Date In: 8/6/18-11:26	Jcb description	Date & Time Completed	Done	py.
Ref No: Na INCIRO ( YOTY ) Zy	SAS e-filing			
Veh No: JUGITAM	E-mail (within 8hrs, AIC 2hrs)			
D.O.A: 1/8/18-14-57	i-Motor Claim Form	W41021677-031	2/8/18 12:4	ı
	i-Motor W/O (Within: OD 2)		10/10 1/1	1
OD TP Preporting Only	i-Photo Uploaded	1	<del> </del>	
	Assessment/Survey Report		1	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp /	THE RESERVED AND THE RE	Tel:	Fax:	)
	0: 10/3437 H INC	)/Non-INC()	NESO TERMINATION	
Owner / Driver: (		Tel:	)	
Policy No: (	) Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	7)	
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79% F: 30	0-100%]	
Year of Registration: (	) Warranty: YES ( )/NO (	)		
	ng:\$1,000( )/\$2,000( )			
General Remarks		al and Proposition Company	Salah Salah	
( ) Walk-In Customer : Custom	ner's information strictly Confidential & S	trictly NO refer of repaire	r.	
( ) Total Loss Case : to e-mai	il Insurer URGENTLY.	The state of		
Drive-In ( ) / Towed-In ( );	; Invoice: YES ( ) / NO ( ) ;	Towing Co: (		)
Remarks: ANC halling 6788	6616)	Date& Time Counter d	Done	ov .
Remarks:- (INC hotline: 6788		Date&Time Completed	Done	by
1) Apply for Transport Allowance (	) / Courtesy Car ( )	Date&Time Completed	Done	by .
Apply for Transport Allowance (     QC Check / Post Repair Inspection	)/Courtesy Car ( )	Date&Tame Completed	Done	by .
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Content of the conte	)/Courtesy Car ( )	Dates:Time Completed	Done i	by .
Apply for Transport Allowance (     QC Check / Post Repair Inspection	)/Courtesy Car ( )	Date&Time Comple of	Done	by .
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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.

	ACCIDENT STATEMENT
Date Of Report	02/08/2018 11:26
Date Of Accident	01/08/2018 14:55
Exact Location Of Accident	CLEMENCEAU AVE N BEFORE JUNC CAIRNHILL CIRCLE
Country/State of Loss	SINGAPORE
the territories there is the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU6157M
Insured/Policyholder	
Name Of Registered Owner	LING WEN HUN
NRIC No	S8123834J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81984003
Alternative Phone No	OFFICE-81984003
Vehicle Particulars	

Manufacturer TOYOTA

FORTUNER 2.7 2WD AUTO FL Model

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?

If No, Please state action to be taken THIRD PARTY 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 5096466657

Cover Note Number

Driver

Name of Driver LING KAY CHYE

Passport No/FIN F0186945X Date Of Birth 02/07/1958 Occupation OUTDOOR Date Of Driving Pass 14/05/2015

Driving Experience 3 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96743565

Fax Number

Contact Number OFFICE-96743565

EMail Address NOEMAIL Address 40 BELIMBING ROAD

Postcode 349912

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

4

## 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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : FEMALE

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

NO

If Yes, against whom?

## Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 CLEMENCEAU AVE N. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 3 CUT ONTO MY LANE WHICH RESULTING MY VEHICLE FRONT LEFT PORTION WAS DAMAGED.

## 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 SLV2435H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHEW KENG LEE

NRIC/Passport Number S1601947Z

NRIC/Passport Number Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

# 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

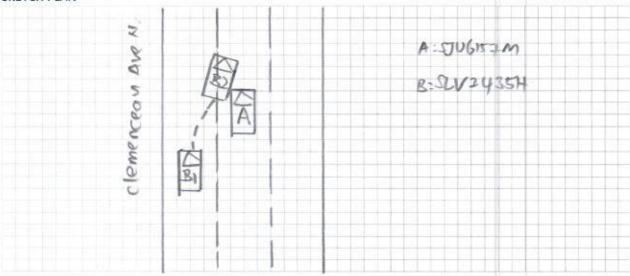
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Oriver'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 statement.

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:

Name: NRIC/FIN No.:

# REPUBLIC OF SINGAPORE

FIN F0186945X



LING KAY CHYE

Date of Birth 02-07-1958 MALAYSIAN



MALAYSIA LING KAY CHYE 580702385069 MALAYSIA 14/05/2016 - 02/07/2020 NO.1 JALAN KEWULIAAN 32, TAMAN UNIVERSITI, JOHOR BAHRU, 81300 JCHOR JOHOR

FA1682085

# VISIT PASS

Immigration Regulations

FIN F0186945X



Date of Issue 08-08-2016



# JPJL6





<b>eBao</b> Tech										GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						• Change	e Language	) Chan	ge Password	Log Out	
My Desktop	Policy Query								36			
Notice of Loss	Policy No.					Date	of Accident	[c	1/08/2018	14:55		
	Vehicle ?	No.(For Motor)	SJU61	57M		Certi	ficate Number					
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5096466657		LING WEN	S8123834)	GPC	drivo CLASSIC	SJU6157M	SJU6157M	08/12/2017	16/12/2018	
						Continue						

Politor No.	5096466657	Policyholder	I THE WEN	LHUN	Policyholder	E81228241	
Policy No.	5096466657	Name	LING WEN	HUN	NRIC	581238343	
Certificate No.							
Address	BLK 280A #04-641 SENGKAN	G EAST AVENUE	COMPASSV	VALE ANCILLA SINGAP	ORE 541280		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	08/12/2017	Effective Date	08/12/201	17 00:00	Expiry Date	16/12/2018 23	59
Excess Type		All Claims 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/	Dexperience Driver Excess
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag Open Policy	No						
Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	BLK 280A #04-641	Addre					
	2001 2001 1101 012	Muure	ess Z	SENGKANG EAST A	VENUE	Address 3	COMPASSVALE ANCILLA
Address 4	SINGAPORE 541280		ess 2 ess Type	SENGKANG EAST A Singapore address	VENUE	Address 3 Post Code	COMPASSVALE ANCILLA 541280
Unit No.	SINGAPORE 541280	Addre	ess Type ed Policy		VENUE		100000000000000000000000000000000000000
Unit No.		Addre Relati	ess Type ed Policy	Singapore address	VENUE		100000000000000000000000000000000000000
Unit No.	SINGAPORE 541280 d Object: SJU6157M	Addre Relati	ess Type ed Policy	Singapore address	VENUE		100000000000000000000000000000000000000
Jnit No.	SINGAPORE 541280  d Object: SJU6157M  sements	Addre Relate Numb	ess Type ed Policy	Singapore address 5096466657  nt Type	Endorsement	Post Code  Status	VALUE OF THE PARTY

Second   S	Claim Handling					10.
Ministry	ccident MT/1005679		9.9725311757	2017/2007	250000000000000000000000000000000000000	
Proposed March   Delay March   Delay	rolley No.	3096466657	Vehicle No.	33U6157M	GST Registration No.	
March Colon	Sertificate No.					
Column   C						
Second   S	roduct Code					
No     To     Section   To   Section   Secti	ontact No.(Mobile)	81984003	Contact No.(Office)	0	Contact No.(Home)	0
The process   Table	mail Address		Special Remark		eCode	(a. V.
Part   Color	FK.	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	
Marchanest   Controlled   Con	CD Protection	Yes	NCD Entitlement(%)	40	Private Hire	No
The A A ACCOUNT   The A ACCOUNT   The A ACCOUNT   THE A ACCOUNT   THE	Accident Details					
Comment   Comm	sport Date	02/08/2018 12:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Control Control   Control   Part   Con	one of Accident	01/08/2018	Time of Accident Nh:mm	14:55	Country of Accident	5 ngapore
Personant   Pers	porting Centre		Orange Force		ICM No.	
Part	cident Location	CLEMENCEAU AVE N BEFORE JUNC CADANI	HILL CINCLE			
Marchand State   Court   Supplement   December   Supplement   Supplem	Benefits					
Marchand State   Court   Supplement   December   Supplement   Supplem						
Control Control   Control Control   Control		800.00	Eddings From		Windowson France	100.00
100 Mary Excision					Windscreen Excess	130.00
POT Targethrand Information   No						
Registrice   No			Outside Singapore TP Excess	0.00		
Registron No.				STALL STATUTE AREA SHARE		
### ### ##############################	T Registered	No				
Participationer Mailing Applicates				GST Status Venned	Yes	
Section   Company   Comp	sumcation restory					
Section   Company   Comp	Policyholder Mailine As	dress				
Million   March   Ma			Address 2	SENGKANG EAST AVENUE	Address 3	COMPANSAGE AND A
Related Pelicy Number						
### OF Private Table    Very Name   Unrained Driver   Driver Type   Unrained Driver   Driver DOB   Ographer OR		SINUAPURE D41280			Poor Code	541280
Description			Kelated Policy Number	3090400657		
California   Cal		Consensat No. o		Control of the Contro		
Driver Age   Signature   Section					BALLARET.	
## Part No.   More to   ## Part No.   ## Part No.   More to   ## Part No.   More to   ## Part No.   M						02/07/1958
Part	gister Date of Driver License	14/05/2015	Driver Age	60	Driving Experience	3
Address Type  Singapore address  Post Code  149912  Note 18 No.  Other Vehicle No.  Other	ntact No.(Mobile)	96743565	Contact No. (Office)	0	Contact No.(Home)	0
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Service of Surgeone  Surgeo	dress 4		Address Type	Singepore address	Post Code	349912
Clear Supplement of Processing Control of Pr	ve No.					
Set	ses he own a Singapore	○ Ves ® No	Driver Vehicle No.		Driver Insurer Company	
Any injury   O mg	gistered car?	9.111-9.111	Commission of the			
Are migral of the property Coales of the prop	claration					
Attachment  Path **	eathelyser or Blood Test	0 mg	Any injury?	○ Yes (#) No		
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Contact No. (Moorie) 85964003 Contact No. (rhome) Contact No. (Office) 1  Alddress earn 1999 yahoo.com OI vehicle Number SUU5157M TP Vehicle Number SLV2455H  Smart Type Claimant Type * Pease Select V Type of Berafit * Pease Select V  Smart Type Claimant Type * Pease Select V Type of Berafit * Pease Select V  Smart Type Claimant Type * Name of Preferred Workshop Contact  Select V Type of Berafit * Pease Select V  Select V Type of Berafit * Pease Select V  Select V Type of Berafit * Pease Select V  Select V Type of Berafit * Pease Select V  Select V Type of Berafit * Pease Select V  Select V Type of Berafit * Pease Select V  Select V Type of Berafit * Pease Select V  Select V Type of Berafit * Pease Select V  Select V Type of Berafit * Pease Select V  Select V Type of Berafit * Pease Select V  Select V Type of Berafit * Pease Select V  Select V Type of Berafit V  Select V  Select V Type of Berafit V  Select V  Se						
Corriact No. (Mobile) 81984003	um Tuna #	IOD-MX	Innurad Name	ING WEN LIN	Insured NRTF	C01730743
All Address earrogogy announcem OI Vehicle Number SUB157M TP Vehicle Number SIV2435H  Type of Berefit * Please Select V Type of Berefit * Siv2435H ON 1 Aug 2018				PHO MEN UNIT		3912343
Servicit Type Clasmant Type * Please Select						
Server Name *					TP Vehicle Number	SLV2435H
## Description   SJUE157M / SLUZ439H CN 1 Aug 2018   Neared Labelity * Not at Fault   V   ## Quire Pinalination   Ves   V   ## Pinalination   Ves   Date Received   O2/08/2018 12:45   ## Date Received   O2/08/2018 12:45   ## Date Received   O2/08/2018 00:90   ## Pinalination   Ves   Date Received   O2/08/2018 00:90   ## Pinalination   Date Received   O2/08/2018 00:90   ## Date Received   O2/08/2018 00:90   ## Pinalination   O2/08/2018 00:90   ## P		Please Select		Please Select		
frequend Workshop Cornect    presured Liability *   Not at Fault		The state of the s	Claimant NRIC *		- Vorseyeese van de la company	<u> </u>
Preference Select Ves Preference Region Option Preferred Workshop, Name unknown V GIA report Received V2/08/2018 12:45 Claim Close Date Date Date Received 02/08/2018 00:00 Select V2/08/2018 00:00 Select V2/08/2018/2018 00:00 Select V2/08/2018 00:00 Select V2/08/2018 00:00 Sel		SJU6157M / SLV2435H ON 1 Aug 2018			Name of Preferred Works	shop
Description	ferred Workshop Contact		Insured Liability *	Not at Fault		
Solution   State   Submit   Solution   State   Submit	quire Pinelisetton	Yes	Preferend Repeir Option	Preferred Workshop, Name unknown	GIA report	Received
State   Submit   Sub	e Registered		Claim Close Date	2222222	Date Received	02/08/2018 00:00
Seve   Submit   Seve	port Taken By	Jackson				
State   Submit		Anarota = 1				
				50505000000		
Color No.   MT/1005679   Claim No.   001				Save Submit		
Color No.   MT/1005679   Claim No.   001	Attachment					
Claim No.   MT/L005679   Claim No.   001						
St Doc. Received .   Path *  Category * Confidential Urgency * Description *  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V	y					
Path *   Category *   Confidential   Urgency *   Description *	cident No.	MT/1005679	Claim No.	001		
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