NATIONAL Assessment Centre	1	er i Janos) . Je	Date &Time	777	Done	by
Date In: 24 110 118 16:02	Jeb description		Date to Time	Completed		-
Ref No: NA/INC 18019359164.	SAS e-filing		1			
Vch No: SLM 7028 P	E-mail (within 8h	rs, AIC 2hrs)				
D.O.A: 24/10/18 13:20.	i-Motor Claim	Form	MT/10170	75-001	25/10/18	10:20.
OD PP Reporting Only	i-Motor W/O (Within: OD 2hrs,	TP 4hrs)			:
OD 7 Pro- resporting Only	i-Photo Upload	led				
TP Insurer:	Assessment/Surv	ey Report	1			
IF Insurci.	Ass't Report by	Fax / Hand to	Owner/Wksp			TO MADE TO THE
Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ax:)
TP Particulars: Veh No: 5	LM 4060P.	. INC(.)/Non-INC	2().		
Owner / Driver: (Tcl:)	
Policy No: () Per	iod: ()	Cover Type:	(-)	
Confirmed by : (Date:	Tim)	
	lote-Est. Status (Wo		%; P: 21-799	%. P: 80-1	00%]	
	Varranty: YES ()/NO()			
	00()/\$2,000()	Community & Tight	**************************************	नप्रदान गर	
General Remarks:					CON ST.	337
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() Total Loss Case : to e-mail Insure				d.		
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Date/Time Actions					RESELONDATE	<u> </u>
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liumant's Particulars :-	port of the year of) AR : Accident	Reporting (530);		30.00	
1	3) TF : Towing Fe		\$40	0/\$45	
river/Owner:	4) FT : Follow-Ti	rough Survey (Rea	шгүсү)	\$120 \$30	
ontact No:		For claiming as	oinst INC Only (w	ef 10 Jan 2005	\$75	
mäged Portion:) TR : Re-inspec) N1 : Idao DA		· .	\$160	
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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.
- 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.

1000000000000000000000000000000000000	ACCIDENT STATEMENT
Date Of Report	24/10/2018 16:02
Date Of Accident	24/10/2018 13:20
Exact Location Of Accident	DUNEARN RD AFTER LINDEN DR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM7028P
Insured/Policyholder	
Name Of Registered Owner	LOH CHUN MUN (LUO JUNWEN)
NRIC No	S7877058I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81233312
Alternative Phone No	OFFICE-81233312
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099876753
Cover Note Number	901 1200 00 00 00 00 00 00 00 00 00 00 00 00

Driver

Name of Driver	LOH CHUN MUN (LUO JUNWEN	
NRIC No.	S7877058I	

 Date Of Birth
 25/01/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 16/01/2003

Driving Experience 15 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81233312

Fax Number

Contact Number OFFICE-81233312

EMail Address NOEMAIL

Address BLK 432D YISHUN AVE 1 #13-567

Postcode 764432

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

.

NO

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

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?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

soliciting/offering accident claims assistance.

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

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

SLM4060P

PRIVATE CAR

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver LEONG CHEONG ONN

NRIC/Passport Number S0143809C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJT5548E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver WANG WILLIAM
NRIC/Passport Number S7738435I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LOH CHUN MUN (LUO JUNWEN)

Approximate Age

Injuries Sustain

NECK & BACK
Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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:
 - (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:

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CLARATION le declare the foregoing particula	rs are true in every respect. Driver's Signature	Reporting Centre Personnel's Signature
CLARATION		
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NRIC/FIN No.:

STARMS SERVICE PROFORM VS

Date & Time:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
 Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 24 Oct	2018	(DD/MN	1/YY) Time:	1320	(HH:MM)
Exact location of accident				Linden		

Details of vehicle

Vehicle registration number	i	SLM7	TO28P	=====	
Vehicle make and model		Toesoto			
Type of vehicle	Saloon Lorry	MPV D		Van	Others:
Vehicle category	Private D	Commer		lotorcy	
Purpose of using at said time		Parate			
Are you claiming under your own insurance company?	Yes Third part cl		if no, please :		

Insurance information

Insurance company	HTUC		
Policy number	508887	6753	
Type of policy	Comprehensive a	Third party fire & theft	TP only

Insured / Policy holder

Name	Loh Chun Mun Male p	Female
NRIC / Fin / Passport number	87877058 I	
Contact	8123 3312.	
Address	Block 4320 Tishun Avenue 1	
	# 13-567 Supapore 764 432.	

Driver

Same as insured above (skip to D.O.B)

Name	Male 🗆	Female
NRIC / Fin / Passport number		· ciliaio L
Contact		
Address		
Email address	clarence - loh @ singret. com. eg.	
Date of birth	25 Jan 1878	
Occupation	Indoor D Outdoor D	
Driving date pass	16 Jan 2003	

General information of the accident

Was driver an employee of the insured's company?	Yes □ If no, rel	No ationship of the d	Iriver and insured:	let
Accident captured by camera?		No		
Weather condition	Clear 🗆	Raining	Others:	
Road surface	Dry 🗆	Wet		
No of passenger	1	1		(Inclusive of driver)

Passenger 1

Name		
Gender	Male Female	

Passenger 2

Name			
Gender	Male 🗆	Female	

Passenger 3

Name		
Gender	Male Female	

Passenger 4

Name		
Gender	Male Female	

Passenger 5

Name			
Gender	Male 🗆	Female	

Passenger 6

Name	_		
Gender	Male 🗆	Female 🗆	

Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No	If yes, please state which police station.
Police station name		_	

Third party vehicle 1 (Vehicle 6)

Name	Leone Cheone onn	
Contact number)	
NRIC / Fin / Passport number	80143809C	
Vehicle registration number	SLM 4060P	
Vehicle make model		

Third party vehicle 2 (Vehicle c)

Name	Want William
Contact number	
NRIC / Fin / Passport number	S 77 38 425 I
Vehicle registration number	817 SSURE
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$78770581





LOH CHUN MUN (LUO JUNWEN)

罗 俊文

CHINESE

Date of birth 25-01-1978 M

MALAYSIA

5/4/7060





C No. S78770581

05-02-2008

APT BLK 432D YISHUN AVENUE 1 #13-567 SINGAPORE 764432

NRIC No: \$78770581

Date: 09/09/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIC

Class 28 Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

PASS DATE

417106

11 Apr 1995 05 Nov 1996

NP 428A



Hello, NAC_PAYA_UBI_I	800601						• Change	Language	· Chang	e Password	· Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy N	io.				Date of Accident			24/10/2018 1		
	Vehicle No.(For Motor)		SLM7	SLM7028P			Certificate Number				
						Search	h				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	3	5099876753		LOH CHUN MUN (LUO JUNWEN)	578770581	GCV	Comprehensive	SLM7028F	SLM7028P	16/04/2018	15/04/2019

Marcian Marc					
Central No. Professionary No.	GST Reg	egistra	ation No		
Product Close		9.00			
Contact No (Mobile)	Policyho	older I	NRIC		578
Contact No (Moles) Final Address 10	Loading				0
No Yes	Contact		(Home)		
NCD Protections	eCode		, normal		No
## Accident Details ## Report Date ## 29/10/2018 10-197	eCode R		an		leo.
Accident Date	Private I	Hire			Yes
Date of Accoders Page-tring Centre Orange Farce Reporting Centre Orange Farce Ora					
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Driver Info Driver Name Unnamed Driver Unnamed Driver Unnamed Driver Unnamed Driver Driver Name LOH CHUN MURI (LIXO JUNNER) Driver NRIC S78770581 Register Date of Driver Lucinese Register Oats of Driver Lucinese Register Date of Driver Lucinese Register Oats of Driver Vehicle No. Driver Name Vehicle No. Driver Vehicle	Post Cod	ode			7644
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Does he own a Singapore Registered car? Yes No Driver Vehicle No. Any Injury? Yes No OD-MX Claim 001 New Claim 1/pe * Contact No (Mobile) Email Address Claim Description SLH7028P / SLH4060P ON 24 Preferred Morkshop O Preferred Workshop, Name unknown T GIA Received T Option Preferred Workshop, Name unknown T GIA Received T SE/10/2018 10:20 Legort Taken By Print AK letter	Post Cod	ide			7644
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