Date In: 20 10 16 -10:38	9 1 1 1	Date & Time Completed	Done	by
	Jeb description	Date of Line Combiered	Done	<i>y</i> ,
Ref No: MA INCIFO19686124	SAS e-filing	1		
Veh No: Dmg 9032	E-mail (within 8hrs, AIC 2hrs)			
D.O.A:)6/10/18-16:05	i-Motor Claim Form	M7/1017650-401	29/10/18-1	9:73
OD : TP-! Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4brs)		
OD : TP : Reporting Entry	i-Photo Uploaded	1		
TD I	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	: (Tel:	Fax:	
TP Particulars: Veh No:	INC ()/Non-INC()		
Owner / Driver: (Tel:)	7/64_ 20/20/10-0-3
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-	100%]	Į.
Year of Registration: () Warranty: YES ()/NO()		
	\$1,000()/\$2,000()	·		
General Remarks:	THE REST OF A SECTION			N 19
Remarks: (INC hotline: 6788 66) 1) Apply for Transport Allowance ((6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Date&Time Completed	Done	hy
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2) OC Check / Post Repair Inspection		1		
	()	+		
3) Upload Resurvey Photo [Repair Cost	()			
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Onte/Time Actions	1	paration Checklist	Ant(S)	
Oate/Time Actions NAIS 0698 o	Invoice Pre	t Reporting (\$30);	16.Bill	
OnterTime Actions NAIS 0698 o	Invoice Pre 1) AR: Acciden 2) DA: Damage	t Reporting (\$30); Assessment (\$100); INC (\$	16.Bill	
OnterTime Actions NAIS 0698 o	Invoice Pre 1) AR: Acciden 2) DA: Darrage 3) TF: Towing 4) FT: Follow-	t Reporting (\$30); Assessment (\$100); INC (\$ Fee . \$4 Chrough Survey	7ú Bill 80) 0/\$45 \$120	
NAIS 0698 o Simant's Particulars:	Invoice Pre 1) AR: Acciden 2) DA: Darrage 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	t Reporting (\$30); Assessment (\$100); INC (\$ Fee . \$4 Through Survey Through Survey (Resurvey)	78 Bill 80) 0/\$45 \$120 \$30	
NAIS 0698 o Time Particulars: iver/Owner: ntact No:	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspa	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) ection	7úBill (80) 0/\$45 \$120 \$30 \$) \$75	
NAIS 0698 o aimant's Particulars: iver/Owner: ntact No:	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing 4) FT: Fellow- 5) FT: Fellow- For claiming 6) TR: Re-inspect 7) N1: Idae DA	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection + SMRT Survey	7ú Bill 80) 0/\$45 \$120 \$30 5)	
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Oate/Time Actions NAIS 0698 o numant's Particulars: iver/Owner: intact No: imaged Portion:	Invoice Pro 1) AR: Accident 2) DA: Darrage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Additional Courtes *NS: Courtes	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef10 Jan 200 ection + SMRT Survey onal Services:- y Car / Tpt Allowance	7ú.Bill 7 80) 0/\$45 \$120 \$30 5) \$75 \$160	
Oate/Time Actions NAICO 698 o Limant's Particulars: Injury: Checked by (Engr-In-Charge):	Invoice Pro 1) AR: Accident 2) DA: Darrage 3) TF: Towing 4) FT: Follow-1 5) FT: Fellow-1 For claiming 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Addit QD* *N5: Courtes *N6: Repair (*N7: Fost Re	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey ional Services:- by Car / Tpt Allowance Co-ordination pair Inspection	7ú.Bill 7 80) 0/\$45 \$120 \$30 \$) \$75 \$160	
Oate/Time Actions NAIS 0698 o minant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pri 1) AR: Acciden 2) DA: Darrage 3) TF: Towing 4) FT: Follow-1 5) FT: Fellow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addit OD!* *N5: Courtes *N6: Repair (*N7: Fost Re *N8: DV / Ce	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection + SMRT Survey ional Services:- co-ordination pair Inspection Heat Excess Coordination	\$60) 00/\$45 \$120 \$30 \$75 \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$	
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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.
- 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.
 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 cons aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
A STANDARD COLLEGE CONTRACTOR OF THE STANDARD CO.	ACCIDENT STATEMENT
Date Of Report	29/10/2018 10:38
Date Of Accident	26/10/2018 16:05
Exact Location Of Accident	JUNC YISHUN AVE 2 TWDS LENTOR AVE
Country/State of Loss	SINGAPORE
Parameter in the second of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM9903Z
Insured/Policyholder	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ESTIMA AERAS 2.4 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 COMPREHENSIVE

Fleet Policy NO

Policy Number 5097028160

Cover Note Number

Driver

Name of Driver GOH TECK CHYE NRIC No S1355021B Date Of Birth 09/06/1959 Occupation OUTDOOR Date Of Driving Pass 04/08/1979

Driving Experience 39 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92378608

Fax Number

Contact Number OFFICE-92378608

EMail Address NOEMAIL

BLK 103 WOODLANDS STREET 13 Address

#04-218

Postcode 730103

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

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) 3

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

2. 83

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, I WAS TRAVELLING ALONG LANE 3 JUNCTION OF YISHUN AVE 2 TWDS LENTOR AVE. SUDDENLY VEHICLE B JAMMED BRAKE AFTER THE STOPPING LINE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT 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 SLW7212X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHOW WAN TENG (ZHOU WANTING)

NRIC/Passport Number S8441018G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1 NAME:

GENDER:

Passenger 2 NAME:

GENDER:

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.

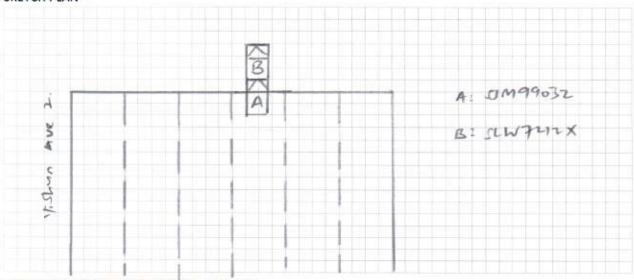
Policyholder's Signature Date & Time:

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

Refer to	statement.			
	F-1			
		/		
		/		

DECLARATION

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

Policyholder Signature Date & Time:

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

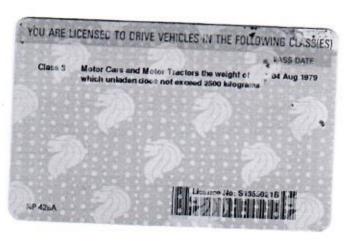
Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:













ident MT/1017650					
	5097028180	Vehicle No.	53M9903Z	GST Registration No.	
ficate No:	3457	TOTAL IN	2012002	and a configuration than	
cytolder Name	KENT AUTO SERVICES			Policyholder NRIC	52974332M
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Hact No.(Mobile)	d	Contact No.(Office)		Contact No.(Home)	0
			0		parameter .
ail Address		Special Remark	8	eCode	I H Y
10	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
2 Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
ort Date	58/10/5018 18:31	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	26/10/2018	Time of Accident thumm	16:05	Country of Accident	Singepore
sorting Centre		Orange Force		ICM No.	
ident Location	JUNC YESHUN AVE 2 TWDS LENTOR AVE				
Excess					
n damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	2,000.00		
nd Party Excess	1,500.00	Outside Singapore TP Excess	1.500.00		
Benefita	3,300.00	Carried Stripely II Course	2,000,000		
GST Registered Inform	nation				
Registered	No		GST-Registration Date		
Registration No.	HU		GST Status Vented	Yes	
Phoetion History				5.5.0	
Policyholder Mailing A	ddress				
ress I	2 KAKI BUKIT AVENUE 2	Address 2	#01-21 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
trass 4		Address Type	Singapore address	Post Code	417921
it No.		Related Policy Number	5090798963-01	ST WAS MARKED IN	75/755
OI Driver Info		Venter Sorth temper	2424720003745		
OI Driver Info	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	GOH TECK CHYE	Oriver NRIC	S13550218	Driver DOB	09/06/1959
gister Date of Driver Licens		Driver Age	59	Driving Experience	39
ntact No (Mobile)	92378608	Contact No. (Office)	0	Contact No.(Home)	0
Ovess 1	BLK 103	Address 2	WOODLANDS STREET 13	Address 3	SINGAPORE 730103
drets 4		Address Type	Singapore address	Post Code	730103
rt No.	04-218				
es he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
growing the con-					
Seretion					
eathalyser or Blood Test	0.mg	Any injury?	○ Yes ® No		
eathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
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athalyser or Blood Test ding? Incation History Italim 003 New In Type * Iffact No (Mobile) Iffact No	DD-MX Please Select ≥≥ S1M99032 / SLW7212X ON 26 Oct 2018 Yes 29/10/2018 19:33 Jackson MT/1017650	Insured Name Contact No. (Home) OI Vehicle Number Type of benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	Fully at Faux Preferred Workshop, Name unknown. Seve Submit Ooi 29/10/2016 19:35 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received. Confidencial Urgen	Received 28/10/2018 00:00
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