	it Centre Services				
Date In: 6/10/18-14:16	Jeb descrip	tion	Date & Time Completed	Done	by.
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	i-Photo U				
TP Insurer:	Assessmen	t/Survey Report			
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Preferred Wksp / INC Assign Wksp	/ QW: (Fax:	
TP Particulars: Veh	No: JLX IBRYC .	. INC(ax.	
Owner / Driver: (-	Tel:	-	
Policy No: () Period: ()	Cover Type: (
Confirmed by: (Date:	Time:		
Insured/Driver Liability: (%) [Note-Est. Status		1%; P: 21-79%. P: 80-1	00061	_
Year of Registration: () Warranty: YES	()/NO()	00%]	-
Excess: (\$) Load	ing:\$1,000()/\$2,00		,		
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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 aforesaid.

and the first of the state of t	ACCIDENT STATEMENT
Date Of Report	08/10/2018 14:26
Date Of Accident	07/10/2018 21:25
Exact Location Of Accident	JB CHECKPOINT TWDS WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT6316B
Insured/Policyholder	
Name Of Registered Owner	OOI WAI MUN ALEX (HUANG WEIWEN ALEX)
NRIC No	S7710326J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91835644
Alternative Phone No	OFFICE-91835644
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5EX MIVEC A/T ELEGANCE 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	
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	5096345402
Cover Note Number	
Driver	
Name of Driver	OOI WAI MUN ALEX (HUANG WEIWEN ALEX)
NRIC No	S7710326J
Date Of Birth	18/04/1977
Occupation	OUTDOOR
Date Of Driving Pass	18/06/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91835644
Fax Number	
Contact Number	OFFICE-91835644
Mail Address	NOEMAIL

BLK 107 POTONG PASIR AVENUE 1 Address

#11-466

Postcode 350107

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 CLEAR Road Surface DRY

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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : FEMALE

Passenger 2

NAME:

GENDER: : FEMALE

Passenger 3

NAME:

GENDER: : FEMALE

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, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 2 JB CHECKPOINT TWDS WOODLANDS CHECKPOINT. AS I SLIGHTLY STEP ON MY BRAKE PADDLE. MY VEHICLE SLOWLY INCH FORWARD AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B 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 SLX1889C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver DAVID

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 Signature Date & Time:

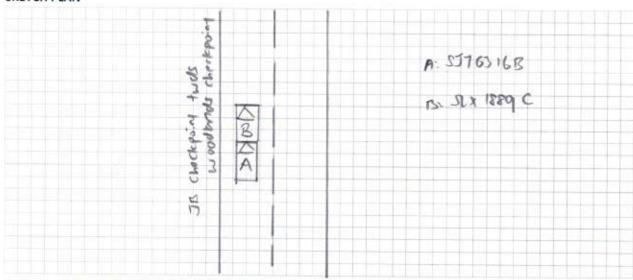
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A	100 V		
Refer to	statement.		
ECLADATION.			

DECLARATION

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

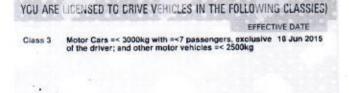
Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.:







NP 428A





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Polic	y Query									
Policy N	0.				Date	of Accident	O	7/10/2018 2	21:25	
Vehicle	No.(For Motor)	SJT63	SJT63168			Certificate Number				
				1	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5096345402		OOI WAI MUN ALEX (HUANG WEIWEN ALEX)	S7710326)	GPC	drivo CLASSIC	SJT6316B	Grada Tombre	02/12/2017	01/12/2018
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) SJT63: Select Policy No. Certificate Number	Policy Query Policy No. Vehicle No.(For Motor) SJT63168 Select Policy No. Certificate Number Name OOI WAI MUN ALEX (HUANG WELWEN	Policy Query Policy No. Vehicle No. (For Motor) SJT63168 Select Policy No. Certificate Number Name Policyholder NRIC OOI WAI MUN ALEX (HUANG WEIWEN S7710326)	Policy Query Policy No. Date Vehicle No. (For Motor) SJT63168 Certificate Number Name NRIC Product OOI WAI MUN ALEX (HUANG WEIWEN S7710326) GPC	Policy Query Policy No. Date of Accident Vehicle No. (For Motor) SJT6316B Certificate Number Select Policy No. Certificate Number Name NRIC Product Cover Type OOI WAI MUN ALEX (HUANG WEIWEN S7710326) GPC CLASSIC	Policy Query Policy No. Date of Accident O Vehicle No. (For Motor) SJT63168 Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. OOI WAI MUN ALEX (HUANG WEIWEN S7710326) GPC drivo CLASSIC SJT63168	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Search Select Policy No. Certificate Number Name Name Name OOI WAI MUN ALEX (HUANG WEIWEN S7710326) GPC drivo CLASSIC SJT6316B SJT6316B	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Number Name Policyholder NRIC Product Cover Type Vehicle Insured Commence NRIC Product Cover Type No. Object Date OJ WAI MUN ALEX (HUANG WEIWEN S7710326) GPC CLASSIC SJT63168 SJT63168 02/12/2017

Policy No.	5096345402	Policyholder Name	OOI WAI	MUN ALEX (HUANG WE	Policyholder NRIC	S7710326J	
Certificate No.		(Char)			mile		
Address	BLK 107 #11-466 POTONG PASI	R AVENUE 1	SINGAPORE	350107			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	01/12/2017	Effective Date	02/12/201	7 00:00	Expiry Date	01/12/2018 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	/Inexperience Driver Excess
Agent	LAKE-VIEW (USED CARS) TRAD	Agent Tel.	NIL		GST Flag	Y	
Co- Insurance Flag	No				approximate to the discount of the second		
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 107 #11-466	Addre	ss 2	POTONG PASIR AVE	NUE 1	Address 3	SINGAPORE 350107
Address 4		Addre	ss Type	Singapore address		Post Code	350107
		Relate Numb	d Policy er	5096345402			vontant/Phili
Jnit No.							
	d Object: SJT6316B						

Claim Handling Accident MT/1014942					
Policy No.	5096345402	Vehicle No.	53763168	GST Registration No.	
Certificace No.				RECEIPED ROOMS (NATIO	
olicyholder Name	DOI WAI MUN ALEX (HUANG WEIWEN ALEX)			Policyholder NRIC	577103261
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
MEACE No.(Mobile)	91835644	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	THE V
K	® No ○ Yes	TCA	® No. () Yes	eCode Reason	10.0
D Protection	No	NCD Entitlement(%)	0		0.43
Accident Details		3/1/1/		Private Hale	No.
port Date	09/10/2018 15:44	Accident Report Within 24 hrs	Yes	200.0	
te of Accident	07/10/2018			Academ Type	Collision - Head to Rear
parting Centre		Time of Accident hh:mm	21:25	Country of Academs	Singapore
odent Location		Orange Force		ICM No.	
Excess	38 CHECKPOINT TWDG WOODLANDS CHECKP	DINT			
n damage Excess	800.00	Additional Excess	0	Windscreen Excess	100.00
arried Driver Excess	0.00	Outside Singapore OD Excess	600.00		
d Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No. ification History			GST Status Venified	Yes	
The state of the s					
Policyholder Hailing Ad	Idraes				
west.	BLK 107 #11-466	Address 2	POTONG PASIR AVENUE 1	Address 1	Philippoor to the
ress 4		Address Type	Singapore address	Address 3 Post Code	SINGAPORE 350107
No.				Post Code	350107
OI Driver Info		Related Policy Number	5096345402		
er Marrie	DOI WAI MUN, ALEX (HUANG WEIWEN, ALEX)	Particle Williams	LEGGLEGOVOO		
arried driver Name	SOUTH AND ALEX (HUMBO MEINER, ALEX)	Driver Type Driver NRIC	Main Driver		
ster Date of Driver License	18/06/2015		S7710326)	Driver DOB	18/04/1977
act No.(Mobile)		Driver Age	41	Oriving Experience	3
ress 1	91835644 BUK 107	Contact No.(Office)	0	Contact No. (Home)	0
ress 4	804 107	Address 2	POTONG PASIR AVENUE 1	Address 3	SINGAPORE 350107
No.	20000	Address Type	Singapore address	Posz Code	350107
is he own a Singapore	11-466				
istered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
aration					
sthatyser or Blood Test	0 mg				
Rng?	7.114	Any injury?	○ Yes ® No		
fication History					
aim 001 New					
Type *	00-MX	Insured Name	DOI WAI MUN ALEX (HUANG WE	Insured NRIC	O'RELEGICAL TO THE PARTY OF THE
act No.(Mobile)	91835544	Contact No.(Home)	62876504		577103263
i Address		Of Vehicle Number	S776316B	Contact No. (Office)	
sant Type Claimant Type •	Please Select	Type of Benefit *		TP Vehicle Number	SLX1889C
nent Name *	22	Claimant NRIC +	Please Select		
ant Address					
Description	5)T63168 / SLX1889C ON 7 Oct 2018				
rred Workshop Contact		2000 We Gerando	processor and	Name of Preferred Workshop	
		Insured Liability *	Fully at Fault	Mary Mary Mary	The same of the sa
		Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
		Claim Close Date		Date Received	09/10/2018 00:00
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