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18 19 2 10 00	Jcb description		Date &Time C	1	Don	ie py:
Ref No: LIA LINCIA MARGINIAN	SAS e-filing					
Veh No: DMSWGE	E-mail (within Sh	rs, AIC 2hrs)	T			
D.O.A: 16/3/19-06.45	i-Motor Claim	Form	m7/1036450	- 100	873/19	
OD (TP) Reporting Only	i-Motor W/O	Within: OD 2hrs		(a 1.100 _ 0	913114	N.
os it reporting only	i-Photo Upload	led	1			
TP Insurer:	Assessment/Sur	ey Report				
The state of the s	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel;	Fax	:	
TP Particulars: Veh No: SG	P5916	. INC ()/Non-INC	().	Section 11	-
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time.	Security House)	
Insured/Driver Liability: (%)	[Note-Est. Status (WC): N: 0-20	%; P: 21-79%.	P: 80-100	%]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1	,000()/\$2,000()				
General Remarks:-	formation strictly Confi	SEC. 22. 27.05.20	r v start	@1273 P13		
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1 2 Control of the	connector strictly conne	dential & Stri	ctly NO refer of	repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.		1 3			
Drive-In ()/ Towed-In (); Invoice	ce: YES () / NO	(); To	wing Co: (*)
Remarks: (INC hofline: 6788 6616)	Carl Carl		li.	77 (W78127 7	No.	Grin.
	Courtesy Car ()	6.000	Date&Time Cop	piciod S	Done	py
	country car (San Company Company	Control Inc.		
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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.
- 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 aforesaid.

ACCIDENT :	STATEMENT
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Date Of Report 18/03/2019 12:02
Date Of Accident 16/03/2019 06:45

Exact Location Of Accident BKE TWDS WOODLANDS BEFORE WOODLANDS AVE 3 EXIT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM5249E

Insured/Policyholder

 Name Of Registered Owner
 FOO SAY TING

 NRIC No
 \$1309652Z

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97366911

 Alternative Phone No
 OFFICE-97366911

Vehicle Particulars

Manufacturer TOYOTA

Model CAMRY 2.0 AUTO ABS AIRBAG

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 THIRD PARTY

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 5106692367

Cover Note Number

Driver

 Name of Driver
 FOO SAY TING

 NRIC No
 \$1309652Z

 Date Of Birth
 08/06/1958

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/04/1984

Driving Experience 34 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97366911

Fax Number

Contact Number OFFICE-97366911

EMail Address NOEMAIL

Address BLK 479 PASIR RIS DRIVE 4 #10-447

510479

Was driver as employee of the lawredle Comment

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

-

2

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

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? YES

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

Number of Passengers (Including Driver)

Passenger 1

NO

NAME: : -

GENDER: : FEMALE

Passenger 2

NAME:

× .

GENDER: : FEMALE

Passenger 3

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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

SGP5915K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

91017588

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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.
- 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 .:

Policyholder's Signature

Date & Time:

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

Reporting Centre Personnel's Signature Name:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: 566550020G / GST Reg. No.: M400017735

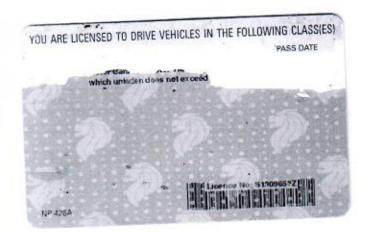
IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEN	DUM	
(A)	PARTICULARS OF PE	RSON MAKING THE AMENDMEN	TS:	
	Original Report No	: MNA119035610	Vehicle Registration No:	SJM5249E
	Name(as shown in NRIC)	FOO SAY TING	NRIC/FIN/Passport No:	S1309652Z
	(*Vehicle Briver /Ve	ehicle Owner) (*) Please delete as	appropriate	
	Address	: BLK 479 PASIR RIS DRIVE 4	#10-447	Singapore(510479
	Contact (Tel)	\$ ₄	Mobile No. :_ <u>97366911</u>	
	Email Address	:		cut
	Date of Accident	: 16/03/2019	Time of Accident :06:4	45
	Place of Accident	BKE TWDS WOODLANDS BE	FORE WOODLANDS AV	E 3 EXIT
	Insurance Company	:_NTUC Income Insurance Co-	operative Ltd	
(B)	ADDITIONALINFOR	MATION / AMENDMENTS:		
	I have made a report make the following a	on the above mentioned acciden amendments:	t and would like to include a	dditional information or
	Amend to third par	ty claim from reporting only		
	2			
		2		
	1			Ma
	Policyholder / Driver' Date:	's Signature	Reporting Centre Pers Name: NRIC/FIN No.:	onnel's Signature

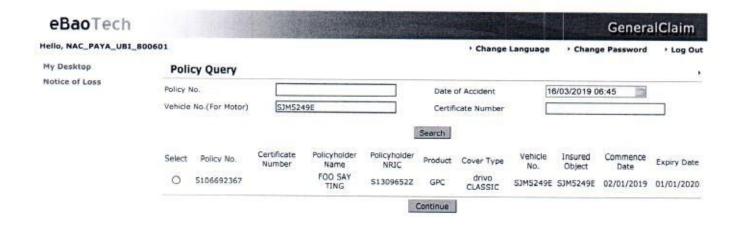
Date:











Sequer	nce Date of Endorsemen	nt	Endorsemen	nt Type	Endorsement	Status	Endorsement Content
□ Endors		100	SASKANO MATERIAL	DALLANDON A		AC 1000 Y	
D Insure	d Object: SJM5249E						
Unit No.		Relat Numi	ed Policy per	5106692367			
Address 4		Addre	ess Type	Singapore address		Post Code	510479
Address 1	BLK 479 #10-447	Addre	ess 2	PASIR RIS DRIVE 4		Address 3	SINGAPORE 510479
Policyl	holder Mailing Address						
Certificate Info							
Policy Info							
Flag Open							
Co- nsurance	No						
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Y	
DD Excess	000	TP Excess	•			Toung/	mexperience priver excess
Outside Singapore	600	Outside Singapore	0			Vounce	Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Excess		Excess			Excess		
Third Party	0	Own damage	600		Windscreen	100	
Excess Type		All Claims Excess					
ssué Date	02/01/2019	Effective Date	02/01/2019	9 00:00	Expiry Date	01/01/2020 23	:59
Name Policy	PRIVATE CAR INSURANCE	Plan			Policy Flag	N	
Address Product	BLK 479 #10-447 PASIR RIS DR		UKE 310479		Group		
Certificate No.		n = 1 on o 11					
	5106692367	Policyholder Name	FOO SAY T	ING	Policyholder NRIC	S1309652Z	

Policy No.					
	5106692367	Vehicle No.	53M5249E	GST Registration No.	
Certificate No.			DA GENERAL	Gar Registration No.	
Policyholder Name	FOO SAY TING			2007/07/07/07	02100000
reduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NR3C Loeding	\$1309652Z
Contact No. (Mobile)	97366911	Contact No. (Office)	0	89	
mail Address	90937000		0	Contact No.(Home)	0
FK .	84000	Special Remark		eCode	No. V
	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	30	Private Hire	No
Accident Details					
iport Date	18/03/2019 20:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
the of Accident	16/03/2019	Time of Accident hh:mm	06:45	Country of Accident	Singapore
porting Centre		Orwinge Force		ICM No.	
cident Location	BKE TWOS WOODLANDS BEFORE WOODLA	NDS AVE 3 EXIT			
Excess					
vn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History			100000000000000000000000000000000000000	777-0	
Policyholder Mailing Address 1	BLK 479 #10-447	Address 7	1000 NO 100 NO 1	7701277000	
	DLN 4/2 # 10/94/	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510479
Raress 4		Address Type	Singapore address	Post Code	510479
ot No.		Related Policy Number	5106692367		
ver Name	POOR SAN TIME				
names driver Name	POD SAY TING	Driver Type	Main Driver	1920000000	
gater Date of Driver License		Driver NRIC	S1309652Z	Driver DOB	08/06/1958
		Driver Age	60	Driving Experience	34
mact No.(Mobile)	97366911	Contact No.(Office)	0	Contact No.(Home)	0
dress I	BLK 479	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE \$10479
Oress 4		Address Type	Singapore address	Post Code	510479
it No.	10-447				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
daration					
ethelyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
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States History	Innere 527				
ofication Hotory Italian 001 New	DD-MX	Indured Name	FOO SAY TING	Insured NRJC	\$1309652Z
m Type * sact No.(Mobile)	CO-MX V 97366911	Contact No.(Home)	MIL	Contact No.(Office)	
m Type * sact No.(Mobile) set Address	97366911	Contact No.(Home) OI Vehicle Number	NIL \$3M\$249E		\$1309652Z \$GP5915K
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in Type * nact No. (Mobile) si Address mant Type Claimant Type * mant Name * mant Address m Description	97366911 Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	NIL \$3M\$249E	Contact No.(Office)	
in Type * nact No. (Mobile) si Address mant Type Claimant Type * mant Name * mant Address m Description	97366911 Please Select ✓	Contact No.(Home) OI Vehicle Number Type of Benefit *	NIL \$3M\$249E	Contact No. (Office) TP Vehicle Number	
m Type * Ract No. (Mobile) se Address mant Type Claimant Type * mant Address m Description lerred Workshop Contact	97366911 Please Select ✓	Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *	NIL. S3M5249E Please Select	Contact No. (Office) TP Vehicle Number	
m Type * Ract No. (Mobile) se Address mant Type Claimant Type * mant Address m Description leared Workshop Contact user Finelisation	97366911 Please Select ≥≥ SIMS249E / SGP5915K ON 16 Mar 2019	Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *	NIL S3M52498 Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SGP5915K
in Type * Ract No (Mobile) at Address mant Type Claimant Type * mant Address mant Address m Description ferred Workshop Contact uire Finalisation e Registered.	97366911 Please Select >> SIMS249E / SGP5915K ON 16 Mar 2019 Yes	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	NIL S3M52498 Please Select Not at Fault	Contact No. (Office) TP Vehicle Number	 SGP5915K
m Type * Ract No. (Mobile) se Address mant Type Claimant Type * mant Address m Description ferred Workshop Contact usire Finalisation e Registered ort Taken By	97366911 Please Select >> SIMS249E / SGP5915K ON 16 Mar 2019 Yes 18/03/2019 20:21	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	NIL S3M52498 Please Select Not at Fault	Contact No. (Office) TP Vehicle Number	SGP5915K
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