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NATIONAL Assessment Centre	Services - Well Jan'05] M	ZOI 8E1 811 ALLI	50 08	
Date In: 24 10/18-12:39	Jcb description	Date &Time Completed	Done	by by
Ref No: 44/14 (1849377/24	SAS e-filing			
Veh No. FR 4683D	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 23/198-12:39	i-Motor Claim Form	M711016989-001	add de l	110.0
	i-Motor W/O (Within: OD 2h		74/10/18 14	1.70
OD / TP / Reporting Only	i-Photo Uploaded	1115/17 (1115)		V* -
	Assessment/Survey Report			
TP Insurer:		to Orman/Wilson		
Performed Wilson (INC Applies Wilson (1994)	Ass't Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW: (TP Particulars: Veh No: 140 68	dr. Dick		ax:	
TP Particulars: Veh No: 140 985	BE INC			0.5
Policy No: () Perio	d. C	Tel:		
Confirmed by : (Date:	Cover Type: (4
	ote-Est. Status (WO): N: 0-2)	0.00
	arranty: YES ()/NO (V	10070]	
Excess: (\$) Loading: \$1,000				
			143 - 174 TA	
General Remarks;-			10 m	
() Walk-In Customer: Customer's inform		trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.	the state of	7.0	
Drive-In () / Towed-In (); Invoice:	YES()/NO();7	Towing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Bone	by
	irtesy Car ()	Dates In its Compactor	Section Control	Ly
2) QC Check / Post Repair Inspection	()	-	-	
3) Upload Resurvey Photo [Repair Cost > \$300	001			
	,0] ()			
Injury:				67-116
Date/Time Actions			Spaticions.	7 (2 May 20)
				okresnou same
	1			
124.		OL AND	Anit (S)	Ami (\$
A1806850	2000	paration Checklist	fá Bill	Add Bi
aimant's Particulars :-	1) AR : Accident 2) DA : Damage	t Reporting (\$30); Assessment (\$100); INC (\$8	0)	W000000
iver/Owner:	3) TF : Towing F	Fee . 540	/\$45	
ntact No:	4) FT : Follow-T 5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
	For claiming a	eainst INC Only (wef 10 Jan 2005	52	
maged Portion:	6) TR : Re-inspe 7) N1 : Idao DA		\$160	
1	8) NTUC Addition			
Checked by (Engr-In-Charge):	OD* *N5: Courtesy	Cor/Tpt Allowance	25	
3.33	*N6: Repair C	o-ordination	510	
ditors! Comments ::	The same of the same particular and the same of the sa	ala Inno antino	5251	A THE PARTY OF THE
AND ADDRESS OF A PROPERTY AND ADDRESS OF A PARTY OF A P	*N7: Post Rep		\$25	
1:	*N7: Fost Rep *N8: DV / Col TP (N11): TP	liect Excess Coordination (Non INC) against INC	\$3 \$20	
<u>1:</u> 2/3:	*N7: Fost Rep	liect Excess Coordination (Non INC) against INC	\$20 30	

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.
- 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.
- 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

worder at infantificación les com acciden	ACCIDENT STATEMENT
Date Of Report	24/10/2018 12:39
Date Of Accident	23/10/2018 16:20
Exact Location Of Accident	SLIP RD TAMPINES ST 31 TWDS TAMPINES AVE 2
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR4687D
Insured/Policyholder	
Name Of Registered Owner	KOH POH KIAT
NRIC No	S7140439J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91061316
Alternative Phone No	OFFICE-91061316
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5104589009
Cover Note Number	
A MANUAL OF THE PARTY OF THE PA	

Driver

 Name of Driver
 KOH POH KIAT

 NRIC No
 \$7140439J

 Date Of Birth
 27/10/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 23/08/1989

Driving Experience 29 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91061316

Fax Number

Contact Number OFFICE-91061316

EMail Address NOEMAIL

Address BLK 642 HOUGANG AVENUE 8

#08-203

Postcode 530642

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

2

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? 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.

NO 1

Number of Passengers (Including Driver)

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 SLIP RD TAMPINES ST 31 TWDS TAMPINES AVE 2. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND 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

SHD9853E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

...

SKETCH PLAN

IMPORTANT NOTICE

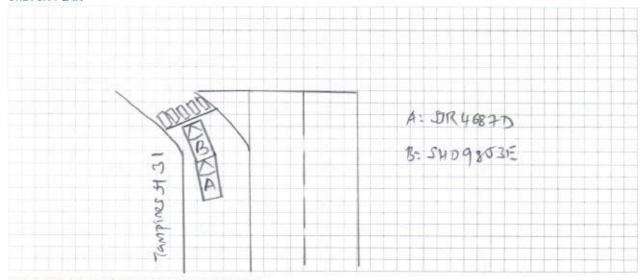
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hertemant.

DECLARATION

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

Op

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.:

GARAG SkouthPlantures VI

2







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

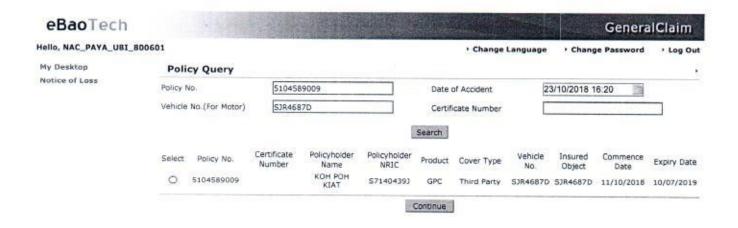
EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight > 7250kg Motor vehicles not constructed to carry any load and the unladen weight > 7250kg Motor vehicles not constructed to carry any load and the unladen weight > 7250kg 23 Aug 1989 Class 4

NP 428A

Class 3







	not been collected.				
HCY NO.	5104589009	Vehicle No.	SJR4687D	GST Registration No.	
rrificate No.					
Acynolder Name	KOH POH KIAT			Pakcyhalder NRIC	\$71404393
duct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
ntact No.(Mobile)	91061316	Contact No. (Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	No. V
C.	® No ○ Yes	TGA	® No ○Yes	eCode Reason	
3 Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
ort Date	24/10/2018 14:16	Academ Report Within 24 hrs	Yes-	Acodent Type	Collision - Head to Rear
e of Acodem:	23/10/2016	Time of Accident Inhumm	16:20	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dem Location	SLIP RD TAMPINES ST 31 TWDS TAM	PINES AVE 2			
Excess					
damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
amed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits	30,000,000				
GST Registered Informa	etion				
Registered	No		GST Registration Date		
Registration No.	No		GST Status Verified	Yes	
Policyholder Mailing Ad	dress				
ress t	BLK 642 #08-203	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530642
	BLK 642 #U01203			Post Code	530642
iress 4	B8-203	Address Type Related Policy Number	Singapore address 5104589009	Post Code	33,042
OI Driver Info	18-203	Related Policy Number	5104383005		
	MONE TO LEGISTRA		Main Parisas		
er Name amed driver Name	KOH POH KJAT	Oriver Type Oriver NRIC	Main Driver 571e04390	Driver DOB	27/10/1971
ister Date of Driver License	23/08/1989	Driver Age	46	Driving Experience	29
	91061316	Contact No. (Office)	0	Contact No. (Home)	0
riact No.(Mobile)			-		
fress 1	BLK 642	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE \$30642
iress 4		Address Type	Singapore address	Post Code	530642
t No.	08-203				
is he own a Singapore sistered car?	○ Yes (8) No	Oriver Vehicle No.		Driver Insurer Company	
teration athelyser or Blood Test	0.00	(200 900000A)	○ Yes ® No		
ading?	0 mg	Any injury?	C 165 @ NO		
ading? Infication History	d				
ding? If cation History talm 001 OD-MX New		Any injury? Insured Name	кон рон кіат	Insured NRJC	571404392
ification History talim 001 OD-MX	d	Insured Name Contact No.(Home)	KOH POH KIAT 63807998	Contact No.(Office)	NJL
ification History talm 001 OD-MX Mee im Type * tact No. (Mobile) ari Address	OD-MX 💟	Insured Name	KOH POH KIAT 63887998 SJR46870		
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infaction History Italim 001 OD-MX Mee Im Type * Italim 001 No.(Mobile) aid Address Imant Name * Imant Address Im Description ferred Workshop Contact	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *	KOH POH KIAT 63807998 SJR46870 Please Select Fully at Faur	Contact No.(Office) TP Vehicle Number	NJL
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in Type * taction History Inim 001 OD-MX Mee Im Type * tact No.(Mobile) aid Address Imant Type Claimant Type * Imant Address Im Description ferred Workshop Contact Suire Finalisation e Registered	OD-MX 95451998 Please Select ≥≥≥ SJR4687D / SHD56S1E ON 23 Oct 26 Yes 24/10/2018 14:20	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	KOH POH KIAT 63807998 SJR46870 Please Select Fully at Faur	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	NIL SHO98536 Received
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infication History talm 001.0D-MX Mice Im Type * toot No.(Mobile) al Address Imant Type Claimant Type * Imant Address Im Description ferred Workshop Contact Suire Finalisation ie Registered port Taken By Print AX letter attachment	OD-MX 95451998 Please Select ≥≥≥ SJR4687D / SHD56S1E ON 23 Oct 26 Yes 24/10/2018 14:20	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	KOM POM KIAT 63887998 SJR46870 Please Select Fully at Fault Freferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	NIL SHO98536 Received
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in Type * tott No. (Mobile) an Type * tott No. (Mobile) and Address mark Type Claimant Type * mark Address m Description ferred Workshop Contact uses Finalization e Registered out Taken By Print AX letter ttachment	OD-MX 95451998 Please Select ≥≥ SM4687D / SH098S1E ON 23 Oct 26 Yes 24/10/2018 14:20 Jackson MT/1016960	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferent Repair Option Claim Close Date Workshop Repairer Claim No.	KOH PCH KIAT 63887998 SIR6687D Pleade Select Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	Received 24/10/2018 00:00
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