE OF STATE		100	1		
() Walk-In Customer : Customer's			• • • • • • • • • • • • • • • • • • • •	201/202		
		'a raid of the contract of the				
() Total Loss Case : to e-mail Ins						
Drive-In ()/ Towed-In (); Invo	oice: YES() / NO();	Towing Co: ()		
Dominico MACANI NO 6789 6616		Date & Tarie 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.
- 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

ALL SAN TO BE TO SERVICE AND ASSESSED.	ACCIDENT STATEMENT
Date Of Report	21/05/2018 10:18
Date Of Accident	20/05/2018 18:55
Exact Location Of Accident	ALONG LORNIE RD TWDS UPP THOMSON RD
Country/State of Loss	SINGAPORE
De la companya de la	ETAILS OF OWN VEHICLE
Vehicle Registration Number	EZ969J
Insured/Policyholder	
Name Of Registered Owner	CHUA JOON GUANG
NRIC No	S8334314A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81819097
Alternative Phone No	OFFICE-81819097
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA AERAS G-EDITION 2.4 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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5085603877-01 Policy Number

Cover Note Number

Driver

CHUA JOON GUANG (CAI JUNGUANG) Name of Driver

S8334314A NRIC No 28/10/1983 Date Of Birth INDOOR Occupation 10/05/2006 Date Of Driving Pass

12 YEARS AND 0 MONTHS Driving Experience

Gender MALE

(LOCAL) +65-81819097 Mobile Number

Fax Number

OFFICE-81819097 Contact Number

EMail Address NOEMAIL

BLK 1G CANTONMENT ROAD Address

#04-81 085701

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE 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? YES

Was any injured conveyed to hospital by ambulance?

NO

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 : TEOW WENYA NAME:

> GENDER: : FEMALE

Passenger 2

NAME:

GENDER: : MALE

Passenger 3

NAME:

GENDER: : FEMALE

Passenger 4

NAME:

GENDER:

: FEMALE

Passenger 5

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, MY VEHICLE WAS STATIONARY STOPPED AS VEHICLE IN FRONT WAS STOPPING ALONG LANE 2 LORNIE RD. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 3 LORNIE RD 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

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GW5361X Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

DETAILS OF INJURED PERSON 1

CHUA JOON GUANG (CAI JUNGUANG) Name

Approximate Age

NECK & BACK Injuries Sustain

EZ969J Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by

NO ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

NO

TEOW WENYA Name

Approximate Age

NECK & BACK Injuries Sustain

Injured person in which vehicle? EZ969J YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

SKETCH PLAN

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.
- 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>.
- 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.
- 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:
 - (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

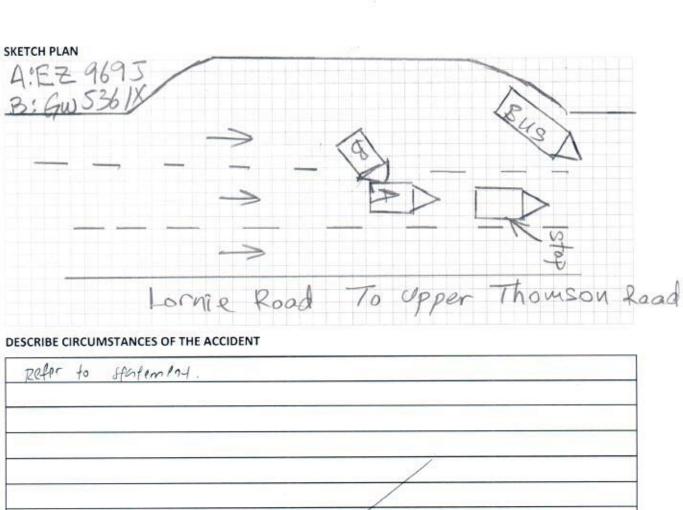
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Refer to Statement.

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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8334314A



CHUA JOON GUANG (CAI JUNGUANG)











28-10-1983

SINGAPORE



5258299



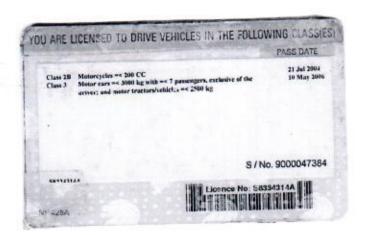


17-01-2014

APT BLK 1G CANTONMENT ROAD #04-81 SINGAPORE 085701

NRIC No: \$8334314A

Date: 15/10/2016







cident MT/0995286					
ticy No.	5095603977-01	Vehicle No.	EZ989)	GST Registration No.	
		Verricie igo.	2	Policyholder NRIC	SB334314A
icyholder Name	CHUA 300N GUANG				
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ract No.(Mobile)	81819097	Contact No.(Office)	0	Contact No.(Home)	Ó
ii Address		Special Remark		eCode	The V
	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
Protection -	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
port Date	21/05/2018 20:06	Acodent Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
te of Accident	20/05/2018	Time of Accident hh:mm	18:53	Country of Accident	Singapore
porting Centre		Orange Force		1CM No.	
cident Location	ALONG LORNIE RD TWOS UPP THOMSON RD				
Benefits					
Excess					
in damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Inform	ation				
Registered	No.		GST Registration Date		
F Registration No.			GST Status Venfied	Yes	
diffication History					
Policyholder Mailing Ad					
drace 1	BLK 1G #04-81	Address 2	CANTONMENT ROAD	Address 3	THE PINNACLE @ DUXTON
dress 4	SINGAPORE 085701	Address Type	Singapore address	Post Code	085701
it No.		Related Policy Number	5085603877-01		
OI Driver Info			27 TO 18		
	CHLA JOON GUANG	Paras Tree	Main Driver		
iver Name	CHOK JOCK GUANG	Driver Type		A	30000000
named theyer Name		Driver NRIC	S8334314A	Driver DOB	28/10/1983
gister Date of Driver License	10/05/2006	Driver Age	34	Driving Expenence	12
mact No. (Mobile)	81819097	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 1G	Address 2	CANTONMENT ROAD	Address 3	THE PINNACLE @ DUKTON
dress 4	SINGAPORE 085701	Address Type	Singapore address	Post Code	085701
	SINGAPORE 085701	Address Type	Singapore address	Post Code	085701
Nt No.	04-81		Singapore address		085701
nit No. ses he own a Singapore		Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	085701
of No. ses he own a Singapore gatered carf	04-81		Singapore address		055701
et No. ses he own a Singapore gastered cart	04-81		Singapore address		055701
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