NATIONAL Assessment Centre Services | WHI 1 James MHA 11954600 Date In: 27/4/19 -16:19 Jeb description Date & Time Completed Done by Ref No: Halincigo 2448/24 SAS e-filing Vch No: 1058028B E-mail (within Shrs, AIC 2hrs) D.O.A : 26/4/19-17:50 i-Motor Claim Form M7/1042007-001 27/4/19 16:53 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD (TP) Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Fax: Tel: TP Particulars: Veh No: SMO 1987A INC ()/Non-INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: (Confirmed by : (Date: Time:) Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: ()/NO(Warranty: YES (Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks:- (INC hofline: 6788 6616) Date&Time Completed Done by 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Anit (S) Invoice Preparation Checklist MA1903035 Int Bill Add Bill Claimant's Particulars :-1) AR : Accident Reporting 2) DA : Damege Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 Driver/Owner: 4) FT : Follow-Through Survey \$120 Contact No: 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) \$75 Damaged Portion: 6) TR: Re-inspection 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Fost Repair Inspection \$25 Auditors' Comments :-*N8: DV / Collect Excess Coordination \$5 Cat. 1: TP (N11): TP (Non INC) against INC \$20 9) N12: Idno Mobile at. 2/3: Alverte Leading Invoice dated Fee Charges Invoice dated Fee Charged

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 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.

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Date Of Report 27/04/2019 16:19
Date Of Accident 26/04/2019 17:50

Exact Location Of Accident SLIP RD OLD TAMPINES RD TWDS LOYANG AVE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCF8028B

Insured/Policyholder

Name Of Registered Owner FOO TIANG HUI SIMON

NRIC No S1813714C
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97378028

 Alternative Phone No
 OFFICE-97378028

Vehicle Particulars

 Manufacturer
 HYUNDAI

 Model
 FD I30 CW 1.6 A

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5103101252

Cover Note Number

Driver

Name of Driver FOO TIANG HUI SIMON

 NRIC No
 \$1813714C

 Date Of Birth
 07/09/1967

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/06/1991

Driving Experience 27 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97378028

Fax Number

Contact Number OFFICE-97378028

EMail Address NOEMAIL

Address 178 LOYANG RISE

Postcode 507423

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 - HEAD TO REAR

Weather Conditions CLEAR
Road Surface WET

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

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 BEFORE THE STOP LINE OF OLD TAMPINES RD WAS GIVING WAY TO ONCOMING VEHICLES TRAVELLING ALONG LOYANG AVE. SUDDENLY MY REAR END OF MY VEHICLE WAS COLLIDED BY VEHICLE B FRONT 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMJ1983A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

SNG SENG SIANG (SUN CHENGXIANG)

NRIC/Passport Number

S7937838J

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

98421919

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)

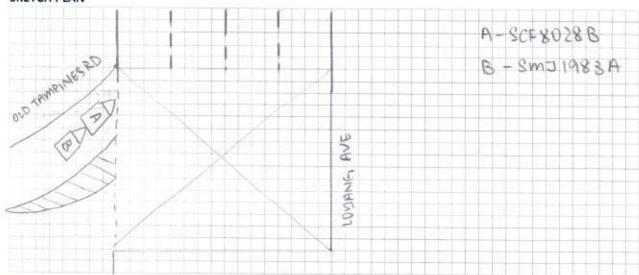
Date & Time:

Reporting Centre Persopnel

Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rober	to	Hute ment.	
	-		

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 Personne s Signature

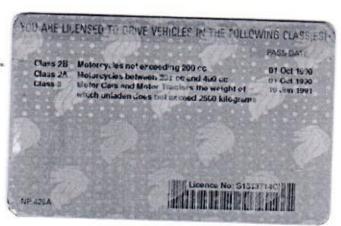
Name:

NRIC/FIN No.:









Query				Change	WOUND STREET			
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Query								
			Date o	of Accident	27	7/04/2019 1	7:50	
o.(For Motor) SCF80)28B		Certifi	cate Number				
		1	Search					
Policy No. Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
103101252	FOO TIANG HU1 SIMON	S1813714C	GPC	drivo CLASSIC	SCF8028B	SCF8028B	25/10/2018	19/08/2019
	Policy No. Certificate Number	Policy No. Certificate Number Name 103101252 FOO TIANG	Policy No. Certificate Policyholder Number Name NRIC	Policy No. Certificate Policyholder Number Name NRIC Product 103101252 FOO TIANG CARAZZAGO CON	Policy No. Certificate Number Name Policyholder Number Name NRIC Product Cover Type 103101252 FOO TIANG \$1813714C GPC drivo	Policy No. Certificate Policyholder Policyholder Number Name NRIC Product Cover Type Vehicle No.	Policy No. Certificate Policyholder Number Search Policy No. Certificate Number Name NRIC Product Cover Type Vehicle Insured No. Object 103101252 FOO TIANG \$18137145 GPC drive programs occasions.	Policy No. Certificate Policyholder Policyholder Number Name NRIC Product Cover Type Vehicle Insured Commence Number 103101252 FOO TIANG \$1813714C COVER TYPE OF OR OBJECT OF OR OBJECT OF ORDER OF THE PRODUCT OF THE PROD

Policy No.	5103101252	Policyholder Name	FOO TIAN	G HUI SIMON	Policyholder NRIC	S1813714C	
Certificate No.		, worke			MAC		
Address	178 LOYANG RISE SINGAPOR	E 507423					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	17/08/2018	Effective Date	25/10/201	8 00:00	Expiry Date	19/08/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076		GST Flag	Υ	
Co- insurance Flag Open	No				37007711-0-2		
Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	178 LOYANG RISE	Addre	ss 2	SINGAPORE 507	7423	Address 3	
Address 4		Addre	ss Type	Singapore addres	ss	Post Code	507423
Unit No.		Relate	ed Policy er	0081024652-15			
) Insure	d Object: SCF8028B						
	sements						
	nce Date of Endorsem	ent	Endorsemer	nt Type	Endorsement	Status	Endorsement Content
Sequen	oute of Eligoracii	7.					

cident MT/1042007					
icy No.	5103101252	Vehicle No.	SCF80288	GST Registration No.	
tificate No.			S-10-10-10-10-10-10-10-10-10-10-10-10-10-	GOT REGISCALIOTI NO.	
cyholder Name	FOO TEANS HUE SEMON			Policyholder NR3C	
ouct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		S1813714C
hact No.(Mobile)	97378028	Contact No.(Office)	0	Loading	0
N Adoresa	5034 35 35 35	Special Remark		Contact No.(Home)	0
	® No ○ Yes	TCA	8 ** 0 ***	eCode	Du Y
Protection	No		® No () Yes	eCode Reason	
Accident Details		NCD Entitlement(%)	90	Private Here	Yes
ort Date	27/04/2019 16:52	A MARKAGAN WATER OF THE PARTY O	and the		
		Accident Report Within 24 hrs	Yes	Acodem Type	Collision - Head to Rear
of Accident	26/04/2019	Time of Accident hh:mm	17:50	Country of Accident	Singapore
orting Centre		Drange Force		ICM No.	
Jent Location	SLIP RO OLD TAMPINES RO TWOS LOYA	NG AVE			
Excess					
damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
amed Oriver Excess	0.00	Outside Singapore OD Excess	2,000.00		
If Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits			1,500,00		
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.	00000		GST Status ventied	Yes	
fication History			NEW COOK OF STREET	777	
Policyholder Mailing As	Idress				
ess 1	178 LOYANG RISE	Address 2	SINGAPORE 507423	Address 3	
455 4		Address Type	Singapore address	Post Code	507423
No.		Related Policy Number	0081024652-15		SW/MED
OI Driver Info			300102-032-13		
er Name	FDO TIANG HUI SIMON	Driver Type	Main Driver		
med driver Name		Driver NRIC	S1813714C	10204010202	V 2272034034
ster Date of Driver License	19/06/1991			Driver DOS	07/09/1967
act No.(Mobile)		Driver Age	51	Driving Experience	27
	97376028	Contact No.(Office)	0	Contact No. (Home)	0
ess 1	178 LOYANG RISE	Address 2	SINGAPORE 507423	Address 3	
ess 4		Address Type	Singapore address	Post Code	507423
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