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6	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)	
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an t	Assessment/Survey Report		
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TP Particulars: Veh No: XE	Vigor INC)/Non-INC()	
Owner / Driver: (1.61	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	00%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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.
- 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
Date Of Report	11/09/2018 11:29
Date Of Accident	10/09/2018 14:00
Exact Location Of Accident	492E TAMPINES STREET 45
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW8309T
Insured/Policyholder	
Name Of Registered Owner	NG KA HOON
NRIC No	S0747770H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90617970
Alternative Phone No	OFFICE-90617970
Vehicle Particulars	
Manufacturer	BMW
Model	320I AT ABS D/AB 2WD 4DR GAS/D SR
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	5099679647
Cover Note Number	
Driver	
Name of Driver	TAN HAN CHUAN (CHEN HANQUAN)
NRIC No	S8025689B
Date Of Birth	24/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90617970
Fax Number	

OFFICE-90617970

NOEMAIL

BLK 57 MARINE TERRACE Address

#10-129

Postcode 440057

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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 WET

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

0

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Vehicle Registration Number

XE4190Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

DETAILS OF OTHER VEHICLE PROPERTY 1

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.
- 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.
- 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)

l understand, acknowledge, agree and consent that:

- 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)
 - 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, involces, 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
- 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:

Driver's Signature (if driver is not the policyholder) Date & Time:

Reporting Centre Per onnel's Signature

Name: NRIC/FIN No .:

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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.:

IMPORTANT IN STICE

- 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.

Date of accident	1009 2018	(DD/MRN/YY)
Time of accident	1400	(HH:MM)
Exact location of accident	7 442E TAMPINES ST 45	

4200 Black	Temans of Winich
Vehicle registration number	SJW8309T.
Vehicle make and model	BMW 320
Type of vehicle	Saloon D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private d' Commercial D Motorcycle D
Purpose of using at sald time	PRIVATE
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

STALKSHIP OF A STA	DESCRIPTION OF DESCRI	FORMATRON	
Insurance company	NTUC .		
Policy number			
Type of policy	Comprehensive of	Third party fire & theft a	TP only

Name	Ng Ka Hoon	Male 🗆	Female 2
NRIC / Fin / Passport number	567477904		
Contact	1061 7970		
Address	PPT BLK 57 MARINE TEREACE #10-129	5 4400	57-

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name		emale 🛭
NRIC / Fin / Passport number	58025689B	
Contact	10617070	
Address	APT BLE 57 MARINE TERRACE \$10-129 544005	7.
Email address	beloved 19th @gwait com	
Date of birth	2408 1930	
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Driving date pass	19062009	

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Was injured conveyed to hospital by ambulance?	Yes D No D

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Was injured conveyed to hospital by ambulance?	Yes 🏻	No o

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MINITY CARDING. \$80256898

TAN HAN CHUAM (CHEN HANGUAN)

陈 汉 泉

CHINESE

Delegates in 24-08-1980

BINGAPORE

PERCENTED TO BRIME VEHICLES IN THE FORLOWING CLASSES.

PARS DARS

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5/No. 9000091422

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APT BLK 57 MARINE TERRACE #10-129 BINGAPORE 440057

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Address 4	SINGAPORE 440057	Addre	ess Type	Singapore address		Post Code	440057
		Relat Numl	ed Policy ber	5099679647			
Unit No.							
	ed Object: SJW8309T						
Unit No. D Insure ⇒ Endor	100000000000000000000000000000000000000						

laim Handling					
ccident MT/1011095	T0 3000 (A)	C-000 9947 (S-1)).	77.4984330		
Palicy No.	5099679647	Vehicle No.	SJW83D9T	GST Registration No.	
ertificate No.					
alicyhalder Name	NG KA HOON			Policyholder NRIC	S0747770H
reduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90617970	Contact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode :	Title 🗸
rk	No ○ Yes	TCA	No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
eport Date	11/09/2018 20:03	Acadent Report Within 24 hrs	Yes	Acodent Type	Side Swipe
ate of Accident	10/09/2018	Time of Accident hh:mm	14:00	Country of Accident	Singapore:
sporting Centre		Grange Force		ICM No.	
codent Location	492E TAMPINES STREET 45				
7 Excess					
wn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
tird Party Excess	0.00	Outside Singapore TP Excess	0.00		
P Benefits	21.03				
GST Registered Informa			25325		
ST Registered ST Registration No.	NO.		GST Registration Date GST Status Venfled	Yes	
edification History			dan atalua verilleu	rea	
a sales and a sales of the					
Policyholder Mailing Ad	dress				
dress 1	8LK 57 #10-129	Address 2	MARINE TERRACE	Address 3	MARINE TERRACE HAVEN
ddress 4	SINGAPORE 440057	Address Type	Singapore address	Post Code	440057
nit No.		Related Policy Number	5099679647	00.000000	10000
OI Driver Info					
river Name	TAN HAN CHUAN	Driver Type	Main Oriver		
nnamed driver Name		Driver NRIC	\$8025589S	Driver DDB	24/08/1980
gister Date of Driver License	19/06/2009	Driver Age	38	Driving Experience	9
ontact No. (Mobile)	90617970	Contact No. (Office)	0	Contact No.(Home)	0
idress 1	BLK 57	Address 2	MARINE TERRACE	Address 3	MARINE TERRACE HAVEN
ddress 4	SINGAPORE 440057	Address Type	Singapore address	Post Code	440057
nit No.	10-129				
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
system ou carr	853 2			50000	
eclaration					
reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
odification History					
event decreta automate					
Claim 001 New					
aim Type +	00-MX	Insured Name	NG KA HOON	Insured NRIC	50747770H
antect No.(Matrie)	94574372	Contact No.(Home)	NU.	Contact No. (Office)	- ATTICLE ME
mail Address		OI Vehide Number	SJWB309T	TP Vehicle Number	X84190Y
almant Type Claimant Type *	Please Select V	Type of Benefit *	Please Select		
alment Name *	22	Claimant NRIC =			
almant Address					
aim Description	SJW8309T / X84190Y ON 10 Sept 2018			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
guire Finalisation	Yes 🗸		MODESC DOCK	Cité mont	Foregreed 197
		Preferend Repair Option	Preferred Workshop, Name unknown	THE SECRETARY SECTION	Received U
ete Registered	11/09/2016 20:04	Claim Close Date		Date Received	11/09/2018 00:00
port Taken Sy	Jeckson				
Print AK letter					
			Save Submit		
Attachment					
₩					
coldent No.	HT/1011095	Claim No.	001		
est Doc. Received	⊕ Yes ○ No	Upload Date	11/09/2018 20:06		
	Path =		Cabegory *	Confidential Urgan	De la Barraga d
	200 3	Browse		Confidential Urgan	
			Property and prope		V
		Browse.		V Normal	<u> </u>
		Browse.		V Normal V Normal	V
		Beruss	Clear Please Spiers	191 NO 34 Person	199

