	itre Services wet 1 Janios N	IN FLITOUTO	
Date In: 31/5/18-19:19	Jeb description	Date & Time Completed	Done by
Ref No: NA   INC 18 009891124	SAS e-filing		
Veh No: SFT95337	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 38/1/18-18:00	i-Motor Claim Form	M7/0996715-001	31/x/18 18:27
	i-Motor W/O (Within: OD 2)	irs, TP 4brs)	
OD / TP / Reporting Only	i-Photo Uploaded		
TD I	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: 56	59 0 V Y INC	( )/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: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
	1,000 ( )/\$2,000 ( )	<u> </u>	
General Remarks:-			185 K-17
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( ) Walk-In Customer : Customer's in		TINCUY NO 13ler of repaller.	-
( ) Total Loss Case : to e-mail Insu			·
Drive-In ( ) / Towed-In ( ); Invo	ice: YES ( ) / NO ( );	Towing Co: (	
Remarks:- (INC hotline: 6788 6616)	100	Date&Time Completed	Done by
TOWNS AND THE STORY OF THE STOR	/ Courtesy Car ( )		with the same of a
2) QC Check / Post Repair Inspection	( )		
		<del>                                     </del>	
Upload Resurvey Photo [Repair Cost>		- v.	
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3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA 180 3415  Inimant's Particulars:-  inter/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pr  Invoice Pr  I) AR: Accider  2) DA: Darneg  3) TF: Towing  4) FT: Follow- For claiming  6) TR: Re-insp  7) N1: Idae DA  8) NTUC Addit  OD*  *N5: Courtes  *N6: Repeir  *N7: Post Re  *N8: DV/C	paration Checklist  At Reporting (\$30);  Assessment (\$100); INC (\$8 Fee \$40 Through Survey (Resurvey)  against INC Only (wef 10 Jan 2005)  cotion  + SMRT Survey  ional Services  y Car / Tpt Allowance Co-ordination pair Inspection  bleet Excess Coordination	Ant (\$) Amt (\$ fit Bill Add Bi  0) /545 5120 \$30  \$75 1160
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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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</u> 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.
- 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
  aforesaid.

STATE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	31/05/2018 14:19
Date Of Accident	28/05/2018 18:00
Exact Location Of Accident	SIMS AVE BEFORE JUNC GEYLANG EAST AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFT9533T
Insured/Policyholder	
Name Of Registered Owner	KO GEOK CHOO @SHI FA XING
NRIC No	S1260734B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96600024
Alternative Phone No	OFFICE-96600024
Vehicle Particulars	
Manufacturer	SUZUKI
Model	APV 1.6 5-DOOR GLX AT ABS AIRBAG
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	5087967552-01
Cover Note Number	
Driver	
Name of Driver	KO GEOK CHOO @SHI FA XING
NRIC No	S1260734B
Date Of Birth	16/05/1957
Occupation	INDOOR
Date Of Driving Pass	14/01/1982
Driving Experience	36 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96600024

OFFICE-96600024

NOEMAIL

Address

BLK 523 HOUGANG AVENUE 6

#09-109

Postcode

530523

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

.

Insurance Company of Driver's Own Vehicle

8

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

11900

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)

2

Passenger 1

NAME:

£83

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 TURN ON MY VEHICLE INDICATOR LIGHT AS I WANTED CHANGE LANE FROM LANE 3 TO LANE 4 IN ORDER TO ME TURN INTO GEYLANG EAST AVE 1. I DID NOT NOTICED VEHICLE B WAS MOVING IN SLOW POSITION. IN A RESULT, MY VEHICLE LEFT MIRROR SLIGHTLY HIT ONTO VEHICLE B REAR RIGHT 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

SG5904Y

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category Name of Driver

SHAIK AHMAD FAHD BIN SHAIK NASAIR JOHAR

NRIC/Passport Number

S8621271D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

#### 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 truthful 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.
- 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.

Polityholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to stat	ment.	
		Sirve
	/	
/		

# 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:

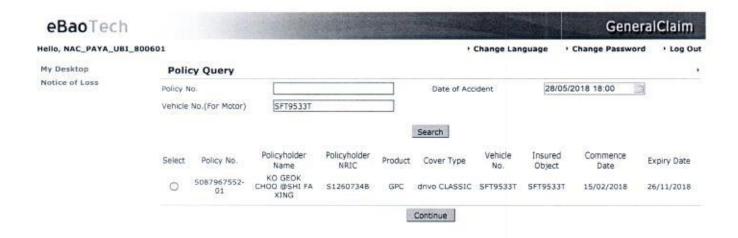
NRIC/FIN No.:











Policy No.	5087967552-01	Policyholder Name	KO GEOK	CHOO @SHI FA XING	Policyholder NRIC	S1260734B	
Address	BLK 523 #09-109 HOUGANG	AVENUE 6 SING	APORE 530	523			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	05/02/2018	Effective Date	15/02/20:	18 00:00	Expiry Date	26/11/2018 2	3:59
Excess Type		All Claim Excess					
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			Young	g/Inexperience Driver Excess
Agent	VILLAGE CREDIT PTE LTD	Agent Tel.	64646626	(Fax)	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 523 #09-109	Addre	rss 2	HOUGANG AVENUE	6	Address 3	SINGAPORE 530523
Address 4		Addre	ss Type	Singapore address		Post Code	530523
Unit No.	13-340	Relate Numb	ed Policy er	5087967552-01			
D Insure	d Object: SFT9533T						
	-1-02-011-02-01						
	sements						

ocident MT/0996715					
stee No					
and an	5087967552-01	Vehicle No.	SF79533T	GST Registration No.	
olicyhalder Name	KO GEOK CHOD @SHE FA XING			Policyholder NRJC	512607348
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
intact No. (Mobile)	96600024	Contact No.(Office)	0	Contact No.(Home)	0
sail Address		Special Remark		eCode	No V
K.	® No ○ Yes	TCA	(ii) No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	10	Private frire	No
	190	read Contraction (14)	**		
Accident Details			0.00	Accident Type	Collision - Change / Cross lane
port Date	31/05/2018 18:26	Accident Report Within 24 hrs	Yes		(32)
Institute 10 st	28/05/2018	Time of Accident hh:mm	18:00	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	SIMS AVE BEFORE JUNC GEYLANG EAST AVE	1			
Benefits					
verage			Sum Insured		
insport Allowance			99999999.99		
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess.	0.00	Outside Singapore DD Excess	600.00		
	0.00	Outside Singapore TP Excess	0.00		
Party Excess		Service and Ashard to propose			
GST Registered Informa			DET Registration flats		
Registered	No		GST Registration Date GST Status Verified	Yes	
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dification History					
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Policyholder Mailing Ad		APADECCE I	Lacronia themis a	Table 1	SINGAPORE 530523
dress 1	BFK 253 n08-108	Address 2	HOUGANG AVENUE 6	Address 3	
fress 4:		Address Type	Singapore address	Past Code	530523
r No.	13-340	Related Policy Number	5087967552-01		
OI Driver Info					
ver Name	NO GEOK CHOO @SHI FA XING	Onver Type	Main Driver		
named driver Name		Onver NRIC	S12607348	Driver DOB	16/05/1957
gister Date of Driver License	14/01/1982	Driver Age	61	Driving Experience	36
ntact No.(Mobile)	96600024	Contact No.(Office)	٥	Contact No. (Home)	0
dress 1	BLK 523	Address 2	HOUGANG AVENUE 6	Address 3	SINGAPORE 530523
dress 4		Address Type	Singapore address	Post Code	530523
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	09-109				
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ses he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
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oes he own a Singapore ligistered car? Iclandition wathalyser or Blood Test laiding?			○ Yes  No	Driver Insurer Company	
es he own a Singapore gistered car? claration eathalyser or Blood Test ading?			○ Yes <b>③</b> No	Driver Insurer Company	
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