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Veh No: JUZZAC	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 28/8/18-12:05	i-Motor Claim Form	m/1009259-001	29/8/18/19:39
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OD (TP) ! Reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
IP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: JF	WINIC INC	)/Non-INC()	- P
Owner / Driver: (		Tcl:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by: (	Date:	Time:	)
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-1	100%]
Year of Registration: ( )	Warranty: YES ( ) / NO (	)	
	1,000 ( )/\$2,000 ( )		
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Drive-In ( )/ Towed-In ( ); Invo	ice: YES( ) / NO( );7	Cowing Co: (	, )
Remarks:- (INC hotline: 6788 6616)		Date&Turns Completed	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.

  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
Date Of Report	29/08/2018 19:27
Date Of Accident	28/08/2018 12:05
Exact Location Of Accident	AFTER BARTLEY RD EAST FLYOVER TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE
District Control of the Control of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS230K
Insured/Policyholder	
Name Of Registered Owner	GOH JUN DE
NRIC No	S9070297A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97874834
Alternative Phone No	OFFICE-97874834
Vehicle Particulars	
Manufacturer	BMW
Model	535I 3.0L AT D/AB 2WD 4DR GAS/D SR HUD
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	5101026005
Cover Note Number	
Driver	
Name of Driver	GOH JUN DE
NRIC No	S9070297A
Date Of Birth	23/12/1990

Date Of Birth 23/12/1990 Occupation **INDOOR** Date Of Driving Pass 01/04/2011

Driving Experience 7 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97874834

Fax Number

Contact Number OFFICE-97874834

EMail Address NOEMAIL Address BLK 4 UPPER ALJUNIED LANE

#04-24

Postcode 360004

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 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

2

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

NO

Number of Passengers (Including Driver)

1

#### **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? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SFW1141C

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)

# IMPORTANT NOTICE

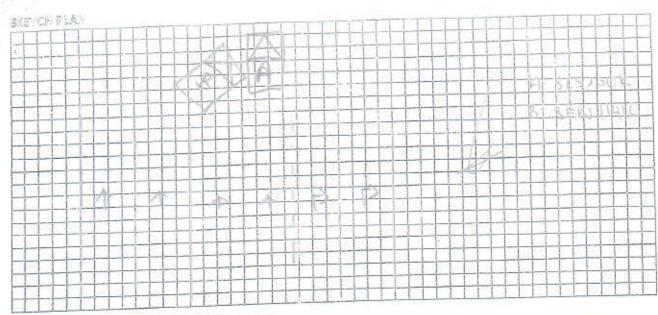
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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 Insurence
  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.
- 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 Monétary 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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDITY
I was driving along Bartley road east towards Tampines Ave 10 on the 2 <sup>nd</sup> left lane. While approaching the junction, suddenly a vehicle on my left suddenly made a right turn without any warning and hit on the left portion of my vehicle.
La contraction of the contractio

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.:

# SINGATIRE ACCIDENT STATEVARMY

# IMPORTANT NOTICE

- . . Complete and submit this form to the individual insurance authorised reporting centre.
  - Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation,

CONTRACTOR OF THE PROPERTY OF	AGGIDENT DETAILS	Charles Philadelphia
Date of accident	28 - 8 - 2018	(DD/WW/V)
Time of accident	12 OSPM	(KM:MM)
Exact location of accident	AFIER BOND CHAIN FLYEVER TOWARDS THAMPING MY	€ 10

And State Continue	DE	TANKS OF N	ATHING UT	SEE S	
Vehicle registration number	SLS730K				
Vehicle make and model	BWW 23.	5			
Type of vehicle	Saloon d	MPV 🗆 Bus 🗈	CRV □ Motorcyc	Van de 🗆	Others:
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Purpose of using at said time					
Are you claiming under your own insurance company?	Yes  Third part cl	No d	if no, please : Reporting on		

<b>高级企业</b>	INSURVATORE ON	FORIVIATION	I My Malatany
Insurance company	NTUC		
Policy number	5101026005		
Type of policy	Comprehensive D	Third party fire & theft or	TP only [

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DRIVER IN A	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male 🗆	Female
NRIC / Fin / Passport number		
Contact		
Address		2
Email address		
Date of birth	13-12-1990	
Occupation	Indoor  Outdoor	
Driving date pass	1 APR 2011	

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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9070297.A



Man a

GOH JUN DE



CHINESE Duto of bliffs 23-12-1990

23-12-1990 Country/Place of both MALAYSIA 89073257A

541475



S9070297A

22-01-2015

Address

APT BLK 4 UPPER ALJUNIED LANE #04-24 SINGAPORE 360004









DMPENSATION) ACT (CHAPTER 189) DMPENSATION) RULES, 1960  , 1959 (MALAYSIA)  Cover: drivo CLASSIC  hicle: SLS230K : WBAFR72010C264569 : GOH JUN DE : 01 Jun 2018
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Chief Executive

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Policy Information Page 1 of 1

Policy No.	5101026005	Policyholder Name	GOH JUN D	E		Policyholder NRIC	59070297	A
Certificate No.		Name				MAC		
Address	BLK 4 #04-24 UPPER ALJUNIED	LANE SINGAPO	RE 360004					
Product Name	PRIVATE CAR INSURANCE	Plan				Group Policy Flag	N	
Policy issue Date	30/05/2018	Effective Date	01/06/2018	00:00		Expiry Date	06/06/201	9 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				Ye	oung/Inexperience Driver Excess
Agent	ARYDEN ALLIANCE PTE, LTD,	Agent Tel.	90287996			GST Flag	Y	
Co-insurance	No							
Flag Open Policy Info Certificate Info	9150							
	der Mailing Address							
Address 1	BLK 4 #04-24	Address	2	UPPER AL	JUNIED LA	NE A	idress 3	SINGAPORE 360004
Address 4		Address	Type	Singapore	address	Po	st Code	360004
Unit No.		Related I	Policy	51010260	005			
D Insured O	bject: SLS230K	Se Alexandri						
<b>▽</b> Endorsem	ents							
Sequence	Date of Endorsement Endorseme			Type Endorsement Status		tatus	Endorsement Content	
15	01/06/2018 00:00	Basic Info	ormation End	orsement	Endorsem	ent Take Effec	tive	Thank you for giving us the opportunity to serve you. We confirm that from 01 Jun 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MAYBANK CHASSIS NUMBER: WBAFR72010C264569 ENGINE NUMBER: 07517378N55830A VEHICLE REGISTRATION NUMBER: SLS230K ORIGINAL REGISTRATION DATE: 0: Jun 2010
2	01/06/2018 00:00	NCD End	orsement		Endorsem	ent Take Effec	tive	Thank you for giving us the opportunity to serve you. We have confirmed that the NCD entitlement from your previous insurer is 0% and not 10% as declared in your policy application. In view of the reduction of NCD, an additional premium of \$269.33 (inclusive of GST) is payable under your present policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could als make payment at any of our

cident MT/1009359 Rcy No.					
	5101026005	Vehicle No.	SLS230K	GST Registration No.	
ertificate No.				25-58/17 1333-96	
licyholder Name	GOH JUNI DE			Policyholder NRIC	S9070297A
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
intact No.(Mobile)	97874534	Contact No.(DMice)	0	Contact No.(Home)	0
	37074034				
nail Address		Special Remark		eCode	No. V
oc.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
2D Protection	No	NCD Ensitiement(%)	0	Private Hire	No
Accident Details					
port Date	29/08/2018 19:38	Accident Report Within 34 hrs	Ven	Accident Type	Collision - Change / Cross lane
He of Accident	28/08/2018	Time of Accident hh:mm			
	28/00/2010		12:05	Country of Accident	Singapore
porting Centre		Orange Force		IOM No.	
ident Location	AFTER BARTLEY RD EAST PLYOVER TW	DS TAMPINES AVE 10			
Excess					
m damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
ird Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
T Registration No.	100		GST Status Verified	Yes	
diffication History			and average refilled	200	
and the state of t					
F Policyholder Hailing Ad	Sdrawn				
dress 1	BUX 4 #04-24	Address 2	UPPER ALJUNIED LANE	Address 3	SINGAPORE 360004
toress 4	(CERNICELLES)	Address Type			
		Section 1997 Contract of the C	Singapore address	Post Code	360004
NO.		Related Policy Number	5101026085		
OI Driver Info		With the second			
iver Name	GOH JUN DE	Oriver Type	Main Driver		
named driver Name		Driver NRIC	S9070297A	Driver DDB	23/12/1990
gister Date of Oriver License	01/04/2011	Driver Age	27	Driving Experience	7
intact No.(Mobile)	97874834	Contact No. (Office)	0	Contact No.(Home)	0
idress I	BUK 4	Address 2	UPPER ALJUNIED LANE	Address 3	SINGAPORE 360004
idress 4		Address Type	Singapore address	Post Code	350004
nt No.	04-24	A Paris Control		0.5000000	econoci -
ses he own a Singapore					
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathervser or Blood Test	52(000)	Victorial	200200		
ading?	0 mg	Any injury?	○ Yes ® No		
dification History					
dification History					
1000					
100 6					
Claim 001 New	IODAN III	tage of the same	(non-to-th) of	No. and price	innerson v
claim 001 hew	Гор-мх 🖳	Insured Name	GOH JUN DE	Insured NRIC	59070297A
claim 001 New	ОО-МX	Contact No.(Home)	63820461	Contact No.(Office)	G. Company
tiaim 001 New	97974834		63820461 5LS230K		\$9070297A SFW]141C
in Type * mact No.(Mobile)	97874834	Contact No.(Home)	63820461	Contact No.(Office)	G. Company
en Type * rtact No (Mobie) ail Address anant Type Clamant Type *	97974834	Contact No.(Home) Of Venicle Number	63820461 5LS230K	Contact No.(Office)	G. Company
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on Type * mact No.(Mobie) ail Address imant Type Claimant Type * imant Name * imant Address	97974834  Please Select   ≥≥	Contact No.(Home) OI Vehicle Number Type of Benefit   Claimant NRIC +	63820461 5LS230K	Contact No.(Office) TP Vehicle Number	G. Company
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own Type * ntact No. [Mobile] nail Address wmant Type Claimant Type * wmant Name * wmant Address im Description offerred Workshop Contact quire Finalisation	97874834  Please Select   ≥≥:  SLS230K / SFW1141C ON 28 Aug 2018	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability *	63820461 SLS230K Please Select  W	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	SFW1141C
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ion Type * mact No.(Mobile) all Address imant Type Claimant Type * imant Marie * imant Address im Description ferred Werkshop Contact quire Finalisation is Registered port Taken By	97874834  Please Select  >≥≥  SLS230K / SFW1141C ON 28 Aug 2018  Yes  29/08/2018 19:39	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option	63820461 SLS230K Please Select  W	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SFW][4]C
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own Type * ntact No. (Mobile) nail Address wmant Type Claimant Type * wmant Name * wmant Address im Description riferred Workshop Contact guire Finalisation te Registered port Taken By Portl AK listbar  Attachment	97874834  Please Select  ≥≥  SLS230K / SPW1141C ON 28 Aug 2018  Yes  29/08/2018 19:39  Deckson  MT/1009359	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	63620461 SL\$230K Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	Received V 29/08/2018 00:00
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