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i-Motor	W/O (Within: OD 2hrs, TP 4hrs)	(5)
OD [/1P-] Reporting Only	Uploaded	13
Assessme	ent/Survey Report	
TP Insurer: Ass't Rep	port by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)
TP Particulars: Veh No: SCZ 5715	INC()/Non-INC()	
Owner / Driver: (Tel:)	
Policy No: (). Period: () Cover Type: ()	
Confirmed by : (Date: Time: "f	110000000000000000000000000000000000000
Insured/Driver Liability: (%) [Note-Est. Stat	nis (WO): N: 0-20%; P: 21-79%, F: S0-100%]	
Year of Registration: () Warranty: YE	S()/NO()	
Excess: (\$) Loading: \$1,000 ()/\$2	,000 ()	
Seneral Remarks:		
() Walk-In Customer: Customer's information strictle		
() Total Loss Case : to e-mail Insurer URGENT		
Drive-In () / Towed-In (); Invoice: YES ()) / NO (); Towing Co: (
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Report Date Of Accident

Exact Location Of Accident

- Please report correctly the details of the accident to speed up the claims process.
- 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	ľ
Ī	05/09/2018 12:15	
	05/09/2018 08:45	
	ALONG DEPOT ROAD TOWARDS ALEXANDRA ROAD	

Exact Location of Accident	ACONO DEL OTTORDO TOTAL
Country/State of Loss	SINGAPORE
THE PARTY OF THE P	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW7875U
Insured/Policyholder	
Name Of Registered Owner	TEO KAT SOON
NRIC No	S6804568A
Email Address	GARRETT.TEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97359031
Alternative Phone No	OTHERS-97359031
Vehicle Particulars	
Manufacturer	тоуота
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy	NO

for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category

THIRD PARTY

PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5075644473-02

Cover Note Number

Driver

Name of Driver

TEO KAT SOON

S6804568A NRIC No Date Of Birth 02/02/1968 Occupation

Date Of Driving Pass

INDOOR

20/02/1995

Driving Experience

23 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97359031

Fax Number

Contact Number

OTHERS-97359031

EMail Address

GARRETT.TEO@GMAIL.COM

Address

188 DEPOT ROAD

#14-17

Postcode

109688

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 - 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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: WIFE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLZ5715J

Vehicle Make/Model/Colour

VOLKSWAGEN SHARAN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SAUMYA SHEKHAR JAJAUR

NRIC/Passport Number

S79792031

Contact Number

81211796

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 19

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- 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:

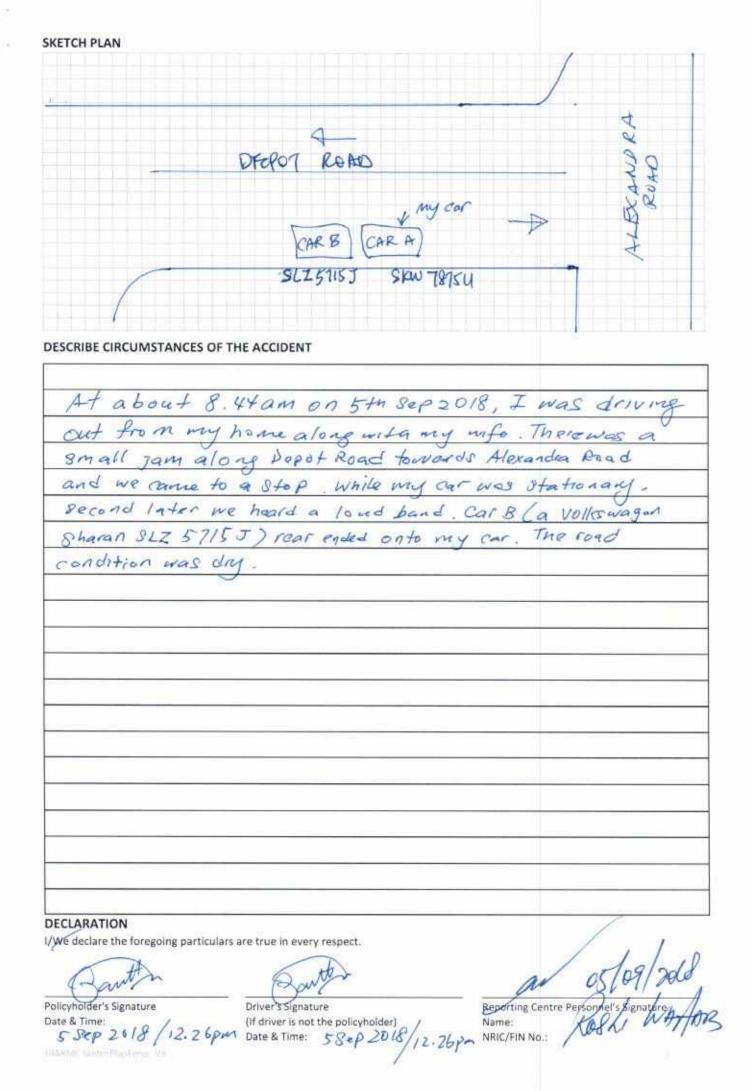
5 80P 2018 12-26 pm Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personn

NRIC/FIN No.:



ocident MT/2010223 olcy No.	5075644473-02	Vehicle No.	5KW7875U		GST Registrat	Son No.	
artificate No.							
olicyholder Name	TEG KAT SOON				Policyholder 7	RIC	56804568A
ruduct Code	PRIVATE CAR INSURANCE	Cover Type	sinva CLASSIC		Loading		0
ontact No.(Mobile)	97359031	Circlatt No.(Office)			Contact No.17	tome).	
mail Address		Special Remark			eCode		No. Y
rs.	e No Yes	TEA	# NO THE		eCode Reason	ŝ.	
CD Protection	Yes	NCD Entitlement(%)	50		Private Hire		No
▼ Accident Details							
eport Date	05/04/2018 14:35	Accident Report Within 24 hrs	Yes		Acodent Type	ė.	Collision - Head to Ke
ate of Accident	05/06/2016	Time of Accident his own	00:45		Country of Ac	sident	Singapore
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ddreas 4	NVSSESSIMMINES	Address Type	Singapore address		Post Code		reseas
init Na.		Related Policy Number	5075644473-02				
W OI Briver Info		members/constitution of the	F-100 61 116 (16)				
river Name	TEO KAT SOON	Driver Type	Main Driver				
Innamed driver Name	The same record of the same services	Driver NRIC	56804568A		Direct DOS		82/02/1988
Register Date of Driver Clamine	30/02/1995	Driver Age	50		Driving Eage	mance	23
Contact No. (Mobile)	97359031	Contact No. (Office)	3		Contact No.2		
Address I	188 DEPOT ROAD	Address 2	#14-17 THE INTE	H) ACE	Address 3	D11/45411	SINGAPORE 109HH
	The period when	Antress Type	Singapore address		Pust Code		109688
Address 4		Scattering 1970s.	ampapore sources		11000		100000
Unit No. Odes he own a Singapore					18 E	22	
Registered car?	Yes + No	Driver Vehicle No.	5KW7875U		Driver Insur	er Campany	NTUC
Declaration Breathalyser or Blood Test	1 SLUDIP	Any injury?	Yes - No				
Modification History Claim 001 New							
Claim Type *				QD-MX	Insured S	TEG KAT SOON	Insured
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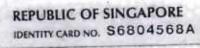
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ACCIDENT STATEMENT

ACC	IDENT DATE: 05,09,2018 (DD/MM/	(YYY), TIME:(08: 94)(HH:MM)
7.14	ATION: DEPOT RUAD	# No. 1
	AllON:	M St
95 90	alvehicle NUMBER: 3 KW 7875	iu ==
2	CIPOLICY NUMBER: 3075644473	3 - 02 PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: TOYOTA SIEM! f)TYPE:(SALOON / COUPE /MPY/VAN / LO g)VEHICLE CATEGORY:(PRIVATE)/ COMMI h)PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN	ORRY / MOTORCYCLE / OTHERS) ERCIAL / MOTORCYCLE) PERSON AL
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	// REPORTING ONLY)
4	A)NAME: TEORAT SOO D)NRIC/EIN/PASSPORT: 5680456	8 A CONTACT: 9 735903
W 1772 W1	CIADDRESS: 188 DEPOT RD	# 14-17
with	· CONTINUE TO 3.d IF DRIVER ALSO POLIC	Y HOLDER
#His of passongé		
Cincluding driver	Contract Con	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:	CONTACT:
(2)	c)ADDRESS:	
	*d)DATE OF BIRTH: (0 34 = 3/968)	(DD/MM/YYYY)
•	LOCALIDATION INTO COR LOUTDOOR	The state of the s
	FIDATE OF DRIVING PASS - = 20	SUBBOIL COMBANIAS (VES (NO)
6	WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED: OW NET
10	i. p)WEATHER CONDITION: (CLEAR / RAININ	IC / OTHERS
÷	b)ROAD SURFACE: (DR) / WET / OTHERS_	IG / OTTERS
	WAS ANYBODY INJURED (YES /NO)	
	a) REPORTED TO POLICE (YES (NO)	
/	IF YES, PLEASE STATE WHICH POLICE STA	TION:
8	. THIRD PARTY VEHICLE	T walls and Shara
the of the continuer	a) VEHICLE NUMBER: SLZ 57/5	MODEL: VOI SANGER
. Industries ship of	b) DRIVER'S NAME: Saury Sh	(64 mg - 4) 4 mg /
	c) NRIC/FIN/PASSPORT: 5/77/12/20	
		MODEL: **
ALL ALCOHOL	e) DRIVER'S NAME:	
the harding dolo	e) DRIVER'S NAME:	CONTACT:
* I	CHANGE THE WASANGER WOOD WAS SECURED TO THE TENTH OF THE	

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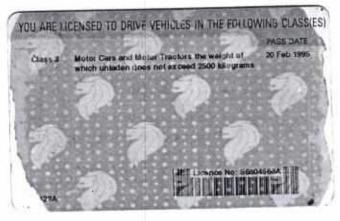
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TEO KAT SOON

张 か 川原 CHINESE Date of Bert 02-02-1968 M County of Bert SINGAPORE







eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 05/09/2018 12:12 Vehicle No.(Far Motor) SKW7875U Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Insured Object Commence Expiry Date Policy No. Select Product Cover Type Vehicle No. TEO KAT SOON 5075644473-02 drivo CLASSIC 56804568A SKW7875U SKW7675U 16/11/2017 15/11/2018

Continue