Figure 1 1 and 1 a NATIONAL Assessment Centre Services. [wel 1 Jan'05] MAIR 118/18499 Done u Date & Time Completed Jeb description Date In: 12/01/8-15:16 SAS e-filing Res No: NA | INC 18 01 67 08) 24 E-mail (within Shrs, AIC 2hrs) Veh No: 14/7355 M7 1011765-001 i-Motor Claim Form D.O.A: 119/18-19: UT i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP ! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tel: Preferred Wksp / INC Assign Wksp / QW: ( )/Non-INC ( INC ( Veh No: Justin TP Particulars: ) Tcl: Owner / Driver: ( Cover Type: ( Period: ( Policy No: ( Time: Date: Confirmed by : ( N: 0-20%; P: 21-79%. P: 80-100%] %) [Note-Est. Status (WO): Insured/Driver Liability: ( Warranty: YES ( )/NO( Year of Registration: ( Loading: \$1,000 ( )/\$2,000( Excess: (\$ General Remarks: ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY. ) Total Loss Case ); Towing Co: ( ); Invoice: YES ( ) / NO ( Drive-In ( )/ Towed-In ( Date&Time Completed Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) ) 2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Amt (5) Invoice Preparation Checklist Add Bill NAISWEIL 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. \$5 \* NS: Courlesy Car / Tpt Allowance 510 \*N6: Repair Co-ordination \$25 \*N7: Fost Repair Inspection \$5

Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors! Comments :-\*N8: DV / Collect Excess Coordination \$20 TP (N11): TP (N:n INC) against INC Cat. 1: 9) N12: Idao Mobile Fee Charged

Invoice dated Cat. 2/3; Invoice dated

Fee Charged

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 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.

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.

•	~	œ١	n		vi T	е 1	 -	ΝEI	чт
м	S	u	u	_	•	ī		45	

12/09/2018 15:56 Date Of Report 11/09/2018 19:05 Date Of Accident

SOFITEL SINGAPORE CITY SQUARE DROP OFF POINT **Exact Location Of Accident** 

SINGAPORE Country/State of Loss

## **DETAILS OF OWN VEHICLE**

SKV7355J Vehicle Registration Number

Insured/Policyholder

GOH PING XIAN, LAURA (WU PINGXIAN) Name Of Registered Owner

S8517542D NRIC No NOEMAIL **Email Address** 

(LOCAL) +65-96252915 Mobile Phone No OFFICE-96252915 Alternative Phone No

Vehicle Particulars

VOLKSWAGEN Manufacturer

BEETLE 1.2 TSI AT 5C13D5 Model

Exact Purpose for which vehicle was being used at

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

**Insurance Company** 

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5098386625 Policy Number

Cover Note Number

Driver

FO XIANG YI Name of Driver S8704331B NRIC No 08/02/1987 Date Of Birth INDOOR Occupation 07/03/2007 Date Of Driving Pass

11 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91800890 Mobile Number

Fax Number

OFFICE-91800890 Contact Number

NOEMAIL EMail Address

BLK 259B PUNGGOL FIELD

#10-41 822259

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - OPENING DOOR OF VEHICLE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 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) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

NO

: FEMALE GENDER:

**Details of Police Action** 

NO 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

ON STATED DATE AND TIME, AS I WANT TO DROP OFF MY PASSENGER AT SOFITEL SINGAPORE CITY SQUARE. VEHICLE B STOPPED AT THE RIGHT SIDE OF MY VEHICLE. SUDDENLY VEHICLE B, THE PASSENGER OPEN THE REAR LEFT DOOR, AS A RESULT, VEHICLE B REAR LEFT DOOR HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

YES Are accident photos available for attachment? YES Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHD8520Y Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

KANG TIONG PENG (JIANG DONGPING) Name of Driver

S7246464H NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1 NAME: :

GENDER: :

Passenger 2 NAME:

GENDER: :

#### 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.

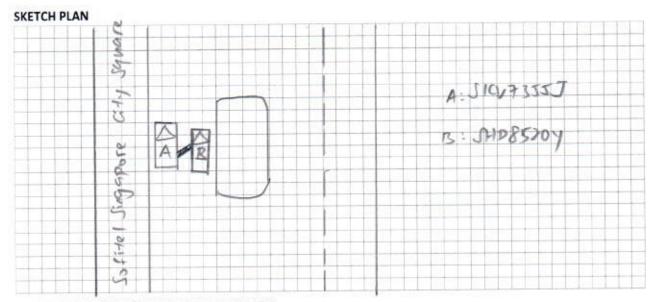
o'mmin

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

NRIC/FIN No .:

Name:

Reporting Centre Personnel's Signature



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to dutement.	

## 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.:



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8704331B





FO XIANG YI





CHINESE Date of birth 08-02-1987

SINGAPORE









		GeneralClaim							alClaim
00601				A COLUMN	> Change	Language	• Chan	ge Password	Log Out
<b>Policy Query</b>									
Policy No.				Date of Accident		1	11/09/2018 19:05		
Vehicle No.(For Motor)	SKV7355)			Certificate Number					
				Search					
Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O 5098386625		GOH PING XIAN, LAURA (WU PINGXIAN)	S8517542D	GPC	drivo CLASSIC	SKV7355J	SKV73553	26/02/2018	25/02/2019
	Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No.  Certificate Number	Policy Query  Policy No.  Vehicle No.(For Motor)  SEV73553  Select Policy No. Certificate Number Name GOH PING XIAN, LAURA (WU	Policy Query  Policy No.  Vehicle No.(For Motor)  SKV73553  Select Policy No. Certificate Number Name NRIC GOH PING XIAN, LAURA (WU S8517542D	Policy Query  Policy No. Date of Certificate Policyholder Name NRIC Product Number Name NRIC GOH PING XIAN, LAURA S8517542D GPC	Policy Query  Policy No. Date of Accident  Vehicle No. (For Motor) SKV73553 Certificate Number  Search  Select Policy No. Certificate Number Name NRIC Product Cover Type  GOH PING XIAN, LAURA (WU S8517542D GPC CLASSIC	Policy Query  Policy No. Date of Accident 1  Vehicle No. (For Motor) SKV73553 Certificate Number Search  Select Policy No. Certificate Number Name NRIC Product Cover Type No. O 5098386625 XIAN, LAURA S8517542D GPC CLASSIC SKV73553.	Policy Query  Policy No. Date of Accident 11/09/2018 1  Vehicle No. (For Motor) SKV73553 Certificate Number  Search  Select Policy No. Certificate Number Name Name NRIC Product Cover Type Vehicle No. Object Object Number Name SKV73553 SKV73553 SKV73553 SKV73553 SKV73553	Policy Query  Policy No. Date of Accident 11/09/2018 19:05  Vehicle No. (For Motor) SKV73553 Certificate Number  Search  Select Policy No. Certificate Number Name NRIC Product Cover Type No. Object Date GOH PING XIAN, LAURA S8517542D GPC CLASSIC SKV73553 SKV73553 26/02/2018

Policy No.	5098386625	Policyholder Name	GOH PING	XIAN, LAURA (WU PI	Policyholder NRIC	S8517542D		
Certificate No.								
Address	BLK 259B #10-41 PUNGGOL F	IELD PUNGGOL	TOPAZ SING	SAPORE 822259				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	24/02/2018	Effective Date	26/02/2018	3 00:00	Expiry Date	25/02/2019 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			Young/	Inexperience Driver Excess	
Agent	ONG BING HAN	Agent Tel.	84283223		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
<b>♥</b> Policy	holder Mailing Address							
Address 1	BLK 259B #10-41	Addr	ess 2	PUNGGOL FIELD		Address 3	PUNGGOL TOPAZ	
Address 4	SINGAPORE 822259	Addr	ess Type	Singapore address		Post Code	822259	
Unit No.	10-41	10-41 Relai		ed Policy 5098386625 ber				
) Insure	ed Object: SKV7355J							
♥ Endor	sements			CHECK LINE				
	the state of the s	100	Endorsemen	STATUS STATE	Endorsement Status		Endorsement Content	

Claim Handling					31
rolley No.	5098386625	Vehicle No.	SKV73553	GST Registration No.	
ertificate No.	30703110023				
oicyholder Name	GOH PING XIAN, LAURA (WU PINGXIAN)			Policyholder NRJC	S8517542D
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	96252915	Contact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	N: V
FK	No ○ Yes	TCA	® No ○ Yes	eCode Reason	The state of the s
CD Protection	No	NCD Entitlement(%)	20	Private Hire	No
9 Accident Details					
eport Date	12/09/2018 20:02	Acodent Report Within 24 hrs.	Yes	Accident Type	Side Swipe
ate of Accident	11/09/2018	Time of Accident hhomm	19:05	Country of Accident	Singapore
eporting Centre	11/01/2010	Orange Force		ICM No.	
ocident Location	SOFITEL SINGAPORE CITY SQUARE DROP O	A CONTRACTOR OF THE PARTY OF TH			
T Excess		Markey.			
wn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
	0.00	Outside Singapore TP Excess	0.00		
hird Party Excess  Benefits	0.00	Outside Singepore in excess	1		
GST Registered Informa	ation				
ST Registered Informs	No.		GST Registration Date		
ST Registration No.	(19)		GST Status Verified	Yes	
lodification History					
→ Policyholder Hailing Ad	idress	Vertex distant		ALCO PARTIES	
ddress 1	BLX 2595 #10-41	Address 2	PUNGGOL FIELD	Address 3	PUNGGOL TOPAZ
Address 4	SINGAPORE 822259	Address Type	Singapore address	Post Code	822259
mit No.	10-41	Related Policy Number	5098386625		
© OI Driver Info					
river Name	FO XIANG YI	Driver Type	Named Driver	0.0000000000000000000000000000000000000	
Innamed driver Name		Driver NRIC	587043318	Driver DOB	08/02/1987
egister Date of Driver License	07/03/2007	Driver Age	31	Onving Experience	11
Contact No. (Mobile)	91800890	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 259B	Address 2	PUNGGOL FIELD	Address 3	PUNGGOL TOPAZ
Address 4	SINGAPORE 822259	Address Type	Singapore address	Post Code	822259
Jnit No.	10-41				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
ireathalyser or Blood Test leading?	0 mg	Any injury?	○ Yes ® No		
fodification History					
Claim 001 New					
	1.022.00.00				
Claim Type *	OD-MX	Insured Name	GOH PING XIAN, LAURA (WU PI	Insured NRIC	S8517542D
Contact No.(Mobile)	96252915	Contact No.(Home)	64536582	Contact No. (Office)	Charles and the second
mail Address	juz_me23@hotmail.sg	Ol Vehicle Number	SKV73553	TP Vehicle Number	SHD8520Y
Salmant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Daimant Name *	22	Claimant NRIC *	ELE MERCEDO	2	
Darmant Address					
Claim Clescription	SKV73553 / SHD8520Y ON 11 Sept 2018			Name of Preferred Workshop	
Preferred Workshop Contact Vo.		Insured Liability *	Not at Fault		20 000
tequire Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/09/2018 20:04	Claim Close Date		Date Received	12/09/2018 00:00
teport Taken By	Jackson				
Print AK letter					
CONTRACTOR OF THE PROPERTY OF			THE REAL PROPERTY.		
			Sava Submit		
Attachment					
Attachment					
•	MT0011768	Flam No.	901		
Accident No.	MT/1011265	Claim No.	001 12/09/2018 30:05		
SAccident No.	Yes ○ No	Claim No. Upload Date	12/09/2018 20:05	7/25/25/26/26 97%	
Secrident No.		Upload Date	12/09/2018 20:05 Category *	Confidential Urgen	
Seculent No.	Yes ○ No	Upload Date Brows	12/09/2016 20:05  Category *    Dear   Please Select   1	Normal V Normal	9
122.00	Yes ○ No	Upload Date	12/09/2018 20:05 Category *  a   Clear   Please Select   13	TOTAL SECTION OF A SECTION OF	

