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Veh No: UKG161B	E-mail (within 5hrs, AIC 2hrs)	T T		T/
D.O.A: 6/8/8-1475	i-Motor Claim Form	M1 120631 2-001	7/8/18 16.05	-
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OD / TP / Reporting Only	i-Photo Uploaded	1		• •
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: ((Tel:	Fax:	
TP Particulars: Veh No: J	LX > DY U INC ()/Non-INC()		525
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:	-7)	
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$				
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1) Apply for Transport Allowance (/ Courtesy Car ()	Sec. 25		
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2) QC Check / Post Repair Inspection	()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.

- 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.	
	ACCIDENT STATEMENT
Date Of Report	07/08/2018 14:18
Date Of Accident	06/08/2018 14:55
Exact Location Of Accident	BLK 322 HOUGANG AVE 5 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG161B
Insured/Policyholder	
Name Of Registered Owner	TOY CAR
Co Reg No	52883907A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97323858
Alternative Phone No	OFFICE-97323858
Vehicle Particulars	
Manufacturer	SUZUKI
Model	GRAND VITARA 2.4 5DOOR 4WD AT ABS AIRBAG
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102265864
Cover Note Number	
Driver	
Name of Driver	ZULKARNAIN BIN ZAINAL
NRIC No	S7826875A
Date Of Birth	16/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-87550051

OFFICE-87550051

NOEMAIL

Address BLK 203E COMPASSVALE ROAD

#02-77

Postcode 545203

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

2

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

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) 1

Details of Police Action

Was the accident reported to the police?

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, I WAS TRAVELLING ALONG DIVEWAY OF HDB BLK 322 HOUGANG AVENUE 5 OPEN SPACE CARPARK. SUDDENLY VEHICLE B DASH OUT FROM CARPARK LOT WITHOUT CHECKING HIS BLINDSPOT BEFORE PROCEED. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

NO

NO

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 SLX2124U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver CHEW WEI JIE
NRIC/Passport Number S8620175E

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

Passenger 1

NAME: :

GENDER: :

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:
 - 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)

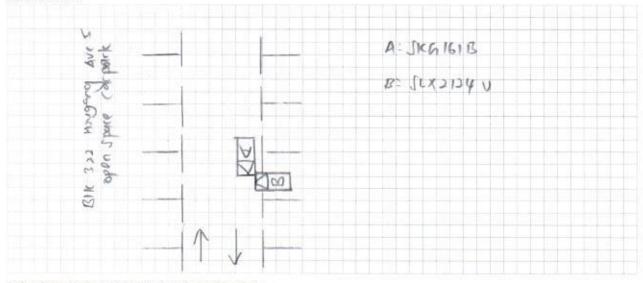
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

teler 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:

NRIC/FIN No.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEN	DUM	
)	PARTICULARS OF PERSON MA	KINGTHEAMENDME	NTS:	
	Original Report No : MNA 118	100016	Vehicle Registration No: _	SKG161B
			NRIC/FIN/Passport No:	
	(*Vehicle Driver / Vehicle Own	ner) (*) Please delete a	s appropriate	
	Address : Blk 2	oze compassuale es	40+77	Singapore(7\\$500)
			Mobile No.: 87550051	
	Email Address :			
	Date of Accident : 616/18	W	Time of Accident :/Y :	5
			open upace carparle	
	ADDITIONALINFORMATION /			
			<i>)</i>	
	ii 			
	4 			
	<u> </u>	_/		
	19			
	Policyholder / Driver's Signatur Date:	re	Reporting Centre Personame: NRIC/FINNo.: Date:	onnel's Signature

REPUBLIC OF SINGAPORE



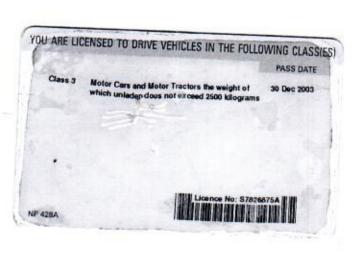
ZULKARNAIN BIN ZAINAL

MALAY 16-09-1978

SINGAPORE







eBao Tech	General								IClaim		
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	- Chan	ge Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	Vo.				Date	of Accident	1	06/08/2018	14:55	
	Vehicle	No.(For Motor)	SKG16	SKG161B		Certificate Number		[
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
41)	0	5102265864		TOY CAR	52883907A	GPC	Third Party	SKG1618	SKG1618	12/07/2018	06/05/2019

Policy No.	5102265864	Policyholder	TOY CAR		Policyholder	52883907A	
Certificate No.		Name			NRIC		
Address	8 LAKEPOINT DRIVE #01-45	AKEPOINT CON	DOMINIUM S	SINGAPORE 648926			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	12/07/2018	Effective Date	12/07/2018	3 00:00	Expiry Date	06/05/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	8 LAKEPOINT DRIVE	Addr	ess 2	#01-45 LAKEPOINT	CONDOMIN	Address 3	SINGAPORE 648926
Address 4		Addr	ess Type	Singapore address		Post Code	648926
Unit No.		Relat Num	ed Policy per	5102458118			
	ed Object: SKG161B	DOGAS					
D Insure							
	sements						

Claim Handling					+ Ext
Accident MT/1006312					
Policy No.	5102265864	Venicie No.	SKGIEIB	GST Registration No.	
Certificate No.	Who take too		2.70/24/07/		
Policyholder Name	TOY CAR			Policyholder NRIC	52883907A
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Perty	Loading	a
Corract No.(Motive)	97323858	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode:	h. v
KFK	® No ○ Yes	TCA	® No ○Yes		- Mariana
	Control of the contro		W. Drawerson	eCode Reason	
NCD Protection	740	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Réport Date	07/08/2018 15:16	Acodent Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/08/2018	Time of Accident hh:mm	14:55	Country of Accident	Singagore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 322 HOUGANG AVE 5 OPEN SPACE CAR	RPARK			
→ Benefits					
→ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
□ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Venfied	No	
Modification History					
Policyholder Mailing Ad				707 80	
Address 1	8 LAKEPOINT DRIVE	Address 2	#01-45 LAKEPOINT CONDOMIN	Address 3	\$3NGAPORE 548925
Address 4		Address Type	Singapore address	Post Code	648926
Unit No.		Related Policy Number	5102458118		
OI Driver Info			A 100-50000000000000000000000000000000000		
Driver Name	Unnamed Onver	Driver Type	Unnamed Driver	DC 1000	
Unnamed driver Name	ZULKARNAIN BIN ZAINAL	Driver NR3C	S7826875A	Driver DOB	15/09/1978
Register Date of Driver License		Driver Age	39	Driving Experience	14
Contact No. (Mobile)	87550051	Contact No. (Office)	0	Contact No.(Home)	0.
Address 1	BLK 203E	Address 2	COMPASSVALE ROAD	Address 3	S3NGAPORE 545203
Address 4		Address Type	Singapore address	Post Code	545203
Unit No.	02-77				
Does he own a Singapore Registered car?	○ Yes No	Driver Vahicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
Claim 001 New					
Claim Type *	00 MX	Insured Name	TOY CAR	Interest METC	E18E30074
Contact No. (Mobile)	96822777	Contact No.(Home)		Insured NRIC	52883907A
			NIL	Contact No. (Office)	62590111
Email Address	klwong911@hatmall.com	01 Vehicle Number	SKG1618	TP Vehicle Number	SLX2124U
Claimant Type Claimant Type *		Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC +			10
Claim Description	SKG1618 / SLX2124U ON 6 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		-00
Require Finalisation	Yes 💟	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/08/2018 16:05	Claim Close Date		Date Received	07/08/2018 00:00
Report Taken By	lackson				
Print AK letter					
			record responses		
			Save Submit		
Attachment					
9					
	MT (ADDED) TO	Planter No. 11			
Accident No.	MT/1006312	Claim No.	001		
Last Doc. Received	∀es ○ No	Upload Date	07/08/2018 16:07		
	Path *		Category *	Confidential Urgen	cy * Description *
		Browse	Clear Please Select	Normal V Normal	
		Browse	Clear Please Select	10 V Normal	V
		Browse	Clear Please Select	No V Normal	▼ [
		Browse		Normal	V
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