NATIONAL Assessment Ce				
Date In: 219 18 16:20	Jeb description	Date & Time Completed	Don	e py.
Ref No: NA INC 8017250/24	SAS e-filing	i		
Vch No: Shp3730P	E-mail (within Shrs, AIC 2hrs)		5-30	
D.O.A: 19/18-1475	i-Motor Claim Form	MT 1012466-001	219/18	16:39
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2h)			1200
OD ATT Reporting Only	i-Photo Uploaded	1	In	• • • •
TP Insurer:	Assessment/Survey Report			
To histor.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:	-
TP Particulars: Veh No:	- 477778 . INC ()/Non-INC().	6)	
Owner / Driver: (Tel:)	- 50 E-5 0
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%]	- UT - 20
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$	\$1,000()/\$2,000()			
General Remarks:-			1940 BC.	
		owing Co. (The Street	SEE.
Remarks:- (INC hotline: 6788 6616		Date&Time Completed	Don	by
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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 <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.

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The second second second second second	ACCIDENT STATEMENT
Date Of Report	21/09/2018 16:20
Date Of Accident	21/09/2018 14:55
Exact Location Of Accident	PIE (CHANGI) AFTER LORNIE RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGP3730P
Insured/Policyholder	
Name Of Registered Owner	SOH CHIN HOCK
NRIC No	S2503804E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90677012
Alternative Phone No	OFFICE-90677012
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO 1.5L A
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5099368265
Cover Note Number	
Driver	
Name of Driver	SOH CHIN HOCK
NRIC No	S2503804E
Date Of Birth	27/07/1960

OUTDOOR

15/04/1981

Gender MALE

Mobile Number (LOCAL) +65-90677012

Fax Number

Occupation

Date Of Driving Pass

Contact Number OFFICE-90677012

EMail Address NOEMAIL

Address BLK 640 ANG MO KIO AVENUE 6

#03-5019

Postcode 560640

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 RAINING
Road Surface WET

Other Information

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

2

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS TRAVELLING ALONG LANE 1 PIE (CHANGI) AFTER LORNIE RD EXIT. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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 SFY7757B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver WONG WEI ZHANG
NRIC/Passport Number S9248840C

Contact Number

Address Postcode

Insurance Company Name

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 truthful 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.
- 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:
 - 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 Algnature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personn

Name:

NRIC/FIN No.:

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

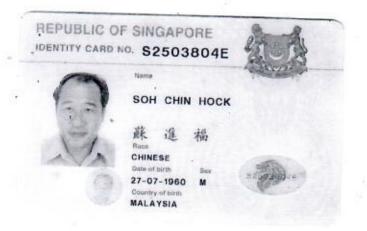
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

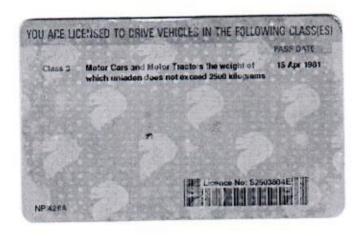
Name:

NRIC/FIN No.:











Policy No.	5099368265	Policyholder Name	SOH CHIN	носк	Policyholder NRIC	S2503804E	
Certificate No.		1000			Mile		
Address	BLK 640 #03-5019 ANG MO KI	O AVENUE 6 YI	O CHU KAN	G HEIGHTS SINGAP	ORE 560640		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	28/03/2018	Effective Date	28/03/201	8 00:00	Expiry Date	27/03/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	THONG LEE TRADING PTE LTD	Agent Tel.	62569655		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 640 #03-5019	Addre	ss 2	ANG MO KIO AVE	NUE 6	Address 3	YIO CHU KANG HEIGHTS
Address 4	SINGAPORE 560640	Addre	ss Type	Singapore address	s	Post Code	560640
Jnit No.	03-5019	Relate Numb	ed Policy er	5099368265			
) Insure	ed Object: SGP3730P						
	sements						

Marcie Name	Claim Handling					
Marie Mar	Accident MT/1012466					
Section Sect	Policy No.	5099368265	Vehicle No.	SGP3730P	GST Registration No.	
Marche March Mar	Certificate No.					
Carrier No.	Policyholder Name	SOH CHIN HOCK			Policyholder NRIC	52503804E
March Marc	Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Column	Contact No.(Mobile)	90677012	Contact No.(Office)	0	Contact No.(Home)	0
March Marc	Email Address		Special Remark		eCode	N. V
## Control Process Control	KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
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Part Control Part Control Part Control Part Control Part Control Part	Date of Accident	21/09/2018	Time of Accident hh:mm	14:55	Country of Accident	Singapore
The American Control	Reporting Centre		Orange Force		ICM No.	
Designed Scriege 0.00 Additional Excises 0.00 Windoor Excises 0.00	Accident Location	PIE (CHANGE) APTER LORNIE RD EXIT				
	♥ Excess					
	Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
## 100	Jinnamed Driver Excess		Outside Singapore OD Excess	0.00		
## ST Registered District ## 15 Registered	Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Talegargering Mo						
ST Aggington No.						
### PRINCIPATION HOUSE ### Address 3		No				
Particy Particip Par				GST Status Venfied	No	
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Maries 2 SUC 400 927-3019 Agéres 2 AND 900 AUPNILE 6 Activate 3 VID CHU XAND HEIGHTS	Policyholder Mailing Ad	Idress				
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Main Office Info Price Main Office M						
### DOE 16 Note: \$400 CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC					rusi code	550640
Direct Name	OI Driver Info		The state of the s	3039340205		
Driver MIXE Driver No. 2707/1386		SOH CHIN HOCK	Driver Type	Main Oriver		
### SECOND CONTROL NO. 150	innamed driver Name				Driver DDS	27/07/1960
### SOFTERS OF THE PRESS GROUP SOFTERS OF	egister Date of Driver License	15/04/1981	Driver Age			
Algores	ontact No.(Mobile)	90677012	Contact No.(Office)	0		
Address Type Snappore address Ped Code \$60649 He was 3 Snappore one in e was 4 Snappore one in ewas 4 Snappore one in e was 4 Snappore one in ewas 4 Snappore on	ddress I	BLK 640		ANG MO KIO AVENUE 6		
Driver Insurer Company Company One	Address 4	SINGAPORE 560640				
Experience carry Experience c	ine No.	03-5019				
Ary Injury New Claim 01 New OD-MX Injury Name SDH CHIN HDOX Injured Name SDH CHIN HDOX Consect No. (Notice) S2503804E Consect No. (Notice) S0527012 Consect No. (Notice) S277012 Consect No. (Notice) S2777018 S2000 S	loes he own a Singapore registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Any rigury?	eclacation					
Claim 001 Next Coreact No. (Hobite) SOPYD12 Coreact No. (Home) Frease Select Type of Benefit * Please Select V Type of Benefit * Please Select Liamant Name Sopy 1300 / SPY77578 ON 21 Sept 2018 Insured Name Sopy 1300 / SPY77578 ON 21 Sept 2018 Insured Name Insured Name Name of Preferred Workshop Insured Name Name of Preferred Workshop Perferred Workshop Coreact Out Close Date Date Received 21/09/2018 16:39 Core Submit Attachment Coreact No. Mr/3012466 Core No. Date No. Coredential Urgeny * Descriptors * Des	reathelyser or Blood Test	acce.	Opening proups	02207122000		
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Date Received			Insured Liability •	Not at Pault	The state of the s	
Eport Taken By Dackson	equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	G1A report	Received
### Save Submit #### #############################	ate Registered	21/09/2018 16:39	Claim Close Date		Date Received	21/09/2018 00:00
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