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Veh No: Acz 91M	E-mail (with	ia Shrs, AIC 2hrs)			
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OD / TP / Reporting Only	i-Motor W	O (Within: OD 2hrs	TP 4hrs)	23/4/19 1	1.01
OB TE Reporting Only	i-Photo Up		· · · · · · · · · · · · · · · · · · ·		* ***
		Survey Report			
TP Insurer:		by Fax / Hand to	Ourner/Wisen		
Preferred Wksp / INC Assign Wksp / QW		oj <u>ruzi riano</u> ti			
		DIC/	W. 10	Fax:	
Owner / Driver: (98441402	, INC ()/Non-INC()	-	
Policy No: (Period: (Tel:		
Confirmed by : (. dr.dr. (Date:	Cover Type: (
	%) Note Het Status		%; P: 21-79%. P: 30-)	
V6P) Warranty: YES (2 15 1		100%]	
)		
General Remarks:	\$1,000 ()/\$2,00	0()			
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection	6))/Courtesy Car ()	Date&Time Completed	Done	by
The state of the s	()			
3) Upload Resurvey Photo [Repair Cost:	> \$3000] ()	· · ·		71705
Injury:					
Date/Time Actions	State of the state	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			A TOTAL
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timant's Particulars :-	A V	1) AR : Accident Re		for Bill	Add
iver/Owner:		2) DA : Damage As 3) TF : Towing Fee	sessment (\$100); INC (\$80 \$40/	and the second second	
		4) FT : Follow-Thro	agh Survey \$	120	
ntact No:	34 		ugh Survey (Resurvey) nst INC Only (wef 10 Jan 2005)	\$30	
maged Portion:		6) TR : Re-inspection	n .	\$75	
	1	7) N1 : Idac DA + S 8) NTUC Additions	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	160	
Checked by (Engr-In-Charge):	4	OD*	- IT-1 All	66	
Notes and the same		*N5: Courlesy Ca *N6: Repair Co-o	r/Tpt Allowance rdination	\$5	
ditors' Comments :-		*N7: Fost Repair		\$25 \$5	
L:	** Market Mars* 18001 (1822) 555	TP (N11): TP (N	on INC) against INC	520 .	
2/3:	Tind C 1/10 - Local Co 2	9) N12: Idea Mobile Invoice dated	Fee Charged	30	in the same
740		Invalce dated	Fee Charged	Section 1	

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.
- Information provided must be as <u>truthful and accurate</u> 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.	
Sand Dank Back Back	ACCIDENT STATEMENT
Date Of Report	23/04/2019 12:45
Date Of Accident	22/04/2019 16:00
Exact Location Of Accident	JUNC EAST COAST RD & STILL RD
Country/State of Loss	SINGAPORE
Application of the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SK391M
Insured/Policyholder	
Name Of Registered Owner	NG THIAN SER
NRIC No	S0082995A

Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97801833

Alternative Phone No OFFICE-97801833

Vehicle Particulars

Manufacturer MERCEDES-BENZ

Model E200 AUTO

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY
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

Policy Number 0083086355-15

Cover Note Number

Driver

 Name of Driver
 NG HUIMIN

 NRIC No
 \$8908848H

 Date Of Birth
 17/03/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 16/12/2009

Driving Experience 9 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93365757

Fax Number

Contact Number OFFICE-93365757

EMail Address NOEMAIL

Address 4 HAPPY AVENUE EAST

Postcode 369814

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

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.

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS THE TRAFFIC JUNCTION WAS RED. WHEN THE TRAFFIC JUNCTION WAS IN GREEN ARROW, I PROCEED TO MAKE A RIGHT TURN. VEHICLE B PROCEED TO MAKE A RIGHT TURN, SO I PROCEED ACCORDINGLY. SUDDENLY VEHICLE B JAMMED BRAKE, I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

GBA4140Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver KHAN A SALAM NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

G8136320Q

1

Page 2 of 14

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.
- 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:

- (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:
 - (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
- (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

or complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

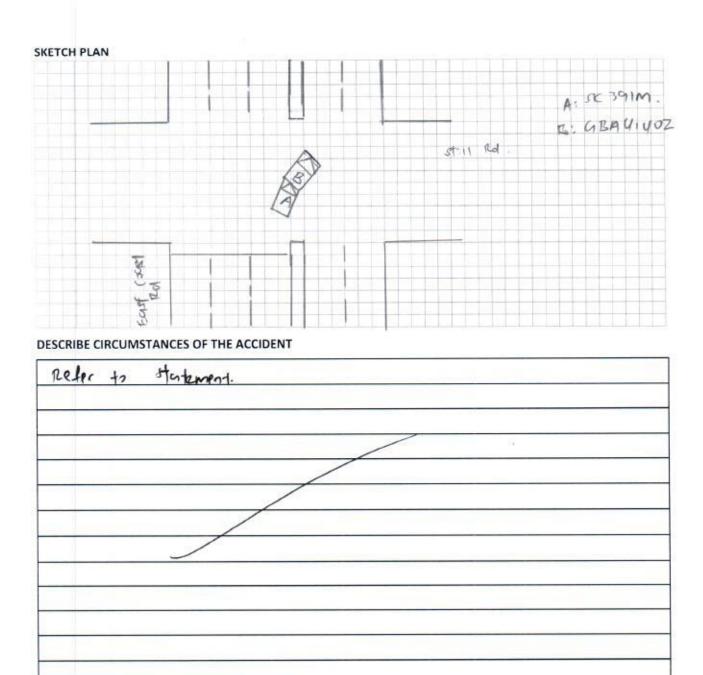
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person l's Signature Name:

NRIC/FIN No.:



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.:

REPUBLIC OF SINGAPORE



Name

NG HUIMIN



敏

CHINESE Date of birth 17-03-1989

Date of birth

17-03-1989

Country of birth

SINGAPORE

SHOUSERH







eBao Tech							THE REAL PROPERTY.		Genera	alClaim
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My Desktop	Policy Query									,
Notice of Loss	Policy No.				Date	of Accident		22/04/2019	16:00	
	Vehicle No. (For Motor)	SK391M			Certif	icate Number	i i			
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 0083086355- 15		NG THIAN SER	S0082995A	GPC	Third Party, Fire & Theft	SK391M	-	07/10/2018	06/10/2019
				E	Continue]				

	0083086355-15	Policyholder Name	NG THIAN	SER	Policyholder NRIC	S0082995A	
Certificate No.		11000			7317878		
Address	4 HAPPY AVENUE EAST SINGAPO	RE 369814					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	14/09/2018	Effective Date	07/10/201	8 00:00	Expiry Date	06/10/2019 23	:59
Excess Type		All Claims Excess					
Third		Own			Windscreen		
Party Excess	0	damage Excess	0		Excess	0	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD	0	Singapore	0			Young/	Inexperience Driver Excess
Excess		TP Excess				-	
Agent	INCOME-CUSTOMER RELATIONS	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Info	holder Mailing Address						
Certificate Info Policy Address 1	holder Mailing Address 4 HAPPY AVENUE EAST	Addre	ss 2	SINGAPORE 3698	14	Address 3	
Info Policy	TOTAL VENEZUE CONTROL CONTROL AND		ss 2	SINGAPORE 3698 Singapore address	70,000	Address 3 Post Code	369814
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Mode						
MARINE ME NO DE COME SES	Ident M1/1041374					
Martine Mart	Icy No.	0083085355-15	Vehicle No.	SK391M	GST Registration No.	
MICHAN M	tificate No.					
Seed Control of MACHET CAN PROJUNITATE 1 PROJECTION 1 P	icyholder Name	NG THIAN SER			Policyholder NRIC	50082995A
Martine Mar	duct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft		0
Security	ntact No.(Mobile)					
This content	al Address					
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STATE STAT	port Date	23/04/2019 15:05	Accident Report Within 24 hrs	Yes	Acadent Type	Collision - Head to Rear
STATE STAT	te of Acodem	22/04/2019	Time of Acrident blomm	16:00	Courses of Acceptage	Signapore
March Marc		OHE MEETS		10.00		Singapore
Marcian Parison			Grange Porce		ILM No.	
Marchanic Marc		JUNC EAST COAST RD & STILL RD				
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Command Comm	n damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Page	named Driver Excess	9.90	Outside Singapore OD Excess	0.00		
Page	rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
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Diver Age Diver Leries 16/12/2009	named driver Name				Driver DOB	17/03/1989
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## Address Prienserg@yahou.com.sg Od Vehicle Number SKJ93M TP vehicle Number GBA4140Z Mark Type Please Select Type of Benefit Type of Be	m Type *	OD-MX	Insured Name	NG THIAN SER.	Insured NRIC	S0082995A
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