Date In: 21/119-17:43	cb description	Date &Time Completed	Don	ie pi			
	SAS e-filing						
10 10 0 100	E-mail (within Shrs, AIC 2hrs)			-			
				5			
	i-Motor Claim Form	W2/10/2/48-001	31/119	119.			
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)						
	i-Photo Uploaded						
TP Insurer:	Assessment/Survey Report	j					
300000000000000000000000000000000000000	Ass't Report by Fax / Hand	to Owner/Wksp		******			
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:				
TP Particulars: Veh No: SCUITAR	INC	)/Non-INC( )	9				
Owner / Driver: (		Tel:	)				
Policy No: ( ) Period:	( )	Cover Type: (	)				
Confirmed by : (	Date:	Time:	)				
	-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-	100%]				
	anty: YES ( )/NO(	)					
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )						
General Remarks -							
( ) Walk-In Customer: Customer's information	ion strictly Confidential & S	trictly NO refer of repairer.					
( ) Total Loss Case : to e-mail Insurer UF	RGENTLY.		*				
Drive-In ( ) / Towed-In ( ); Invoice: YE  Remarks: (INC hodine: 6788 6616)  1) Apply for Transport Allowance ( ) / Courte 2) QC Check / Post Repair Inspection	esy Car ( )	Towing Co: ( Date&Time Completed)	Don	) sjby			
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Drive-In ( ) / Towed-In ( ); Invoice: YE  Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Claimant's Particulars:  Contact No:  Damaged Portion:  C Checked by (Engr-In-Charge):  Auditors' Comments:	esy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Date& Time Completed	Amt (S) fit Bill 100 V545 5120 530 ) \$75 \$160	Amu			
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Compared their

#### 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 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	31/01/2019 17:43
Date Of Accident	31/01/2019 11:45
Exact Location Of Accident	YIO CHU KANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV2933K
Insured/Policyholder	
Name Of Registered Owner	KENNETH CHIA SIU FU
NRIC No	S7915173D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91375500
Alternative Phone No	OFFICE-91375500
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at	PRIVATE USE

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

time of accident

NO

REPORTING ONLY If No, Please state action to be taken Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

NO Fleet Policy

Policy Number 5106627495

Cover Note Number

Driver

THNG CHIN LEONG BERNIE (TANG JINLONG BERNIE) Name of Driver

NRIC No S7539132C Date Of Birth 31/12/1975 Occupation OUTDOOR Date Of Driving Pass 03/04/2007

**Driving Experience** 11 YEARS AND 9 MONTHS

Gender

Mobile Number (LOCAL) +65-91375500

Fax Number

Contact Number OFFICE-91375500

EMail Address NOEMAIL Address

BLK 548 BEDOK NORTH AVENUE 1

#07-430

Postcode

460548

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

2

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 (including own vehicle)

2

involved in the accident

...

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)

LO

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

#### REFER TO STATEMENT.

# 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

SCL137R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

장

# 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.
- 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:

- 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)
  - (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
- 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.
- 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.

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Policyholder's Signature

Date & Time:

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DOA: 31/1/19

B. SCL 137R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Both	of us	changing.	lane,	50	ュ	collided	onto
uch 3	RH F	portion.					
					-2.000 =		
							<u></u>
					50-1-0-10		
					9		

# 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 .:

Personal Particulars		
Date of Accident: 31 1 19	Time of Accident:	ts am
Exact Location of Accident:	You Chu King R	
Owner's Name: Kenneth Chia	Sig ty NRICNO: ST9	15173LAP No:
Driver's Name: Than Chin Long	30/11/2 NRIC NO: 875	39132CHP NO: 91375500
Date of Birth: St 12 1975 Driving Licence	Passing Date: 3 4 2007 Occupa	ation: Indoor / Outdoor
Address: 548 Bedok North	Ave 1 #07-430	(460545)
Relationship of Driver with Insured: Mend	Email Address:	
Vehicle No: SJV 2933 K	Make & Model:	à
Insurance Co: Kin NTUC	_Coverage: Third Portpolicy i	No: 5106627495
*Purpose of Reporting? Own Den	nage Claim / 3rd Party Claim / Not Cla	iming, Just Reporting Only
*Exact Purpose of The Vehicle Was		
*Weather Condition ? flear / Ra	ining / Others: We	(Dry / Others:
* Any passenger inside vehicle invo	lved? (Yes / No) If yes, Vehicle	No & How many pax:
A: (+0 B	1 + C C:	D:
*Was Anybody Injured ? (Yes / No)	If yes,	
Name / NRIC / In Vehicle:		
*Was The Accident Reported To Th	e Police r	
No O Yes, Which Police Station?		
*Does the Driver Own Any Other V	ehicle?	
O No O Yes, Vehicle Registration No:	insurer:	
*Was any foreign vehicle involved?	(Yes / No) If yes, Vehicle No & C	ategory:
*Was there any video captured by	Car Camera? (Yes/No)	
Third Party Driver's Particulars		
Vehicle & No: SCL 137R	Wake & Model:	
Driver's Name:	NRIC No:	HP No:
Vehicle C No:	Make & Model:	
Driver's Name:	NRIC No:	HP No:
Witness Particulars		泰
Aleman	NRIC No:	HP No:



NOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS. 31

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 83 Apr 2007 of the driver, and other motor vehicles =< 2500kg

D 428A





<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						→ Change	Language	• Chang	ge Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	ło.				Date	of Accident	3	1/01/2019 1	11:45	
	Vehicle	No.(For Motor)	SJV293	33K		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106627495		KENNETH CHIA SIU FU	S7915173D	GPC	Third Party	53V2933K	5JV2933K	26/12/2018	19/01/2020
					-	Continue	]				

olicy No.	5106627495	Policyholder Name	KENNETH C	HIA SIU FU	Policyholder NRIC	S7915173D	
ertificate lo		Name			Mac		
Address	BLK 209B #12-100 COMPASS	VALE LANE COM	PASSVALE V	IEW SINGAPORE	542209		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	26/12/2018	Effective Date	26/12/2018	00:00	Expiry Date	19/01/2020 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	DQ INSURE	Agent Tel.	64522788		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 209B #12-100	Addre	ess 2	COMPASSVALE	LANE	Address 3	COMPASSVALE VIEW
Address 4	SINGAPORE 542209	Addre	ess Type	Singapore addre	ss	Post Code	542209
	05-229	Relat Numi	ed Policy er	5106627495			
Unit No.	0.000.0000						
SPICE SSEQU	ed Object: SJV2933K	0.054.83					
Unit No.  Insure  Endor	ed Object: SJV2933K	60,000					

laim Handling						
olicy Na.	5106627495		Vehicle No.	57v2933K	GST Registration No.	
rtificate No.						
cyholder Name	KENNETH CHIA SJU F	0			Policyholder NR3C	S7915173D
duct Code	PRIVATE CAR INSURA	ANCE	Cover Type	Third Party	Loading	0
tact No.(Mobile)	91375500		Contact No. (Office)	0	Contact No.(Home)	0
si Address			Special Remark		eCode	19: V
	® No ○Yes		TCA	® No ○Yes	eCode Reason	
Protection	No		NCD Entitlement(%)	0	Private Hire	Yes
Accident Details						
ort Date	31/01/2019 18:18		Accident Report Within 24 hrs	Yes	Academ Type	Collision - Change / Cross lane
e of Accident	31/01/2019		Time of Accident hhimm	11:45	Country of Accident	
	21/04/2019			11 45		Singapore
orting Centre			Orange Force		JCM No.	
Excess	YOO CHU KANG RO					
damage Excess		0.00	Additional Excess	0	Windscreen Excess	0.00
amed Driver Excess		500,00	Outside Singapore OD Excess	0.00		
d Party Excess		1,500.00	Outside Singapore TP Excess	1,500,00		
Benefits						
GST Registered Informa						
Registered	No			GST Registration Date	7-880-	
Registration No.				GST Status Verified	Yes	
ification History						
Policyholder Mailing Ad	dress					
wss 1	BLK 2098 #12-100		Address 2	COMPASSIVALE LANE	Address 3	COMPASSVALE VIEW
ress 4	SINGAPORE 542209		Address Type	Singapore address	Post Code	542209
t No.	05-229		Related Policy Number	5106627495		
OI Driver Info						
er Name	Unnamed Oriver		Driver Type	Unnamed Driver		
imed driver Name	THING OHIN LEONG 8	ERNIE (TA	Driver NRIC	\$7539132C	Driver DOB	31/12/1975
ster Date of Driver License	03/04/2007		Driver Age	43	Driving Experience	11
ract No.(Mobile)	91375500		Contact No.(Office)	0	Contact No.(Home)	0
ress I	BUK 548		Address 2	BEDOK NORTH AVENUE 1	Address 3	SINGAPORE 460548
tress 4			Address Type	Singapore address	Post Code	460548
t No.	07-430		ETTERNAL SER		105/010077	
es he own a Singapore			12/07/01/15 00/74/00/07		02-27-202-20-00-2-20-00-20-0	
pistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
laration						
athalyser or Blood Test	1000000		161/70/NOSER	12 13 13 COM		
ding?	0 mg		Any injury?	○ Yes ® No		
ofication History						
TO SECURE A SECURE ASSESSMENT OF THE SECURE AS	lo.					
aim 001 OD-MX New	<b>1</b> 0					
Type *	ОВ-МК	V	Insured Name	KENNETH CHILA SJU PU	Insured NRIC	S7915173D
act No.(Mobile)	90068397		Contact No.(Home)	7,700,10	Contact No.(Office)	
	(minutes and a second s	Lane.		#71/2022W		0/4 + 2 90
il Address	kennethchia@hotmail	and the same of th	Of Vehicle Number	SJV2933K	TP Vehicle Number	SCL137R
nant Type Claimant Type *	Please Select	<u> </u>	Type of Benefit *	Please Select		
nant Name *		22	Claimant NRJC *			
nant Address		Hart Land		Approximately the second		
n Description	SJV2933K / SCL137R	ON 31 Jan 2019	12 11 12 11	The same of the sa	Name of Preferred Workshop	
erred Workshop Contact			Insured Liability *	Partially at Fault		
uire Finalisation	Yes	V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	31/01/2019 18:19		Claim Close Date		Date Received	31/01/2019 18:21
ort Taken By	Jackson		Workshop Repairer		Total Loss but Repaired	distribution of the second
Print AK letter		-11				
Print AK letter						
				Save Submit		
ttachment						
dent No.	MY/1030398		Claim No.	001		
Doc. Received	® Yes □ No		Upload Date	31/01/2019 18:21		
		Path +	95000500	Category •	Confidential urgen	cy * Description *
-		1901	Browse.		V No V Normal	cy • Description •
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	1		Browse		▼ NO V Normal	<u> </u>
			Browse	Clear Mease Select	▼ № ▼ Normal	<u> </u>
						100

