NATIONAL Assessment Centre	Services well sarios M	NA118 161747		
Date In: 4/11/18-14:17	Jeb description	Date & Time Completed	Don	e by
Ref No: 44/41618022507/24	SAS e-filing			
Veh No: 526420.	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 13/11/18 - 20:00	i-Motor Claim Form	M1/1023857-001	14/12/18	14:42.
	I-Motor W/O (Within: OD 2hr			
OD TP Reporting Only	i-Photo Uploaded			
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: WCS49	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	d: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Wa	arranty: YES ()/NO ()	Similar 1900	
Excess: (\$) Loading: \$1,000	()/\$2,000()			
General Remarks;-			The Control	
() Walk-In Customer : Customer's inform	The state of the s			
() Total Loss Case : to e-mail Insurer		* · ·		
Drive-In ()/ Towed-In (); Invoice:)		'owing Co: (
			273 AD PORNOS AT 19	Acide in the
Remarks: (INC hotline: 6788 6616)	Maria de la Carta de	Date&Time Completed	Done	s by
	rtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$300	0] ()			
Injury:				
Date/Time Actions		garangan maran karawasa	33230 F. A.	e 1, en gar
Transitions 11 cities 11 cities 12 c			BRANCA SE	
				
			Anit (S)	Amt (3)
- ZY48081 AH	Invoice Pre	paration Checklist	Ta Bill	Add Bill
laimant's Particulars :-	1) AR : Accident		200	
	2) DA : Damage 3) TF : Towing F		80) 0/\$45	
river/Owner:	4) FT : Follow-T	hrough Survey	\$120	The same of the sa
ontact No:		hrough Survey (Resurvey) cainst INC Only (wef 10 Jan 2005	\$30	
amaged Portion:	6) TR : Re-inspec	tion	\$75	
	7) N1 : Idao DA + 8) NTUC Additio	Commence of the Commence of th	\$160	100-22
C Checked by (Engr-In-Charge):	QD* .			
- checker of (bugi-in-charge):	*N5: Courtesy *N6: Repair Co	Car / Tpt Allowance	\$10	
uditors' Comments :-	*N7: Fost Repo	nir Inspection	\$25	
!	Service and the service of the servi	Disco INC assist INC	\$5 \$20	
	9) N12: Idac Mol	(Non INC) against INC pile	30	· ·
1. 2/3:	Invoice dated	Fee Charged	SERVICE STREET	Marie Jan
	Involce dated	Fee Charged	STATE OF THE PARTY OF	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

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.

The state of the s	ACCIDENT STATEMENT
Date Of Report	14/12/2018 14:17
Date Of Accident	13/12/2018 20:00
Exact Location Of Accident	EAST COAST RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ6292D
Insured/Policyholder	
Name Of Registered Owner	BAY MIUN HOU
NRIC No	S1264139G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96641427
Alternative Phone No	OFFICE-96641427
Vehicle Particulars	
Manufacturer	FIAT
Model	500 LOUNGE 1.4 MT ABS D/AB SR 2WD 3DR
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?	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	THIRD PARTY
Fleet Policy	NO
Policy Number	5101424476
Cover Note Number	
Driver	
Name of Driver	BAY MIUN HOU
NRIC No	S1264139G
Date Of Birth	09/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96641427
	TO AND THE PROPERTY OF THE PRO

OFFICE-96641427

NOEMAIL

Address BLK 57 NEW UPPER CHANGI ROAD

#11-1354

Postcode 461057

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

urance Company of Privaria Our Vahiala

.

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 1 CUT ONTO MY LANE AND HIT ONTO MY VEHICLE RIGHT PORTION. AFTER AN IMPACT, VEHICLE B DRAGGED MY VEHICLE TO THE FRONT.

NO

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 WC8491A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver SAVARIMUTHU RAJA

NRIC/Passport Number G6512329R

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:
 - 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.

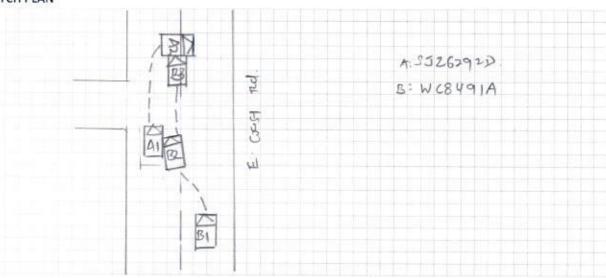
18

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

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	
CEC ADATION	

DECLARATION

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

18

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

Reporting Centre Personnel's Signature Name:

ivame:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE





BAY MIUN HOU

CHINESE

09-09-1957

SINGAPORE





5931818



08-05-2018

APT BLK 57 NEW UPPER CHANGI ROAD #11-1354 SINGAPORE 461057

YOU ARE LICENSED TO DEIVE VEHICLES IN THE FEELOWING CLASSIES MASS BATE Motor Cars and Motor Tractors the weight of which unlader does not exceed 2500 kilografus Hyary Motor Cars and Motor Tractors the weight of which unlader, exceeds 2590 kilografus NP 428A





licy No. rithcate No.						
	5101424476		Vehicle No.	51262920	GST Registration No.	
licyholder Name	BAY MOUN HOU				Policyholder NRIC	51264139G
oduct Code	PRIVATE CAR INGURAN	ICE	Cover Type	Third Party	Loading	0
ntact No.(Motile)	90041427		Contact No.(Office)	0	Contact No. (Home)	0
rail Address			Special Remark		eCode	THE V
К	® No ○Yes		TCA	No Yes Yes Yes Output No Yes Output No No Yes No No Yes No No No No No Yes No No No No No No No No	eCode Reason	13,1955.00
D Protection	Yes		NCD Entitlement(%)	50	Private Hire	No
Accident Details						
port Date	14/12/2018 14:45		Acodent Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
te of Accident	13/12/2018		Time of Accident his mm	20:00	Country of Accident	Singapore
porting Centre			Orange Force		ICM No.	
tident Location	BAST COAST RO					
Excess						
in damage Excess		0.00	Additional Excess	0	Windscreen Excess	0.00
named Driver Excess		0.00	Outside Singapore OD Excess	0.00		
rd Party Excess		0.00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Infor	mation					
T Registered	No.			GST Registration Date		
T Registration No.				GST Status Vented	Yes	
Sification History						
Policyhelder Mailing /	Address					
dress 1	BLK 57 #11-1354		Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 460057
dress 4			Address Type	Singapore address	Post Code	460057
€ No.			Related Policy Number	5101424476		
OI Driver Info						
ver Name	BAY MIUN HOU		Driver Type	Main Driver		
named driver Name			Driver NRIC	S1264139G	Driver DOS	09/09/1957
gister Date of Driver Licen	Se 27/10/1978		Driver Age	61	Driving Experience	40
ntact No.(Moskle)	96641427		Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 57		Address 2	NEW UPPER CHANGE ROAD	Address 3	SINGAPORE 461057
town 4			Address Type	Singapore address	Post Code	461057
t No.	11-1254					
es he own a Singapore pistered car?	O Yes ® No		Driver Vehicle No.		Driver Insurer Company	
larise ia n						
athalyser or Blood Test	200		F078565025	17.225.002±00.0		
iding?	0 mg		Any Injury?	○ Yes ® No		
ification Hatory						
Salm 001 New						
m Type +	Ор-мх	<u> </u>	Insured Name	BAY MIUN HOU	Insured NRIC	013641300
rtact No. (Motivie)	96641427		Contact No. (Home)	64493279	Contact No.(Office)	51264139G
an Address	The second second		Of Vehicle Number	S126292D	TP Vehicle Number	WC8491A
mant Type Claimant Type	Please Select	-	Type of Benefit +	Please Select	The second second	1. Sept. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
mant Name. *		22	Claimant NRIC *			
mant Address						
m Description	SJ26292D / WC8491A O	N 13 Dec 2018			Name of Preferred Workshop	
ferred Workshop Contact			Intured Liability +	Not at Fault		
urs finalisation	res	~	Preferered Repair Option	-	GIA report	Received V
e Registered	14/12/2018 14:47		Claim Close Date	E TOTAL STREET WINDOWS	Date Received	14/12/2018 00:00
	Jackson		Section Section 5.55		White the world the	- Televis ve VV
ort Taken By	2					
			19	Faul France		
				Save Submit		
ort Taken By Pont AK letter ttachment						
Print AK letter						
Print AK letter	APPINGS			**		
Print AK letter ttachment dent No.	MT/1023857		Claim No.	001		
Print AK letter ttachment dent No.	● Yes ○ No		Claim No. Upload Date	14/12/2018 14:49		
Print AX letter	● Yes ○ No	th *	Upload Date	14/12/2018 14:49 Category +	Confidential Urgen	
Print AK letter	● Yes ○ No	n *	Uproad Date Browse.	14/12/2018 14:49 Category * Clear Please Select	No V Normal	<u> </u>
Print AK letter	● Yes ○ No	h *	Upload Date	14/12/2018 14:49 Category * Oear Please Select Gear Please Select		

