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Date In: 27 6/18-14:26			
Res No: NA INCIRO 11422/24	SAS e-filing		1
Veh No: 3161C	E-mail (within Shrs, A		*
D.O.A: 23/6/18-11:25	i-Motor Claim Fo	rm MT/0999714-001	22/6/18 19:13
OD (TP) Reporting Only	i-Motor W/O (With	in: OD 2hrs, TP 4hrs)	
OB / 17 / Teporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey	Report	
ir insurer.	Ass't Report by Fax	/ Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	:(Tel:	Fax:
TP Particulars: Veh No:	SKJ6351P	INC()/Non-INC()	, ,
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Da	te: Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 21-79%. P: 8	0-100%]
Year of Registration: () Warranty: YES ()/	NO()	
	\$1,000()/\$2,000()	
General Remarks:			
() Walk-In Customer: Customer's		itial & Strictly NO refer of repair	er.
() Total Loss Case : to e-mail In			
	voice: YES () / NO (); Towing Co: (.)
			MANUAL AND
Remarks:- (INC hotline: 6788 66)	(6)	Date&Time Completed	Doneby
1) Apply for Transport Allowance ()/Courtesy Car ()		
	// Courtey Car (/		
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	()		
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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.
- 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.
- 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 aforesaid.

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 Date Of Report
 22/06/2018 14:26

 Date Of Accident
 22/06/2018 11:25

Exact Location Of Accident JUNC BENCOOLEN ST & MIDDLE RD

Country/State of Loss SINGAPORE

DETAILS 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 THIRD PARTY

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

Name of Driver SIAK YOKE LOON

 NRIC No
 S0302835F

 Date Of Birth
 29/09/1939

 Occupation
 INDOOR

 Date Of Driving Pass
 18/02/1960

Driving Experience 58 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91856679

Fax Number

Contact Number OFFICE-91856679

EMail Address NOEMAIL

64 WATERLOO STREET Address

#10-02 187959

Postcode

Was driver an employee of the Insured's Company NO

PARENT If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

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)

soliciting/offering accident claims assistance.

1

NO

NO

NO

Number of Passengers (Including Driver) **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)

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

SKJ6351P

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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>.
- 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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	I was travelling along the 4 th lane of Bencoolen Street towards
	Middle Road. While travelling, vehicle B from lane 5 th started to cut
	onto my lane without making sure the road is clear and collided onto
-	the left side of my vehicle .
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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.

	ACCIDENT DETAILS	to a la ca a lateral
Date of accident	22 June 2018	(DD/MM/YY)
Time of accident	11:25am	(HH:MM)
Exact location of accident	Bencollen St towards Middle Road	

The second of th	DETAILS OF VEHICLE
Vehicle registration number	3731610
Vehicle make and model	TOMOTIA VIOS
Type of vehicle	Saloon MPV CRV Van Crv Van Crv Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

STEEL ST	INSURANCE INF	ORMATION	《西京學院學科》
Insurance company	NTUC		
Policy number	5096532030		Mark Control Market
Type of policy	Comprehensive p	Third party fire & theft	TP only [

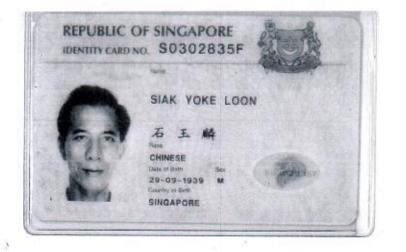
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Name	01010 1010		
NRIC / Fin / Passport number	S1797229D		
Contact	94551097		
Address	BIK 264 Water 100 #07-201		

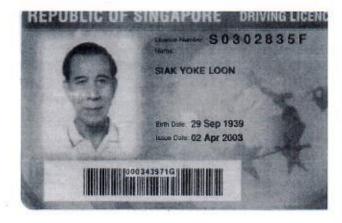
DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)							
Name	Siak Moke Loon	Male	Female □					
NRIC / Fin / Passport number	S0302839F							
Contact	91876679		Harris Control					
Address	64 WATER 100 St #10-02 S(0718)							
Email address	102.0							
Date of birth	29.09.1939							
Occupation	Indoor D Outdoor							
Driving date pass	18 FLD 1960							

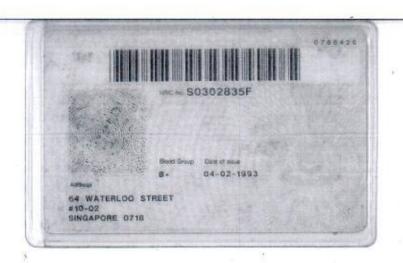
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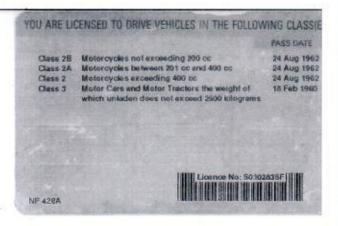
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My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	22/06	/2018 11:25	.3
	Vehicle	No.(For Motor)	S333161C							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096532030	SIAK MUN CHONG	S1797229D	GPC	drivo CLASSIC	S))3161C	S333161C	07/12/2017	08/09/2018
					- 1	Continue				

olicy No.	5096532030	Policyholder Name	SIAK MUN C	CHONG	Policyholder NRIC	S1797229D	
Address	BLK 264 #07-201 WATERLOO STREET SINGAPORE 180264						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	06/12/2017	Effective Date	07/12/2017	00:00	Expiry Date	08/09/2018 23:59	
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	No						
Open Policy							
Info Certificate							
Info Certificate Info	holder Mailing Address						
Info Certificate Info Policy	holder Mailing Address BLK 264 #07-201	Addre	255 2	WATERLOO STREE	т	Address 3	SINGAPORE 180264
Info Certificate Info Policy Address 1	Cartain Salaran Salaran	131,00000	ess 2	WATERLOO STREE Singapore address		Address 3 Post Code	SINGAPORE 180264 180264
Info Certificate Info Policy Address 1 Address 4	Cartain Salaran Salaran	Addre	ess Type ed Policy	LIGHT AUSTRALISM TO THE PARTY			
Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 264 #07-201	Addre Relat	ess Type ed Policy	Singapore address			
Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 264 #07-201 07-201 ed Object: \$3J3161C	Addre Relat	ess Type ed Policy	Singapore address			

cident MT/0999714							
Rey No.	5096532030	Vehicle No.	SN3161C	GST Registration No			
ricyholder Name	STAK MUN CHONG			Policyholder NRIC	51	7972290	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	GTWU CLASSIC	Loading	0		
ntact No.(Mobile)	94551097	Contact No.(Office)	0	Contact No.(Home)	0		
nail Address		Special Remark		eCode	Tec	~	
K.	Service Con-		80			gās.	
	® No O Yes	TCA.	® No ○ Yes	eCode Reason			
D Protection	No :	NCD Entitlement(%)	0	Private Hire	Yes		
Accident Details							
port Date	22/06/2018 19:10	Acodent Report Within 24 hrs	Yes	Accident Type	Col	ision - Change / Cross lane	
of Accident 22/06/2018		Time of Accident hh:mm	11:25	Country of Acadent	Sin	Singapore	
e or Accident		Orange Force		IOM No.		angepore .	
1.00		Grange Force		pun neu.			
cident Location	JUNC BENCOOLEN ST & MIDDLE RD						
Benefits							
Excess							
in damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100	2.00	
named Driver Excess		Outside Singapore OD Excess	2,000.00				
rd Party Excess	1,500.00	Dutside Singapore TP Excess	1,500,00				
		Consult Displaying in Excess	11000100				
GST Registered Informa			AND BUILDING ST.				
Registered	No		GST Registration Date	Man			
Registration No.			GST Status Verified	Yes			
fication History							
Relieubelder W. W.							
Policyholder Mailing Ad		59,000,000	Prince and a second	222725320	301	149414-0012-0491	
ress 1	BLK 264 #07-201	Address 2	WATERLOO STREET	Address I		VGAPORE 180264	
ress 4		Address Type	Singapore address	Post Code	18	0264	
140.	07-201	Related Policy Number	5096532030				
OI Driver Info							
er Name	Linnamed Driver	Driver Type	Unnamed Driver				
amed driver Name	STAK YORE LOON	Driver NRIC	\$0302835#	Driver DOS	29	/09/1939	
			78		58		
ster Date of Driver License		Driver Age		Driving Experience			
act No. (Mobile)	91856679	Contact No. (Office)	0	Comact No.(Home)	0		
ress 1	64 WATERLOO STREET					VSAPORE 187959	
		Address 2	WATERLOO APARTMENTS	Address 3	SI	AUNDUME 101323	
frank 4		Address Type	WATERLOO APARTMENTS Singapore address	Post Code		7959	
	10-02						
t No. es he own a Singapore	19-02 D vor (6) to	Address Type		Post Code	18		
t No. ss he own a Singapore	10-02 ○ Yes ® No				18		
t No. 16 he own a Singapore 18tered car?		Address Type		Post Code	18		
t No. 16 he own a Singapore latened car? Jaration	□ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	18		
t No. es he own a Singapore jettened car? laration sathalyser or Blood Test		Address Type		Post Code	18		
it No. es he own a Singapore getered car? Daration sathalyser or Blood Test	□ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	18		
dress 4 It No. es he own a Singapore getered car? Jaration asthalyser or Blood Test ading?	□ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	18		
t No. es he own a Singapore getered car? Daration sathalyser or Blood Test 46/ng?	□ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	18		
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No. s he own a Singapore extend car? aration athicyser or Blood Test ding? thcation History talim 003 New m Type *	□ Yes (®) No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name Consact No. (Home)	Singapore address O Yes ® No Stak Mun Chons	Post Code Driver Insurer Comp Insured NR3C Contact No.(Office)	1.5 pany \$1 \$1	7972390 113024	
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No. s he own a Singapore extered car? aration thislyser or Blood Test ang? history History lains 003 New Type * tact No.(Mobile) al Address in Description	□ Yes (®) No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name Consact No. (Home)	Singapore address O Yes ® No Stak Mun Chons	Post Code Driver Insurer Comp Insured NR3C Contact No.(Office)	1.5 pany 51 65 SK	7972390 113024	
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is no no a Singapore interest car? aration athalysis of Blood Test cling? shallon History stain 001 New In Type * stact No. (Mobile) and Address and Description ferred Workshoo Contact jure Finalsation of Taken By Print AK lietter stechment	Ormy OD-MX S333161C / Sx36351P ON 22 Jun 2018 Yes 22/06/2018 19:13 Jackson	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Class Date	Singapore address O Yes ® No SLAK MUN CHONS SU3161C Not at Fault Preferred Workshop, Name unknown Save Submit	Post Code Driver Insurer Comp Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred 3	15 pany 51 65 SK Workshop	7959 797239D 113924 06351P	
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No. In the own a Singapore stered car? Iration thatyser or Blood Test and? fication History aim 001 New In Type * act No. (Mobile) If Address In Description erred Workshoo Confact ure Finalisation It Registered out Takan By Print AK lister Itachment	Ormy OD-MX S333161C / S<06351P ON 22 Jun 2018 Yes 22/06/2018 19:13 Jackson MT/D989714 ● Yes ○ No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse Browse	Singapore address O Yes ® No SIAK NUN CHONG SIJ3161C Not at Fault Preferred Workshop, Name unknown D01 22/06/2018 19:14 Category • Clear Prease Select Prease Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Name of Preferr	S1 SS SK Vorkshop Re 22 Vorgency * Normal Normal Normal	797229D 213024 36351P 20642018 00 00 3 Description *	
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Attachment		uploaded By/Date	Category	Ŷ	Urgency	Description	Meg Sent? Action (CO)
and has	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 22 July 2018 19:14	NR3C/ Driving License		Normal	NRTC/ Driving License 2018-6-22	Edit
19		ONAL ASSESSMENT CENTRE SERVICES) on 22 Ju n 2018 19:14	SAS		Normal	SAS 2018-6-22	Edit
11	NAC_PRYA_URI_BD0001(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 July 2018 19:13		Photos		Normal	Photos 2018-6-22	Edit
VIII.		ONAL ASSESSMENT CENTRE SERVICES) on 22 Ju n 2018 19:13	Photos		Normal	Photos 2018-6-22	Edit
	NAC_PAYA_UNI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 22 Ju o 2018 19:13	Photos		Normal	Photos 2018-6-22	Edit
4	NAC_PAYA_UBI_800801(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 32 July 8 2018 19:13	Photos.		Normal	Photos 2018-6-22	Edit
	NAC_PAYA_UBI_800603(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 22 July 0 2018 19:13	Photos		Normal	Photos 2018-6-22	Edit
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	NAC_PAYA_UB1_800603(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 22 Ju n 2018 19:13	Photos.		Normal	Photos 2018-6-22	Edit
	NAC_PAYA_UBI_800603(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 22 July n 2018 19:13	Photos		Normal	Photos 2018-6-22	Edit
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	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 July n 2018 19:13		Photos		Normal	Photos 2018-6-22	Edit
13	NAC_PAYA_USI_80060](NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Ju n 2018 19:13		Photos		Normal	Photos 2018-6-22	Edit
	Uploaded Sy/Date	Folder Data	Pile Name		9	Source	Action