5 face and a second		1A118115693	
Date In: (19)18 - 17:59	Jeb description	Date &Tune Completed	Done by
Rest No: NATINC 1801 6314/24	SAS e-filing	i	
Veh No: JUH 228H	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 5/9/18-16:50	i-Motor Claim Form	M 1010392-001	6/9/18 16:20
A CONTRACTOR OF THE CONTRACTOR	i-Motor W/O (Within: OD 2hr		
OD / TP / Reporting Only	i-Photo Uploaded		
TD lunioses	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: Veh No	Mcoun . INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$ General Remarks:-	31,000 ()/\$2,000 ()		
() Walk-In Customer : Customer's in		rictly NO refer of repairer.	
		A	
() Total Loss Case : to e-mail Ins			
Drive-In ()/Towed-In (); Invo	pice: YES() / NO(); T	owing Co: (
Remarks:- (INC hotline: 6788 6616) in the second of the second	Date&Timis Completed	Done by
1) Apply for Transport Allowance ()	/Courtesy Car ()		
7 117	, courtes) car (/	-	
2) QC Check / Post Repair Inspection	()		
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QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		
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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.
- 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.

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	ACCIDENT STATEMENT
Date Of Report	06/09/2018 15:59
Date Of Accident	05/09/2018 16:50
Exact Location Of Accident	JUNC GRANGE RD & PATERSON HILL
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCH228H
Insured/Policyholder	
Name Of Registered Owner	ERIC LIGA HERMANTO
NRIC No	S2576695D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96351811
Alternative Phone No	OFFICE-96351811
Vehicle Particulars	
Manufacturer	тоуота
Model	ALPHARD 2.4A
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5045589245-08
Cover Note Number	

(LOCAL) +65-96351811

Driver

Name of Driver	ERIC LIGA HERMANTO @LIGA HERMANTO
NRIC No	S2576695D
Date Of Birth	22/09/1947
Occupation	INDOOR
Date Of Driving Pass	23/08/1973
Driving Experience	45 YEARS AND 0 MONTHS
Gender	MALE

Fax Number

Mobile Number

Contact Number OFFICE-96351811

EMail Address NOEMAIL

Address 12 MERRYN TERRACE

Postcode 298420

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 - CROSS JUNCTION

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)

Details of Police Action

Was the accident reported to the police?

YES

NO

1

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180906/2089.

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

UNKNOWN

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)

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.

Polipholder's Signature

Date & Time:

Driver's Signature

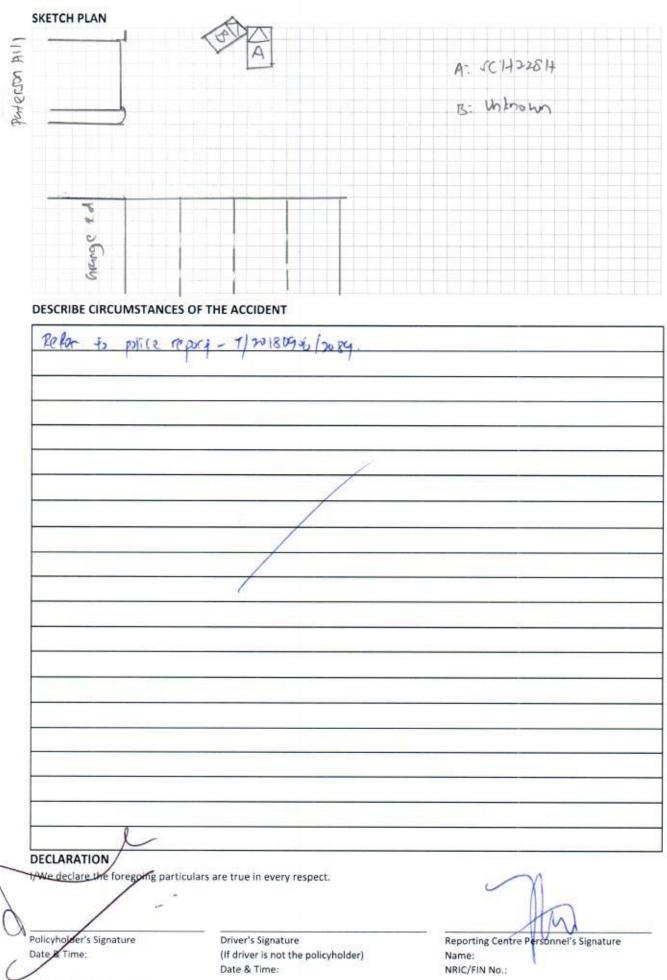
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



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Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20180906/2089

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 15:29	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	THE PERSON NAMED IN	TO A THE RESIDENCE OF THE PARTY
	f Informant: GA HERMA		Address: 12 MERRYN TERRACE SAN	INY PARK SINGAPORE 298420
	/ ID No.: O / S25766	95D	Contact No.: Home/Office:	Mobile: 96351811
National	CONTRACTOR OF THE PARTY OF THE		Email:	
Sex: Male	Age:	Date of Birth: 22/09/1947	Type of Informant: Driver	
Race: Chinese	Ki —		Language: English	Institution / School Name:
Occupat	tion:	· ·	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/09/2018 16:50	Type of Location: Straight Road	
ROAD			RWELL BANK ROAD TO	WDS BIDEFORD	
CI.		Road Surface: Dry	R	oad Speed Limit:	
Traffic Flow: Traffi		Traffic Control: Not Controlled	1.000	raffic Volume:	
Type of Collis				ght	

Details of V	ehicle Invo	lved			S. ARIJA BITTAN	accompliant of the
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SCH228H	Car	TOYOTA	ALPHARD	Beige	Gerrander	0
			2.4A			1000

ehicle Insurance	AND LONG THE PARTY OF THE PARTY	ARRESTS IN CO.	ESCHOOL
Insurance Company	Insurance No	Effective	Expiry Date
NTUC Income Insurance Co-Operative		05/09/2018	04/09/2019
	Insurance Company	Insurance Company Insurance No NTUC Income Insurance Co-Operative 5045589245-08	Insurance Company Insurance No Effective NTUC Income Insurance Co-Operative 5045589245-08 05/09/2018





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 ** Report No. T/20180906/2089

CONTINUATION OF REPORT

Details of Perso	n Involved		CHARLES SHIPE			LATE SHEET TO SERVE
Any Pedestrian I	nvolved: No					THE PARTY CHAPTER TO SELECT
No. of Pedestriar		Use of Pedestrian Crossing: NA				
Driver	A Colored	Control of			101000	ing. W
Name	ERIC LIGA HERMANTRO			ID No		S2576695D
Related Vehicle	NIL			Contact No.		96351811
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	V/s	Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION, I WAS TRAVELLING ALONG THE SAID LOCATION, I WAS AT THE JUNCTION, AND TRAFFIC LIGHT WAS GREEN, SO I PROCEEDED WHEN SUDDENLY A VEHICLE FROM OPPOSITE LEFT SIDE OF THE ROAD HIT ONTO MY LEFT SIDE FRONT PORTIONS, THE VEHICLE DID STOP AND JUST DRIVE OFF TOWARDS RIVER VALLEY ROAD. I DID NOT HAVE THE VEHICLE PLATE NUMBER AND I ONLY KNOW THE VEHICLE BRAND LOOK LIKE (MERCEDES) AND GREY IN COLOUR. THAT'S ALL.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20180906/2089

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:	Signature Of Informant:
MUHAMMAD HAZIQ BIN SAIFUDDIN	
Signature Of Interpreter: Not applicable	Date/Time: 06/09/2018 15:29
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	SINE TO SEE
Authentication Stamp	The state of the s

REPUBLIG OF SINGAPORE IDENTITY CARD NO. \$2576695D



Name

ERIC LIGA HERMANTO @LIGA HERMANTO

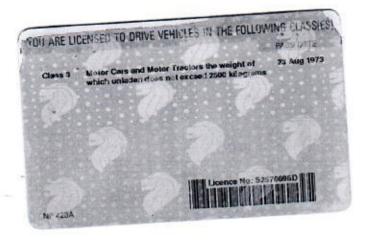
CHINESE
Dete of birth Sex
22-09-1947 M

Country of birth









eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Policy Query									,
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	Vehicle No.(For Mator)	SCH228	ВН		Certif	icate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5045589245- 08		ERIC LIGA HERMANTO	S2576695D	GPC	Third Party, Fire & Theft	SCH228H	SCH228H	05/09/2018	04/09/2019
					Continue	1				

Policy No.	5045589245-08	Policyholder Name	ERIC LIGA	HERMANTO	Policyholder NRIC	S2576695D	
Certificate lo.							
Address	12 MERRYN TERRACE SANNY	PARK SINGAPOR	RE 298420				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	21/08/2018	Effective Date	05/09/2018	00:00	Expiry Date	04/09/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	TAY YEW SENG DAVID	Agent Tel.	62442505		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	12 MERRYN TERRACE	Addr	ess 2	SANNY PARK		Address 3	SINGAPORE 298420
Address 4		Addr	ess Type	Singapore address		Post Code	298420
Unit No.		Relat Numi	ed Policy ber	5045589245-08			
) Insure	ed Object: SCH228H						
♥ Endors	sements						
Seque	nce Date of Endorsen	nent	Endorsemen	t Type	Endorsement	Status	Endorsement Content

armant Name * armant Address arm Description eterred Workshop Contact course Finalization star Registered OKA Print AK Witter Attachment Second No.	351811 Wise Select H228H / UNKNOWN ON 5 Section 1009/2018 16:20 RSon MT/1010392 If Yes No Path *	pt 2018	Contact No. (Heme) Of Vehicle Number Type of Beneft * Claiment NRIC * Insured Liability * Preferenced Repair Option Claim Close Date Claim No. Upload Date Browse.	001 05/00/2018 16:21 Category *	Conflict No. (Office TP Vehicle Number Numbe		Received O6/09/2018 00:00 Description *
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smant Type Claimant Type + Die			Of Vehicle Number	SCH228H			UNKNOWN
100 A 100 A	351811						UNKNOWN
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sim Type * OD	I-MX.		Insured Name	BRIC LIGA HERMANTO	Insured NRIC		\$2\$7669\$D
Claim 001 New							
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reathalysier or Blood Test D m eading?	ng		Any ingury?	○ Yes ® No			
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pes he own a Singapore Origistered car?	Yes (No		Driver Vehicle No.		Driver Indurer Co	mpany	
VE NO.							
dress 4			Address Type	Singapore address	Post Code		298420
odress 1 L2	MERRYN TERRACE		Address 2	SANNY PARK	Address 3		SINGAPORE 298420
	351811		Contact No.(Office)	0	Contact No.(Hom		0
	/08/1973		Driver Age	70	Driving Experience		45
named driver Name			Driver NRIC	925766950	Driver DOB		22/09/1947
	IC LIGA HERMANTO		Driver Type	Main Driver			
OI Driver Info			Related Policy Number	5045589245-08			
dress +			Address Type	Singapore address	Post Code		296420
	MERRYN TERRACE		Address 2	SANNY PARK	Address 3		SINGAPORE 298420
Policyholder Halling Address			Address 3	CANAN BARN	1440 7		CONCADORE NOT-22
	23						
dification History							
FT Registration No.				GST Status Verified	Yes		
ST Registered	No.			GST Registration Date	2485		
GST Registered Information							
7 Benefits							
nird Party Excess	0,00	li:	Outside Singapore TP Excess	0,00			
rinamed Driver Excess	0,00		Outside Singapore OD Excess	0.00			
wn damage Excess	0,00		Additional Excess	0	Windscreen Excer		0.00
F Excess							
	NC GRANGE RD & PATERSON	HILL					
eporting Centre			Orange Force		ICM No.		
ate of Accident 05/	/09/2018		Time of Accident hh:mm	16:50	Country of Accide	nt.	Singapore
sport Date 06/	/09/2018 16:17		Acodent Report Within 24 hrs	Yes	Academ Type		Collision - Cross Junction
Accident Details							
D Protection No			NCD Entitlement(%)	0	Private Hire		No
к (9)	No 🔾 Yes		TCA	No ○ Yes	eCode Reason		
nail Address			Special Remark		eCode		NI. Y
ertact No.(Mobile) 953	351811		Contact No. (Office)	0	Contact No.(Hom	•)	0
oduct Code PR1	IVATE CAR INSURANCE		Cover Type	Third Party, Fire & Theft	Loading		0
Vicyholder Name ER3	C LIGA HERMANTO				Policyholder NR10		\$2576695D
ertificate No.							
HCy No. 504	45589245-08		Vehicle No.	SCH228H	GST Registration	No.	

