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Date In: 27 4 4-14:01	Job description	Date & Time Completed	Done by			
Ref No: 40 INC 180 17603 74	SAS e-filing					
Veh No: JP 1787	E-mail (within Shrs, AIC 2hrs)		-			
D.O.A: 29/9/8-09:35	i-Motor Claim Form	MT 101345-001	A19/18 17:29			
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr	i-Motor W/O (Within: OD 2hrs, TP 4hrs)				
OB : TP , Repoliting Only	i-Photo Uploaded					
TP Insurer:	Assessment/Survey Report					
ir msurei.	Ass't Report by Fax / Hand	to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:			
TP Particulars: Veh No: FB	E39147 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	00%]			
Year of Registration: ()	Warranty: YES ()/NO ()				
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()					
General Remarks.			20.0			
() Walk-In Customer : Customer's in		rictly NO refer of repairer	2007. 51. 12			
() Total Loss Case : to e-mail Insu		nedy NO Taler of Teparler.				
		Suring Co. (
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO(); T	owing Co: (
Remarks:- (INC hotline: 6788 6616)			The state of the s			
(1145 HOURES 0 100 0010)		Date&Time Completed	Securitions by			
1) Apply for Transport Allowance ()	CHANGE CONTROL OF SHEET	Dates time Completed	A DORE DY			
	CHANGE CONTROL OF SHEET	Date & Lims Completed	See A Linder by			
1) Apply for Transport Allowance ()	/ Courtesy Car ()	Date& Limb Completed	Jan Chore by			
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1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pre Invoi	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 arough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005 tion SMRT Survey nal Services:- Car / Tpt Allowance pordination	Ant (5) Ant (3) (it Bill Add Bill 0) /545 5120 530 575 5160			
1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car (Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 to \$40	Ant (5) Amt (5) (it Bill Add Bill 0) /345 6120 575 1160			
1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car (Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 arough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005 tion SMRT Survey nal Services: Car / Tpt Allowance pordination in Inspection lect Excess Coordination (Non INC) against INC	Anit (\$) Amt (\$) Int Bill Add Bill 0) /\$45 \$120 \$75 \$160 \$55 \$10 \$25			

Figure 1 1 20

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.
- 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.

aforesaid.	
CONTRACTOR OF THE SECOND STATE OF THE SECOND	ACCIDENT STATEMENT
Date Of Report	27/09/2018 14:01
Date Of Accident	27/09/2018 09:35
Exact Location Of Accident	NEW UPP CHANGI RD BEFORE JUNC CHAI CHEE RD
Country/State of Loss	SINGAPORE
20 元 15 0 0 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP138J
Insured/Policyholder	
Name Of Registered Owner	HONG HENG CHONG
NRIC No	S1703687D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96353686
Alternative Phone No	OFFICE-96353686
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.8 TFSI MU (NAVIGATION & XENON)
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	COMPREHENSIVE
Fleet Policy	NO.

Fleet Policy NO

Policy Number 5067599414-03

Cover Note Number

Driver

Name of Driver HONG HENG CHONG

 NRIC No
 \$1703687D

 Date Of Birth
 04/11/1965

 Occupation
 INDOOR

 Date Of Driving Pass
 10/05/1993

Driving Experience 25 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96353686

Fax Number

Contact Number OFFICE-96353686

EMail Address NOEMAIL

281 JOO CHIAT PLACE Address

#04-03

Postcode 427962

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 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 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. Number of Passengers (Including Driver) 1

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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING LOW SPEED ALONG LANE 2 NEW UPP CHANGI RD. VEHICLE B WAS TRAVELLING IN BETWEEN OF THE DOTTED LINE. AS A RESULT, VEHICLE B WAS TOO CLOSE TO MY VEHICLE AND SLIGHTLY GRAZED ONTO MY VEHICLE LEFT MIRROR AND HE FELL OFF FROM THE BIKE.

NO

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 FBE3914T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MOHAMED RAMLI BIN MOKHTAR

NRIC/Passport Number S0071818A

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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

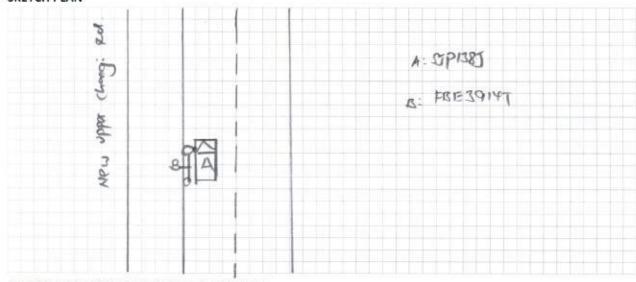
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hostement.	

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:

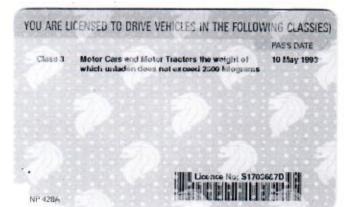
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











Policy Information Page 1 of 1



Claim Handling					
ccident HT/1013295			DAMES.	AND HELADOWING AND AND AND	
holicy No.	5067599414-03	Vehicle No.	5JP138J	GST Registration No.	
ertificate No.					
Sicyholder Name	HONG HENG CHONG			Policyholder NR3C	51703687D
oduct Code	PRIVATE CAR INSURANCE	Cover Type	prive PREMIUM	Loading	0
ritact No (MoloHe)	96353686	Contact No.(Office)	6	Contact No.(Home)	0
neil Address		Special Remark		eCode	W. V
k.	® No ○ Yes	TCA:	® No. ○ Yes	eCode Reason	
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
ourt Date	27/09/2018 15:21	Accident Report Within 24 hrs	Yes	Academ Type	Side Swipe
e of Accident	27/09/2018	Time of Acadent hh:mm	09:35	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	NEW UPP CHANGI RD BEFORE JUNE CHA	& CHEE RD			
Excess					
damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess	0.00	Outside Singapore Ob Excess	600.00		
IT Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
rage			Sum Insured		
sport Allowance			99999999.99		
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.	36		GST Status Ventiled	Yes	
fication History					
none me concesto.					
Policyholder Hailing Ad	ldress				
955-1	281 JOD CHIAT PLACE	Address 3	#06-03 ENVIO	Address 3	SINGAPORE 427962
ess 4		Address Type	Singapore address	Post Code	427962
No.				Olit Gewin	427702
		Related Policy Number	5067599414-04		
OI Driver Info		2007/2008			
er Name		Driver Type			
amed driver Name		Driver NRIC		Driver DOB	
ster Date of Driver License		Driver Age		Driving Experience	
act No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
ress 1		Address 2		Address 3	
ress 4		Address Type	Foreign address	Post Code	
No.					
s he own a Singapore istered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
rication History					
Claim 001 New					
т Туре *	ОО-МХ	Insured Name	HONG HENG CHONG	Toward Shree	517036870
	The state of the s			Indured NRIC	217030070
act No (Mobile)	96353686	Contact No.(Home)	63390618	Contact No. (Office)	
Address	mark_sg68@yahoo.com	OI Vehicle Number	SJP136J	TP Vehicle Number	FBE3914T
nant Type Claimant Type •	1 1000000000000000000000000000000000000	Type of Benefit *	Please Select		
iant Name *	>>	Claimant NRIC +	No. of the second second		
ant Address					
Description	SJP138J / FBEJ914T ON 27 Sept 2018			Name of Preferred Workshop	
rred Workshop Contact		Insured Liability *	Not at Fault		
ire Finalisation	Yes V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	27/09/2018 15:29	Claim Close Date		Date Received	27/09/2018 00 00
		Court Code Mile	100	Pare Merenago	a./08/40/10 00:00
rt Taken By	Jackson				
rint AK letter					
achment			Seve Submit		
dent No.	MT/1013295	Claim No.	901		
Doc. Received	® Yes ○ No	Upload Date	27/09/2018 15:30		
370-38865				200200000000000000000000000000000000000	1000 02000000000
	Pach *		Category *	Confidential Urge	
		Browse		V Normal	v
		Browse	Cear Please Select	NO Y Normal	<u> </u>
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