NATIONAL Assessment Centr	e Services port 1 James M	Lhessh 81181141		
Date In: 9 /11/18-15:20	Jeb description	Date & Time Completed	Done	py.
Rel No. Na/INC 1802367 fry	SAS e-filing			
Veh No: JKL6450	E-mail (within Shrs, AIC 2hrs)		land the second	
D.O.A : 5/11/18-100	i-Motor Claim Form	M7/109156-001	alules	19:27
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		
OD : TP! Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
17 Histores.	Ass't Report by Fax / Hane	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No: JIM	1313M INC	( )/Non-INC( )	157	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Pe	eriod: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [	Note-Est. Status (WO): N: 0-	-20%; P: 21-79%. P: 80-	100%]	
	Warranty: YES ( )/NO (	)		
	000()/\$2,000()	and manager of the Later	<del>-1,5,5,5,5,4,5,5,5,5,5,5,5,5,5,5,5,5,5,5,</del>	
General Remarks:-		Duran State Commence	war in	
( ) Walk-In Customer: Customer's info	rmation strictly Confidential & S	Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insur	er URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( );	Towing Co: (		)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
	Courtesy Car ( )		8. 32.14	
2) QC Check / Post Repair Inspection	( )	***************************************		
Upload Resurvey Photo [Repair Cost > \$3]	30001 ( )			
Injury:				
Injury:			Q99000000 100	
Date/Time Actions			Mario and	
		1/2		
	4			
	padros vara		Anit (S)	Amt(3)
NA 180734~	Invoice Pr	eparation Checklist	fat Bill	Add Bill
laimant's Particulars :-	1) AR : Accide		sm.	
	2) DA : Dame 3) TF : Towin		0/\$45	
Driver/Owner:	4) FT : Follow	-Through Survey	\$120	
Contact No:	5) FT : Follow For claimin	-Through Survey (Resurvey) g against INC Only (wef 10 Jan 200	The second secon	
namaged Portion:	6) TR: Re-ins	pection	\$75 \$160	
100 00 T 100 100 100 100 100 100 100 100		A + SMRT Survey Itional Services:-	6100	
C Checked by (Engr-In-Charge):	OD.	esy Car / Tpt Allowance	\$5	
-, 0	*N6: Repair	Co-ordination	510	
Auditors! Comments :-		epnir Inspection Collect Excess Coordination	\$25 \$3	<del> </del>
at II	TP(N11):	TP (Non INC) against INC	\$20	-
nt 2/3;	9) N12: Idac N	Aobile Fee Charged	-	公司 子型
	11110101		WALLEY	

# 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 <u>truthful and accurate</u> 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.

ACCIDENT STATEMENT

<b>建设在中央企业的企业的企业。</b>	ACCIDENT STATEMENT
Date Of Report	09/11/2018 15:20
Date Of Accident	05/11/2018 21:00
Exact Location Of Accident	BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE
A THE RESERVE OF THE PERSON OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL6450B
Insured/Policyholder	
Name Of Registered Owner	LEE AH BAH
NRIC No	S0690210C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98351553
Alternative Phone No	OFFICE-98351553
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ 1.3 AT ABS D/AB 2WD 5DR
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096364890
Cover Note Number	
Driver	
Name of Driver	LEE AH BAH
NRIC No	S0690210C
Date Of Birth	04/05/1947
Occupation	INDOOR
Date Of Driving Pass	25/07/1966
Driving Experience	52 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98351553
Fax Number	
Contact Number	OFFICE-98351553
EMail Address	NOEMAIL

Address 18 SENNETT PLACE

Postcode 466853

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 - CHANGE/CROSS LANE

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. 2

Number of Passengers (Including Driver)

Passenger 1

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, I WAS TRAVELLING ALONG LANE 2 BEDOK RESERVOIR ROAD. VEHICLE B TRAVELLING ALONG LANE 1 CUT ONTO MY LANE WHICH RESULTING MY VEHICLE FRONT RIGHT PORTION WAS DAMAGED.

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

SBM2323M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR TEW OI SEN

NRIC/Passport Number

S8812443Z

Contact Number

90258401

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME: :

GENDER: :

Passenger 2 NAME:

GENDER: :

Passenger 3 NAME:

GENDER: :

#### SKETCH PLAN

#### 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 withholding 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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)
  - (i) 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.

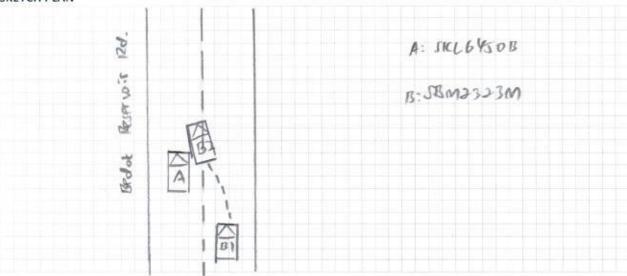
Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Name:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to Statement.	
ACT IS STOREMAN.	

### DECLARATION

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

Policyholder's Signature

Date & Time:

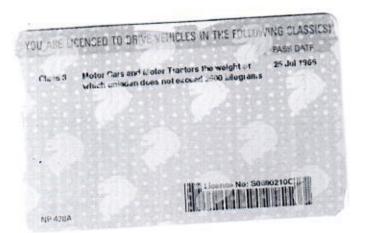
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

NRIC/FIN N

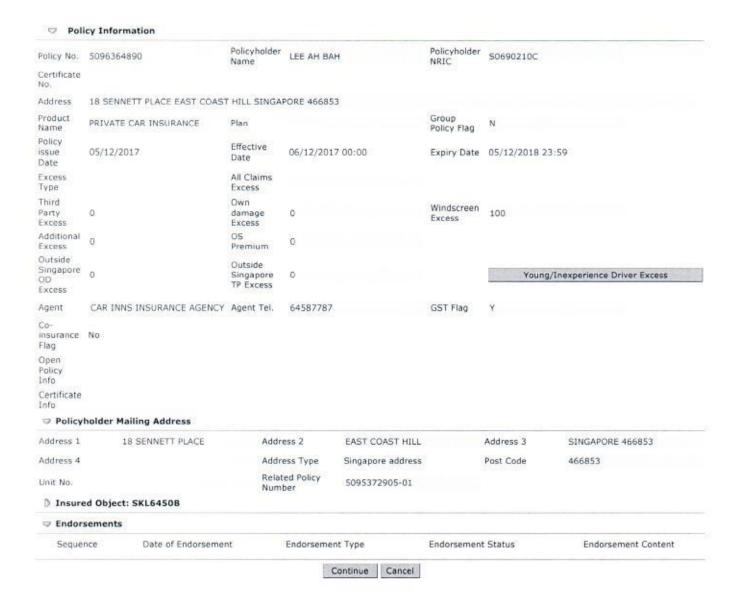








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Notice of Loss	Policy 1	No.				Date	of Accident	0	5/11/2018 2	1:00	
	Vehicle	No.(For Motor)	SKL645	50B		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096364890		LEE AH BAH	50690210C	GPC	drivo CLASSIC	SKL64508	SKL6450B	06/12/2017	05/12/2018
					. [5	Continue	]				



ocident MT/1019156						
Policy No.	5096364890		Vehicle No.	SKL64509	GST Registration No.	
Sertificate No.						
Policyholder Name	LEE AH BAH				Policyholder NR3C	50690210C
Product Code	PRIVATE CAR INSURANCE		Coxet Type	Drivo CLASSIC	Loading	0
ontact No.(Mobile)	98351653		Contact No.(Office)	0	Contact No.(Home)	
mail Address			Special Remark		eCode	THE V
FK	® No ○Yes		TCA	® No ○Yes	eCode Reason	
CD Protection	No		NCD Entitlement(%)	10	Private Hire	No
Accident Details						
eport Date	09/11/2016 19:25		Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
ate of Accident	05/11/2018		Time of Accident hh;mm	21:00	Country of Accident	Singapore
eparting Centre			Orange Force		ICH No.	- Carrier Control
codem Location	BEDOK RESERVOIR RD		52400000000000		1097010708	
F Excess						
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marned Driver Excess		0.00		0.00	Windscreen Excess	100.00
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and Party Excess		0.00	Outside Singapore TP Excess	0.00		
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GST Registered Informa	200			99999999.99		
T Registered	No.			COT BUILDING BUILDING		
IT Registration No.	NO.			GST Registration Date GST Status Ventier	Ves	
diffication History					Yes	
Policyholder Mailing Ado	dress					
ovess t	18 SENNETT PLACE		Address 2	EAST COAST HILL	Address 3	51NGAPORE 466853
Dress 4	to the second second		Address Type	Singapore address	Post Code	466853
Ht No.			Related Policy Number		Pour Course	46503.2
OI Driver Info			Kelated Policy Number	9095372905-01		
iver Name	LEE AH BAH		Down East	Mary Rose		
named priver Name	THE RELEASE		Driver Type Driver NRIC	S0690210C	December 000	04305/4049
	THE AMERICAN PARTY				Driver DOB	04/05/1947
gister Date of Driver License			Driver Age	71	Driving Experience	52
ritact No. (Mobile)	98351553		Contact No.(Office)	0	Contact No. (Home)	0
dress 1	18 SENNETT PLACE		Address 2	EAST COAST HILL	Address 3	53NGAPORE 466853
dress 4			Address Type	Singapore address	Post Code	465853
HE NO.						
res he own a Singapore	○ Yes ® No.		Driver Vehicle No.		Driver Insurer Company	
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gistered car?	O 165 @ NO					
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restrial/ser or Blood Test eading?  Claim 001 New  Islam Type * Contact No. (Mobile) mail Address islam Deportpoor dermal Verkshop Contact or opening the Registered sport Taken By  Print AK letter  Attachment	Omg OD-MX 96351533 Please Select SKL64508 / SBM2323M ON Yes 05911/2016 19:27	≥≥ 5 Nev 2018	Insured Name Centact No.(Home) Of Vetricle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Claim Date	LEE AH BAH 64442322 SKL64508 Ploase Select  Not at Fault Preferred Workshop, Name unknown  Seve Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	

