Duta Inc. 6/2/		HA118082338	
Date In: 6/7/18 17:05	Jeb description	Date &Time Completed	Done by
Ref No: NA INCI80 12371 /24	SAS e-filing		
Yeh No: JUAJJOOT	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 5/7/18 - 20:40	i-Motor Claim Form	MT 1001983-001	6/7/18 19:09
	i-Motor W/O (Within: OD 2hr		
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: JU	79298 INC ()/Non-INC()	4. 2.
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: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	1,000 ()/\$2,000 ()		
General Remarks:-	THE PLANE OF A SYNE		300
() Walk-In Customer : Customer's in	the state of the s	rictly NO refer of repairer.	1
() Total Loss Case : to e-mail Insu			
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			12-8938-4736-51
Remarks: (INC hotline: 6788 6616)		Date&Timb Completed	Done by
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2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	\$3000] ()		
	\$3000] ()		
3) Upload Resurvey Photo [Repair Cost> Injury:	\$3000] ()		
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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.
- 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.

aforesaid,	900-1.0000-1.0000-1.000.000-1.000.000-1.000 Phil 1000.000-1000-1000-100-100-100-100-100-1				
	ACCIDENT STATEMENT				
Date Of Report	06/07/2018 17:05				
Date Of Accident	05/07/2018 20:40				
Exact Location Of Accident	AFTER CIQ PASSPORT CHECKPOINT				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLA5500T				
Insured/Policyholder					
Name Of Registered Owner	TEN TWELVE SERVICES				
Co Reg No	53323168W				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-86661012				

Alternative Phone No Vehicle Particulars

Manufacturer BMW

Model 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-86661012

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5079582045-02

Cover Note Number

Driver

Name of Driver WHON CHIN KANG

 NRIC No
 \$8260762E

 Date Of Birth
 06/09/1982

 Occupation
 INDOOR

 Date Of Driving Pass
 21/07/2009

Driving Experience 8 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86661012

Fax Number

Contact Number OFFICE-86661012

EMail Address NOEMAIL

Address

BLK 636A PUNGGOL DRIVE

#10-641 821636

OWNER

Postcode

Was driver an employee of the Insured's Company NO 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

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 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:

2

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

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLT9298B

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

- 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>.
- 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 :
 - (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.
- (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.

TEN TWELVE SERVICES

553323164W Policyholder's Signature

Date & Time:

Driver's Signature

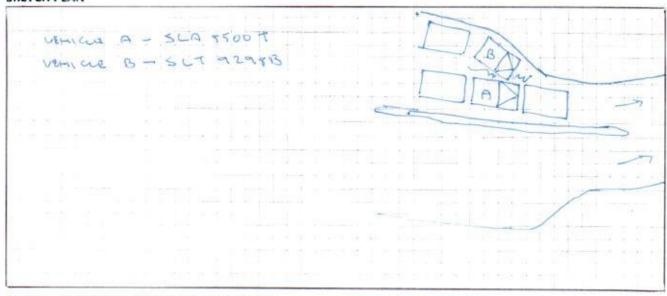
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:



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	NOTIFIER IMPACT GLAIN,
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	VEHICLE BEDEUM (SLT 9294 B) THAT HIT ONGO THE
	get sign of my verticule while I am waiting grown
	INZ FLOW OF THE JAM.
	Mittel & - SLA 5500 T
	MATICUR B - SLT 9278 B
_	

DECLARATION

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

TEN TWELVE \ / / / /

SERVICES

Policyholder 323168W

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SLA 5500 T Model/Make BAN
05/07/2018
2040 HRS
Atten on a president check ount.
dent paware war
TEN THELIPE SERVICES
H/P: \$6661012 Home: Office:
553323168 W
BUR 636 A PUNCION DRIVE \$10-641 5(\$21636)
OD THIRD PARTY REPORTING ONLY
NTMC
Comprehensive Third Party Third Party / Fire /Theft
As Above If No, WHON CHIN KANN
ST260762E Any Passengers: 1 (WIES)
06 SEP 1982
Outdoor / Indoor
21 Jul 2009
Male / Female
H/P: 8666 1012 Home: Office:
BUK 636 A PUNCHOL DRIVE \$ 10-641 5(821636)
No, If yes, Reg No.
Employee, If no, state
Clear Raining Other
Dry Wet Other
No. If Yes, Who?
No If Yes, Where? SENL KANL NOC
SET 1294 B Any Passengers:
Contact No. :
Any Passengers :
Any Passengers :
Any Passengers :
Any Passengers :
Any Passengers :
Witness Contact :
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Yes / No
N-SI BUTOMOTIVE PER CHO
COA2 COE1 / C744 OF4C
6842 0051 / 6744 0510

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Whon Chin Kang,

NRIC S8260762E, has reported to the Police a non-injury traffic accident which occurred at near to Causeway Checkpoint on 05/07/2018 at 2040 pm involving the following vehicles:

- 1) SLA 5500 T
- 2) SLT 9298 B

2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSGT FELIX CHEE

Date: 05/07/2018

Time: 0000hrs

S/D Ref: 1

Police Post/Unit: SENGKANG NPC

Sengkang Square 2 Sengkang Square #01-02 S(545025) Tel: 1800-3438999

Original - to be issued to informant Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8260762E



WHON CHIN KANG

温正康

CHINESE

Date of birth 06-09-1982 M

MALAYSIA

88260762L



NRIC No. S8260762E

MALAYSIAN

23-06-2009

APT BLK 636A PUNGGOL DRIVE #10-641 SINGAPORE 821636

S8260762E

28/01/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 21 Jul 2009 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: S8260762E



Policy Information Page 1 of 1

Policy Information Policyholder Policyholder NRIC Policy No. 5079582045-02 TEN TWELVE SERVICES 53323168W Name BLK 636A #10-641 PUNGGOL DRIVE SINGAPORE 821636 Address Group Policy Flag Product PRIVATE CAR INSURANCE Name Policy Effective 07/03/2018 09/03/2018 00:00 Expiry Date 08/03/2019 23:59 issue Date Date All Claim Excess Excess Type Third Own Windscreen Party Excess 0 600 100 damage Excess Excess Additional Excess OS Premium Outside Outside Singapore 600 Singapore TP Excess Young/Inexperience Driver Excess OD. Excess INCOME-BRANCH SERVICES Agent Agent Tel. 67886616 GST Flag Coinsurance No Flag Open Policy Info Certificate Policyholder Mailing Address BLK 636A #10-641 Address 1 Address 2 PUNGGOL DRIVE Address 3 SINGAPORE 821636 Address 4 Address Type Singapore address Post Code 821636 Related Policy Unit No. 10-641 5079582045-02 Number D Insured Object: SLA5500T **▽** Endorsements Sequence Date of Endorsement Endorsement Type **Endorsement Status Endorsement Content**

Continue Cancel

CY No.	5079582045-02		Vehicle No.	SLASS00T		GST Registration N	0,	53323168W	V
icyholder Name	TEN TWELVE SERVICE	ES				Policyholder NR3C		53323168W	V
oduct Code	PRIVATE CAR INSURANCE		Cover Type	drive CLASSIC		Loading		0	
ntact No.(Mobile)	86661012		Contact No.(Office)	0		Contact No. (Home)	e	0	
nail Address			Special Remark			eCode		No. V	
×	® No ○ Yes		TCA	® No ○ Yes		eCode Reason		distins:	
D Protection				50				No	
	res		NCD Entitlement(%)	50		Private Hire		No	
Accident Details									
port Date	06/07/2018 19:07		Accident Report Within 24 hrs.	Yes		Accident Type		Collision - C	hange / Cross lane
te of Accident	05/07/2018		Time of Accident trooming	20:40		Country of Accident		Singapore	
porting Centre			Orange Force			ICM No.			
cident Location	AFTER CIQ PASSPORT	T CHECKPOINT							
7 Benefits									
Excess									
m damage Excess		600.00	Additional Excess	0		Windscreen Excess		100.00	
named Driver Excess			Outside Singapore OD Excess	600.00					
nd Party Excess		0.00	Outside Singapore TP Excess	0.00					
GST Registered Inform	ation								
T Registered	Yes			GST Registration Date		23/11/201	15		
F Registration No.	5332	3168W		GST Status Verified		No			
dification History									
Policyholder Hailing Ad	ldress								
dress 1	BLK 636A #10-641		Address 2	PUNGGOL DRIVE		Address 3		SINGAPORE	E 821636
dress 4									
	Vista V		Address Type	Singapore address		Post Code		821636	
iit No.	10-641		Related Policy Number	5079582045-02					
OI Driver Info									
ver Name	Unnamed Driver		Driver Type	Unnamed Driver					
named driver Name	WHON CHIN KANG		Driver NRIC	58260762E		Driver DOB		06/09/1982	2
gister Date of Driver License	21/07/2009		Oriver Age	35		Driving Experience		8	
ntact No.(Mobile)	86661012		Contact No.(Office)	0:		Contact No.(Home)	10	0	
dress 1	BLK 636A		Address 2	PUNGGOL DRIVE		Address 3		EDGEDALE	GREEN
dress 4	SINGAPORE 821636								
			Address Tyres	Singapore address:		Boot Core			
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Attachment		Uploaded By/Date	Category	P	Urgency	Description	Msg Sent? Ad (CO)
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9	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 19:11	SAS		Normal	SAS 2018-7-6	E
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