Date In: -20	Services   pwet + Jamos   Job description	Date & Time Completed	Done by
Date In: >271119 -11:59			
Ref No: NA   MC1900 1472 24	SAS e-filing		
Veh No: SLV3260M	E-mail (within 8hrs, AIC 2hrs	)	
D.O.A : 21/1/19 - 16:25	i-Motor Claim Form	100- 080600 LLW	21/19 14:51
OD (TP ! Reporting Only	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
op 10 reporting only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repor	t	
11 hisuroi.	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tol: F	Fax:
TP Particulars: Veh No: FBN 2	0561 INC	( )/Non-INC( )	98
Owner / Driver: (		Tel:	)
Policy No: ( ) Perio	od: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [No	ote-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-1	100%]
	arranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,000			
General Remarks	2500: 200 40250 70500 402 70	Esta esta esta esta esta esta esta esta e	49 <u>5</u> C 17 T 1 T 1
- The state of the		THE PROPERTY OF THE PARTY OF TH	Section Section
( ) Walk-In Customer: Customer's inform	ation strictly Confidential &	Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insurer	URGENTLY.	* · · · · · · · · · · · · · · · · · · ·	
Drive-In ( )/ Towed-In ( ); Invoice: 1	YES( )/NO( );	Towing Co: (	. )
			N1 X. 3. 10 000 17 10 0000 111
Remarks: (INC hotline: 6788 6616)	in debice elements of the con-	Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/ Cou	irtesy Car ( )	* * `	
	artesy Car ( )		•
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  stimant's Particulars: iver/Owner: maged Portion:	Invoice Pr  1) AR: Accide 2) DA: Dama; 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idao D. 8) NTUC Addi QD: *N5: Courte *N6: Repair *N7: Fost Re-ins *N8: DV / C	eparation Checklist  at Reporting (\$30);  te Assessment (\$100); INC (\$8;  Fee \$40;  Through Survey (Resurvey)  against INC Only (wef 10 Jan 2005)  section  A + SMRT Survey \$  tional Services:-  sy Car / Tpt Allowance  Co-ordination  spair Inspection  ollect Excess Coordination  P (N:n INC) against INC	Ant(S) Amil (\$1.Bill Add I 0) /545 5120 \$30 ) \$75 1160 \$5 510 \$25

## SINGAPORE ACCIDENT STATEMENT

## 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.
- 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 ladgement 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.

	A CALLET AND A STATE OF THE STA
The state of the s	ACCIDENT STATEMENT
Date Of Report	22/01/2019 11:59
Date Of Accident	21/01/2019 16:25
Exact Location Of Accident	STEVEN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV3260M
Insured/Policyholder	
Name Of Registered Owner	PAPER MARK PTE LTD
Co Reg No	199400853K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67461919
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.0SR TURBO CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096843949-01
Cover Note Number	
Driver	
Name of Driver	SEE HAK KIOK

 Name of Driver
 SEE HAK KIOK

 NRIC No
 \$1537137D

 Date Of Birth
 21/08/1962

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/12/1983

Driving Experience 35 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-93838093

Fax Number

Contact Number OFFICE-93838093

EMail Address NOEMAIL

Address

BLK 115 MARSILING RISE

#06-388

Postcode

730115

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

SIDE SWIPE

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: .

GENDER: : MALE

### **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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE, SUDDENLY VEHICLE B SQUEEZE INTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

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

FBN2256T

Vehicle Make/Model/Colour

**Details Of Properties** 

MOTORCYCLE

Vehicle Category Name of Driver

AJAY KUMAR SINGH

NRIC/Passport Number

S7271763E

Contact Number

Address

Postcode

#### 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:
  - (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:

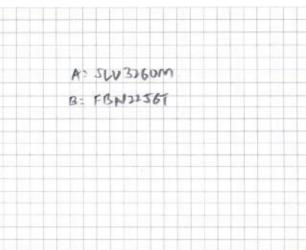
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pol

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	र्गीत	

# 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.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S.1537137D





SEE HAK KIOK











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

Motor cars with unladen weight =< 3000kg with =< 7 13 Dec 1983 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

NP 428A



5958162





Date of issue

26-05-2018

APT BLK 115 MARSILING RISE #06-388 SINGAPORE 730115

<b>eBao</b> Tech										GeneralClaim		
Hello, NAC_PAYA_UBI_800	601						• Change	e Language	Chan	ge Password	+ Log Out	
My Desktop	Poli	cy Query										
Notice of Loss	Policy I	No.				Date	of Accident		21/01/2019	16:25		
	Vehicle	No.(For Motor)	SLV32	60M		Certi	ficate Number	- 1				
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5096843949- 01		PAPER MARK PTE LTD	199400853K	GPC	drivo PREMIUM	SLV3260M	SLV3260M	27/12/2018	26/12/2019	
					- 8	Continue						

Policy No.	100100000000000000000000000000000000000		Ballion France		Salara Salara	Carrier Contract		
one, ito.	5096843949-01		Policyholder Name	PAPER MA	RK PTE LTD	Policyholder NRIC	199400853K	
Certificate No.								
Address	5 KAKI BUKIT ROAD	2 #03-04 C	TY WAREHOU	JSE SINGA	ORE 417839			
Product Name	PRIVATE CAR INSUR	ANCE	Plan			Group Policy Flag	N	
Policy issue Date	16/11/2018		Effective Date	27/12/201	8 00:00	Expiry Date	26/12/2019 2	3:59
Excess Type			All Claims Excess					
Third			Own					
Party Excess	0		damage Excess	600		Windscreen Excess	100	
Additional Excess	0		OS Premium	0				
Outside			Outside					
Singapore OD Excess	600		Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	HUA YANG CREDIT P	TE LTD	Agent Tel.	64585111		GST Flag	Υ	
Co- Insurance Flag	No							
Open Policy Info								
Certificate Info								
	nolder Mailing Addre	ss						
Policyl	743901000	DOAD 2	Addre	ss 2	#03-04 CITY WAR	REHOUSE	Address 3	SINGAPORE 417839
Address 1	5 KAKI BUKIT	KUAD 2				CONTRACTOR OF A STATE OF THE ST		DITTO IN DITTE 127033
Address 1	5 KAKI BUKIT	RUAD 2		ss Type	Singapore address	5	Post Code	417839
Address 1 Address 4	5 KAKI BUKIT	KUAU Z	Addre	ss Type d Policy	30.25		Post Code	
Address 1 Address 4 Unit No.	5 KAKI BUKIT d Object: SLV3260M		Addre: Relate	ss Type d Policy	Singapore address		Post Code	
Address 1 Address 4 Unit No.	d Object: SLV3260M		Addre: Relate	ss Type d Policy	Singapore address		Post Code	

Continue Cancel

laim Handling coldent MT/1029020						
phcy No.	5096843949-0	12	Vehicle No.	\$LV3260M	GST Registration No.	
rtificate No.						
licyholder Name	PAPER MARK P	TE LTO			Policyholder NRIC	199400853K
oduct Code	PRIVATE CAR I	INSURANCE	Cover Type	drivo PREMIUM	Loading	0
ntect No.(Mobile)	0		Contact No.(Office)	67461919	Contact No.(Home)	0
naci Address			Special Remark		eCode	No. V
K	® No () Yes		TCA	® No ○ Yes	eCode Reason	19(3)
D Protection	Yes		NCD Entitlement(%)	Section 1977		
Accident Details	1100		(ACD Elimenese(36)	50	Private Hire	No
port Date	22/01/2019 14	1:50	Academ Report Within 24 hrs	Yes	Acadent Type	Side Swipe
te of Accident	21/01/2019		Time of Accident hh;mm	16:25	Country of Accident	Singapore
porting Centre			Orange Force		ICM No.	2 mg aports
ident Location	STEVEN RD.				JCH NO.	
Excess						
n damage Excess		500.00				
		600.00	Additional Excess	0	Windscreen Excess	100.00
named Oriver Escass			Outside Singapore OO Excess	600.00		
nd Party Excess		0.00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Inform	ation					
Registered		No		<b>GST Registration Date</b>		
Registration No.				GST Status Verified	No	
dification History						
Policyholder Mailing Ad	idress					
dress 1	5 KAKI BUKIT F	ROAD 2	Address 2	#03-04 CITY WAREHOUSE	Address 3	SINGAPORE 417839
dress 4			Address Type	Singapore address		
e No.					Post Code	417639
OI Driver Info			Related Policy Number	5096843949+01		
ver Name	SEE HAK KIOK		Driver Type	Main Driver		
named driver Name			Driver NRJC	\$15371370	Oriver DOS	21/08/1962
pister Date of Driver License	13/12/1983		Driver Age	56	Oriving Expenence	35
rtact No.(Mobile)	93838093		Contact No. (Office)	0	Contact No. (Home)	0
vess 1	BLK 115		Address 2	MARSILING RISE	Address 3	SINGAPORE 730115
fress 4			Address Type	Singapore address	Post Code	730115
, No.	06-388			858	0.0000000000000000000000000000000000000	
es he own a Singapore	○ Yes ® No		Deliver Methods No.			
gistered car?	0.440.44		Driver Vehicle No.		Driver Insurer Company	
iaration						
athalyser or Blood Test						
iding?	0 mg		Any injury?	○ Yes ® No		
dification History						
laim 001 0D-HX New	4					
m Tune 4	OD MIX	200	2000000			
m Type •	ор-мх	(4)	Intured Name	PAPER MARK PTE LTD	Insured NR3C	199400853K
tact No.(Mobile)	NOL.		Contact No. (Home)	MIL	Contact No.(Office)	67461919
nil Address			Of Vehicle Number	SLV3260M	TP Vehicle Number	FBN2256T
mant Type Claimant Type+	Please Select	V	Type of Benefit *	Please Select		
nant Name *		22	Claimant NRIC *			
mant Address			DIE NO.			
n Description	5LV3260M / FBN	N2256T ON 21 Jan 2019			Name of Dreferred Wastelland	
erred Workshop Contact			1200210000		Name of Preferred Workshop	
			Insured Liability +	Not at Fault		
are Finalisation	Yes	<u> </u>	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	22/01/2019 14:5	51	Claim Close Date		Date Received	22/01/2019 14:54
ort Taken By	lackson		Workshop Repairer		Total Loss but Repaired	
Print AK letter	CHESCHIA		, VI-2014 (101 (101 (101 (101 (101 (101 (101 (		Construction of the particular	
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Ooc. Received			Claim No.	100		
No. Received	Yes		Upload Date	22/01/2019 14:54		
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