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Veh No: JF28313L	E-mail (within Shrs, AIC 2hrs)			
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TP Insurer:	Ass't Report by Fax / Hand	o Owner/Wksp		13/15/19
Preferred Wksp / INC Assign Wksp / QW	l: (	Tel: F	ax:	
TP Particulars: Veh No:	INC(	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: (	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]	
Year of Registration: (	) Warranty: YES ( )/NO (	)	11 - 12 - 11 - 12 - 1	
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Drive-In ( )/Towed-In ( ); In	voice: YES( ) / NO( ); T	owing Co: (		)
and the second s				100,100
Remarks: (INC hotline: 6788 66)	(6)	Date&Time Completed	Done	by
1) Apply for Transport Allowance (	)/Courtesy Car ( )	**	***************************************	
2) QC Check / Post Repair Inspection	( )	***************************************		
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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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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

DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder  Name Of Registered Owner NRIC No S1750869E Email Address NOEMAIL Mobile Phone No (LCCAL) +65-80100922  Alternative Phone No OFFICE-80100922  Vehicle Particulars  Manufacturer BMW Model X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR  Exact Purpose for which vehicle was being used at the of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Driver Name of Driver NRIC No S1750869E Date Of Birth 11/04/1966 Cocupation Date Of Driving Pass 13/09/2001 Driving Experience 15 YEARS NUMBER  Gender MALE Mobile Number Cortical Policy Number (LOCAL) +65-80100922		ACCIDENT STATEMENT
Exact Location Of Accident	Date Of Report	05/07/2018 09:01
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  SFZ8313L  Insured/Policyholder  Name Of Registered Owner  NRIC No  S1750869E  Email Address  NOEMAIL  Mobile Phone No  (LOCAL) +65-80100922  OFFICE-80100922  Vehicle Particulars  Manufacturer  BMW  Model  X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR  Exact Purpose for which vehicle was being used at inne of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  Vehicle Category  PRIVATE CAR  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COVER NOR INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  S1750869E  Date Of Birth  11/04/1966  Cocupation  INDOOR  Date Of Driving Pass  13/08/2001  Driving Experience  16 YEARS AND 10 MONTHS  MALE  Mobile Number  Cortact Number  Cortact Number  OFFICE-80100922	Date Of Accident	04/07/2018 21:05
DETAILS OF OWN VEHICLE  Vehicle Registration Number SFZ8313L Insured/Policyholder  Name Of Registered Owner S1750869E Email Address NOEMAIL Mobile Phone No (LOCAL) +65-80100922  Alternative Phone No OFFICE-80100922  Vehicle Particulars  Manufacturer BMW Model X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR  Exact Purpose for which vehicle was being used at the of accident PRIVATE USE  NO HIND PRIVATE USE  NO IFINATE USE  NO IFINATE OR INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPAREHENSIVE Fleet Policy NO Policy Number Driver NAME of Driver WONG BOON KEUN NRIC NO S1750869E Date Of Birth 11/04/1966 Cocupation INDOOR Date Of Driving Pass 13/08/2001 Driving Experience 15 YEARS AND 10 MONTHS Gender MALE Mobile Number (LOCAL) +65-80100922  Fax Number Cortact Number  Firet Policy NO Policy Support	Exact Location Of Accident	227 EAST COAST RD
Vehicle Registration Number  Insured/Policyholder  Name of Registered Owner  NRIC No S1750869E  SIPABIA Address NOEMAIL Mobile Phone No (LOCAL) +65-80100922  Vehicle Particulars  Manufacturer Model X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken PRIVATE USE  NO Vehicle Category PRIVATE CAR Insurance Company  Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Floet Policy NO Policy Number Cover Note Number  Driver  NAME of Driver NAME of Drive	Country/State of Loss	SINGAPORE
Insured/Policyholder  Name Of Registered Owner  NRIC No  S1750869E  Email Address  NOEMAIL  Mobile Phone No  (LOCAL) +65-80100922  Alternative Phone No  OFFICE-80100922  Vehicle Particulars  Manufacturer  BMW  Model  X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  Vehicle Category  PRIVATE CAR  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  NAME OF Driving Pass  11/04/1966  Occupation  INDOOR  Date Of Driving Pass  13/08/2001  Triving Experience  MALE  Mobile Number  Corlat Number  OFFICE-80100922		DETAILS OF OWN VEHICLE
Name Of Registered Owner         WONG BOON KEUN           NRIC No         \$1750869E           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-80100922           Alternative Phone No         OFFICE-80100922           Vehicle Particulars         BMW           Model         X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR           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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5052786316-06           Cover Note Number         WONG BOON KEUN           Driver         WONG BOON KEUN           NRIC No         \$1750869E           Name of Driving Pass         13/08/2001           Driving Experience         16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922	Vehicle Registration Number	SFZ8313L
NRIC No         \$1750869E           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-80100922           Alternative Phone No         OFFICE-80100922           Vehicle Particulars         BMW           Manufacturer         BMW           Model         X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR           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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5052786316-06           Cover Note Number         Cover Note Number           Driver         WONG BOON KEUN           NRIC No         \$1750869E           Date Of Birth         11/04/1966           Occupation         INDOOR           Date Of Driving Pass         13/08/2001           Driving Experience         16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number	Insured/Policyholder	
Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-80100922           Alternative Phone No         OFFICE-80100922           Vehicle Particulars         BMW           Model         X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR           Exact Purpose for which vehicle was being used at time of accident         PRIVATE USE           Are you claiming under your own insurance policy repair to your vehicle?         NO           If No, Please state action to be taken         REPORTING ONLY           Vehicle Category         PRIVATE CAR           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5052786316-06           Cover Note Number         VORS BOON KEUN           Driver         WONG BOON KEUN           NRIC No         \$1750869E           Date Of Birth         11/04/1966           Occupation         INDOOR           Date Of Driving Pass         13/08/2001           Driving Experience         16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922	Name Of Registered Owner	WONG BOON KEUN
Mobile Phone No (LOCAL) +65-80100922  Vehicle Particulars  Manufacturer BMW Model X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE CAR  Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5052786316-06 Cover Note Number  Driver  Name of Driver WONG BOON KEUN NRIC No S1750869E Date Of Birth 11/04/1966 Occupation INDOOR Date Of Driving Pass 13/08/2001 Driving Experience 16 YEARS AND 10 MONTHS Gender  MALE Mobile Number  Contact Number  OFFICE-80100922	NRIC No	S1750869E
Alternative Phone No OFFICE-80100922  Vehicle Particulars  Manufacturer BMW Model X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR  Exact Purpose for which vehicle was being used at time of accident No Accident PRIVATE USE Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE CAR  Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5052786316-06  Cover Note Number  Driver NAME of Driver WONG BOON KEUN NRIC No S1750869E Date Of Birth 11/04/1966 Occupation INDOOR Date Of Driving Pass 13/08/2001 Driving Experience 16 YEARS AND 10 MONTHS Gender MALE Mobile Number  Contact Number  OFFICE-80100922	Email Address	NOEMAIL
Wehicle Particulars  Manufacturer  Model  X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  Vehicle Category  PRIVATE CAR  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  CYMPREHENSIVE  Fleet Policy  NO  Policy Number  So52786316-06  Cover Note Number  Driver  Name of Driver  NAME of Birth  11/04/1966  Occupation  Date Of Birth  11/04/1966  Driving Pass  13/08/2001  Driving Experience  Gender  MALE  Mobile Number  Contact Number  OFFICE-80100922	Mobile Phone No	(LOCAL) +65-80100922
Manufacturer  Model  X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  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  Cover Note Number  Driver  Name of Driver  WONG BOON KEUN  S1750869E  Date Of Birth  Occupation  Date Of Driving Pass  13/08/2001  Driving Experience  In YEARS AND 10 MONTHS  Gender  MALE  Mobile Number  OFFICE-80100922	Alternative Phone No	OFFICE-80100922
Model X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE CAR  Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver  Name of Driver WONG BOON KEUN NRIC No S1750869E Date Of Birth 11/04/1966 Occupation Date Of Driving Pass 13/08/2001 Driving Experience Gender MALE Mobile Number  Contact Number  OFFICE-80100922	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  Vehicle Category  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  NAME OF BITTH 11/04/1966  Occupation  Date Of Driving Pass  13/08/2001  Driving Experience  Gender  MALE  Mobile Number  DFICE-80100922	Manufacturer	BMW
time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company Type Of Coverage Policy No Policy Number Cover Note Number  Driver Name of Driver NRIC No S1750869E Date Of Birth 11/04/1966 Occupation Driving Pass Driving Experience Gender MALE Mobile Number (LOCAL) +65-80100922  NO REPORTING ONLY NO POLICY NO REPORTING ONLY NO REPORT ONLY NO RE	Model	X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR
for repair to your vehicle?  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  5052786316-06  Cover Note Number  Driver  Name of Driver  NAME Of BOON KEUN  NRIC No  S1750869E  Date Of Birth  11/04/1966  Occupation  Driving Pass  13/08/2001  Driving Experience  Gender  MALE  Mobile Number  OFFICE-80100922  Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  REPORTING ONLY  REPORTIVE LTD  TO AND	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Vehicle Category         PRIVATE CAR           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5052786316-06           Cover Note Number         Tover           Driver         WONG BOON KEUN           NRIC No         \$1750869E           Date Of Birth         11/04/1966           Occupation         INDOOR           Date Of Driving Pass         13/08/2001           Driving Experience         16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company	If No, Please state action to be taken	REPORTING ONLY
Name of Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5052786316-06           Cover Note Number         Cover Note Number           Driver         WONG BOON KEUN           NRIC No         \$1750869E           Date Of Birth         11/04/1966           Occupation         INDOOR           Date Of Driving Pass         13/08/2001           Driving Experience         16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Vehicle Category	PRIVATE CAR
Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5052786316-06           Cover Note Number         Tover           Driver           Name of Driver         WONG BOON KEUN           NRIC No         \$1750869E           Date Of Birth         \$11/04/1966           Occupation         INDOOR           Date Of Driving Pass         \$13/08/2001           Driving Experience         \$16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Insurance Company	
Fleet Policy         NO           Policy Number         5052786316-06           Cover Note Number         Forest           Driver           Name of Driver         WONG BOON KEUN           NRIC No         \$1750869E           Date Of Birth         11/04/1966           Occupation         INDOOR           Date Of Driving Pass         13/08/2001           Driving Experience         16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number         5052786316-06           Cover Note Number         Vond Boon Keun           Name of Driver         WONG BOON KEUN           NRIC No         \$1750869E           Date Of Birth         \$11/04/1966           Occupation         INDOOR           Date Of Driving Pass         \$13/08/2001           Driving Experience         \$16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Type Of Coverage	COMPREHENSIVE
Cover Note Number           Driver         WONG BOON KEUN           NRIC No         \$1750869E           Date Of Birth         \$11/04/1966           Occupation         INDOOR           Date Of Driving Pass         \$13/08/2001           Driving Experience         \$16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Fleet Policy	NO
Driver         WONG BOON KEUN           NRIC No         \$1750869E           Date Of Birth         \$11/04/1966           Occupation         INDOOR           Date Of Driving Pass         \$13/08/2001           Driving Experience         \$16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Policy Number	5052786316-06
Name of Driver         WONG BOON KEUN           NRIC No         \$1750869E           Date Of Birth         \$11/04/1966           Occupation         INDOOR           Date Of Driving Pass         \$13/08/2001           Driving Experience         \$16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Cover Note Number	
NRIC No         \$1750869E           Date Of Birth         11/04/1966           Occupation         INDOOR           Date Of Driving Pass         13/08/2001           Driving Experience         16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Driver	
Date Of Birth         11/04/1966           Occupation         INDOOR           Date Of Driving Pass         13/08/2001           Driving Experience         16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Name of Driver	WONG BOON KEUN
Occupation         INDOOR           Date Of Driving Pass         13/08/2001           Driving Experience         16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	NRIC No	S1750869E
Date Of Driving Pass         13/08/2001           Driving Experience         16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Date Of Birth	11/04/1966
Driving Experience         16 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Occupation	INDOOR
Gender         MALE           Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Date Of Driving Pass	13/08/2001
Mobile Number         (LOCAL) +65-80100922           Fax Number         OFFICE-80100922	Driving Experience	16 YEARS AND 10 MONTHS
Fax Number  Contact Number OFFICE-80100922	Gender	MALE
Fax Number  Contact Number OFFICE-80100922	Mobile Number	(LOCAL) +65-80100922
	Fax Number	
EMail Address NOEMAIL	Contact Number	OFFICE-80100922
	EMail Address	NOEMAIL

Address 26B JALAN DAUD

Postcode 419603

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions CLEAR
Road Surface DRY

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?

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

GENDER: : FEMALE

: MIKKI SENG

Passenger 2

NAME: DANIEL CHOY

NO

NO

NO

GENDER: : MALE

**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

ON STATED DATE AND TIME, THERE WAS AN EMPTY PARKING LOT BESIDE 227 EAST COAST PARK. SO I SEE THERE ENOUGH SPACE FOR MY VEHICLE TO ENTER THE PARKING LOT BEFORE I REVERSED MY VEHICLE ONTO THE PARKING LOT HOWEVER, VEHICLE B-BEARING REGISTRATION NUMBER SJR6499S WASN'T PARKED PROPERLY ONTO HIS OWN PARKING LOT. VEHICLE B BEARING REGISTRATION NUMBER SJR6499S (THE DRIVER) CLAIM THAT I HIT ONTO HIS VEHICLE BUMPER AREA. THERE WERE NO DENTS FOR BOTH VEHICLES.

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 Witness 1** 

 Name
 MIKKI SENG

 Phone Number
 97612883

Email Address

**Details of Witness 2** 

Name DANIEL CHOY
Phone Number 91477218

Email Address

#### 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.
- 3. 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.
- 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. 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.
- 7. 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:
  - (i) 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.
- 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 .:

SKETCH PLAN		
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Affrons	articulars are true in every respect.	
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMO SkotchPlanForm, V3

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$17.50869E





WONG BOON KEUN

黄文君

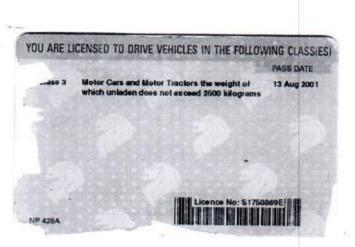
SINGAPORE

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<b>eBao</b> Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601					6	Change Lar	guage	Change Passwo	ord · Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	10.				Date of Acc	ident	04/07	/2018 21:05	
	Vehicle	No.(For Motor)	SFZ8313L							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5052786316- 06	WONG BOON KEUN	S1750869E	GPC	drivo PREMIUM	SFZ8313L	SFZ8313L	13/01/2018	12/01/2019
					1	Continue			9	

olicy No.	5052786316-06	Policyholder Name	WONG BO	ON KEUN	Policyholder NRIC	S1750869E		
Address	268 JALAN DAUD SINGAPORE	419603						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	05/12/2017	Effective Date	13/01/201	8 00:00	Expiry Date	12/01/2019 2	23:59	
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			Youn	g/Inexperience Dri	ver Excess
Agent	INCOME-CUSTOMER DEPT	Agent Tel.	NIL		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
□ Policyl	holder Mailing Address							
Address 1	26B JALAN DAUD	Addre	255 2	SINGAPORE 41	9603	Address 3		
Address 4		Addre	ess Type	Singapore addre	ess	Post Code	419603	
Unit No.		Relati Numb	ed Policy per	5052786316-06	5			
D. Torus	ed Object: SFZ8313L							
D Insure	U1955-03140							
□ Insure     □ Endors     □ Endors	sements							

Accident MT/1001726									- Ext
The state of the s									
Policy No.	5052786316-06	Venicle No.	SFZ6313L	GST R	egistration No	2.			
Policyholder Name	WONG BOON KEUN				older NRIC		5175086	9E	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loadin			0		
Contact No (Mobile)	80100922	Contact No.(Office)	0.		t No. (Home)		0		
Email Address	500,000	Special Remark		eCode	. 100. (100.110.)		Te V		
KFK	® No ○ Yes	TCA	® No ○Yes		Reason		1		
NCD Protection	Yes	NCD Entitlement(%)	50	Private			No		
Accident Details	1.054	The state of the s	-	F111400			140		
Report Date	05/07/2018 11:05	Accident Report Within 24 hrs.	2824	12.00	nt Type		No collisi	20	
			Yes						
Date of Acodent	04/07/2018	Time of Accident titumin	21:05		y of Accident		Singapor		
Reporting Centre		Orange Force		JCM N					
Accident Location	227 EAST COAST RD								
W Benefits									
♥ Excess									
Own damage Excess	600.00	Additional Excess	0	Winds	reen Excess		100.00		
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00						
Third Party Excess	0.00	Outside Singapore TP Excess	0.00						
□ GST Registered Inform	nation								
GST Registered	No		GST Registration Date						
GST Registration No.			GST Status Verified		Yes				
Modification History									
	LV:								
Policyholder Mailing A		A10.00		190000000	20				
Address 1	368 TATAN DAGD	Address 2	SINGAPORE 419603	Addres					
Address 4		Address Type	Singapore address	Post C	ode		419603		
Unit No.:		Related Policy Number	5052786316-06						
♥ OI Driver Info									
Driver Name	WONG BOON KEUN	Driver Type	Main Driver						
Unnamed driver Name		Driver NRIC	S1750069E	Driver			11/04/19	966	
Register Date of Driver Licens	e 13/D8/2001	Driver Age	52	Driving	Experience		16		
Contact No.(Mobile)	80100922	Contact No.(Office)	0	Contac	t No.(Home)		0		
CAN SERVICE STATE OF THE SERVI									
Address 1	26B JALAN DAUD	Address 2	SINGAPORE 419603	Addres	4.3				
	SEB TATAN DATIO	Address 2 Address Type	SINGAPORE 419603 Singapore address	Address Past C			419603		
Address 1	26B JALAN DAUD						419603		
Address 1 Address 4 Unit No. Does he own a Singapore	268 3ALAN DAUD  ○ Yes  No-			Post C		рапу	419603		
Address 4 Unit No.		Address Type		Post C	ode	parry	419603		
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration		Address Type		Post C	ode	pany	419603		
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?		Address Type		Post C	ode	pany	419603		
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes  No-	Address Type  Driver Vehicle No.	Singapore address	Post C	ode	pany	419603		
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes  No-	Address Type  Driver Vehicle No.	Singapore address	Post C	ode	pany	419603		
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes  No-	Address Type  Driver Vehicle No.	Singapore address	Post C	ode	pany	419603		100
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Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History	○ Yes  No-	Address Type  Driver Vehicle No.	Singapore address	Post C	ode	Dany	419603		200
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration Breathalyser or Slood Test Reading?  Modification History  Claim 001 New	○ Yes <b>②</b> No O mg	Address Type  Driver Vehicle No.  Any injury?	Singapore address	Poet Ci Driver	insurer Com	рапу			200
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Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Claim 601 New  Claim Type * Contact No.(Mobile)	○ Yes	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)	Singapore address  Ves ® No  WORS BOON KEUN	Post C Driver	Insurer Com	pany		96	20.00
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Address 1 Address 4 Unit No. Does he own a Singapore Replanation Breathalyser or Blood Test Reading?  Modification History  Claim 601 New  Claim 7ppe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  I Print AK letter  Attachment	O mg  GO-MX  90100922  Steve.mongbk@yahao.com  SF28313L ON 4 3 ≥ 2018  Viss  Viss  Viss  Wf/1001726  W Yes □ No	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Gaim No. Upload Date  Browse	Singapore address  O Yes ® No  WONG BOON KEUN  NIL  SFZ8313L  Not at Fault  Preferred Workshop, Name unknown  Cos/07/2018 11:08  Category *  Clear Please Select  Osar Presse Select	Insurer Contact TP Ven Name Oase R	Insurer Com I NRIC I No. (Office) Icle Number of Preferred i	Workshop Urgenc Normal	Received 05/07/20	18 00:00	
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Attachment		Uplnaded By/Cate	Category	?	Urgency	Description	Msg Sent? Action (CO)
97 <b>488</b> 20, 80	NAC_PAYA_UB1_800603( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 11:08	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-5	Edis
***	NAC_PAYA_UBI_BD0603( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 11:08	SAS		Normal	SAS 2018-7-5	Edit
	NAC_PAYA_UB1_BD0601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 11:08	Photos		Normal	Photos 2018-7-5	Edit
-	NAC_PAYA_UBI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 11:08	Photos		Normal	Photos 2018-7-5	Edit
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	Uploaded By/Date	Folder Date	File Name		9	Source	Action

Display in New Window Scan and uploading