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D.O.A: 3/4/19-19:50	i-Motor Claim Form	M711079319-001	אין אוף אי	00
OD : (TP)! Reporting Only	I-Motor W/O (Within: OD 2h			
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TD !	Assessment/Survey Report	i		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Fax:	-
TP Particulars: Veh No: Vm Kos	Vel INC (		-	
Owner / Driver: (	38/0	Tel:	1	
Policy No: ( ) Perio	d: ( )	Cover Type: (		-
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [No	te-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
	arranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000	( )/\$2,000( )			
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3) Upload Resurvey Photo [Repair Cost > \$300	07 ( )	· · · · · · · · · · · · · · · · · · ·		
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river/Owner:	4) FT : Follow-T	brough Survey	\$120	
ontact No:		hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005	\$30	
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 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 aforesaid.

dicresara,	
	ACCIDENT STATEMENT
Date Of Report	08/04/2019 17:13
Date Of Accident	07/04/2019 19:50
Exact Location Of Accident	CIRCUIT RD
Country/State of Loss	SINGAPORE
And the state of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY1452H
Insured/Policyholder	
Name Of Registered Owner	KOH SENG TIANG
NRIC No	S7126156E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92744127
Alternative Phone No	OFFICE-92744127
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE 4DR
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO

5011287527-13

KOH SENG TIANG

NOEMAIL

### Driver

Policy Number

Name of Driver

EMail Address

Cover Note Number

NRIC No	S7126156E
Date Of Birth	26/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92744127
Fax Number	
Contact Number	OFFICE-92744127

Address 41 JALAN CHENGKEK

Postcode 369264

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 COLLISION - MAJOR/MINOR RD

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

YES

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)

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE COMING OUT FROM MINOR RD AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

#### 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 SMK8838K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver SIM HWEE ENG NRIC/Passport Number S1699311E

Contact Number 93391069

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: : GENDER: :

Passenger 2

NAME: :

GENDER: :

### 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 <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:
  - 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)

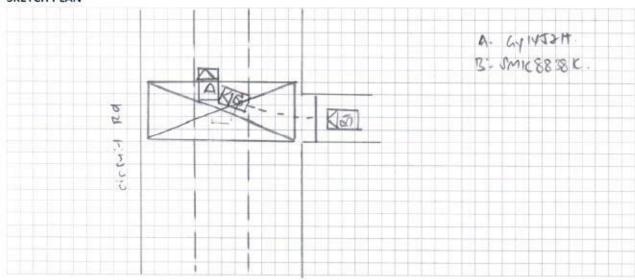
Date & Time:

Reporting Centre Personnel'

Name:

NRIC/FIN No.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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### DECLARATION

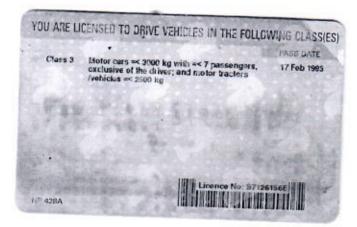
I/We declare the foregoing particulars are true in every respect.

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.:









<b>eBao</b> Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	• Chan	ge Password	• Log Ou
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date	of Accident	C	7/04/2019	19:50	
	Vehicle No.(For Motor)	GY1452	2H		Certifi	icate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5011287527-		KOH SENG TIANG	S7126156E	GCV	Third Party, Fire & Theft	GY1452H	GY1452H	13/01/2019	12/01/2020
			51.01		Continue	1				

Policy No.	5011287527-13	Policyholder Name	KOH SENG	TIANG	Policyholder NRIC	S7126156E	
Certificate No.					11112		
Address	41 JALAN CHENGKEK SINGAPOR	E 369264					
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	02/01/2019	Effective Date	13/01/201	9 00:00	Expiry Date	12/01/2020 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	INCOME-CUSTOMER DEPT	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
	41 JALAN CHENGKEK	Addre	ss 2	SINGAPORE 36	9264	Address 3	
Address 1						D C	
Address 1 Address 4		Addre	ss Type	Singapore addr	ess	Post Code	369264
			ed Policy	Singapore addr 5011287527-1		Post Code	369264
Address 4 Unit No.	ed Object: GY1452H	Relati	ed Policy			Post Code	369264
Address 4 Unit No.		Relati	ed Policy			rost Code	369264

ecident MT/1039319 alicy No					
	5011207527-13	Vehicle No.	QY1452H	GST Registration No.	
ertificate No.					
olicyholder Name	KOH SENS TIANS			Policyholder NRIC	87126156E
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Tyse	Third Party, Fire & Theft	Loading	0
mact No. (Mobile)	92744127	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark	.77	eCode	THE V
K	® No ○Yes	TCA	® No ○Yes	eCode Reason	1
D. Protection	No	NCD Entitlement(%)			
Accident Details	No.	NCD Entitlement(%)	20	Private Hire	No
port Date	08/04/2019 19:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
e of Accident	07/04/2019	Time of Accident hh:mm	19:50	Country of Acadent	Singapore
orting Centre		Drange Force		ICM No.	
Ident Location	CIRCUIT RO				
Excess					
n damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
named Driver Excess		Outside Singapore OD Excess		William Labers	3.40
rd Party Excess	0.00				
Benefits	0.00	Outside Singapore TP Excess			
GST Registered Informa			11.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		
Registered Registration No.	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
The state of the s					
Policyholder Hailing Ad	dresa				
ress 1	41 JALAN CHENGKEK	Address 2	SINGAPORE 369264	Address 3	
tress 4		Address Type	Singapore address	Post Code	369264
it No.		Related Policy Number	5011287527-13		C-1-001000 ().
OI Driver Info		Mention Laint Mondel	3011101327-13		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	KOH SENG TIANS	Driver NRIC	57126156E	Driver DOS	25 102 14 004
ister Date of Driver License					26/07/1971
		Driver Age	47	Driving Experience	24
tect No.(Mobile)	92744127	Contact No.(Office)	0	Contact No. (Home)	0
reas 1	41 JALAN CHENGKEK	Address 2	SINGAPORE 369264	Address 3	
ress 4		Address Type	Singapore address	Post Code	369264
t No.					
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No:		Driver Insurer Company	
laration athalyser or Blood Test			S124SCATROX		
ding?	D mg	Any injury?	○ Yes ® No		
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m Type • fact No. (Mobile)	92744127 setikoh@hoomail.com	Contact No.(Home) OJ Vehicle Number	MIL GY1452H		67126156E 5MK8838K
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