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	i-Motor W/O (Within: OD 2hrs, TP 4hrs)
OD (TP) Reporting Only	i-Photo Uploaded
	Assessment/Survey Report
1 P Insurer	Ass't Report by Fax / Hand to Owner/Wksp
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:
TP Particulars: Veh No: Veh	955C INC()/Non-INC()
Owner / Driver: (Tel:)
Policy No: (). Period:	() Cover Type: ()
Confirmed by : (Date: Time:
Insured/Driver Liability: (%) [Note	:-Est Status (WO): N: 0-20%; P: 21-79%. F: \$0-100%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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,
- Information provided must be as <u>truthful and accurate</u> 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	10/09/2018 18:34
Date Of Accident	08/09/2018 17:05
Exact Location Of Accident	ALONG BIDEFORD ROAD
Country/State of Loss	SINGAPORE
Description of the Description o	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA7035E
Insured/Policyholder	
Name Of Registered Owner	GOH CHOON SENG
NRIC No	S1728541F
Email Address	JOHNGOH_ROOF@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93868490
Alternative Phone No	OTHERS-93868490
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5081815228-01
Cover Note Number	
Driver	
Name of Driver	GOH CHOON SENG
NRIC No	S1728541F
Date Of Birth	29/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	23/02/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93868490
Fax Number	
Contact Number	OTHERS-93868490

JOHNGOH ROOF@YAHOO.COM.SG

BLK 648A JURONG WEST STREET 61 Address

#15-232

641648 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

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 YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: PASSENGER

GENDER:

: MALE

Passenger 2

NAME:

: PASSENGER

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB8955L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

HAMID

NRIC/Passport Number

Contact Number

98465994

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

GENDER: ţ

DETAILS OF INJURED PERSON 1

.

Name

GOH CHOON SENG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SJA7035E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.
- 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:

son 10/09/18.

- (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 Bifetord Food SEOT ALZ Y Orchard Link > A) SJA 7035 E B) SHB 8955L DESCRIBE CIRCUMSTANCES OF THE ACCIDENT while I'm driving on extreme right lane on Bideford Rd a taxi 3HB 89552 in the middle cut in and not vehicle left panel near left from wheel on 05.08 pm.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

omuson 10/08/18.

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.:



INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENGLISE THAT IMPORTATION PROVIDED IN LIFEATED AND CORRECT THE ACTION TO DISCLAIMS ANY LIABILITY FOR ANY DAMAGE HE LOSD THAT MAY SE CAUSED AS A REDUCT OF ANY ERROR OF OMISSICY

Business Profite (Business) of GOH SHITTIN SENG (53540631E)

Date: 15-00 7/19

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No. of Control of Cont

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company \$1728541F

Cert No.:

Owner ID Type

Singapore NRIC

Owner Name:

GOH CHOON SEND

Registered Address:

APT BLK 648A JURONG WEST STREET 61 #15-232 SINGAPORE 641648

Mailing Address

Birth Date:

29 Sep 1965

Vehicle Particulars

Vehicle No

SJA7035E

Previous Vehicle No

Effective Date of Ownership.

01 Jul 2011

Original Regn Date:

18 Dec 2007

Registration Date:

18 Dec 2007

Year of Manufacture:

2007

Vehicle Type.

Passenger Motor Car

Vehicle Scheme:

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2

Vehicle Attachment 3:

Vehicle Make:

HONDA

Vehicle Model:

STREAM 1.8 A

Primary Colour:

Black

Secondary Colour

Passenger Capacity:

Chassis No.:

RN61044136

Engine No

R18A1749400

Engine Capacity/Power

1799 ac / -

Rating

Maximum Power Output 103 0 kW (138 bhp)

Propellant.

Petrol

Max Unladen Weight

1350 kg

Maximum Laden Weight. 1735 kg. Open Market Value:

\$18.872.00

PARF Eligibility:

PARF Eligibility Expiry

17 Dec 2017

Minimum PARF Benefit

\$10.380.00

No of Transfers:

IU Label No.:

1027042439

COE No.

20071001070019540

COE Expiry Date:

17 Dec 2017

COE Category

E - Open Category

COE Registration

Category

B - Car (1601cc & above)

Quota Premium (QP) /

Prevailing Quota

\$19 199 00 /-

Actual OP Paid:

\$19 199 00

QP (Regn Cat): OPC Cash Rebate \$19.589.00

Cartificate Nu. Potcyhydder Name GG Product Code GG Cartact No.(Mobile) 93 Email Address EFR e NCD Protection No P Accident Details Report Date 11 Date of Accident 09 Reporting Centre Accident Location Accident Location Accident Location Accident Date Services Own demaps Excess	HIBISZZB-OL HICHOON SENG MMERCIAL VEHICLE SOB-100 NO YES AND	XXXXXXXXXXX	Vehicle No. Cover Type Contact No.(Office) Special Remark TC4 NC0 Entitlement(N.) Ascident Report Within 24 hrs Time of Accident his man	SUATORISE Comprehensive a No. Yes 0		GST Registration No. Pull-synoider 1483C Loading Contact Nul.(Horne) eCode eCode eCode Reason erivate Hire	53349631E U No *
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→ Policyholder Mailing Address Address 1 All All All Address 1 All All All All All All All A	K 6464 #15-232:		Address 2	JURDING WEST ST	TOTOT 61	Address 3	\$39GAPORE 641648
Address 4	- Service & DOMEST		Address Type	Singapore address		Post Code	
	-323		Related Policy Number	5081815228-01		Destalation of	661648
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	ON ICHOON SENS		Oriver NR3C	S1729541F		Driver DDB	29/09/1965
	/07/1985		Oriver Age	82		Driving Experience	33
Contact No.(Mobile)	STATE OF THE		Contact No.(Office)	1122		Contact No.(Home)	(15V)
	K 648A #15-323		Address 2	JURONG WEST ST	TREET AS	Address 3	SINGAPORE 041548
Address 4			Address Type	Foreign address	OFFICE WA	Fost Code	641648
	-323		21512522774-5	HERMINGS AND			33464)
Does he own a Singapore Registered car?	Yes a No		Driver Vehicle No.	\$1A7035E		Driver Insurer Company	NTUC
Decleration							
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100		TIONAL ASSESSMENT CENTRE SERVICE) and 11 Sept 2018 12:24	NRSE/ Driving License	Normal	NRIC/ Sviving Lizetse 2018-5-11
Page 1	NAC_BUKIT_MERAH_SCORFE; NA S (BUKIT MERAH)	TIDNAL ASSESSMENT CENTRE SERVICE) on 11 Sep 2016 12:24	NRIC/ Driving License	Normali	NRIC/ Driving Lizerse 2018-9-11
ME	NAC_BUKTT_MERAH_800676[NA 5 (BUKIT MERAH)	TJONAL ASSESSMENT CENTRE SERVICE on 11 Sep 2018 12-24	NRIC/ Orlving License	Normal	NRIC/ Driving License 2018-9-11
		TIONAL ASSESSMENT CENTRE SERVICE on 11 Sep 2016 12:24	Photos	Normal	Phytos 2018-9-11
2		TIONAL ASSESSMENT CENTRE BERVICE) on 11 Sep 2016 12:34	Photos	Normal	Phaces 2016-9-11
	NAC_BLACT_MERAH_BDD676(NA S (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE) on 11 Sep 2018 12:24	Photos	Normal	Photos 2018-9-11
		TIONAL ASSESSMENT CENTRE SERVICE) on 11 Sep 2016 12:24	Photos	Normal	Proms 2018-9-11
4		TIONAL ASSESSMENT CENTRE SERVICE on 11 Sep 2018 12:24	Photos	Normal	Photos 2018-9-11
	NAC_BURIT_MERAH_BODGFE(NA S (BURIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE) on \$1 Sep 2018 12:24	Protos	Normal	Photos 2018-9-13
	NAC_BUKIT_MERAH_800676(NA S (BURIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE Lon 11 Sep 2018 12:24	Photos	Noomal	Photos 2018-9-11
1		TIONAL ASSESSMENT CENTRE SERVICE (m) 11 Sep 2016 12:24	Photos	Normal	Priorities 2018-9-11
		TIONAL ASSESSMENT CENTRE SERVICE on 11 Sep 2016 13:34	Photos	Normal	Photos 2018-9-11
66		TIONAL ASSESSMENT CENTRE SERVICE on 11 Sep 2018 12:24	Photos	Normal	Phonos 2016-9-11
400		TIONAL ASSESSMENT CENTRE SERVICE on 11 Sep 2018 12-24	Photos	Normal	Photos 2018-9-11
Car	NAC_BUKIT_MERAH_B00676(NAT S (BUKIT MERAH)	TORAL ASSESSMENT CENTRE SERVICE on 11 Sep 2018 12:24	Photos	Numer	Photos 2018-9-11
-		TONAL ASSESSMENT CENTRE SERVICE on 11 Sep 2018 12:24	Photos	Normal	Poetos 2018-9-11
-					
			2000		7.11

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACC	DENT DAYE: 08, 09, 3018 (DD/MM	(YYYY), TIME:(OS :_	08)(HH:MM) PW
4.	HON: Along Bideford R	nad.	MAIN COMPANY
LOCA	TION: Hong Dialtera	-O a or	
117	•	29	
1.	DETAILS OF VEHICLE SJA 7035	E TEN	17
	DINSURANCE COMPANY: NTUE		
		28	9
	C)POLICY NUMBER: 5081815 2 D)POLICY TYPE: (COMPREHENSIVE / THIS		Y FIRE &THEFT)
	SIMAKE & MODEL: HONDA STEE	AM.	With the State of
	MODEL TITLE AND PERSON / COUPE / MPV /VAN /	LOPRY / MOTORCYC	LE / OTHERS)
	MITTERS ALOON / COUPE / MFV /V ARY	MEDCIAL AMOTORCY	CIFI
	g) VEHICLE CATEGORY: (PRIVATE / COM	E. DRIVATE HIRL	1
	h) PURPOSE OF USING AT ACCIDENT TIM	C. INTERNATION INTERNA	24
	I) ARE YOU CLAIMING UNDER YOUR OW	N INSURANCE (TES/DE	2)
	IF NO, PLEASE STATE (THIRD PARTY CLA	IM / REPORTING ONLY	
2.	INSURED / POLICY HOLDER		
a (m)	AINAME: CION Choon Sens	[MAL	E / FEMALE
songker (E)	BINRIC/FIN/PASSPORT: 5 1728541	fCONTACT:_	93868490
(1)	CLADDRESS: 648A VINDUR WE	st 8+ 61 7 15-	232 5 641648
	- Comment of the comm		
a.	· CONTINUE TO 3.d IF DRIVER ALSO POL	ICY HOLDER	
Approssed to of the	DRIVER O CHARLES		
	GINAME:	(MAL	E / FEMALE)
Clincluding driver	binric/FIN/PASSPORT: 5 17285#17	CONTACT:_	41.0
(3)	CIADDRESS: 648A Jurong Wes	t st 61 #18-232	5 641648
5=38			
	*d)DATE OF BIRTH: (29/09/1965	J(DD/MM/YYYY)	4
	eloccupation: (INDOOR / OUTDOOR	Vinescond and the second	E T
	DATEL OF DRIVING PASS	35 FEB 1985	
4.	WAS DRIVER AN EMPLOYEE OF THE I		Y? (YEST/ NO)
	IF NO, RELATIONSHIP OF THE DRIVE	R WITH INSURED:_	The state of the s
5	DIWEATHER CONDITION: (CLEAR / RAIN		
570	b)ROAD SURFACE: (DRY / WET / OTHERS		
* A	WAS ANYBODY INJURED (YES / NO)		14.
	a) REPORTED TO POLICE (YES / NO)		
	IF YES, PLEASE STATE WHICH POLICE ST	ATION:	
R	THIRD PARTY VEHICLE		Market State of the State of th
Hall of Missinger	a) VEHICLE NUMBER: SHB 8955	LMODEL:K	IA
Action to the testing of	b) DRIVER'S NAME: HAMID		
Au .	c) NRIC/FIN/PASSPORT:	CONTACT:	98465994
(3)	THIRD PARTY VEHICLE		
Y.		MODEL:	<u></u>
North of the Dance	d) VEHICLE NUMBER:	7410044.	
The Continue Alexand	() DRIVER'S NAME:	CONTACT:	
Committee of the State of the S	I) NKIC/FIN/FASSFORT:		
2			

EMAIL = Johngoh-roof @ yahoo.com.sg

086751



NRIC No. S1728541F

Blood Group

Date of issue

B+

02-04-1993

APT BLK 648A JURONG WEST ST.61 #15-232

SINGAPORE 641648

NRIC No: 91728541F Date: 04-11-1999

No: 3146175





OU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSICS PASS CATE

Close 3 Motor Con and Motor Tractors the weight of 23 Feb 1905 which unlikely door not account 2500 fillograms

NP 426A

CONTROL OF STREET

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Notice of Loss	Policy I	No.				Da	te of Accident				II.
	Vehicle	No.(For Motor)	53A70	35E		Ce	rtificate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	٠	5081815228- 01		GOH CHOON SENG	53340631E	GCV	Comprehensive	53A7035E	SJA7035E	18/12/2017	17/12/2018