Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: (1) AR: Acei Contact No: (2) DA: Dam Contact No: (3) FT: Fello Exercise For example of the first series of th		1	Andrew Committee
Ref No NA INC 1900 2181 E4 SAS e-filing Veh No SIN 28 48 R DOA 31 61 2019 - 2 1- 30 I-Motor Claim Form I-Motor WO (Withins top. II-Photo Uploaded Assessment/Survey Report Ass't Report by Fax/Han Preferred Wksp / INC Assign Wksp / QW: (TP Particulars: Veh No: GBE 74 35 INC Owner / Driver: (Policy No: () Period: (Confirmed by: () Date: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0 Year of Registration: () Warranty: YES () / NO (Excess: (S) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Constonus: Customer's information strictly Confidential & () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO () Remarks: (INC horline: 6788 6610) I) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Priver/Owner: () Triveled () Triveled () () Triveled () () () () () () () () () () () () ()	Date &Time Complete	d Done	by
Vch No SJN 28 48 R E-mail (within shire, AIC 2hire, DOA 3 (~		
DOA 3		Ť T	
I-Motor W/O (within: OD i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax/Han Proferred Wksp / INC Assign Wksp / QW: { TP Particulars:	1. MT/103093	6-00171	2/19/19:
TP Insurer: Proferred Wksp / INC Assign Wksp / QW: { TP Particulars:		1 001 01	
Assessment/Survey Report Ass't Report by Fax/Han Proferrod Wksp / INC Assign Wksp / QW: { TP Particulars:		 • • • • • • • • • • • • • • • • • • •	
Preferred Wksp / INC Assign Wksp / QW: { TP Particulars:	1	-	
Preferred Wksp / INC Assign Wksp / QW: { TP Particulars:		 	
Owner / Driver: (Policy No: () Period: (Confirmed by: (Date: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: O Year of Registration: () Warranty: YES () / NO (Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO () Remarks: (ING horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions: () Actions: () Actions: () Apply for Transport Allowance () / Towed-In () Apply for Transport Allowance () / Courtesy Car () () Apply for Transport Allowance () / Courtesy Car () () Apply for Transport Allowance () / Courtesy Car () () Apply for Transport Allowance () / Courtesy Car () () Apply for Transport Allowance () / Courtesy Car () () Apply for Transport Allowance () / Courtesy Car () () Apply for Transport Allowance () / Courtesy Car () () Apply for Transport Allowance () / Courtesy Car () () Apply for Transport Allowance () / Courtesy Car () () Apply for Transport Allowance () / Courtesy Car () () Apply for Transport Allowance () / Courtesy Car () () Apply for Transport Allowance () / Courtesy Car () Apply for Transport Allowance () / Courtesy Car () Apply for Transport Allowance () / Courtesy Car () Apply for Transport Allowance () / Courtesy Car () Apply for Transport Allowance () / Courtesy Car () Apply for Transport Allowance () / Courtesy Car () Apply for Transport Allowance () / Courtesy Car () Apply for Transport Allowance () / Courtesy Car () Apply for Transport Allowance () / Courtesy Car () Apply for Transport Allowance () / Courtesy Car () Apply for Transport Allowance () / Courtesy Car () Apply for Transport Allowance () / Courtesy Car () Apply for Transport Allowance () / Courtesy Car () Apply for Transport A	Tel:	Fax:	
Owner / Driver: (Policy No: () Period: (Confirmed by: () Mate: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0] Year of Registration: () Warranty: YES () / NO (Excess: (\$) Loading: \$1,000 () / \$2,000 ()] General Remarks:- () Walk-In Customer: Customer's information strictly Confidential & () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO () Remarks:- (ING hofline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions NA 1900 12 Invoice P In	C()/Non-INC()		a becomes given
Confirmed by: (Marting Martin	Tel:)	70% 19.4001
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0 Year of Registration: () Warranty: YES () / NO (Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO () Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions: Date/Time Actions Ontact No: (5) FT: Follo Enclaims amaged Portion: (5) FT: Follo Fortslaims (5) TR: Re-in 7) N1: Idaa (6) TR: Re-in 7) N1: Idaa (6) TR: Re-in 7) N1: Idaa (6) TR: Re-in 7) N1: Idaa (7) N5: Courtesy Comments: (7) N5: Courte) Cover Type: (.)	
Year of Registration: () Warranty: YES ()/NO (Excess: (\$) Loading: \$1,000 ()/\$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES ()/NO () Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions: () Actions: () Actions: () Artificial Repair Cost > \$10 Actions: () Actions: (Time:	7	
Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks:- () Walk-In Customer: Customer's information strictly Confidential & () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO () Remarks:- (ING horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Particulars:- (2) DA: Dame of the property of the proper	0-20%; P: 21-79%. P: S	0-100%]	
General Remarks:- () Walk-In Customer: Customer's information strictly Confidential & () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO () Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury:- Date/Time: Actions Date/Time: Actions NA 190072 Invoice Repair Cost > \$10 AR: Acet on the contact No: Date of the contact No:)		
() Walk-In Customer: Customer's information strictly Confidential & () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO () Remarks:- (ING horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time: Actions Date/Time: Actions NA 19007 Invoice P			
() Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO () Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Actions Diver/Owner: (1) AR: Acei (2) DA: Dam (3) TF: Towing (4) FT: Folio (4) FT: Folio (5) FT: Folio (5) FT: Folio (5) FT: Folio (5) FT: Folio (6) TR: Re-in (7) N1: Idael (7) N1: Ida		A. A	
Drive-In () / Towed-In (); Invoice: YES () / NO () Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions: 1) AR: Actions: 1) AR: Actions: 1) AR: Actions: 1) AR: Actions: 1) TF: Towit ontact No: 1) FT: Fello For slaimly of TR: Re-in ontact No: 1) TR: Re-in ontact No: 2) DA: Dam 1) TR: Re-in ontact No: 2) DA: Dam 2) DA: Dam 3) TF: Solic ontact No: 4) TR: Re-in ontact No: 4) TR: Re-in ontact No: 5) FT: Follo 6) TR: Re-in ontact No: 1) TR: Re-in ontact No: 2) TR: Re-in ontact No: 3) NTUC Ad Ontact No: 4) TR: Re-in ontact No: 4) TR: Re-in ontact No: 5) NTUC Ad Ontact No: 6) TR: Re-in ontact No: 6) TR: Re-in ontact No: 7) NI: Idae ontact No: 8) NTUC Ad Ontact No: 1) TR: Post No: 1) TR: Post No: 1) TR: Post No: 2) TR: Post No: 2) TR: Post No: 3) TR: Towit No: 4) TR: Re-in ontact No: 6) TR: Re-in ontact No: 8) NTUC Ad Ontact No: 1) TR: Post No: 1) TR: Post No: 2) TR: Post No: 3) TR: Towit No: 4) TR: Post No: 4) TR: Post No: 5) PT: Fost No: 6) TR: Re-in ontact No: 8) NTUC Ad Ontact No: 1) TR: Post No: 1) TR: Post No: 2) TR: Post No: 2) TR: Post No: 3) TR: Towit No: 4) TR: Post No: 4) TR: Post No: 4) TR: Post No: 5) PT: Fost No: 6) TR: Re-in ontact No: 8) NTUC Ad Ontact No: 1) TR: Post No: 1) TR: Post No: 1) TR: Post No: 2) TR: Post No: 2) TR: Post No: 3) TR: Towit No: 4) TR: Post No: 4) TR: Post No: 4) TR: Post No: 5) PT: Post No: 6) TR: Post No: 7) TR: Post No: 8) TR: Post No: 9) TR: Post No: 1) TR	the state of the s		
Drive-In () / Towed-In (); Invoice: YES () / NO () Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time: Actions 1) AR: Actions 1) AR: Actions 1) Tr: Towite Province: () FT: Fello For slaimly for the following and province: () FT: Fello For slaimly for the following and province: () Ship F: Fello For slaimly for the for slaimly for the following and province: () Ship F: Fello For slaimly for the following and province: () Ship F: Fello For slaimly for the following and province: () Ship F: Fello For slaimly for the following and province: () Ship F: Fello For slaimly for the following and province: () Ship F: Fello For slaimly for the for slaimly for the for slaimly for the for slaimly for s			
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions 1) AR: Acei 2) DA: Dem Priver/Owner: (4) FT: Fello Entact No: (5) FT: Fello Entact No: (6) TR: Re-in T) N1: Idea (7) TR: Re-in T) N2: Idea (7) TR: Re-in T) N2: Idea (7) TR: Re-in T) N3: Idea (7) TR: Re-in T) N4: Idea (7) TR: Re-in T) N2: Idea (7) TR: Re-in T) N3: Idea (7) TR: Re-in T) N3: Idea (7) TR: Re-in T) N3: Idea (7	; Towing Co: ()
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Date/Time Actions 1) AR: Accions 1) AR: Accions 1) AR: Accions 1) Tr: Town () 4) FT: Followance () Invoice Particulars: 1) AR: Accions 1) Tr: Town () 1) Tr: Town () 1) Tr: Followance () 2) DA: Dam 3) Tr: Town () 4) FT: Followance () 5) FT: Followance () 1) Tr: Re-in () 2) Tr: Post () 2) Tr: Post () 3) Tr: Town () 4) Tr: Post () 4) Tr: Re-in () 5) Tr: Followance () 6) Tr: Re-in () 7) Nr: Idae () 8) NTUC Ad () 1) Tr: Post () 1) Tr: Post () 2) Tr: Post () 3) Tr: Town () 4) Tr: Post () 4) Tr: Post () 6) Tr: Re-in () 7) Tr: Post () 8) NTUC Ad () 1) Tr: Post () 2) Tr: Post () 2) Tr: Post () 3) Tr: Town () 4) Tr: Post () 4) Tr: Post () 5) Tr: Post () 6) Tr: Post () 7) Tr: Post () 8) Tr: Post () 8) Tr: Post () 8) Tr: Post () 9) Tr: Post () 1) Tr: Post () 2) Tr: Post () 2) Tr: Post () 4) Tr: Post () 4) Tr: Post () 1) Tr: Post () 2) Tr: Post () 2) Tr: Post () 4) Tr: Post () 4) Tr: Post () 4) Tr: Post () 5) Tr: Post () 6) Tr: Post () 7) Tr: Post () 8) Tr: Post () 8) Tr: Post () 9) Tr: Post () 1) Tr: Post () 1) Tr: Post () 1) Tr: Post () 2) Tr: Post	· · · · · · · · · · · · · · · · · · ·	&P*:#***YA	· ·
2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Lumant's Particulars:- river/Owner: ontact No: amaged Portion: amaged Portion: C Checked by (Engr-In-Charge): 1) AR: Acei 2) DA: Dem 6) TR: Re-in 7) N1: Idae 8) NTUC Ad OD* *N5: Cour *N6: Repair *	Date&Time Completed	Done	by
Injury: Date/Time Actions NA 1901072 Invoice P Liumant's Particulars: Priver/Owner: Ontact No: Imaged Portion: Actions Invoice P 1) AR: Acei 2) DA: Dam 4 FF: Follo 5) FF: Follo For claiming 6) TR: Re-in 7) NI: Idae 8) NTUC Ad One C Checked by (Engi-In-Charge): *N5: Cour *N5: Cour *N6: Repair *N6			
Injury: Date/Time Actions NA 1901072 Invoice P Lumant's Particulars: 2) DA: Acei 2) DA: Particulars in the property of t			
Date/Time Actions NA 1901072 Invoice P Invoice P Invoice P I) AR: Acci 2) DA: Dam river/Owner: 4) FT: Follo pntact No: 5) FT: Follo For claims 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad C) Checked by (Engr-In-Charge): *NS: Cour *NS: Repa *NS: POV *NS: DV /* *NS:	7	2	
Date/Time Actions NA 1901072 Invoice P Invoice P Invoice P I) AR: Acci 2) DA: Dam river/Owner: 4) FT: Follo pntact No: 5) FT: Follo For claims 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad C) Checked by (Engr-In-Charge): *NS: Cour *NS: Repa *NS: POV *NS: DV /* *NS:			
Invoice P Invoice P Invoice P Invoice P I) AR: Acci 2) DA: Dem river/Owner: Ontact No: Invoice P I) AR: Acci 2) DA: Dem I) FT: Folio For claiming of TR: Resing I) NI: Idao I) Invoice P Invoice P I) AR: Acci I) AR: Acci I) II I I I I I I I I I I I I I I I I I		CAN STORING TO SE	
Invoices Particulars: Invoices Particulars: river/Owner: Invoices Particulars: river/Owner: Invoices Particulars: Invoices Particul		STANDAY TONOUS	
Invoices Particulars: I) AR: Accident Particulars: river/Owner: I) AR: Accident Particulars: I) AR: Accident Particulars: I) AR: Accident Particulars: I) AR: Accident Particulars: I) TF: Town Particulars: For claiming Particulars: I) FT: Follow Particulars: Invoices Particulars: I) AR: Accident			
Invoices Particulars: Invoices Particulars: river/Owner: Invoices Particulars: river/Owner: Invoices Particulars: Invoices Particul			
Invoices Particulars: I) AR: Accident Particulars: river/Owner: I) AR: Accident Particulars: I) AR: Accident Particulars: I) AR: Accident Particulars: I) AR: Accident Particulars: I) TF: Town Particulars: For claiming Particulars: I) FT: Follow Particulars: Invoices Particulars: I) AR: Accident			100 A 100 A
Invoices Particulars: In Mar. Accident Particulars: river/Owner: In Mar. Accident Particulars: In Ar. Accident Particulars			
Invoices Particulars: In Mar. Accident Particulars: river/Owner: In Mar. Accident Particulars: In Ar. Accident Particulars		Anit (S)	Amit (\$)
1) AR : Accident 2) DA : Dem 3) TF : Town 4) FT : Follow 5) FT : Follow 5) FT : Follow 6) TR : Re-in 7) N1 : Idae 7) N1 : Idae 6) TR : Re-in 7) N1 : Idae 6) TR : Re-in 7) N1 : Idae 7) N2 : Court 60	Preparation Checklist	III Bill	Add Bill
2 2 3 TF : Towin 4 FT : Follow 5 FT : Follow 6 TR : Re-in 7 N1 : Idae 7 N1 : Idae 8 NTUC Ad OD *	ident Reporting (\$30);	111	Sevenie.
### April 1	The state of the s	\$40/\$45	
For claims	w-Through Survey	\$120	
6) TR: Re-in 7) N1: Idao 1 1 1 1 1 1 1 1 1	ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 2	\$30	
8) NTUC Ad OD * C Checked by (Engr-In-Charge): *N5: Cour *N6: Repa uditors! Comments:: *N8: DV /	nspection	\$75	
C Checked by (Engr-In-Charge): *N5: Cour *N6: Repe *N7: Post *N8: DV /	DA + SMRT Survey	\$160	
*N6: Repa utilitors Comments::- *N8: DV /			
uditors' Comments :- *N7: Post		\$10	
	Repair Inspection	\$25	
TO ALL		\$5	-,
9) N12: Idac	Mobile	30	
1. 2 / 3: Invoice date:		THE R. P. LEWIS CO., LANSING, MICH.	
9) N12: Idac	riesy Car / Tpt Allowance air Co-ordination Repair Inspection / Collect Excess Coordination : TP (Non INC) against INC	\$5 \$10 \$25 \$5 \$20 30	

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.
- 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.

By the lodgement of this report to the insurers, you hereby con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/02/2019 09:21
Date Of Accident	31/01/2019 21:30
Exact Location Of Accident	PORT ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN2848R
Insured/Policyholder	
Name Of Registered Owner	CARSHOP
Co Reg No	53338498B
Email Address	MZMZMIC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94791191
Alternative Phone No	OFFICE-94791191
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Floot Bollow	

Fleet Policy NO

Policy Number 5106344320

Cover Note Number

Driver

Name of Driver CHUA KIN PING (CAI JINPING)

NRIC No S7437442E Date Of Birth 10/10/1974 Occupation OUTDOOR Date Of Driving Pass 20/06/1995

Driving Experience 23 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94791191

Fax Number

Contact Number OTHERS-94791191 **EMail Address** MZMZMIC@GMAIL.COM

BLK 154 MEI LING STREET Address #16-48

140154

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

2

NO

YES

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBE7426J

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

KHAIRIL IZNIE BIN ABDUL HAMID Name of Driver

S8435796J NRIC/Passport Number 94235251 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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>.
- 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.
- 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

il 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 .:

		, , , , , , , , , , , , , , , , , , ,		A- 6-	SJN2848F -GBE7426
		A A	Port R	Load.	
DESCRIBE CIRCUMSTANCE Vehical, was most slowing over-take hit on dange bar	- driving a down with yehred B	long Part. R the hezers - Suddenly	ead. They by 13ht, on vehical, 3. ehical, A	- DU 1	Helical B. elical A list and
DECLARATION I/We declare the foregoing particle of the control of	Driver's Sig	8		porting Centre Pime:	- 2/2016 ersonnel's Signature

Date & Time:

Name: NRIC/FIN No.:

SKETCH PLAN

(Bukit. Werah) Peportedon 01/2/2019 @ 1515/HCP. ACCIDENT STATEMENT

ACC	CIDENT DATE: 31,01, 2019 (DD/MM/YYY), TIME: (21-30)(HH:MM)	- 20 20
	ATION: Port Road.	
1.	1. DETAILS OF VEHICLE STN 2848 R	
	D)INSURANCE COMPANY:	
8.0	C)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	13 71
	f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE. / OTHERS)	
	.g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME:	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	84
2.,	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER	
	A)NAME: (MALE / FEMALE)	
	b)NRIC/FIN/PASSPORT:CONTACT:	
10 N N		550.47
Ano of passanger	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER	•
(Including driver)	d)NAME:(MAIE / FEMAIE)	
(()	b)NRIC/FIN/PASSPORT:CONTACT: 9479119	i (-
		18 E
	*d)DATE OF BIRTH: [
	e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING PASC	
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (VES. 1 MO)	IREPR
5.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
	DIROAD SURFACE: (DRY) / WET / OTHERS	
7.	WAS ANYBODY INJURED (YES (NO)	.*
	IF YES, PLEASE STATE WHICH POLICE STATION:	
No of passenger	a) VEHICLE NUMBER: GBET426J MODEL:	
- Including driver)	b) DRIVER'S NAME: KHAIRIL IZNIE BIN ABDUL HAM	dI.
() 9. TI	c) NRIC/FIN/PASSPORT: 58435796 JCONTACT: 942352	21
No of passenger "	d) VEHICLE NUMBER: MODEL:	
Including driver)	e) DRIVER'S NAME:	
(_)	ONTACT:	
(A)		
		94
	: email = mzmzmic@gmail-com	

VIDRO MZMZMIC@gmail-com Waiting for Company Chop?

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7437442E





CHUA KIN PING (CAT JINPING)

CHINESE

Date of birth 10-10-1974

Country of birth SINGAPORE





4183412



15-02-2008

APT BLK 154 MEI LING STREET #16-48 SINGAPORE 140154

NRIC No: \$7437442E

Date: 29/12/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and moter tractors/vehicles =< 2500 kg.

Class 4 Heavy motor cars and motor tractors > 2500 kg.

20 Jun 1995

31 Jan 2012

\$7437442E

S / No. 9000155399

NP 428A

Licence No: \$7437442E

eBaoTech

Hello, NAC_PAYA_UBI_800601

· Change Language

· Change Password

My Desktop Notice of Loss

Policy Query

Policy No. Vehicle No.(For Motor) SJN2848R

Date of Accident

Certificate Number

31/01/2019 21:30

Search

Certificate Select Policy No. Number 5106344320

Policyholder Name CARSHOP

Policyholder NRIC 53338498B

Product Cover Type Third Party SJN2848R SJN2848R

Vehicle Insured Object

Commence Date Expiry Date 14/12/2018 13/09/2019

GeneralClaim

Continue

Policy No	5106344320	Policyholder	CARSHOP	Policyholder	53338498B
ertificate	5100544320	Name		NRIC	
No.					
Address	25 WEST COAST CRESCENT #1	2-18 BLUE HO	RIZON SINGAPORE 128047		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	14/12/2018	Effective Date	14/12/2018 00:00	Expiry Date	13/09/2019 23:59
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		
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	holder Mailing Address				
Address 1	25 WEST COAST CRESCENT	Address 2	#12-18 BLUE HORIZON	Address 3	SINGAPORE 128047
Address 4		Address Type	Singapore address	Post Code	128047
Unit No.	12-18	Related Policy Number	5106344320		
▶ Insure	ed Object: SJN2848R				
▽ Endors	sements				
Sequen	ce Date of Endorsement	Endore	ement Type Endorse	ement Status	Endorsement Content

Claim Handling

Accident M1/1030936						
Policy No.	5106344320	Vehicle No.	5JN2848R		GST Regist	ration No
Certificate No.						
Policyholder Name	CARSHOP				Policyholde	r NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		Loading	
Contact No.(Mobile)	94791191	Contact No.(Office)	0		Contact No	.(Home)
Email Address		Special Remark			eCode	
KFK	« No Yes	TCA	No Yes		eCode Rea	son
NCD Protection	No	NCD Entitlement(%)	0		Private Hire	e
Report Date	07/02/2019 18:50	Accident Report Within 24 hrs	Yes		Accident Ty	/pe
Date of Accident	31/01/2019	Time of Accident hh:mm	21:30		Country of	Accident
Reporting Centre		Orange Force			ICM No.	
Accident Location	PORT ROAD					
₩ Excess						
Own damage Excess	0.00	Additional Excess	0		Windscreen	Excess
Unnamed Driver Excess	5.55	Outside Singapore OD Excess		0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00		
₩ Benefits	2,200.00			(8		
	ion					
	ACCORD		GST Regis	tration Date		
GST Registered	No		GST Statu		į	No
GST Registration No.			031 3000	5.044.515/8		
Modification History						
Policyholder Mailing Add	ress					
Address 1	25 WEST COAST CRESCENT	Address 2	#12-18 BLUE HOR	IZON	Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.	12-18	Related Policy Number	5106344320			
♥ OI Driver Info	2.7					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	CHUA KIN PING (CAI JINPING)	Driver NRIC	\$7437442E		Driver DO	В
Register Date of Driver License	20/06/1995	Driver Age	44		Driving Ex	perience
Contact No.(Mobile)	94791191	Contact No.(Office)	0		Contact No	o.(Home)
	BLK 154 #	Address 2	MEI LING STREET		Address 3	
Address 1		Address Type	Singapore address		Post Code	
Address 4	SINGAPORE 140154	Address sype	Singapore address			
Unit No.					32000000	
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Driver Insi	urer Com
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	⊕ Yes 🐞 No			
Reading?						
Modification History						
	h					
Claim 001 OD-MX New	1					
					1 January	-
Claim Type *				OD-MX	▼ Insured Name	CARSH
				00016000	Contact No.	
Contact No.(Mobile)				96816988	(Home)	-
2002242900					OI Vehicle	SJN284
Email Address					Number	331420
Claim Description				SJN2848R / GBE7426	ON 31 Jan 2019	
	SHOWING WARRANDS AND VOTER					
Preferred Workshop	FIGURIETE	y at Fault TGIA		1		
Finalisation Yes	Repair Preferred Workshop	p, Name unknown report Received	d *		Claim	
Date Registered	Septem 1			07/02/2019 19:01	Close	
					Workshop	
Report Taken By					Repairer	
4						
Print AK letter						

		S	Submit	J		
Attachment						
⇒	NESSEE SEE	52.00		82020		
ccident No.	MT/1030936	Claim No.		001		
ast Doc. Received	• Yes No	Upload Date		07/02/2019 18:55		
	Path *		passessess	Category *		Confidentia
Choose File No file	le chosen		Clear	Please Select	*	NO
Choose File No file	le chosen		Clear	Please Select	T.	NO
Choose File No file	le chosen		Clear	Please Select	*	NO
Choose File No file	le chosen		Clear	Please Select	•	NO
Choose File No file			Clear	Please Select	•	NO
Choose File No file	le chosen		Clear	Please Select		NO
Message Read						
Attachment Lis	Uploaded By/Date	Category	9	Urgency		D
a Tage	opidated by/bate	Lategory	0	orgency		
400	NAC_PAYA_UBI_800601{ NATJONAL ASSESSMENT CENTRE SERVICES} of 7 Feb 2019 19:00	NRJC/ Driving License		Normal		NRIC/ Drivi
13	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Feb 2019 18:59	n SAS		Normal		SA
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 07 Feb 2019 18:58	n Photos		Normal		Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Feb 2019 18:58	n Photos		Normal		Pho
-	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Feb 2019 18:58	n Photos		Normal		Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 07 Feb 2019 18:58	n Photos		Normal		Phot
**	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 7 Feb 2019 18:58	n Photos		Normal		Pho
· ·	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of Feb 2019 18:58	n Photos		Normal		Pho
网络	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Feb 2019 18:58	n Photos		Normal		Pho
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of Feb 2019 18:58	n Photos		Normal		Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 7 Feb 2019 18:58	n Photos		Normal		Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Feb 2019 18:58	n Photos		Normal		Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Feb 2019 18:58	n Photos		Normal		Pho
	NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Feb 2019 18:57	n Photos		Normal		Pho
0	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Feb 2019 18:57	n Photos		Normal		Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Feb 2019 18:57	n Photos		Normal		Pho
No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of Feb 2019 18:57	n Photos		Normal		Phot
-	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of					Pho