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OD (TP) Reporting Only		I-Motor W/O (Within: OD 2hrs, TP 4hrs)						
	i-Photo Uploa	ded	1					
TP Insurer:	Assessment/Sur	vey Report	<u>i</u>					
	Ass't Report by	Fax / Hand	to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:				
TP Particulars: Veh No: 54	1CT 060 H	. INC()/Non-INC()	man de la company				
Owner / Driver: (Tel:)				
Policy No: ()	Period: ()	Cover Type: ()				
Confirmed by : (Date:	Time:)				
			0%; P: 21-79%. P: 80-	100%]				
Year of Registration: ()	Warranty: YES ()/NO()					
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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	02/02/2019 12:51
Date Of Accident	01/02/2019 20:25
Exact Location Of Accident	BUKIT PANJANG RD
Country/State of Loss	SINGAPORE
Mark in a supposite temporary by property in	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM9659S
Insured/Policyholder	
Name Of Registered Owner	CHI ZI QUAN
NRIC No	S8002213A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98476639
Alternative Phone No	OFFICE-98476639
Vehicle Particulars	
Manufacturer	BMW
Model	535I 3.0L AT D/AB 2WD 4DR GAS/D SR HUD
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
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096297643-01
Cover Note Number	
Driver	
Name of Driver	CHIAR PEI JIAO, WENNIE
NRIC No	S8329387Z
D-1- O(B)-1-	46/00/4093

Date Of Birth 16/09/1983 Occupation OUTDOOR Date Of Driving Pass 16/06/2006

Driving Experience 12 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-94740988

Fax Number

Contact Number OFFICE-94740988

EMail Address NOEMAIL

126 PUNGGOL WALK Address

#12-07

Postcode 828774

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

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)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

: SHERMAINE CHI

GENDER: : FEMALE

Passenger 2

NAME:

: LUCAS CHI

GENDER: : MALE

Passenger 3

NAME:

: RAEANN CHI

GENDER:

: FEMALE

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC5060H

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

Page 2 of 20

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHIAR PEI JIAO, WENNIE

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKM9659S

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name SHERMAINE CHI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKM9659S

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name LUCAS CHI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKM9659S

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 4

Name RAEANN CHI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKM9659S

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the occident to speed up the claims procure.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 flability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the cert of the insurance companies.
- 5. Any false recording may be referred to the Police for investigation,
- 5. 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 hareby consent to the archiving of this report at the centre and to copies of the report being made available aforeseld.
- S. 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers lawyers/jaw 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 deims 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 peckages); and/or
 - (v) complying with applicable law in suministering, processing, handling and/or dealing with my dains. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/taw firms, may/are permitted to collect, usb, dictions and/or process my Personal Information for one or more of the above Purposes; and
- (i) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers on agents (including their lawyers/law firms), which they be sited outside of Singapore, for one or more of the above Purposes.
- (a) my Personal Information will also be coffected and used to compile cisims history for the purpose of freud detection, investigation and management in present and all future cisims.
- (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.

Porcyheldery signature

Date & Time:

Diffeet's Signature

(If driver is not the policyholosi)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ven B ! SHC 5060H

SKETCH PLAN		
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10 /10/2	My M.	Mad
orickholen seleveture	Oriver's Signature	Reporting Centre Personnel's Signature
Date & Bartin	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Date of Accident	01/02/2019 Accident Time: 2025 (24-HR-Format)
Accident Place	: Bukett Panjang Road
Vehicle Reg. No. (Car Plate No.)	SKM 9659 S
Vehicle Make/Model	BMW 5351 F10
Insurance Company	NTUC Policy No. 5096 297643-01
Owner or Company Name /IC No.	: (41 ZI QUAN S8002213A
Owner or Company Contact No.	: 98476639 Owner's Hp Company Tel
DRIVER'S Name / IC No.	CHIAR PEI JIAO, WENNIE
DRIVER'S Date Of Birth	: 16 09 / 1983 DRIVER'S License Pass Date 16 06 06
Relationship of Owner & Driver	: Spouse \Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	126 PUNGGOL WALK #12-07 5(828774)
DRIVER'S Contact No./ Alt No.	1) 94740988 2)
DRIVER'S Occupation	: INDOOR (OUTDOOR)(e.g. working inside or outside office)
Email Address	WINNIECHIAR WINNIECHIAR GMAN CON
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including)	Driver): 0 4 (2f, lm)
Was there any video Captured by Exact purpose for which vehicle w	car camera (YES) NO vas being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SHC 5060	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:
SHERMAINE CHI (F)
LUCAS CHI (M)
RAEANN CHI (F	



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8329387Z





CHIAR PEI JIAO, WENNIE

CHINESE

16-09-1983 Country/Place of birth

SINGAPORE



5318426

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

Motor Cars =< 3000kg with =<7 passengers, exclusive 16 Jun 2006 of the driver; and other motor vehicles =< 2500kg Class 3

NP 428A



Date of resue 17-06-2014

126 PUNGGOL WALK #12-07 SINGAPORE 828774

NRIC No: \$8329387Z

Date: 21/06/2017

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	Vehicle	No.(For Motor)	SKM9	659S		Cert	ificate Numbe	. 1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096297643- 01		CHI ZI QUAN	S8002213A	GPC	drivo CLASSIC	SKM96595	SKM9659S	08/12/2018	07/12/2019
						Continue					

Seque	nce Date of Endorseme	ent	Endorsement	Tune	Endorsement	Chatus	Endorsement Content
■ Endor	sements						
] Insure	ed Object: SKM9659S	2000000					
nit No.	#12-07	Relate Numb	ed Policy er	5096297643-01			
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rtificate No.					
ecynoloer Name	CHI ZI QUAN			Policyholder NRIC	58002213A
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	98476639	Contact No. (Office)	0	Contact No.(Home)	0
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K.	⊕ No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	30	Private Hire	No
Accident Details					
port Date	02/02/2019 14:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ite of Accident	01/02/2019	Time of Accident hh:mm	20:25	Country of Academ	Sec. 10 1 10 1
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ird Party Excess	0.00	Outside Singapore TP Excess	0.00		
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F Registered	No		***		
T Registration No.	NO		GST Registration Date GST Status Verified	West	
dification History			was and wanted	Yes	
Policyholder Hailing Ad	idress				
dress 1	126 PUNGGOL WALK	Address 2	#12-07 ECOPOLITAN	Address 3	SINGAPORE 828774
cress 4		Address Type	Singapore address	Post Code	828774
na No.	#12-07	Related Policy Number	5096297643-01	A new words	(****C4.7)
OI Driver Info		Charles Louis lamines			
iver Name	CHIAR PELIJAO, WENNIE	Driver Type	Named Driver		
named driver Name	Silver PEL SING, MEMBE	Driver NRIC	58329387Z	Driver DOS	16/09/1983
gister Date of Driver License	16/06/2006	Driver Age	35	Driving Experience	12
ntact No.(Mobile)	94740988	Contact No.(Office)	0	Contact No.(Home)	0
idress 1	126 PUNGGOL WALK	Address 2		STATE OF THE PARTY	Secure assessment
	120 PUNGIGUE WALK		ECOPOLITAN	Address 3	SINGAPORE 828774
dress 4	8000	Address Type	Singapore address	Post Code	828774
nit No. oes he own a Singapore	12-07				
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration eathalyser or Blood Test					
ading?	0 mg	Any injury?	Yes ○ No		
dification History					
account to the					
Claim 001 New					
im Type *	DO-MX	Insured Name	CHI ZI QUAN	Insured NRIC	S8002213A
ntact No.(Mobile)	98476639	Contact No. (Home)	64431438	Contact No.(Office)	
nail Address		Of Vehicle Number	SKM9659S	TP Vehicle Number	SHC5060H
imant Type Claimant Type*	Please Select	Type of Benefit *	Please Select		
imant Name *	22	Claimant NRIC *	And the second s		
mant Address					
im Description	SKM96595 / SHCS060H DN 1 Feb 2019			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liabelty *	Not at Fault		-

guire Finelisation	res 🔻	Preferered Repair Option	Preferred Workshop, Name unknown		Received
te Registered	02/02/2019 14:49	Claim Close Date		Date Received	02/02/2019 00:00
port Taken By	Jackson				
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			end end		
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cident tin	MT/1030467	Chaire No.	200		
cident No.	MT/1030662	Claim No.	001		
tt Doc. Received	● Yes ○ No	Upload Date	02/02/2019 14:50		
	Path *	100000000000000000000000000000000000000	Category *	Confidential Urgen	120
		Browse.	Clear Please Select	V Normal	▼
		Browse.	Clear Please Select	NO V Normal	V
		Browse.	Clear Please Select	NO V Normal	

