Date In: 19 7/18-11:31	Jcb description	Date &Time Completed	Don	e py
Ref No: MA INC8013118/24	SAS e-filing			
Vch No: 614732	E-mail (within Shrs, AIC 2hrs			
D.O.A: 18718-1750	i-Motor Claim Form	M71003662-001	19/3/18	17:58
	I-Motor W/O (Within: OD	-		7.7
OD (TP) Reporting Only	i-Photo Uploaded			clibras sees
	Assessment/Survey Repor	t		
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:)
TP Particulars: Veh No:50	227742 . INC	()/Non-INC()	88	
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 30-1	00%]	
Year of Registration: () Warranty: YES ()/NO ()		
Excess: (\$) Loading:	\$1,000()/\$2,000()			
General Remarks:				
() Walk-In Customer: Customer's			2-2	
() Total Loss Case : to e-mail In		S		
		Towing Co: ()
			~3.45.108.20E.25.11	Kirtin:
Remarks: (INC hotline: 6788 6610	ACCUSED BY AND ADDRESS OF THE PARTY OF THE P	Date&Time Completed	Don	eby
1) Apply for Transport Allowance () / Courtesy Car ()			
			4	
2) QC Check / Post Repair Inspection	()			
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QC Check / Post Repair Inspection 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.
- 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

aforesaid.	o hereby consent to the archiving or this report at the centre and to copies or the report being	g made available
and the lightness of the second	ACCIDENT STATEMENT	
Date Of Report	19/07/2018 11:31	
Date Of Accident	18/07/2018 17:50	
Exact Location Of Accident	CARPARK AT 888 WOODLANDS PLAZA	
Country/State of Loss	SINGAPORE	
The second second second second second	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA532J	
Insured/Policyholder		
Name Of Registered Owner	KEN HO RUI HENG	
NRIC No	S9109249B	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91506161	

Alternative Phone No Vehicle Particulars

Manufacturer AUDI

Model A4 2.0 TFSI QU S-TRONIC

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

OFFICE-91506161

Are you claiming under your own insurance policy

for repair to your vehicle?

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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

5101716540 Policy Number

Cover Note Number

Driver

Name of Driver KEN HO RUI HENG

NRIC No S9109249B Date Of Birth 21/03/1991 Occupation **INDOOR** Date Of Driving Pass 05/12/2009

Driving Experience 8 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91506161

Fax Number

Contact Number OFFICE-91506161

EMail Address NOEMAIL

BLK 141 SIMEI STREET 2 Address

#04-72

520141 Postcode

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

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

CLEAR Weather Conditions 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?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

2

NO

Number of Passengers (Including Driver)

Passenger 1

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?

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 SLZ2734Z

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) 1

Page 2 of 19

SKETCH PLAN

IMPORTANT NOTICE

- 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:
 - 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.:

vehicle A: SLA 532J vehicle B SLZ 2734Z



888 woodlands Plaza

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

· n C	Challe		AVEN S		- Cuddo	il. Volente	`b.
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	4.7						

DECLARATION

re the foregoing particulars are true in every respect I/We deck

Policyhold

Date & Time

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

I. DETAILS OF VEHICLE a)VEHICLE NUMBER: SLAF32J b)INSURANCE COMPANY: NTUL c)POLICY NUMBER: OPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY) e)MAKE & MODEL: NUMBER:	ą.ji
DINSURANCE COMPANY: NTUL CIPOLICY NUMBER: NTUL CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD	V
CIPOLICY NUMBER:	
THANK ! HODEL:	Y FIRE &THEFT)
f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCL g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYC h)PURPOSE OF USING AT ACCIDENT TIME: WATE i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO	LE / OTHERS) CLE)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY	1 / FEMALE! 91506161
And the state of t	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
MAKE	E / FEMALE)
(1) CIADDRESS:CONTACT:	
FEMALE PASSENGEY OJDATE OF BIRTH: () 1 / 03 / 1991 J(DD/MM/YYYY) OJDATE OF BIRTH: () 1 / 03 / 1991 J(DD/MM/YYYYY) OJDATE OF BIRTH: () 1 / 03 / 1991 J(DD/MM/YYYY) OJDATE OF BIRTH: () 1 / 03 / 1991 J(DD/MM/YYYYY) OJDATE OF BIRTH: () 1 / 03 / 1991 J(DD/MM/YYYYY) OJDATE OF BIRTH: () 1 / 03 / 03 / 03 / 03 / 03 / 03 / 03 /	? (YES / 100)
IF NO. RELATIONSHIP OF THE DRIVER WITH INSURED:	DMMEN
5. a) WEATHER CONDITION: [CLEAR / RAINING / OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	(61)
7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	
8. THIRD PARTY VEHICLE TO OF PASSENGER OF VEHICLE NUMBER: SLZ 27342 MODEL:	
(O) DRIVER'S NAME:CONTACT:CONTACT:	
9. THIRD PARTY VEHICLE MODEL:	
No of Passenger e) DRIVER'S NAME:	
Including driver) f) NRIC/FIN/PASSPORT:CONTACT:	

email =

fax =

IDENTIFY CARD NO. \$9109249B

Name

KEN HO RUI HENG

可端

Race CHINESE Date of Beth 21-03-1991 Country of larth SINGAPORE

SLA 5327 5 Lu 6x3A

EN S9109249B

08-04-2006

APT BLK 141 SIMEI STREET 2 #04-72 SINGAPORE 520141

YOU ARE LICENSED FOR DIANT VEDS 1. 1. 1. LOWING CLASSIES)

EFFECTACEALE.

05 Dec 2009 Folor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Class 3

Licence No:S9109249B

Зевинод Бу СатіЗевинег



KEN HO RUI HENG

Issue Date: 22 Mar 2018 Birth Date 21 Mar 1991

002785574C

NP 428A

eBao Tech							Gen	eralClaim		
Hello, NAC_PAYA_UBI_80	0601					()	Change Lar	guage	Change Passwo	ord • Log Out
My Desktop Poli		cy Query								
Notice of Loss	Policy No. Vehicle No.(For Motor)		SLA532)			Date of Acc	ident	18/07	7/2018 17:50	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5101716540	KEN HO RUI HENG	S9109249B	GPC	drivo CLASSIC	SLA5323	SLA532J	26/06/2018	25/06/2019
					E	Continue				

		Dallaubalda			Bellevik elder		
Policy No.	5101716540	Policyholde Name	KEN HO RU	JI HENG	Policyholder NRIC	S9109249B	
Address	BLK 141 #04-72 SIMEI STREE	ET 2 SINGAPOR	RE 520141				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	25/06/2018	Effective Date	26/06/2018	8 00:00	Expiry Date	25/06/2019	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			You	ng/Inexperience Driver Excess
Agent	HUI HUA CREDIT PTE LTD	Agent Tel.	64696611		GST Flag	Υ	
Co- insurance Flag	No						
Open							
Policy							
Policy Info Certificate Info							
Policy Info Certificate Info	holder Mailing Address						
Policy Info Certificate Info Policyh	holder Mailing Address BLK 141 #04-72	Add	ress 2	SIMEI STREET 2		Address 3	SINGAPORE 520141
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Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 141 #04-72 04-72 d Object: SLA5323	Add Rela Nun	ress Type	Singapore address 5101716540		Post Code	A DOMESTIC OF STREET

Accident MT/1003662									
Policy No.	5101716540		Vehicle No.	SLA5321		GST Registration No	6		
Policyholder Name	KEN HO RUI HENG					Policyholder NR3C		S91092498	
Product Code	PRIVATE CAR INSURA	NCE	Cover Type	drivo CLASSIC		Loading		0	
Contact No.(Mobile)	91506161		Contact No.(Office)	0		Contact No.(Home)		0	
mail Address			Special Remark			eCode		No. W	
FK	® No ○ Yes		TCA	® No. ○Yes		eCode Reason			
ICD Protection	Nn		NCD Entitlement(%)	0		Private Hire		No	
Accident Details									
eport Date	19/07/2018 13:56		Accident Report Within 24 hrs	Yes		Accident Type		Damaged whit	et parked
late of Acoidem	18/07/2018		Time of Accident hhomm	17:50		Country of Accident		Singapore	
eporting Centre			Orange Force	1636		ICM No.		11 - 23 CE-15	
coident Location	CARPARK AT 888 WOO	COLANDS PLAZA							
₩ Benefits									
♥ Excess									
Den damage Excess		600.00	Additional Excess	0		Windscreen Excess		100.00	
					600.00	analogo cassa		***********	
Innamed Driver Excess		0.00	Outside Singapore OD Excess		600,00				
hird Party Excess	ablasia.	0.00	Outside Singapore TP Excess		0,00				
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ST Registered ST Registration No.	No			2007	distracion Date tus Verified	Yes			
todification History				U21 318	AND	198			
14111									
Policyholder Mailing Ad	Idress								
address 1	BLK 141 #04-72		Address 2	SIMEI STREET	2	Address 3		SINGAPORE 5	20141
ddress 4			Address Type	Singapore addr		Post Code		520141	
mt No.	04-72		Related Policy Number	5101716540					
OI Driver Info									
river Name	KEN HO RUI HENG		Driver Type	Main Driver					
nnamed driver Name			Driver NR3C	591092498		Driver DOB		21/03/1991	
egister Date of Driver License	05/12/2009		Driver Age	27		Driving Experience			
ontact No.(Mobile)	91506161		Contact No.(Office)	0		Contact No.(Home)		0	
ddress 1	BLK 141		Address 2	SIMEI STREET	2	Address 3		SINGAPORE 5	20141
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			Address Tune	Emparate adde	***	Best Cade		ETRIAL	
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init No. Ioes he own a Singapora	04-72 ○ Yes ® No		Address Type Driver Vehicle No.	Singapore addr	ess.	Post Code Driver Braurer Comp	pany	520141	
init No. iges he own a Singagora legistered car?				Singapore addr	ess		pany	520141	
unit No. Dues he own a Singapora Registered car? Mediaration Breathalyser or Blood Test				Singapore addr	ess		any	520141	
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Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathayser or Blood Test Reading?	○ Yes ® No		Driver Vehicle No.		ess		pary	520141	
unit No. Dues he own a Singapora Registered car? Mediaration Breathalyser or Blood Test	○ Yes ® No		Driver Vehicle No.		ess		any	520141	
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Attachment		Upleaded By/Date		Ŷ	Urgency	Description	Sent? Actio (CO)
144	NAC_PAYA_UBL_B00601[NATX	ONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 14:00	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-19	Edi
1	NAC_PAYA_UBI_B00601(NATX	ONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 14:00	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-19	Edi
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E.	NAC_PAYA_UB3_800601(NATH	ONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 13:58	Photos		Normai	Photos 2018-7-19	Edit
Video List	Uploaded By/Date	Folder Date	File Name		9	Source	Action