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	i-Motor W/O (With	OD 2hrs,	TP street)				
OD Reporting Only	i-Photo Uploaded					·	
	Assessment/Survey	rort					
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Preferred Wksp / INC Assign Wksp / QW: (-	TAB		Fax:)
TP Particulars: Veh No: 404	1261)	THE ()/140	n-INC ()	8	
Owner / Driver: (HENI		Tel		6)	
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Confirmed by : (Da	(Mr)		Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20	0%; P:2	21-79%. F	: 80-100%	6]	
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SINGAPORE ACCIDENT STATEMENT

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</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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/12/2018 16:06
Date Of Accident	26/12/2018 07:00
Exact Location Of Accident	BLK 656 HOUGANG AVE 8 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFU2824U
Insured/Policyholder	
Name Of Registered Owner	TOH CHAN HOW
NRIC No	S8229858D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86061234
Alternative Phone No	OFFICE-86061234
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SPORTBACK QUATTRO 2.0 A
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	5096228415-01
Cover Note Number	
D.:	

Driver

Name of Driver	TOH CHAN HOW (ZHUO ZHANHAO)
NRIC No	S8229858D

 Date Of Birth
 06/09/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 04/12/2002

Driving Experience 16 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86061234

Fax Number

Contact Number OFFICE-86061234

EMail Address NOEMAIL

Address

BLK 653 HOUGANG AVENUE 8

#11-393

Postcode

530653

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

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?

Was there any audio recorded?

NO NO

Vehicle Registration Number

GBG179H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



- 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 it is a 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 Insurence 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 Parsonal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("G:A") 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;
 - (lii) 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

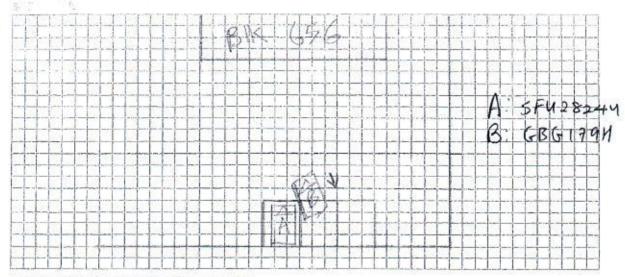
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:



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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.:

Smilt this form to the individual insurance authorised reporting centre, correctly on the details of the accident to speed up the claim process.

, just be filled up by the policy halder and/or authorised driver.

.con provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow

ance companies to repudiate policy liability,

we 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 traffic police department for investigation.

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PERMITTO A OF SINGAPORE

IDENTITY CARD NO. \$8229858D





TOH CHAN HOW (ZHUO ZHANHAO)

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MRC No. S8229858D

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APT BLK 653 HOUGANG AVENUE 8 #11-393 SINGAPORE 530653

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES).

PASS DATE

Motor Cars and Motor Tractors the weight of 64 Dec 3 which untaden does not exceed 2500 kilograms

Licence No: S8229658D



Online Mr.	F006330445 04	Policyholder	12357 MARK	HERON TO THE	Policyholder	10	
Policy No.	5096228415-01	Name	TOH CHAN	HOW	NRIC	S8229858D	
Certificate No.							
Address	BLK 653 #11-393 HOUGANG AV	ENUE 8 SING	APORE 5306	553			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	30/11/2018	Effective Date	08/12/201	8 00:00	Expiry Date	07/12/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0.0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	CHUAN LEE ENTERPRISES PTE.	Agent Tel.	64690002		GST Flag	Y	
Co÷ insurance Flag	No						
Open Policy Info							
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	holder Mailing Address						
Address 1	BLK 653 #11-393	Addre	ss 2	HOUGANG AVENUE	8	Address 3	SINGAPORE 530653
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