	re Services	fact control M	74/180 John P		
Date In: > 8 R- K: TY	Jeb description		Date &Time C	ompleted	Done by
REFNO: NA INCIRO MODIZY	SAS e-filing				
Veh No: 56X7788E	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 1/8/18-15:30	i-Motor Clair	m Form	MIDOTAY	• 01	8/8/18 16:39
	i-Motor W/O	(Within: OD 2hr	s, 7'P 4hrs)		
OD TP / Reporting Only	i-Photo Uplo:	aded	1		11 11 1
TP Insurer:	Assessment/Su	irvey Report			
TI Insurer.	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	F	ax:
TP Particulars: Veh No: (2)	)364	. INC (	)/Non-INC	( )	West Control to the Control of the C
Owner / Driver: (			Tel:		)
Policy No: ( ) Po	eriod: (	)	Cover Type: (		)
Confirmed by: (		Date:	Time		7)
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%	. F: 80-1	00%]
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
	000 ( )/\$2,000				
General Remarks:-		Mark New York	100 N 200 N	ST. & 7	St. G.
( ) Walk-In Customer: Customer's info					
· · · · · · · · · · · · · · · · · · ·		moential & St	ictly NO 13ler of	repairer.	
( ) Total Loss Case : to e-mail Insur			1199		
Drive-In ( )/ Towed-In ( ); Invoic	e: YES ( ) / N	O();T	owing Co: (	1	
Remarks:- : (INC horline: 6788 6616)	Salada de la composición dela composición de la composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición	10 CO.	Date&Time Co	aple ad	Done by
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Apply for Transport Allowance ( )/(     QC Check / Post Repair Inspection	Courtesy Car ( )	)			
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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 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.

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
STATE OF THE STATE	ACCIDENT STATEMENT
Date Of Report	02/08/2018 15:54
Date Of Accident	01/08/2018 15:30
Exact Location Of Accident	PIE (CHANGI) AFTER CTE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX7788E
Insured/Policyholder	
Name Of Registered Owner	FARBIAN HEW WEN GUANG
NRIC No	S9443536F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92731030
Alternative Phone No	OFFICE-92731030
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102144897
Cover Note Number	

#### Driver

Name of Driver	FARBIAN HEW WEN GUANG
NRIC No	S9443536F
Date Of Birth	25/11/1994
Occupation	INDOOR
Date Of Driving Pass	02/01/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92731030
Fax Number	

Contact Number OFFICE-92731030
EMail Address NOEMAIL

BLK 577 HOUGANG AVENUE 4 Address

#15-660

Postcode 530577

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES

Number of Passengers (Including Driver)

NO 3

Passenger 1

NAME:

: CHUA BOON HOE

GENDER:

: MALE

Passenger 2

NAME:

: BALERIE TAN HUI SHAN

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SLZ236H

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)

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGV51D

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

FARBIAN HEW WEN GUANG

Approximate Age

Injuries Sustain

**NECK & BACK** 

Injured person in which vehicle?

SGX7788E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# DETAILS OF INJURED PERSON 2

Name

CHUA BOON HOE

Approximate Age

Injuries Sustain

**NECK & BACK** 

Injured person in which vehicle?

SGX7788E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name

BALERIE TAN HUI SHAN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SGX7788E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

Page 3 of 22

# 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.
- (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:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centry Personnel Name:

NRIC/FEV NO.

PIE Towards Changi after CTE Exit

veh B: SGX 7788E veh B: SLZ 236H

SKETCH PLAN veh C: SGV 510 4 4 4 4 4 A CO DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stated time and date was driving (veh A SGX 7788E toward( before Changi ONE lane CTE Exit. Suddenly (vehi in front SGV5ID) 5 braked and came to a complete stop. I follow Shorth managed FR14 SUIT an impact from my rear causing my car to move forward and collide alighter veh (veh realised B. SLZ 236H) there and have collided onto me and ave multide CONS behind TOO . I involved IV this Chain accident veh Band and left particulars WHO accident exchanged State +ha+ My passengers Dain accident and went doltor DECLARATION I/We deplays the foregoing particulars are true in every respect.

Policyholder's Signature Date & Times

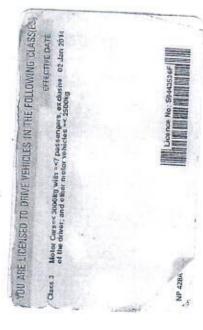
Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Ce tro Personnel's meature Name:

NRIC/.....vota

Date of Accident	: 01 /08 2018 Accident Time: 1529 (24-HR-Format)
Accident Place	: PIE Towards Changi after CTE Exit
Vehicle Reg. No. (Car Plate No.)	SGX 7788E
Vehicle Make/Model	: Volkswagen Scirocco 1.4
Insurance Company	NTUC Policy No. 5102144897
Owner or Company Name /IC No.	: Fabian Hew Wen Grang
Owner or Company Contact No.	92731030 Owner's Hp Company Tel
DRIVER'S Name / IC No.	AX .
DRIVER'S Date Of Birth	25   11 94 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BLK 577 Hougang Ave 4 #15-660
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party) Claim Own Insurance
Number of Passengers (Including D	
Was there any video Captured by ca Exact purpose for which vehicle wa	THOM BOOM I
Other I	Party Driver's Particular (if anv)
Vehicle Reg. No: SLZ 2364	B Vehicle Reg. No: SGV 51 D C
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:

BUT WORKER OF THE PROPERTY OF









<b>eBao</b> Tech								GeneralClaim			
Hello, NAC_PAYA_UBI_800601			· Change Language					Change Password		· Log Out	
My Desktop	Poli	cy Query									
Notice of Loss	Policy No. Vehicle No.(For Motor)		SGX77	SGX7788E		Date of Accident Certificate Number		01/08/2018 15:30			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102144897		FABIAN HEW WEN GUANG	S9443536F	GPC	drivo CLASSIC	SGX7788E	SGX7788E	10/07/2018	09/07/2019
					-	Continue					

Policy No.	5102144897	Policyholder Name	FABIAN HE	W WEN GUANG	Policyholder NRIC	S9443536F	
Certificate No.							
Address	BLK 577 #15-660 HOUGANG	AVENUE 4 SING	APORE 5305	77			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	10/07/2018	Effective Date	10/07/2018	3 00:00	Expiry Date	09/07/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	SPEEDO CAPITAL PTE. LTD.	Agent Tel.	66847757		GST Flag	Y	
Co-							
insurance Flag	No						
insurance	No						
insurance Flag Open Policy Info Certificate	No						
nsurance Flag Open Policy Info Certificate Info	No holder Mailing Address						
Insurance Flag Open Policy Info Certificate Info Policy		Addre	ss 2	HOUGANG AVENU	JE 4	Address 3	SINSAPORE 530577
Insurance Flag Open Policy Info Certificate Info Policy Address 1	holder Mailing Address		ss 2 ss Type	HOUGANG AVENU		Address 3 Post Code	SINGAPORE 530577 530577
Insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4	holder Mailing Address	Addre	ss Type	CALLED MARKET MARKET		200000000000000000000000000000000000000	100000000
Insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address BLK 577 #15-660	Addre Relati	ss Type	Singapore addres		200000000000000000000000000000000000000	100000000
Insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address  BLK 577 #15-660  15-660  ad Object: SGX7788E	Addre Relati	ss Type	Singapore addres		200000000000000000000000000000000000000	100000000

Claim Handling					+ Exi
Accident MT/1005744					
Policy No.	5102144697	Vehicle No.	SGX7788E	GST Registration No	
Certificate No.					
Policyholder Name	FABIAN HEW WEN GLIANG			Policyholder NR3C	\$3443536F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92731030	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	Fi V
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Report Date	02/08/2018 16:37	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Acodent	01/08/2018	Time of Accident hhumm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	Statement
Accident Location	PIE (CHANGE) AFTER CTE EXIT	STATE TO CO.		por rec.	
<b>▽</b> Benefits	The Constant of the Control of the Control				
♥ Excess					
Own damage Excess	600.00	Additional Excess	1500	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	Mindacises Excess	100.00
Third Party Excess	0.00	Gutaide Singapore TP Excess	0.00		
GST Registered Informa		annual annual or savess	0.00		
GST Registered	No		GST Registration Date		
GST Registration No.	70,428		GST Status Verified	Yes	
Modification History					
♥ Policyholder Hailing Ad	dress				
Address 1	BLK 577 #15-660	Address 2	HOUGANG AVENUE 4	Address 3	SINGAPORE 530577
Address 4		Address Type	Singapore address	Post Code	\$30\$77
Unit No.	15-660	Related Policy Number	5102144897		
♥ 01 Driver Info					
Driver Name	PABIAN HEW WEN GUANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	59443536F	Driver DOB	25/11/1994
Register Date of Driver License	02/01/2014	Driver Age	23	Driving Experience	4
Contact No.(Mobile)	92731030	Contact No. (Diffice)	0	Contact No.(Home)	0
Address I	BLK 572	Address 2	HOUGANG AVENUE 4	Address 3	SINGAPORE 530577
Address 4		Address Type	Singapore address	Post Code	\$30577
Unit No.	15-660				
Does he own a Singapore Registered car?	○ Yes  No	Driver Vehicle No.		Driver Insurer Comp	sarry)
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History					
and the same of the same of					
Claim 001 New					
Claim Type *	OD-MX	Insured Name	FABIAN HEW WEN GUANG	Insured NR3C	S 3443536F
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	100000
Email Address		OI Vehicle Number	SGX7788E	TP Vehicle Number	S-2236H
Claimant Type Claimant Type *	Phase Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Owim Description	SGX7788E / SLZ236H ON 1 Aug 2018	0.0000000000000000000000000000000000000		Name of Preferred W	verkishep
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes U	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/08/2016 16:39	Claim Close Date		Date Received	02/08/2018 00:00
Report Taken By	Jackson			are templated by	
D Print AK letter					
30 Print AA HIDE					
			Save Submit		
Attachment					
7					
Accident No.	MT/1005744	Claim No.	001		
Last Doc. Received	● Yes □ No	Upload Date	02/08/2018 16:41		
	Path *		Category *	Confidential	Urgency • Description •
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			Description Co.		

