Date In: 22 12/16-16:25	Jeb description		Date &Time Completed	Done	by
Reino: Nalinciroigiaziny	SAS e-filing				
Veh No: 17 70484	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 20 10 18 - 73:00	i-Motor Clair	m Form	M7 1016667-001	12/10/18	19:27
6	i-Motor W/O	(Within: OD 2h	rs, TP 4hrs)		
OD TP ! Reporting Only	i-Photo Uplo				
	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: ((Tel:	Fax:	
TP Particulars: Veh No: JK	のつうなり	, INC ()/Non-INC()		
Owner / Driver: (7 - 10 11 - 12 11 V C - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	47	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	2
Year of Registration: ()	Warranty: YES ()/NO()		250 (We)
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000	()			
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3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()			
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Fried Car

SINGAPORE ACCIDENT STATEMENT

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.
- 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.

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.

ACCID	CTAI		
ACCID	DIA	-11	

22/10/2018 16:25 Date Of Report 20/10/2018 23:00 Date Of Accident

BLK 411 YISHUN AVE 11 MULTISTORY CARPARK Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

S.JY2048A Vehicle Registration Number

Insured/Policyholder

TOH LAM SIONG Name Of Registered Owner S1317479B NRIC No NOEMAIL

(LOCAL) +65-92349535 Mobile Phone No Alternative Phone No OFFICE-92349535

Vehicle Particulars

Email Address

TOYOTA Manufacturer

COROLLA ALTIS 1.6 AUTO Model

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?

THIRD PARTY

If No. Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5103396144 Policy Number

Cover Note Number

Driver

TOH XIN EE JOANNE Name of Driver

S9803032H NRIC No 01/02/1998 Date Of Birth INDOOR Occupation 13/08/2018 Date Of Driving Pass

0 YEAR AND 2 MONTH **Driving Experience**

FEMALE Gender

(LOCAL) +65-98162672 Mobile Number

Fax Number

OFFICE-98162672 Contact Number

NOEMAIL EMail Address

Address BLK 442 YISHUN AVENUE 11

#11-08

Postcode 760442

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

-

3

General Information of the Accident

Type Of Accident COLLISION - HEAD ON 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 2
Was any body injured in the Accident? YES
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: : TOH LAM SIONG

GENDER: : MALE

Passenger 2 NAME: : SJOFNI

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, AS I WAS REVERSING PARKED MY VEHICLE ONTO BLK 411 YISHUN AVE 11 MULTISTORY CARPARK LOT. SUDDENLY VEHICLE B MAKE A RIGHT TURN FROM THE RAMP. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKD277S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ANDRI MAJENNT SOH

NRIC/Passport Number S8120702Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TOH XIN EE JOANNE

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJY2048A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

TOH LAM SIONG

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJY2048A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

SJOFNI

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJY2048A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

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

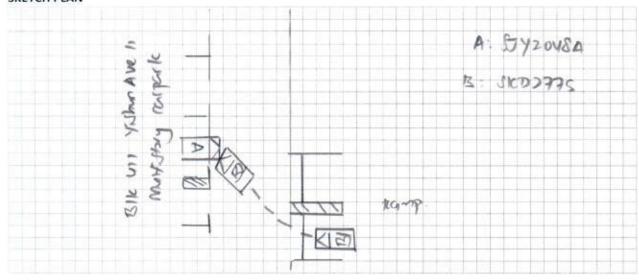
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reter to Hatement.		
	Refer to Hatement.	
	We div Auto and State and	

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.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9803032H





Name

TOH XIN EE JOANNE

单 欣 像 Race CHINESE

Date of birth 01-02-1998 Country of birth

SINGAPORE

90 0100-

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

Licence No:S9803032H

NP 428A

ынс но S9803032H

Date of leave 22-02-2013

Address APT BLK 442 YISHUN AVENUE 11 #11-08 SINGAPORE 760442

eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80 My Desktop Notice of Loss	Policy	Query) Change	Language	• Chan	ge Password	, Fod On
	Policy No. Vehicle No.	(For Motor)	SJY204	BA			of Accident Icate Number	[2	0/10/2018	23:00	
					1	Search					
	Select P	Volicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	- Expiry Date
	O 51	03396144		TOH LAM SIONG	S1317479B	GPC	drivo CLASSIC	5JY2048A	SJY2048A	30/08/2018	29/08/2019
					000	Continue				-	

Policy No.	5103396144	Policyholder Name	TOH LAM	SIONG	Policyholder NRIC	S1317479B	
Certificate No.		No.			INIC		
Address	BLK 442 #11-08 YISHUN AVE	NUE 11 SINGAP	ORE 76044	2			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	28/08/2018	Effective Date	30/08/20	18 00:00	Expiry Date	29/08/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	AUTO INSURANCE AGENCY	Agent Tel.	FAX 6286	5551	GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 442 #11-08	Addre	ss 2	YISHUN AVENUE 1:	1	Address 3	SINGAPORE 760442
Address 4		Addre	ss Type	Singapore address		Post Code	760442
		Relati	ed Policy er	5103396144			
Jnit No.							
251/05/90/00/2009	d Object: SJY2048A						
Unit No. D Insure □ Endors							

Accident MT/1016667					
oticu No					
and an	5103396144	Vehicle No.	5JY2048A	GST Registration No.	
pertificate No.					
olicyholder Name	TOH LAM SIONS			Policyholder NRIC	S13174795
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	92349535	Contact No.(Office)	0	•	
mail Address		Special Remark		Contact No.(Home)	0
K.	® No ○ Yes.	TCA	84.04	eCode	N. Y
CD Protection	No.		® No ○Yes	eCode Reason	
	140	NCD Emmement(%)	0	Private Hire	Yes
Accident Details					
port Date	22/10/2018 19:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Te of Accident	20/10/2018	Time of Accident hh:mm	23:00	Country of Accident	Singapore
porting Centre		Grange Force		JCM No.	
cident Location	BLK 411 YISHUN AVE 11 MULTISTORY CA	RPARK			
Excess					
m damage Excess	2,000.00	Additional Excess	0	Westerness Process	100.00
named Driver Excess	0.00			Windscreen Excess	100.00
rd Party Excess		Outside Singapore OD Excess	2,000.00		
Benefits	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Inform					
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Hailing Ad					
dress 1	BLK 442 #11-05	Address 2	YISHUN AVENUE 11	Address 3	SINGAPORE 760442
dress 4		Address Type	Singapore address	Post Code	760442
it No.		Related Policy Number	5103396144		
OI Driver Info			BOWNER CONTROL OF THE PERSON O		
ver Name	TOH XINGE JOANNE	Driver Type	Named Driver		
semed driver Name		Driver NRIC	99 0 03032H	Driver DOB	01/02/1998
pister Date of Driver License	13/08/2018	Driver Age	20	Driving Experience	
rtact No.(Mobile)	96162672	Contact No.(Office)	0		0
Fress 1	9LK 442	Address 2		Contact No.(Home)	0
tress 4	SINGAPORE 760442		YTSHUN AVENUE 11	Address 3	JADE SPRING & YISHUN
		Address Type	Singapore address	Post Code	760442
t No.	11-08				
es he own a Singapore gistered car?	○ Yes No	Oriver Vehicle No.		Driver Insurer Company	
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laration athlelyser or Blood Test ding? incation History laim 001 New			® Yes ○ No TOH LAM SSONG	Oriver Insurer Company Insured NRIC	\$13174798
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