Date In: 1/10/18-15 52				
	Jeb description	Date & Time Completed	Done b	i,
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Veh No: JoD 612 H	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 1/10/19-08:40	i-Motor Claim Form	M7/1013861001	(/13/18 2/1:	15
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Transucci.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:	
TP Particulars: Veh No:	. INC	()/Non-INC()	0010 #1000 PERS	
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%. P: 80-1	00%]	5
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
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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 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.

or collections are comparable to the comparable	ACCIDENT STATEMENT
Date Of Report	01/10/2018 15:52
Date Of Accident	01/10/2018 08:40
Exact Location Of Accident	BLK 139 TAMPINES ST 11 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
SAMO STATE AND STATE OF THE RESIDENCE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD617H
Insured/Policyholder	
Name Of Registered Owner	NG KIM SENG
NRIC No	S1199695G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92762139
Alternative Phone No	OFFICE-92762139
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY 2.4L AT 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	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
Policy Number	5081216476-02
Cover Note Number	
Driver	
Name of Driver	NG KIM SENG
NRIC No	S1199695G
Date Of Birth	22/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	02/07/1976
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92762139
Fax Number	
Contact Number	OFFICE-92762139
EMail Address	NOEMAIL

Address BLK 926 TAMPINES STREET 91

#09-291

Postcode 520926

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

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident NO COLLISION

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? NO I have been approached by unknown person(s) 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?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG BLK 139 TAMPINES ST 11 OPEN SPACE CARPARK. SUDDENLY VEHICLE REGISTRATION NUMBER:SLQ5551L DASH OUT FROM THE PARKING LOT WITHOUT CHECKING HIS BLIND SPOT. I APPLIED MY BRAKE IMMEDIATELY. VEHICLE REGISTRATION NUMBER:SLQ5551L CLAIM THAT MY VEHICLE HIT ONTO HIS VEHICLE. THERE WAS NO DENT BOTH OF OUR VEHICLES AT THAT TIME.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

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:
 - 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

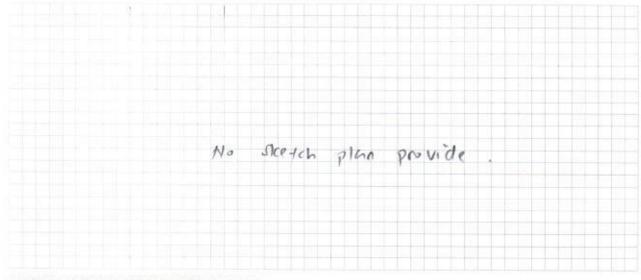
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	
Refer to Hatement.	

DECLARATION

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

Policyholder's Signature

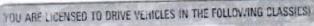
Date & Time:

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

Name: NRIC/FIN No.:







PASS DATE

02 Jul 1976

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Volucios of unladen weight not exceeding 2500 kg

Class 3

NP 428A

22-01-2010 APT BLK 926 TAMPINES STREET 91 #09-291 SINGAPORE 520926

eBao Tech								A Little	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			and the second second		• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Policy Q	uery								
Notice of Loss	Policy No.				Date	of Accident	[0	1/10/2018	08:40	
	Vehicle No.(Fr	or Motor)	SLD617H		Certifi	cate Number				
					Search					
	Select Police		ificate Policyholder mber Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		16476-	NG KIM SENG	51199695G	GPC	drivo CLASSIC	SLD617H	SLD617H	10/05/2018	09/05/2019
	O 2081		NG KIM SENG		GPC Continue		SLD617H	SLD617H	10/05/2018	09/0

Seque	nce Date of Endorsemen	t	Endorsemen	t Type	Endorsement	Status	Endorsement Content
	sements						
] Insure	ed Object: SLD617H						
Init No.		Relate Numb	ed Policy per	5081216476-02			
Address 4			ess Type	Singapore address		Post Code	520926
Address 1	BLK 926 #09-291	Addre	ess 2	TAMPINES ST 91		Address 3	SINGAPORE 520926
	holder Mailing Address						
Certificate Info							
Policy							
Open							
Co- nsurance Flag	No						
Agent	SEA & LAND INSURANCE BROKE	Agent Tel.	62279703		GST Flag	Y	
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Additional Excess	0	OS Premium	0				
Party Excess	0	damage Excess	600		Excess	100	
Third		Own			Windscreen		
Excess Type		All Claims Excess					
Policy ssue Date	25/04/2018	Effective Date	10/05/2018	3 00:00	Expiry Date	09/05/2019 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 926 #09-291 TAMPINES ST	91 SINGAPOR	RE 520926				
Certificate No.							
Policy No.	5081216476-02	Policyholder Name	NG KIM SE	NG	Policyholder NRIC	S1199695G	

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Public		No				
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Main Driver Info Main Driver Name			Address Type		Post Code	520926
Main Driver			Related Policy Number	5081216476-02		
Driver Name Driver Name Driver Name Driver Age 92						
Driver License C2/07/1976		NG KIM SENG		Main Driver		
Contact No (Office)	named driver Name		Driver NRIC	S119969SG	Driver DOS	22/06/1956
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