Date In: 7/5/10-09:41	Jeb description	n	Date &Time Completed	Done	e by
Ref No: 4A/ AIC 1804>79/24	SAS e-filing				
Vch No: 1472062K	E-mail (within	a Shrs, AIC 2hrs)			4
D.O.A: 6/8/8 -08: 47	i-Motor Cla		MT) 100 6357-001	7/8/18 17:00	1
	i-Motor W/	O (Within: OD 2hrs	NAME OF TAXABLE PARTY.	77 130	1
OD (TP) Reporting Only	i-Photo Upl		1		
		urvey Report			
TP Insurer:	-	by Fax / Hand to	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: FOR	=6137p	INC ()/Non-INC()		
Owner / Driver: (· · · · ·		Tel:)	
Policy No: () Po	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:	-)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,	000 ()/\$2,000)()			
General Remarks:				CONTRACTOR	
() Walk-In Customer: Customer's info	ormation strictly Co	onfidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur					-
, ,	er ortoniinoii				
Drive-In () / Towed-In (): Invoic	e VES()/	NO () TO	owing Co: (7.0	- 1
Drive-In ()/ Towed-In (); Invoic		NO (); To	owing Co: (PSECURE A	φα-1
Remarks: (INC horline: 6788 6616)		NO();To	Date&Time Completed	Done	by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/(NO();To		Done	by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection	Courtesy Car (NO();To		Done	by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/(Courtesy Car ()		Done	by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection	Courtesy Car ()		Done	by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury:	Courtesy Car ()		Done	by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ()		Done	by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury:	Courtesy Car ()		Done	by
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Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury:	Courtesy Car ()	Date&Time Completed	Done Ant(s)	by Abit (\$)
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$. Injury: Date/Time Actions	Courtesy Car (Invoice Prep	Date&Time Completed aration Checklist. Reporting (\$30);	Anit (s)	Ami (5)
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$. Injury: Date/Time Actions NAIFO U932 Claimant's Particulars:-	Courtesy Car (Invoice Prep 1) AR: Accident 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Th	Pate&Time Completed aration Checklist Reporting (\$30); Assessment (\$100); INC (\$	Anit (s) fit Bill	Ahu (\$)
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$. Injury: Date/Time Actions NAIFO 1932 Inimant's Particulars:- priver/Owner: ontact No:	Courtesy Car (Invoice Prep 1) AR: Accident 1 2) DA: Darnage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as	Date&Time Completed Bration Checklist Reporting (\$30); Assessment (\$100); INC (\$400); Frough Survey Frough Survey (Resurvey) Frough Survey (Resurvey)	Are((\$). fit.Bill. 80) 0/\$45 \$120 \$30 \$5)	Ahu (\$)
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$. Injury: Date/Time Actions NAIFO 1932 Inimant's Particulars:- priver/Owner: ontact No:	Courtesy Car (Invoice Prep 1) AR: Accident 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	Date&Time Completed aration Checklist. Reporting (\$30); Assessment (\$100); INC (\$200); Frough Survey (Resurvey) Sinst JNC Only (well 10 Jan 200); ion	Aract (\$) fit.Bill 80) 0/\$45 \$120 \$30	Ahi (3)
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$. Injury: Date/Time Actions NAIFO 1932 Inimant's Particulars:- priver/Owner: ontact No:	Courtesy Car (Invoice Prep 1) AR: Accident 1 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition	Date&Time Completed aration Checklist Reporting (\$30); Assessment (\$100); INC (\$200) Tough Survey (Resurvey)	So) 0/\$45 \$120 \$30 \$75	Ahu (\$)
Remarks; (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions NAIPOU932 Inimant's Particulars:- priver/Owner: ontact No: amaged Portion:	Courtesy Car (Invoice Prep 1) AR: Accident 1 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD*	Date&Time Completed aration Checklist Reporting (\$30); Assessment (\$100); INC (\$200) Tough Survey (Resurvey)	So) 0/\$45 \$120 \$30 \$75	AAA (\$)
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Actions	Courtesy Car (Invoice Prep Invoice Prep I) AR: Accident I DA: Darrage A TF: Towing Fe For claiming as TR: Re-inspect NI: Idae DA + NTUC Addition OD* NS: Courtesy NG: Repeir Co	Date&Time Completed Date&Time Completed aration Checklist Reporting (\$30); Assessment (\$100); INC (\$20); Assessment (\$100); INC (\$30); Assessment (\$100); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30);	\$m((\$)) fitBill 80) 0/\$45 \$120 \$30 \$) \$75 \$160	AAR (1)
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions MAIFO Vo 32 Chaimant's Particulars:- Oriver/Owner: Contact No: amaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car (Invoice Prep 1) AR: Accident 1 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Date&Time Completed ar ation Checklist. Reporting (\$30); INC (\$3	\$ kn ((\$)	Apr. (3)
Remarks; (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions NAIFOU932 Inimant's Particulars:- priver/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car (Invoice Prep 1) AR: Accident 1 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Date& Time Completed ar afton Checklist. Reporting (\$30); INC (\$50); INC (\$100); INC (\$1	\$m((\$)) 7i(B) 80) 0/\$45 \$120 \$30 \$) \$75 \$160	AAR (1)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> 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

ACCIDENT STATEMENT
07/08/2018 09:41
06/08/2018 08:45
ALONG ADAM RD
SINGAPORE
ETAILS OF OWN VEHICLE
SLT2062K
THU YA WIN LWIN
S8482253A
NOEMAIL
(LOCAL) +65-84991198
OFFICE-84991198
HYUNDAI
ELANTRA AD 1.6 GLS AT
PRIVATE USE
NO
THIRD PARTY
PRIVATE CAR
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5095696240

Name of Driver	THU YA WIN LWIN
NRIC No	S8482253A
Date Of Birth	27/04/1984
Occupation	INDOOR
Date Of Driving Pass	06/02/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84991198
Fax Number	
Contact Number	OFFICE-84991198

NOEMAIL

156 CANBERRA DRIVE Address

#07-27

Postcode 768082

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 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 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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?

NO

YES

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS SLOWING MOVING AS IT WAS CONGESTED. 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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBF6237P

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

MOTORCYCLE

Name of Driver

ABDUR RAHAMA BIN SAPUAN

NRIC/Passport Number

S1490662B

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.
- 3. 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.:

SKETCH PLAN		
		A: SL7>06)K B: FBF6237P
		R: ERE6237P
		4 / 4 4 1 /
Pd		
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	1 91	
	(B) 1	
DESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	
Refer to statemen	14.	
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DECLARATION		
	iculars are true in every respect.	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature

Policyholder's Signature

Date & Time:

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

Date & Time:

NRIC/FIN No.:

Name:



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8482253A



9391805



THU YA WIN LWIN



BURMESE Date of birth 27-04-1984 Country/Place of birth MYANMAR



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)



MYANMAR

01-02-2016

156 CANBERRA DRIVE #07-27 SINGAPORE 768082

NAIC No: S8482253A

Date: 22/04/2018

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident	[0	6/08/2018 0	8:45	
	Vehicle	No.(For Motor)	SLT206	52K		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	5095696240		THU YA WIN LWIN	S8482253A	GPC	drivo PREMIUM	SLT2062	SLT2062K	21/10/2017	20/10/2018
						Continue	I				

Policy No.	5095696240	Policyholder Name	THU YA WI	N LWIN	Policyholder NRIC	S8482253A	
Certificate No.							
Address	156 CANBERRA DRIVE #07-27	THE BROWNST	ONE SINGA	PORE 768082			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	13/11/2017	Effective Date	21/10/2017	7 00:00	Expiry Date	20/10/2018 2	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	g/Inexperience Driver Excess
Agent	KOMOCO TRADING PTE LTD	Agent Tel.	96312463		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	156 CANBERRA DRIVE	Addre	ess 2	#07-27 THE BROV	VNSTONE	Address 3	SINGAPORE 768082
Address 4		Addre	ess Type	Singapore address		Post Code	768082
Jnit No.		Relati Numb	ed Policy per	5095696240			
D Insure	ed Object: SLT2062K						
	sements						
Seque	nce Date of Endorseme	ent	Endorsemen	t Type	Endorsement	Status	Endorsement Content
1	21/10/2017 00:00		Information sement	Endors	ement Take Ef	ffective	Memo C

Claim Handling					
ccident MT/1006357					
Folicy No.	5095696240	Vehicle No.	SLT2062K	GST Registration No.	
Certificate No:					
olicyholder Name	THU YA WIN LWIN			Policyholder NRIC	58+82253A
educt Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMOUM	Loading	0
ntact No.(Mobile)	84991198	Consact No.(Office)	0	Contact No.(Home)	0
seil Address		Special Remark		eCode	N. V
*	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	E.C+98
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details		a ser accommendate.			
ort Date	07/08/2018 17:04	Acodem Report Within 24 hrs	Yes	Accident Type	Side Swipe
e of Accident	06/08/2018	Time of Accident hh::mm	08:45		
			00145	Country of Acadent	Singapore
orting Centre	//#D809091900	Orange Force		ICM No.	
dent Location	ALONG ADAM RD				
Benefits					
Excess					
damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
fication History					
	1905)				
Policyholder Hailing Ad					
ress 1	156 CANBERRA DRIVE	Address 2	#07-27 THE BROWNSTONE	Address 3	SINGAPORE 760082
ress 4		Address Type	Singapore address	Post Code	768082
No.		Related Policy Number	5095696240		
Of Driver Info					
er Name	THU YA WIN LWIN	Driver Type	Main Driver		
amed driver Name		Driver NR3C	58482253A	Driver DOB	27/04/1984
ater Date of Driver License	06/02/2012	Onver Age	34	Driving Experience	6
tact No.(Mobile)	84991198	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	156 CANBERRA DRIVE	Address 2	THE BROWNSTONE	Address 3	SINGAPORE 766082
ress 4		Address Type	Singapore address	Post Code	768082
t No.	07-27				
s he own a Singepore stered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
opposition sees 200					
aration					
athalyser or Blood Test iding?	0 mg	Any injury?	○ Yes ® No		
ging?					
ification History					
Taim 001 OD-MX New	D.				
ann out of the	-10				
m Type +	OD-MX	Insured Name	THU YA WIN LWIN	Insured NRIC	S0482253A
tect No (Mobile)	84991198	Contact No.(Home)	66105501	Contact No.(Office)	
III Address	thuyawi@gmail.com	OI Vehicle Number	SLT2062K	TP Vehicle Number	FBF6237P
mant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
mant Name *	22	Claimant NRIC *			
m Description	SLT2062K / FBF6237P ON 6 Aug 2018			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault		
ure Finalisation	Yes 🔍	Preference Repair Option		era mana	formers 53
		CONTRACTOR OF THE PROPERTY OF	Preferred Workshop, Name unknown	GIA report	Received V
Registered	07/08/2018 17:07	Claim Close Date		Date Received	07/08/2018 17:07
ort Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
			Save Gubmit		
turbmant			and the same of th		
tachment					
dent No.	MT/1006357	Chairm and	201		
		Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	07/08/2018 17:30		
	Path *	500	Category *	Confidential Urgen	
		Browse	Cear Please Select	NO. V Normal	¥
		Browse	Dear Please Select	Normal V Normal	<u> </u>
- 1		Browse.	Clear Please Select	NO V Normal	<u> </u>
		Browse		Normal V Normal	V

