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NATIONAL ASSESSMENT CENTRE	e Services wet 1 James M	NA 118129376 -01	(08)	
Date In: 8/p/18-512	Jcb description	Date & Time Completed	Done	pì.
Ref No: NA 14/08018114/24	SAS e-filing	i .		
Veh No: JLN YOUR	E-mail (within Shrs, AIC 2hrs)			*
D.O.A: 5/10/18-14:15	i-Motor Claim Form	M7 101473-001	4)0/8 12:0	18
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hr.	s, TP 4brs)		
OB The reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
ir insurer.	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax:	
TP Particulars: Veh No: JLV /	130H , INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Peri	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	lote-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 30-	100%]	
	Varranty: YES () / NO ()		
	00()/\$2,000()			
General Remarks:			2000 S	
() Walk-In Customer: Customer's inform	mation strictly Confidential & Str	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.			
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();T	owing Co: ()
Remarks: (INC hotline: 6788 6616)		Date& Timic Completed		25
Avenuaries (11335 110 time, 6780 0010)		Dates inno Combreson	AND SINGE	nv
1) Apply for Transport Allowance ()/Co			N. St. La.	
	ourtesy Car ()			,-,,
2) QC Check / Post Repair Inspection	ourtesy Car ()		<u> </u>	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30]	ourtesy Car ()			
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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 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
White the state of the same of the same	ACCIDENT STATEMENT
Date Of Report	05/10/2018 15:23
Date Of Accident	05/10/2018 14:15
Exact Location Of Accident	JUNC DRAYCOTT PARK & DRAYCOTT DR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN4062D
Insured/Policyholder	
Name Of Registered Owner	TORIE FRANCES DOSHI
NRIC No	S7628399J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96889594
Alternative Phone No	OFFICE-96889594
Vehicle Particulars	
Manufacturer	BMW
Model	520I AT D/AB 2WD 4DR LED NAV
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	5095456193
Cover Note Number	
Driver	
Name of Driver	TORIE FRANCES DOSHI
NRIC No	S7628399J
Date Of Birth	11/09/1976

Date Of Birth 11/09/1976 OUTDOOR Occupation Date Of Driving Pass 21/08/2012

6 YEARS AND 1 MONTH Driving Experience

Gender **FEMALE** Mobile Number +65-96889594

Fax Number

Contact Number OFFICE-96889594

NOEMAIL EMail Address

Address 45A BARKER ROAD

Postcode 307485

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 - CHANGE/CROSS LANE

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME I WAS TRAVELLING ALONG DRAYCOTT PARK. SUDDENLY VEHICLE B TRAVELLING ALONG OPPOSITE DIRECTION OF DRAYCOTT PARK MAKING A RIGHT TURN. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE RIGHT PORTION.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver LEE TINGTING (LI TINGTING)

NRIC/Passport Number S8417226Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SLU1430H

Page 2 of 24

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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 <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

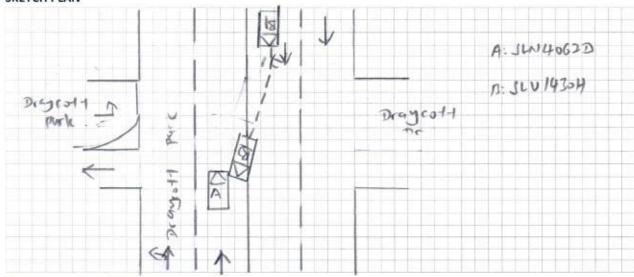
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer p	Hartement.	

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.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 –

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEN	DUM	
(A)	PARTICULARS OF PE	RSON MAKING THE AMENDMEN	NTS:	
	Original Report No :	MNA18/29276	Vehicle Registration No:	JLN 4062D
	Name(as shown in NRIC) :	Torse trunces Dutin	NRIC/FIN/Passport No:	576283497
	(*Vehicle Driver / Ve	hicle Owner) (*) Please delete as	appropriate	
	Address :	45A Barker Road		Singapore(307485)
	Contact (Tel)		Mobile No. : 98895°	М
	Email Address :			
	Date of Accident :	5/10/8	Time of Accident :	y
		Inc Draycold Park	The special control policy and the second	
		ATOC		
B)		MATION / AMENDMENTS:		***
			/	
	-			
				
	Policyholder / Driver's Date:	Signature	Reporting Centre Personame: NRIC/FIN No.: Date:	onnel's Signature

REPUBLIC OF SINGAPORE HDENTITY CARD NO. S7628399J





TORIE FRANCES DOSHI







CHINESE

11-09-1976

SINGAPORE



5647184



08-09-2016

45A BARKER ROAD SINGAPORE 307485

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

NP 428A

DRIVING LICENCE

eBao Tech				24						Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			- I Tonigonalis			• Change	e Languag	change	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident		05/10/2018	14:15	
	Vehicle	No.(For Motor)	SLN40	62D		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095456193		FRANCES DOSHI	57628399)	GPC	drivo CLASSIC	SLN40620	SLN4062D	01/11/2017	31/10/2018
					- 1	Continue					

Policy No.	5095456193	Policyholder Name	TORIE FRA	NCES DOSHI	Policyholder NRIC	S7628399J	
Certificate No.							
Address	45A BARKER ROAD BARKER V	ILLE SINGAPOR	E 307485				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	01/11/2017	Effective Date	01/11/201	7 00:00	Expiry Date	31/10/2018 2	3:59
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	n/Inexperience Driver Excess
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	45A BARKER ROAD	Addr	ess 2	BARKER VILLE		Address 3	SINGAPORE 307485
Address 4		Addr	ess Type	Singapore address		Post Code	307485
Unit No.		Relat Num	ed Policy ber	5095456193			
200200000000	ed Object: SLN4062D						
) Insure							
	sements						

cident MT/1014473					
Icy No.	5095456193	Vehicle No.	SUN40620	GST Registration No.	
tificate No.					
cyholder Name	TORIE FRANCES DOSHI			Policyholder NRIC	576283991
duct Code	PRIVATE GAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
stact No.(Mobile)	96889594	Contact No. (Office)	0	Contact No.(Home)	a .
ail Address		Special Remark		eCode	Tit. 🗸
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
) Protection	Yes	NCD Entitlement(%)	50		9823
Accident Details	161	ACD Entitlement(38)	50	Private Hire	No
ort Date	08/10/2018 15:45	Accident Report Within 24 f	irs Ves	Accident Type	Collision - Change / Cross lane
e of Accident	05/10/2018	Time of Accident hit mm	14:15	Country of Academt	Singapore
orting Centre		Orange Force		JCM No.	
dent Location	JUNC DRAYCOTT PARK & DRAY	YCOTT OR			
Excess					
damage Excess	600.0	O Additional Excess	0		122.22
				Windscreen Excess	100.00
arned Driver Excess	0.0				
d Party Excess	0.0	O Outside Singapore TP Excer	0.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes.	
ification Hotory					
Policyholder Mailing Ad	dress				
reso 1	45A BARKER ROAD	Address 2	BARKER VILLE	Address 3	SINGAPORE 307485
Tress 4		Address Type	Singapore address	Post Code	307485
t No.		Related Policy Number	5095456193		
OI Driver Info					
er Name	TORIE FRANCES DOSHI	Driver Type	Main Driver		
amed driver Name	TORIC TRANSCES DOSIG	Driver NRIC	57628399)	Driver DOB	11/09/1976
	Name and Address of the Address of t				
ister Date of Driver Licensia		Driver Age	42	Driving Experience	6
ract No.(Mobile)	96859594	Contact No.(Office)	.0	Contact No.(Home)	0
ress 1	45A BARKER ROAD	Address 2	BARKER VILLE	Address 3	SINGAPORE 307485
Iress 4		Address Type	Singapore address	Post Code	307485
t No.					
es he own a Singapore	○ Yes ® No				
		Driver Vehicle No.		Driver Insurer Company	
estered car?	Sp. 191. Sp. 191.	Driver Vehicle No.		Driver Insurer Company	
	<i>-</i>	Driver vehicle No.		Driver Insurer Company	
laration athelyser or Blood Test			○ Ves ® No	Driver Insurer Company	
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