NATIONAL Assessment Cen	tre Services.   well samo	51 MLIAUS 156930		And the same of th
Date In: 0/14/18-15:74	Job description	Date &Time Completed	Don	e by
Reino: NA INC 18021867M	SAS e-filing			
Veh No: JUM 18955	E-mail (within Shrs, AIC 2	hrs)		
D.O.A: 3/11/18-17:30	i-Motor Claim Form	M7/1622579-201	41148	2012
OD (TP) Reporting Only	i-Motor W/O (Within: O			
OD A reporting Only	i-Photo Uploaded			14
TP Insurer:	Assessment/Survey Rep	ort		
	Ass't Report by Fax / H	and to Owner/Wksp		Residential Line
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No: JU	39874 IN	IC( )/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) F	Period: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	[Note-Est. Status (WO): N	0-20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO	( )		
	,000 ( )/\$2,000 ( )			
General Remarks;-				49. TO
( ) Walk-In Customer: Customer's inf	formation strictly Confidential	& Strictly NO refer of repairer		2-150-0100
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invoice	ce: YES ( ) / NO (	; Towing Co: (		)
Remarks:- (INC horline: 6788 6616)	A subsection of the subsection	Date&Time Completed	Done	*hv
	Courtesy Car ( )	T. T.	Washington and American	74.5
2) QC Check / Post Repair Inspection	( )		-	
3) Upload Resurvey Photo [Repair Cost > 5	30001 ( )			
Injury:			- 1 The second of the second o	
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Date/Time Actions	***		Sealow in	
			Fit was been a survey of	5
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MAR07931	Invoice	Preparation Checklist	Ant (\$) fit Bill	Add Bill
laimant's Particulars :-	1) AR : Acc	ident Reporting (\$30);	60.50 mention	- Mon.Dill
	2) DA : Dar 3) TF : Tow	nage Assessment (\$100); INC (\$	80) 0/\$45	
river/Owner:	4) FT : Follo	ow-Through Survey	\$120	
ontact No:	5) FT : Follo	ow-Through Survey (Resurvey) ing against JNC Only (wef 10 Jan 200)	\$30	
amaged Portion:	6) TR : Re-i	n spection	\$75	
		DA + SMRT Survey dditional Services:-	\$160	
C Checked by (Engr-In-Charge):	on:			
-, (one, in one ge).		ricsy Car / Tpt Allowanse air Co-ordination	\$5 \$10	
nditors! Comments :-	*N7: Fos	Repair Inspection	\$25	
L.J.	A CONTRACTOR OF THE PROPERTY O	/ Collect Excess Coordination : TP (Non INC) against INC	\$5 \$20	•
1. 2/3;	9) N12: Idea	Mobile	30	anteri Felti
<u> </u>	Invaice date Invaice date			

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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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.

- 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.

Date Of Accident 03/12/2018 17:30  Exact Location Of Accident PIE (CHANGI) BEFORE LORNIE RD EXIT Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLM1895S  Insured/Policyholder  Name Of Registered Owner EDMOND GOH KIM HOCK NRIC No S91432911 Email Address NOEMAIL Mobile Phone No (LOCAL) +65-86846334 OPFICE-86846334  Vehicle Particulars  Manufacturer BMW Model 316I 1.6 AT DI/AB 4DR ABS HID Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY Fleet Policy NO NO TO THE PARTY Fleet Policy NO Policy Number Driver Name of Driver Same of Driver Name of Driver Same of Driver Driver Driver Driver Driver Driver Same of Driver EDMOND GOH KIM HOCK S91432911 Docupation NOONTHS Gender MALE MALE MALE MALE MALE MALE MALE MALE	A DESCRIPTION OF THE PARTY OF T	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLM1895S  Insured/Policyholder  Name Of Registered Owner NRIC No S91432911 Email Address NOEMAIL Mobile Phone No (LOCAL) +65-86846334  Vehicle Particulars  Manufacturer BMW Model 3161.6 AT DI/AB 4DR ABS HID  Exact Purpose for which vehicle was being used at time of accident Ace you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company Name of Insurance Company Name of Driver Policy Number Cover Note Number  Driver  Name of Driver Date Of Driving Pass  26/11/2013  Driving Experience Syears Number  MALE Mobile Number  (LOCAL) +65-86846334	Date Of Report	04/12/2018 15:34
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLM1895S  Insured/Policyholder  Name Of Registered Owner NRIC No S91432911 Small Address NOEMAIL (LOCAL) +65-86846334 OFFICE-86846334  Vehicle Particulars  Manufacturer Model Stact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company Noe Office-8684634  THIRD PARTY Type Of Coverage THIRD	Date Of Accident	03/12/2018 17:30
Vehicle Registration Number SLM1895S Insured/Policyholder Name Of Registered Owner NRIC No S91432911 Email Address NOEMAIL Mobile Phone No (LOCAL) +65-86846334 Vehicle Particulars Manufacturer Model 3161.6 AT D/AB 4DR ABS HID PRIVATE USE Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD THIRD PARTY Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver S14482911 Decupation Date Of Birth Decupation Diver S257071878 AND 0 MONTHS Gender Mobile Number Gender Mobile Number Fax Number	Exact Location Of Accident	PIE (CHANGI) BEFORE LORNIE RD EXIT
Vehicle Registration Number         SLM1895S           Insured/Policyholder           Name of Registered Owner         EDMOND GOH KIM HOCK           NRIC No         \$91432911           Email Address         NOEMAIL           Mobile Phone No         (LCCAL) +65-86846334           Vehicle Particulars         BMW           Manufacturer         BMW           Model         3161 1.6 AT D/AB 4DR ABS HID           Exact Purpose for which vehicle was being used at time of accident         PRIVATE USE           Are you claiming under your own insurance policy or repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE CAR           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         5104621262           Cover Nate Number         Driver           Name of Driver         EDMOND GOH KIM HOCK           NRIC No         S91432911           Date Of Birth         26/10/1991           Decupation         INDOOR           Date Of Driving Pass         26/11/2013           Driving Experience         5 YEARS AND	Country/State of Loss	SINGAPORE
Insured/Policyholder         EDMOND GOH KIM HOCK           NRIC No         \$91432911           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-86846334           Vehicle Particulars         OFFICE-86846334           Manufacturer         BMW           Model         3161 1.6 AT D/AB 4DR ABS HID           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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         THIRD PARTY           Pictor Note Noumber         NO           Policy Number         5104621262           Cover Note Number         Driver           Name of Driver         EDMOND GOH KIM HOCK           NRIC No         \$91432911           Date Of Birth         26/10/1991           Decupation         INDOOR           Date Of Driving Pass         26/11/2013           Oriving Experience         5 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number	The state of the s	DETAILS OF OWN VEHICLE
Name Of Registered Owner         EDMOND GOH KIM HOCK           NRIC No         \$91432911           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-86846334           Alternative Phone No         OFFICE-86846334           Vehicle Particulars         BMW           Manufacturer         BMW           Model         3161 1.6 AT D/AB 4DR ABS HID           Exact Purpose for which vehicle was being used at lime of accident         PRIVATE USE           Are you claiming under your own insurance policy for repair to your vehicle?         NO           Alf No, Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE CAR           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         THIRD PARTY           Type Of Coverage         THIRD PARTY           Policy Number         5104621262           Cover Note Number         Diviver           Name of Driver         EDMOND GOH KIM HOCK           NRIC No         S91432911           Date Of Birth         26/10/1991           Occupation         INDOOR           Date Of Driving Pass         26/11/2013           Driving Experience         5 YEARS AND 0 MONTHS	Vehicle Registration Number	SLM1895S
NRIC No         \$91432911           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-86846334           Alternative Phone No         OFFICE-86846334           Vehicle Particulars         BMW           Manufacturer         BMW           Model         3161 1.6 AT D/AB 4DR ABS HID           Exact Purpose for which vehicle was being used at lime of accident         PRIVATE USE           Are you claiming under your own insurance policy for repair to your vehicle?         NO           Aff No. Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE CAR           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         THIRD PARTY           Type Of Coverage         THIRD PARTY           Policy Number         5104621262           Cover Note Number         Drivier           Drivier         EDMOND GOH KIM HOCK           NRIC No         \$91432911           Date Of Birth         26/10/1991           Occupation         INDOOR           Date Of Driving Pass         26/11/2013           Driving Experience         5 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number <td>Insured/Policyholder</td> <td></td>	Insured/Policyholder	
Email Address NOEMAIL Mobile Phone No (LOCAL) +65-86846334 Alternative Phone No OFFICE-86846334 Vehicle Particulars Manufacturer BMW Model 3161 1.6 AT D/AB 4DR ABS HID Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  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 THIRD PARTY Peliet Policy NO Policy Number Cover Note Number  Driver Name of Driver Name of Driver Name of Driver Name of Driver Spida Sp	Name Of Registered Owner	EDMOND GOH KIM HOCK
Mobile Phone No Alternative Phone No OFFICE-86846334  Vehicle Particulars  Manufacturer BMW Model 3161 1.6 AT DIAB 4DR ABS HID  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company Name of Insurance Company ThiRD PARTY Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number  Cover Note Number  Driver Name of Driver Sand of Driver Sand of Driver  EDMOND GOH KIM HOCK S91432911 26/10/1991 Docupation Date Of Birth Docupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number  (LOCAL) +65-86846334	NRIC No	S9143291I
Alternative Phone No OFFICE-86846334  Vehicle Particulars  Manufacturer BMW Model 31611.6 AT D/AB 4DR ABS HID  Exact Purpose for which vehicle was being used at lime of accident  Are you claiming under your own insurance policy for repair to your vehicle?  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 THIRD PARTY  Policy Number 5104621262  Cover Note Number  Driver  Name of Driver EDMOND GOH KIM HOCK  SP1432911  Date Of Birth 26/10/1991  Docupation INDOOR  Date Of Birth 57 Experience SYEARS AND 0 MONTHS  Gender MALE  Mobile Number	Email Address	NOEMAIL
Wehicle Particulars  Manufacturer  Model  Stact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  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  THIRD PARTY  Policy Number  Solver Note Number  Driver  Name of Driver  Name of Driver  Name of Driver  Same of Driver  Special Solver So	Mobile Phone No	(LOCAL) +65-86846334
Manufacturer  Model  Stact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY Vehicle Category  PRIVATE CAR  Insurance Company  Name of Insurance Company  Name of Insurance Company  NO  THIRD PARTY  Policy NO  Solution  THIRD PARTY  NO  THIRD PARTY  NO  THIRD PARTY  THIRD PARTY  NO  Solution  THIRD PARTY  NO  Solution  THIRD PARTY  NO  Solution  THIRD PARTY  NO  Solution  INDOOR  Date Of Driving Pass  Driving Experience  Gender  Mobile Number  (LOCAL) +65-86846334	Alternative Phone No	OFFICE-86846334
Model 316I 1.6 AT D/AB 4DR ABS HID  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  THIRD PARTY  Priver  Third PARTY  NO  Policy Number  5104621262  EDMOND GOH KIM HOCK  NRIC No  S91432911  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  Gender  MALE  Mobile Number  (LOCAL) +65-86846334  Fax Number	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY Policy NO Policy Number S104621262  Cover Note Number  Driver Name of Driver Name of Driver Name of Driver S1432911 Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number  (LOCAL) +65-86846334	Manufacturer	BMW
Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY  Vehicle Category  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  THIRD PARTY  Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  No  Selfada 2911  Date Of Birth  Docupation  INDOOR  Date Of Driving Pass  Driving Experience  Gender  MALE  Mobile Number  THIRD PARTY  NO  THIRD PARTY  NO  Selfada 100  THIRD PARTY  THIRD PARTY  NO  Selfada 100  THIRD PARTY  THIRD P	Model	316I 1.6 AT D/AB 4DR ABS HID
for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  No  Third Party  Type Of Coverage  Third Party  NO  Policy Number  5104621262  Cover Note Number  Driver  Name of Driver  Name of Driver  Name of Driver  Name of Driver  Seld Birth  Cocupation  Date Of Driving Pass  Driving Experience  Gender  Mobile Number  THIRD PARTY  NTUC INCOME INSURANCE CO-OPERATIVE LTD  THIRD PARTY  NO  S104621262  EDMOND GOH KIM HOCK  S91432911  26/10/1991  INDOOR  26/11/2013  5 YEARS AND 0 MONTHS  Gender  MALE  Mobile Number	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Vehicle Category  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  THIRD PARTY  Fleet Policy  NO  Policy Number  S104621262  Cover Note Number  Driver  Name of Driver  NAME of Birth  Docupation  Date Of Driving Pass  Driving Experience  Sender  MALE  Mobile Number  (LOCAL) +65-86846334	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number 5104621262  Cover Note Number  Driver Name of Driver Name of Driver NRIC No S91432911 Date Of Birth Docupation Date Of Driving Pass Driving Experience Driving Experience Sender MALE Mobile Number  (LOCAL) +65-86846334  Fax Number	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number 5104621262 Cover Note Number  Driver Name of Driver Name of Driver Name of Birth Date Of Birth Decupation Date Of Driving Pass Driving Experience Driving Experience Sender MALE Mobile Number  NTUC INCOME INSURANCE CO-OPERATIVE LTD THIRD PARTY THIRD PARTY NO THIRD PARTY NO EDMOND GOH KIM HOCK S91432911 DOCK S91432911 DOCK S91432911 DOCK S91432911 DOCK S91432911 DOCK S91432911 DOCK DATE OF Driving Pass Driving Experience SYEARS AND 0 MONTHS Gender MALE Mobile Number	Vehicle Category	PRIVATE CAR
Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         5104621262           Cover Note Number         EDMOND GOH KIM HOCK           Driver         EDMOND GOH KIM HOCK           NRIC No         S9143291I           Date Of Birth         26/10/1991           Occupation         INDOOR           Date Of Driving Pass         26/11/2013           Driving Experience         5 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-86846334	Insurance Company	
NO	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number   5104621262	Type Of Coverage	THIRD PARTY
Cover Note Number           Driver         EDMOND GOH KIM HOCK           NRIC No         \$91432911           Date Of Birth         26/10/1991           Occupation         INDOOR           Date Of Driving Pass         26/11/2013           Driving Experience         5 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-86846334	Fleet Policy	NO
Driver         EDMOND GOH KIM HOCK           NRIC No         \$91432911           Date Of Birth         26/10/1991           Occupation         INDOOR           Date Of Driving Pass         26/11/2013           Driving Experience         5 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-86846334	Policy Number	5104621262
Name of Driver         EDMOND GOH KIM HOCK           NRIC No         \$9143291I           Date Of Birth         26/10/1991           Occupation         INDOOR           Date Of Driving Pass         26/11/2013           Driving Experience         5 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-86846334	Cover Note Number	
NRIC No         \$91432911           Date Of Birth         26/10/1991           Occupation         INDOOR           Date Of Driving Pass         26/11/2013           Driving Experience         5 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-86846334	Driver	
Date Of Birth         26/10/1991           Occupation         INDOOR           Date Of Driving Pass         26/11/2013           Driving Experience         5 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-86846334           Fax Number	Name of Driver	EDMOND GOH KIM HOCK
Occupation         INDOOR           Date Of Driving Pass         26/11/2013           Driving Experience         5 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-86846334           Fax Number         Fax Number	NRIC No	S9143291I
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Date Of Driving Pass         26/11/2013           Driving Experience         5 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-86846334           Fax Number         Fax Number	Occupation	INDOOR
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Fax Number	Gender	MALE
	Mobile Number	(LOCAL) +65-86846334
Contact Number OFFICE-86846334	Fax Number	
	Contact Number	OFFICE-86846334

NOEMAIL

9 BUKIT BATOK CENTRAL LINK Address

#20-07

Postcode 658074

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 WET

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)

**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

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLR3983G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### IMPORTANT NOTICE

- 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.
- 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
- 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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) bf:
  - (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 spicollected 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.

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

Policyholder's Signature Date & Time:

Vehicle A: Sum 1895s
Vehicle B: Sur 39836

Vehicle B: Sur 39836

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

OY1	THE	state	ed do	te r	time,	I, v	ehicle 4',	SLM18	955, Wa	21
navelling	ctvai	gnt o	along	the	stated	venu	le - Front	vehicle	stoppe	d
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LR 398	36,	Vit	onto	my	statio	nany	vehicle's	war	portion.	0
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									- Mary - Collec	
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DECLARATION

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

Opp

et

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.:

## ACCIDENT STATEMENT

ACCIDENT DATE: 03 / 12 / 2018 10	D/MM/YYYY). TIME: [17 : 30 ](HH:MM)
LOCATION: PIEC changi), before	Lornie Exit
1. DETAILS OF VEHICLE  GIVENICLE NUMBER:  DINSURANCE COMPANY:  NIV	18955
6)MAKE & MODEL: BMW 3 f)TYPE:(SALOON / COUPE / MPV / V g)VEHICLE CATEGORY: (PRIVATE / C h)PURPOSE OF USING AT ACCIDEN i) ARE YOU CLAIMING UNDER YOUR	COMMERCIAL / MOTORCYCLE / OTHERS) T TIME: PY WAT ( OWN INSURANCE (YES/NO)
1F NO. PLEASE STATE (THIRD PARTY  2. INSURED / POLICY HOLDER A NAME FORMOND GON	FIM HOCK [MBLE/FEMALE] 91432911 CONTACT: 8684 6334
* CONTINUE TO 3.d IF DRIVER ALSO	
Cludeding driver) DRIVER  ON DRIVER  DINAME:  DI	(MALE / FEMALE)
*d) DATE OF BIRTH: (26/10/19 e) OCCUPATION: (INDOOR / OUTDO	OOR)
IF NO, RELATIONSHIP OF THE DR  5. a) WEATHER CONDITION: (CLEAR / R  b) ROAD SURFACE: (DRY / WET / OTH	AINING / OTHERS MILLY PAIN
6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE	
ille of passenger of VEHICLE NUMBER: SUR 39	83GMODEL:
(01) DRIVER'S NAME:	
d) VEHICLE NUMBER:	MODEL:
Including driver )   DRIVER'S NAME:	CONTACT:

email =

fax =

# REPUBLIC OF SINGAPORE DRIVINGLICENS



Licence Number: **S914**32911

Name:

**EDMOND GOH KIM HOCK** 

Birth Date: 26 Oct 1991

Issue Date: 26 Nov 2013



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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 26 Nov 2013 of the driver; and other motor vehicles =< 2500kg



NP 428A





# SINGAPORE ARMED FORCES

IDENTITY CARD

**EDMOND GOH KIM** 

HOCK

This cast is the property of the Sergapore Armed Forces. Any pierson finding this card is requested to furwis

without delay to Central Murpower Base or any Poice Station

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other Date of Driver License 26/31/2013 Driver Age 27 Driving Expension 5	
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