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E-mail (within Shrs, AIC 2hrs)		
i-Motor Claim Form	MT/1005957-001	4/8/18 16:26
i-Motor W/O (Within: OD 2hr	s, TP 4hrs)	
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand	to Owner/Wksp	
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197/67 . INC(	)/Non-INC( )	
	Tel:	)
Period: ( )	Cover Type: (	)
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( C C C C C C C C C C C C C C C C C C C	Job description  SAS e-filing  E-mail (within Shrs, AIC 2hrs)  i-Motor Claim Form  i-Motor W/O (Within: OD 2hr  i-Photo Uploaded  Assessment/Survey Report  Ass't Report by Fax / Hand  (INC (INC (INC (INC (INC (INC (INC (INC	Jeb description   Date & Time Completed

Figure di Flam

#### 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 <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.
- 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.

arcresard,	
	ACCIDENT STATEMENT
Date Of Report	04/08/2018 14:52
Date Of Accident	04/08/2018 13:25
Exact Location Of Accident	JUNC ELIAS RD & PASIR RIS DR 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX536C
Insured/Policyholder	
Name Of Registered Owner	TORQUE CONCEPT
Co Reg No	53278051E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91729140
Alternative Phone No	OFFICE-91729140
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099234344
Cover Note Number	
Driver	
w processor contracts of contracts	

Name of Driver JULIAN CHIA CHUN HAO

 NRIC No
 \$9340295B

 Date Of Birth
 27/10/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 25/03/2013

Driving Experience 5 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88236044

Fax Number

Contact Number OFFICE-88236044

EMail Address NOEMAIL

**BLK 7 TAMPINES AVENUE 8** Address

#07-12

Postcode 529597

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

1

NO

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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)

#### **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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 1 ELIAS RD AS THE TRAFFIC JUNCTION WAS RED. SUDDENLY 1 FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

# 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 SLK9716J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver JAMES LAU OON BENG (LIU EN MING)

NRIC/Passport Number S1745715B

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:
  - 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.

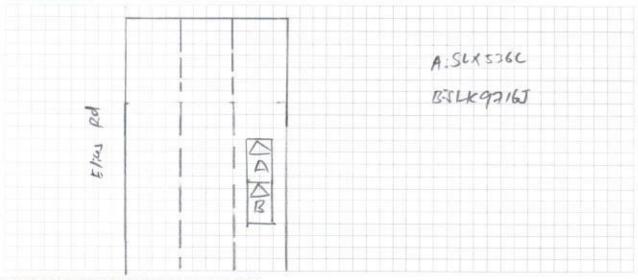
Policyholder's Signature Date & Time: \*\*

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Hatement.

DECLARATION

I/We declare utiliforegoing particulars are true in every respect.

\* 53277703D \*\*

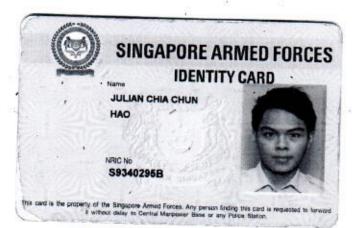
Policyholder's Signature Date & Time:

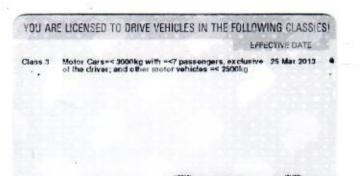
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:









<b>eBao</b> Tech				Change Language Change Passwor							alClaim	
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	Chan	ge Password	· Log Out	
My Desktop	Poli	cy Query										
Notice of Loss	Policy N	10.				Date	of Accident	3	04/08/2018	13:25		
	Vehicle	No.(For Motor)	SLX536	ic		Certif	icate Number					
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5099234344		TORQUE CONCEPT	53278051E	GPC	drivo CLASSIC	SLX5360	SLX536C	23/03/2018	11/02/2019	
					- 0	Continue	1					

Page 1 of 1

Policy No.	5099234344	Policyholder Name	TORQUE CO	ONCEPT	Policyholder NRIC	53278051E	
Certificate No.		I CONTRACTOR					
Address	BLK 831 #03-60 TAMPINES ST	REET 83 TAMPI	NES PALMW	ALK SINGAPORE 520	831		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	23/03/2018	Effective Date	23/03/2018	3 00:00	Expiry Date	11/02/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	SONA INSURANCE AGENCIES	Agent Tel.	81131335		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 831 #03-60	Addre	ess 2	TAMPINES STREET	83	Address 3	TAMPINES PALMWALK
Address 4	SINGAPORE 520831	Addre	ss Type	Singapore address		Post Code	520831
Unit No.	03-60	Relate	ed Policy ier	5099234344			
) Insure	ed Object: SLX536C						
	sements						
♥ Endors							

Seatination  Seatination  Any injury?	okry No. ertificace No.					
Ministration   Mini	entificace No.					
Michael France   Trollace Concern   Provided Con		5099234344	Vehicle No.	SLX536C	GST Registration No.	
PRINCE COME   PRINCE CAN INSURANCE   Cover Type   Chief Content No. (Princip)   1724-94   Content No. (Princip)   1724-94   Content No. (Princip)	skrybolder Name					
Contract No.   Con	Suddendrate Lawrence	TORQUE CONCEPT			Policyholder NRIC	53276051E
Special Remark   Spec	roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
COD PRESCRIPTION   10   MCD FREEDRING   10   Private Privat	ontact No. (Mobile)	91729140	Contact No.(Office)	0	Contact No.(Home)	0
## CO Protection   10   MCD Entertwent(%)   0   Private Hire   Ves    ## Accident Interface   Ves   V	mail Address		Special Remark		eCode	to V
### Accident Details ### Accid	rk	® No ○ Yes	TCA	® No ○Yes	eCode Reason	20/
## Accident Data   Accident Data   Accident Page   Colston - Head its Responsible   Colston   Accident Page   Colston - Head its Responsible   Colston	CD Protection	No:	NCD Entitlement/%\	9	Private Hire	Vec
## Accident Type			5775-7000000000000000000000000000000000	**	Statement Trans.	
Age of Accident				122	2000000000	
Contract						Collision - Head to Rear
### Description    Part   Control   Part   Control   Part	ate of Accident	04/08/2018	Time of Accident hh:mm	13:25	Country of Academ	Singapore
Paces (S)         Paces (Series)         Additional Excess         0         Windstores Excess         100.00           Invariance Excess         0.00.00         Additional Excess         2,000.00         Windstores Excess         100.00           Open Services         1.000.00         Care of Englander TV Excess         1,500.00         Very Care of Excess         1,500.00           Of SET Registrated Information         All of SET Registration Date         SET Registration Date         No.           ST Registration for Information         All of SET Registration Date         No.         SET Registration Date           ST Registration for Information         Address SET Registration Date         No.         SET Registration Date           ST Registration for Information         Address SET Registration Date         No.         SET Registration Date           Profit Professor         Address SET Registration Date         No.         SET Registration Date           Profit Professor         Address SET Registration Date         No.         No.           Profit Professor         Address SET Registration Date         No.         No.           Profit Professor         Address SET Registration Date         No.	eporting Centre		Orange Force		ICM No.	
		JUNC ELIAS RO & PASIR RIS DR 1				
Additional Excess	♥ Benefits					
No.	♥ Excess					
1,500.00	wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
## ST Registarion Date ## No	nnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
## STR Registarion Date ## 17 Registarion Date ## 17 Registarion Place ## 17	Rind Party Excess	1,500.00				
\$T Registerior No.						
## ST Registration No.  ## Polity/holder Mailing Audit ====================================				GST Registration Date		
## Policyholder Malling Address		100			No	
Policyholder Mailing Address    Mail 801 807-80				850 2400 cm, 60 25 25 20 7	74798	
Address 1 BLK 031 x03-00 Address 2 TAMPINES STREET 83 Address 3 TAMPINES PALMWALL Middless 4 SINGAPORE 520831 Address Type Singapore address Pats Code 520821 Unit No. 03-00 Related Policy Number 509924344		jil				
Address 1 BLK 021 #07-60 Address 2 TAMPINES 5*TREET 83 Address 3 TAMPINES PALMWALL Address 4 SINGAPORE 520831 Address 7-ype Singapore address 2 Post Code 520821  Address 4 SINGAPORE 520831 Address 7-ype Singapore address 2 Post Code 520821  Ant No. 01-60 Related Pixity Number 5099234344   ***OF Deliver Tatlo**  Direct Name  Unnamed Driver  Direct Name  3/LIAN CHIA CHAN HAO Driver NBIC 59340398 Driver DB 27/10/1993  Driver Age 24 Driving Experience 5  Driver DB 27/10/1993  Driver Age 24 Driving Experience 5  Driver DB 27/10/1993  Driver Age 24 Driving Experience 5  Driver DB 27/10/1993  Driver Age 24 Driving Experience 5  Driver DB 27/10/1993  Driver Age 24 Driving Experience 5  Driver DB 27/10/1993  Driver DB 27/10/	Policyholder Mailing Ad	dress				
Address 4 SINGAPORE 52831 Address Type Singapore address Pets Code 520821  Address 4 D1-80 Related Pistry Number 5099234344  ▼ 01 Driver Info  Winamed Chriser  Winamed Chriser Info  Winamed Chriser Name SULIAN CHIA CHUN HAD Driver NBIC 593402858 Oniver DD6 27;10(1993)  Begister Date of Driver License 25;01/2013 Driver Age 24 Driving Experience 5  Corract No.(Mister) 83225044 Contact No.(Office) 0 Corract No.(Hisme) 0  Address 3 7 TAMPINES AVENUE 8 Address 7 ype Singapore address Peat Code 528597  Address 4 Address 7 ype Singapore Peat Code 528597  Address 7 ype Singapore Original Singapore Peat Code 528597  Any injury? ○ Yes ® No  Driver Version No.  Claim 001 New  Claim 190 * OD-MX ✓ Insured Name * CORQUE CONCEPT* Insures NRIC \$3278051E Contact No.(Misce) MILL Type Claimant Type * Peate Salest ✓ Type of Briefit * Peate Select ▼			Address 2	TAMPINES STREET 83	Address 3	TAMPINES PALMWALF
Description   Display   Description   Des						
Driver Info					- Sat States	1000 PM
Driver Name		1.544.66	Version Louis Lettings	202267377		
Description		Unnamed Driver	Driver Tyre	Unnamed Driver		
Register Date of Driver License   25/03/2013   Driver Age   24   Driving Experience   5					Driver DDS	27/10/1993
Contact No. (Mobile) 88.296.044 Contact No. (Office) 0 Comact No. (Home) 0 Address 1 7 TAMPPINES AVENUE II Address 2 ARG AT TAMPINES Address 3 SINGAPORE \$29597 Address 4 Address 7 Yee Singapore address Post Code \$29597 AVI No. 07-12  Obes the own a Singapore of Singapore of Singapore address Post Code Singapore address Post Code Singapore of						
Address 3 7 TAMPNES AVENUE B Address 2 ARG AT TAMPNES Address 3 SINGAPORE \$29597  Address 4 Address Type Singapore address Pose Code 529597  ANT No. 07-12  Desire own a Singapore Pegisteric Car?  O mg Any injury? O yes ® No  Any injury? O yes ® No  Claim 603 New  Claim 7pe * OO-MX V Insured Name TORQUE CONCEPT Insured NRIC \$3278051E  Direct No. (Mobile) NIL Contact No. (Mome) Contact No. (Office) NIL Contact No. (Mome) Contact No. (Office) NIL Contact No. (Mome) Contact No. (Mome) Type of Binefit * Piesse Select V Name of Preferred Workshop Contact No. (More) Name of Preferred Workshop Collaboration Resorts Contact Name * SUX536C SUX536			ESSIVILLE ESSENCES			
Address Type Singapore address Post Code 529597  And No. 07-12  Description Code 000 Driver Vehicle No. Driver Pension Company  Personal Singapore Over No Driver Pension Company  Personal Singapore Over No Order Company  Any Injury? Over No  Claim 601 New  Claim 7pe * OO-MX Singapore No. House Concept Insurer Company  Contact No. (Mobile) Nill Contact No. (Home) Contact No. (Mome) Contact No. (Office) Nill Contact No. (Mome) Contact No. (Mome) Contact No. (Office) Nill Contact No. (Mome) Singapore address Contact No. (Mome) Singapore address Contact No. (Mome) Pension Contact No. (Office) Nill Contact No. (Mome) Singapore address Contact No. (Mome) Contact No. (Mome) Contact No. (Office) Nill Contact No. (Mome) Singapore address Contact No. (Mome) Contact No. (Mome) Contact No. (Office) Nill Contact No. (Mome) Contact No. (Office) Nill Contact No. (Mome) Singapore address Contact No. (Mome) Contact No. (Office) Nill Contact No. (Mome) Contact No. (Office) Nill Contact No. (Mome) Singapore Address Contact No. (Office) Nill Contact No. (Mome) Singapore Address Contact No. (Mome) Singapore Contact No. (Office) Nill Contact No. (Mome) Singapore Contact No. (Mome						
Driver Vehicle No. 07-12  Does he own a Singapore Registered car?		AND THE PARTY OF T				
Driver Insurer Company  Driver			Address Type	Singapore address	Post Code	529597
Registered car?  Declaration  Breathalyser or Blood Test Reading?  Any injury?  Any injury?  One  Any injury?  One  Any injury?  One  One  One  One  One  One  One  On						
Any injury?	pes ne own a singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Any injury?						
Additication History  Claim 003 New  Claim 1904 OD-MX V Insured Name TORQUE CONCEPT Insured NRTC \$3278051E  Contact No. (Mobile) NIL Contact No. (Home) Contact No. (Office) NIL  Email Address OR Vehicle Number SUX536C TP Vehicle Number SUX97163  Claimant Type Opinnant Type * Please Select V Type of Benefit * Please Select V  Claimant Name * SUX536C SENSTED ON 4 Aug 2018  Name of Preferred Workshop	sclaration					
Claim Type * OC-MX V Insured Name TORQUE CONCEPT Insured NRTC \$3278051E  Contact No. (Mobile) NIL Contact No. (Home) Contact No. (Office) NIL  Email Address OI Vehicle Number SLX536C TP Vehicle Number SLX97163  Claimant Type © Damart Type * Please Select V Type of Benefit * Please Select V  Claimant Name * SLX536C / SLX97163 ON 4 Aug 2018	reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
Claim 003 Nee  Claim Type * OO-MX						
Contact No. (Mobile)   Contact No. (Mome)   Contact No. (Office)   NfL	adification History					
Claim Type * OC-MX V Insured Name TORQUE CONCEPT Insured NRIC \$3276051E  Contact No. (Mobile) NIL Contact No. (Home) Contact No. (Office) NIL  Email Address Claimant Type V Please Select V Type of Benefit * Please Select V  Claimant Name *	Claim 001 New					
Contact No. (Mobile)  NIL  Contact No. (Mobile)  Of Vehicle Number  SLX536C  TP Vehicle Number  SLX97163  This per of Benefit * Please Select  SLX97163  SLX97163  SLX97163  SLX97163  Name of Preferred Workshop	Com out					
Contact No. (Mobile)  NIL  Contact No. (Mobile)  OR Vehicle Number  SLX536C  TP Vehicle Number  SLX97163  Summark Type Claimant Type * Please Select  Type of Benefit * Please Select  Summark Type Claimant NBC *  Slaimant Name *  SLX536C / SLX536C / SLX57163 ON 4 Aug 2018  Name of Preferred Workshop						
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