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Date 1027 12/2018 16:01.	Jeb description		Date &Time C	ompleted	Done py,
RETNOW BALLY CONDO	SAS c-filing	•			55-5-54
Veh No: SKK 37019	E-mail (within the	n, AlC 2hrs)			1 1
D.O.A. 26/1/20 # 18/15	I-Motor Claim	Form	MT/1025	407-001	· 27/12/24
	I-Motor W/O (	Within: OD 2hrs,	TP 4brs)		16/27 .
OD / TP Reporting Only	I-Photo Uplone	led			•/
	Assessment/Sur				· ~
TP Insurer:	Ass't Report by	Fax/Handto	Owner/Wksp	TRANSCOMES FOR ALL	December 1
Preferred Wksp / INC Assign Wksp / QW: (	and a second		Tol:	Faxt	
TP Particulars: Veli No:	PU2V95	. INC(	.)/Non-INC	( )	
Owner / Driver: (	1 1-61-		Tel:		)
	criod: (	)	Cover Type: (		)
Confirmed by : (		Date:	Tim	. 11	)
Insured/Driver Liability: ( %)	[Note-Est. Status (W	O): N: 0-20	%; P: 21-79%	6. P: 80-100%	6]
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000 (	)	THE PERSON NAMED IN PARTY OF PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSM	A THE PERSON NAMED IN THE	<del>Marine de soites</del> s
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) Total Loss Case : to e-mail Insu	rer URGENTLY.	•	<u> </u>	<del></del>	
Drive-In ( )/ Towed-In ( ); Invoi	ce: YES( ) / N	O( );T	owing Co: (	1.	)
	SEED OF A PROPERTY	VIII V	如何被智慧的任果		Commons by -
) Apply for Transport Allowance ( )/	Courtesy Car ( )				
) QC Check / Post Repair Inspection	( ·)				
) Upload Resurvey Photo [Repair Cost>	\$3000] ()				
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		6) TR : Re-lasp	estion	57:	
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1 2 / 3;	10	Invoice dated		Fee Charged	MINISTER

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- Please report <u>correctly</u> 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.
- 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 sodgement 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

A STATE OF THE PARTY OF THE PAR	ACCIDENT STATEMENT
Date Of Report	27/12/2018 16:01
Date Of Accident	26/12/2018 18:15
Exact Location Of Accident	ALONG SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE
(A)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK3709G
Insured/Policyholder	
Name Of Registered Owner	CHAN SENG HUAT (ZENG CHENGFA)
NRIC No	S7229837C
Email Address	CHANANDY1972@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90641008
Alternative Phone No	OTHERS-90641008
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B180
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	REPORTING ONLY
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	5103947785
Cover Note Number	
Driver	
Name of Driver	CHAN SENG HUAT (ZENG CHENGFA)
NRIC No	S7229837C
Date Of Birth	22/08/1972
Occupation	INDOOR
Date Of Driving Pass	18/02/1994
Driving Experience	24 YEARS AND 10 MONTHS
	2 (

MALE

(LOCAL) +65-90641008

CHANANDY1972@YAHOO.COM.SG

OTHERS-90641008

Address

BLK 10B BOON TIONG ROAD

#31-521

Postcode

160010

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

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?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

SDP4249S

Vehicle Make/Model/Colour

MERCEDES BENZ E200

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

GARY

NRIC/Passport Number

Contact Number

97848290

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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 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 companies.
- 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) of:
  - (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)

Reporting Centre Personnel's/Signature Name:

NRIC/FIN No.:

1425

SKETCH PLAN

Butter was					
Palicy No.	5103947785	Vehicle No.	5kk3709G	GST Registration to.	
Cortificate No.				DESCRIPTION OF THE PARTY AND	
Pulicyholder Name	CHAN SENG HUAT			Philipyholder NRIC	57229837C
Product Code	PUVATE CAR INSURANCE	Cover Type	MIYO CLASSIC	Loading	0
Comact Nu.(Mebile)	90641908	Contact No. (Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No. *
KPK	- No Wes	TCA	a No Yes	eCode Reason	
NCD Protection:	744	NCD Enutlement(%)	0	Private rine	No
✓ Accident Details					
Report Date	27/12/2016 16:19	Acodent Report Within 24 hrs	Yes	Accident Type	Callision - Head to Regr
Date of Accident	26/12/2018	Time of Accident his men	18:15	Country of Accident	Singapore
Argurting Centre		Orange Force		ICM No.	
Accident Excertion	ALONG SENGKANG EAST ROAD				
₩ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windstreen Excess	100.00
Unnamed Driver Excess	11.00	Outside Singapore OD Excess	2,000,00	(	
Third Harry Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
→ Benefits	· ·				
□ GST Registered Informa	THE STATE OF THE S				
GST Registered GST Registration No.	No		GST Registration Date		
Modification History			GST Status Venhad	Yes	
⇒ Policyholder Mailing Ade	ireas				
Address 1	BLK 10A #31-521	Address 2	BOOK TICKS YOU		
Autorops 4		Address Type	BOON TIONG ROAD. Singepore address.	Address 3 Post Code	SINGAPORE 160010
Unit No.		Related Policy Number	5101947785	Post Code	160010
⇒ OI Driver Info			93999947732		
Driver Name	CHAN SENG HUAT	Shiver Type	Main Sriver		
Unnamed driver Name		Driver NRIC	57229837C	Driver DOE	22/08/1972
Register Date of Driver License.	22/08/1972	Driver Age	46	Driving Experience	46
Contact No.(Monne)	9064100H	Contact No. (Office)		Contact As. (Home)	
Address 1	BLK 10A #31-521	Aditress 2	BOON TIONS NOWD	Address 3	SINGAPORE 180010
Address 4		Address Type	Singapore address	Post-Code	100010
Unit No.					7.25559M.C
Does he own a Singapore Registered car?	Ciros ± Ma	Driver Verticle No.	SKX37094	Driver Insurer Company	NTWC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No		
Madification History					
Hustication History  Cleim 301 New					
Cleim 001 Next.		HE-VS	ОО-МХ	Impured CHAN SENG HUAT	Mary 5722
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Claim Type *  Claim Type *  Contact No. (House)  Email Address  Claim Description  Preferred  Wartschipt  Statuers No. Yeas  Dock Registered  Report Token By  ** Print Aid letter  Attachment  **  Choose File No Sile chosen	Preferred Workshop, Option  HT/1925467  Yes Wo	Name unknown     Paper   Received	Save Submit  Save Submit  Clear Please Select	Contract   No.   Poll.	MRIC Gumbert Feb. (office) TF Versite Number Name of Freferred Warkshap  Date Received 2771

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活	NAC_BURIT_MERAH_BODG76( ) \$ (BUNIT MERA	NATIONAL ASSESSMENT CENTUR SERVICE H)1 on 27 Dec 2018 16:27	Photos	Normal	Photos	s 2018-12-27
	NAC_BUKIT_MERAH_B00676( ) S (BUKIT MERA	NATIONAL ASSESSMENT CENTRE SERVICE HI) on 27 Dec 2018 16-27	Photos	Normal	Photo	# 2018-12-27

Nie Name Display in New Window | Scan and uploading

Source

# ACCIDENT STATEMENT

ACCIDENT DATE: 26, 12, 3018) (DD/MM/YYY), TIME: (8 . 15) (HH:MM)
LOCATION: Senstano
1. DETAILS OF VEHICLE
CIVENIOUS NUMBER SXX 2 TOO
a) VEHICLE NUMBER: SXX 3709 G
DINSURANCE COMPANY: NTUC
C)POLICY NUMBER: 5103947785
DIMAKE & MODEL (COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE &THEFT)
f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
DIPURPOSE OF USING ATTENDED COMMERCIAL / MOTORCYCLE / OTHERS)
h)PURPOSE OF USING AT ACCIDENT TIME:
JARE YOU CLAIMING UNDER YOUR OWNER
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM ( REPORTING ONLY)
A)NAME: Chan Sens Hout
(MALE / FEMALE)
DIMINICATION ASSERTING STATE OF THE PROPERTY O
CHOOKESS: BIE TOH KOON TIONS RY #31-501
(160010)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
- Fasterielle - Curren
(Including driver) a)NAME: Chan Serie Hugt [MALE / FEMALE]
( ) STANCTHY ASSPORT: S TO SOUTH OF CONTINUE CON
CIADDRESS: BIF IOA BOOK (10th Rd #31-5)
160010
eloccupation (NICO)
SOCCOTATION; (INDOOR / ALTERDAS)
DUTTE OF DRIVING DACA 18/2/1990
4. WAS DRIVER AN EMPLOYEE OF THE INCURENCE
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
ON OND SURFACE: IDRY / WET / OTLIBER
6. WAS ANYBODY INJURED (YEST NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: 2200
8. THIRD PARTY VEHICLE
no of passanger of Vehicle Allander CDD A VIO
MODEL: MALL WITTH X P &
( ) C) NRIC/FIN/PASSPORT: CONTACT: 01-18(1-18)
9. THIRD PARTY VEHICLE CONTACT: 97848829
d) VEHICLE MILLIABED.
ladudian dai e) DRIVER'S NAME:MODEL:
THE CHANGE CHANGE ASSOCIATION OF THE CONTRACTOR
( ) CONTACT:
774

email = chanandy 1972@yahoo : com so









<b>eBao</b> Tech						30	- KIE			Genera	alClaim
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	0 5	103947785		CHAN SENG HUAT	S7229837C	GPC	drivo CLASSIC	SKK3709G	5KK3709G	18/09/2018	17/09/2019
						Continue					