Date In: 14/18-03:19	Jeb description		Date & Time Completed	Don	e py
Rei No: HA INC 180229 64 24	SAS e-filing				-
Veh No: 512 6880 4	E-mail (within Shr	rs, AIC 2hrs)			5/4
D.O.A 74 12/18 - 08-75	i-Motor Claim		M7/1024908-03/	24/10/18	ne ill i
	i-Motor W/O	Within: OD 2hrs.		Min 18	97-71
OD (IP) Reporting Only	i-Photo Upload				
	Assessment/Surv				-
TP Insurer:	Ass't Report by		Owner/Wksp		** * : * :
Preferred Wksp / INC Assign Wksp / QW: (J		Company to the contract of the	Fax:	
TP Particulars: Veh No: 6012	20	INC ()/Non-INC()	ind:	
Owner / Driver: (VI.		Tel:)	
Policy No: () Peri	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WC	D): N: 0-20°	/s; P: 21-79%. P: 80-	100%]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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

	ACCIDENT STATEMENT
Date Of Report	24/12/2018 09:19
Date Of Accident	24/12/2018 08:35
Exact Location Of Accident	JUNC HOUGANG AVE 3 & DEFU LANE 12
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD6880Y
Insured/Policyholder	
Name Of Registered Owner	HO SWEE ANN
NRIC No	S7534822C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98736643
Alternative Phone No	OFFICE-98736643
Vehicle Particulars	
Manufacturer	BMW
Model	525I XL
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
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099106649
Cover Note Number	
Driver	
lame of Driver	HO SWEE ANN
IRIC No	\$7534822C
Date Of Birth	17/11/1975
Occupation	INDOOR
Date Of Driving Pass	16/05/1994
Nation From the Control of the Contr	

24 YEARS AND 7 MONTHS

(LOCAL) +65-98736643

OFFICE-98736643

MALE

NOEMAIL

Address BLK 455 SEGAR ROAD

#14-105

Postcode 670455

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

28

Insurance Company of Driver's Own Vehicle

7

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 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)

Details of Police Action

Was the accident reported to the police?

NO

1

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 THE STATED VENUE. SUDDENLY VEHICLE B MAKE A RIGHT TURN FROM OPPOSITE DIRECTION OF HOUGANG AVE 3 AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GU1707U

2

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

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.
- 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:

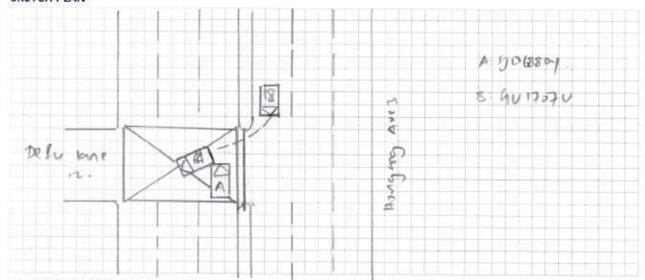
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

10 mg 17 (2004)
Refer to Hertement.

DECLARATION

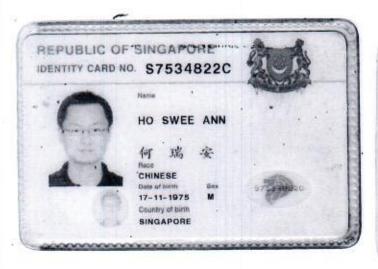
I/We declare the foregoing particulars are true in every respect.

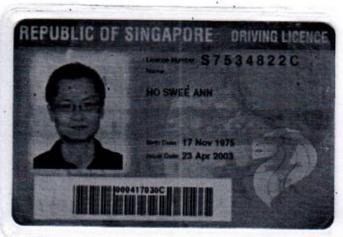
1

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.:









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Policy	Query							5.000	Silve Cost Indiana	Grand Andrews
Policy No.					Date	of Accident	2	4/12/2018 0	08:35	
Vehicle No.	(For Motor)	SJD688	80Y		Certifi	cate Number				
				- 1	Search					
Select Pr	olicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O 50	99106649		HO SWEE	57534822C	GPC	drivo CLASSIC	S3D6880Y	- P. P. W.	22/03/2018	21/03/2019
•	Policy No. Vehicle No.	Vehicle No.(For Motor) Select Policy No.	Policy No. Vehicle No. (For Motor) SJD688 Select Policy No. Certificate Number	Policy No. Vehicle No.(For Motor) SJD6880Y Select Policy No. Certificate Policyholder Number Name HO SWEE	Policy No. Vehicle No. (For Motor) SJD6880Y Select Policy No. Certificate Policyholder Policyholder Number Name NRIC O 5099105649 HO SWEE C754822C	Policy No. Vehicle No. (For Motor) SJD6880Y Certificate Policyholder Policyholder Name NRIC Select Policy No. Certificate Policyholder Name NRIC O 5099105649 HO SWEE SZE24823C COS	Policy No. Policy No. Policy No. SJD6880Y Date of Accident Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Name NRIC Product Cover Type HO SWEE S7534822C Cpc drivo	Policy No. Policy No. Policy No. Policy No. SJD6880Y Certificate Number Search Select Policy No. Certificate Policyholder Name NRIC No. O 5099106649 HO SWEE 57534822C Gpc drivo SYMMODER	Policy No. Date of Accident 24/12/2018 0 Vehicle No. (For Motor) Sidest Policy No. Certificate Policyholder Policyholder Number Name NRIC Product Cover Type Vehicle Insured No. Object O 5099106649 HO SWEE S75348220 Gpc drivo S156402 C1565020	Policy No. Date of Accident 24/12/2018 08:35 Vehicle No. (For Motor) Select Policy No. Certificate Policyholder Name NRIC Number Name NRIC Date of Accident 24/12/2018 08:35 Search Select Policy No. Certificate Policyholder Name NRIC No. Object Date O 5099106649 HO SWEE 57534822C Got drivo Syntage Captage Captage O 5099106649

Policy No.	5099106649	Policyholder Name	HO SWEE	ANN	Policyholder	S75348220	
Certificate No.		Manie			NRIC		
Address	BLK 455 #14-105 SEGAR ROAD	SINGAPORE	670455				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	22/03/2018	Effective Date	22/03/2010	3 00:00	Expiry Date	21/03/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Oriver Excess
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL		GST Flag	Y	
Flag Open Policy Info	No						
nfo	nolder Mailing Address						
nfo Policyh	nolder Mailing Address BLK 455 #14-105	Addre	ss 2	SEGAR ROAD		Address 3	SINGAPORE 670455
Info Policyh Address 1	######################################		ss 2 ss Type	SEGAR ROAD Singapore address		Address 3	SINGAPORE 670455 670455
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nfo Policyh Address 1 Address 4 Unit No.	BLK 455 #14-105	Addre	ss Type ed Policy				
nfo Policyh Address 1 Address 4 Unit No. Insured	BLK 455 #14-105 d Object: SJD6880Y	Addre Relate	ss Type ed Policy	Singapore address			
Address 1 Address 4 Unit No.	BLK 455 #14-105 d Object: SJD6880Y ements	Addre Relate Numb	ss Type ed Policy	Singapore address 5099106649		Post Code	

Claim Handling Accident HT/1024908					
Policy No.	5099106649	Vehicle No.	5306880V	GST Registration No.	
Certificate No.			Sold Section 1	GST Registration No.	
blicyholder Name	HO SWEE ANN			Policyhalder NR3C	200000000
roduct Code	PRIVATE CAR INSURANCE	Cover Type	srive CLASSIC		57534622C
ontact No.(Mobile)	98736643	Contact No.(Office)	0	Loading	0
mail Address		Special Remark		Contact No.(Home) eCode	O No.
FK:	® No ○ Yes	TCA	8 t- C+-		[AC S
CD Protection	No		® No ○ Yes	eCode Reason	
Accident Details		NCD Entitlement(%)	50	Private Hire	No
eport Date	24/12/2018 09:40				
		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
ate of Accident	24/12/2018	Time of Accident hh:mm	08:35	Country of Accident	Singapore
sporting Centre		Orange Force		ICM No.	
cident Location	JUNC HOUGANG AVE 3 & DEPU LANE 12	1			
F Excess					
wn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess	0.00	Outside Singapore OO Excess	600.00		
nird Party Excess	0.00	Outside Singapore TP Excess	0.00		
P Benefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
Y Registration No.			GST Status Verified	Yes	
diffication History				Arthur.	
Policyholder Mailing Ad	dress				
Idress 1	BLK 455 #14-105	Address 2	SEGAR ROAD	Address 3	Chicanone and the
idress 4		Address Type	Singapore address		SINGAPORE 670455
ic No.				Post Code	670455
OI Driver Info		Related Policy Number	5099106649		
ver Name	HO SWEE ANN	*********			
named driver Name	The service of the	Driver Type Driver NR3C	Main Onver		
gister Date of Driver License	14 IDELLION		S7534822C	Driver DOB	17/11/1975
ntact No.(Mobile)	15/05/1994	Driver Age	43	Driving Experience	24
	98736643	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 455	Address 2	SEGAR ROAD	Address 3	SINGAPORE 670455
dress 4		Address Type	Singapore address	Post Code	670455
it No.	14-105				
es he own a Singapore gistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
cleretion					
eathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
68					
diffication History					
named motory					
Claim 001 New					
CALL CONTROL OF THE CASE OF TH					
B4880					
im Type •	OD-MX.	Insured Name	HO SWEE ANN	Insured NRIC	S7534822C
ritect No. (Mobile)		Contact No.(Home)	0	Contact No.(Office)	
all Address		OI Vehicle Number	SJD6880Y	TP Vehicle Number	GU1707U
mant Type Dalmant Type +	Please Select	Type of Benefit *	Please Select		504720000
imant Name *	22	Claimant NRIC +			
ment Address					
m Description	S106880Y / GU1707U ON 24 Dec 2018			Name of Preferred Workshop	
ferred Workshop Contact		Insured Lieptity •	Not at Fault		
suire Finalisation	Yes V			eu-	the second second
			Preferred Workshop, Name unknown	GIA report	Received
	24/12/2018 09:41	Claim Close Date		Date Received	24/12/2018 00:00
	Jackson				
Print AK letter					
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