Date In: 6/7/9-16-14	Jeb description	Date & Time Completed	Done	py.
Reino: NA/INCIGOO 7957/14	SAS e-filing			
Veh No: Jb 3443	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 4/5/19-19:35	i-Motor Claim Form	10.012611W	6/1/19 18:	29
OD : TP- ' Reporting Only	i-Motor W/O (Within: OD 2hr:			
OD : 12 Reporting Only	i-Photo Uploaded	1		1
TP Insurer:	Assessment/Survey Report			
Transacci.	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax;	
TP Particulars: Veh No: 6	196995 . INC ()/Non-INC()	*	Res District
Owner / Driver: (Tel:)	11-11-2
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	(Colonial N
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$				
General Remarks			Ser Silver	
() Walk-In Customer: Customer's in				-
() Total Loss Case : to e-mail Inst	urer URGENTLY.		,	
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO(); T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)		and the second	7.1658.380	617
		Date&Turie Completed	Ser Maone	ry
2) QC Check / Post Repair Inspection	/ Courtesy Car ()	-		HAS TO SECOND
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3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	06/05/2019 16:44
Date Of Accident	04/05/2019 17:35
Exact Location Of Accident	TAMPINES AVE 7 BESIDE HDB BLK 502
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ3254U
Insured/Policyholder	
Name Of Registered Owner	CHURCH OF ASCENSION
Co Reg No	T08CC4066A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62833988
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy	NO

for repair to your vehicle?

If No, Please state action to be taken

REPORTING ONLY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5105502533

Cover Note Number

Driver

Name of Driver HUANG HUI JEN

NRIC No S2653330I Date Of Birth 06/09/1957 Occupation OUTDOOR Date Of Driving Pass 31/01/1990

Driving Experience 29 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90286234

Fax Number

Contact Number OFFICE-90286234

EMail Address NOEMAIL

BLK 9 JALAN RUMAH TINGGI Address

#13-455

Postcode 150009

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

GENDER: : FEMALE

Passenger 2

NAME:

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? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GY9099S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver TAY LUAN CHON

NRIC/Passport Number S2556042F Contact Number 93859988

Address Postcode

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.

圣公会崇并堂 (學文部) Church of the Ascension 13 Francis Thomas Drive Singapore 359339

> 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 .:

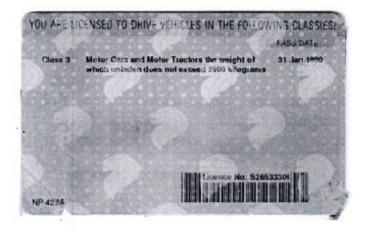
ON STATED DATE AND TIME, AS I WANTED FILTER TO 1ST LANE FROM 2ND LANE. I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHEN MY VEHICLE INCH OUT A LITTLE, SUDDENLY VEHICLE B WAS TRAVELLING VERY FAST ALONG 1ST LANE AND HIT ONTO MY VEHICLE FRONT RIGHT PORTIN.

ACCIDENT STATEMENT

	ACCIDENT DATE:	4/5	19	(DD/MM/YY)	(Y), TIME:(17:35)(HH:1	ммі
	LOCATION: Tu	mpiner 1	ave 7	beside	HPB	BIL 502.	,
	1. DETAILS O		A SUBSTITUTE SALES	1 9			-
	a) VEHICLE	NUMBER:_	न्याग्रहा	N.			
	DJINSURAN	NCE COMPA	NY: F	1700			
	C)POLICY I	NUMBER:	5105502	533.		- B	
	a)POLICY 1	TYPE: (COM	PREMENSI	VE / THIRD PA	RTY / THÍR	— D PARTY FIRE &THE	CETI
	e)MAKE &	MODEL:	<u> </u>	A CONTRACTOR OF THE CONTRACTOR		- MATTINE OTHE	.F1)
	g) VEHICLE	CATEGORY	PE / MPV	/VAN/LORE	RY / MOTO	PRCYCLE / OTHERS)
				COMMERC			22
	WALL LOOK	CLAIMING	NDER YO	LID OWALL BURG			
		VOC DIVIE	MIKI J PAR	TY CLAIM / RI	EPORTING	ONIVI.	
					U.	CINETY	
	AJNAME:	Church	4 the	Ascension		(MALE / FFMALE)	
	C)ADDRESS:	PASSPORT:_	1286	C4066A.	CONT	(MALE / FEMALE) ACT: 62873988	•
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Clinduding dr	.) a)NAME:	mang Hui	Jen			(MALE / FEMALE)	
(3)	b)NRIC/FIN/F	ASSPORT:	26533	57.			4.
2 female	4	Dife 1	nen ku	mah Tingy	i \$13-4	CT: 92166131 55(13/004)	_
	*d)DATE OF B	BIRTH: 1 6	/ DI /	INTTUNE			-33
	e)OCCUPATION OF THE PROPERTY O	ON: (INDOO	R / OUT	COPPI	IM/YYYY)		
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including drive	b) DRIVER'S	NAME C	ALL MAN	()	MODEL:_	W .	
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eBao Tech										Genera	alClaim
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My Desktop	Poli	cy Query									3
Notice of Loss	Policy N	Vo.				Date	of Accident	[0	4/05/2019	17:35	
	Vehicle	No.(For Motor)	SU325	40		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105502533		CHURCH OF THE ASCENSION	T08CC4066A	GPC	drivo CLASSIC	SLJ3254U	SLJ3254U	06/12/2018	05/12/2019
					100	Continue					

Policy No.	5105502533	Policyholder Name	CHURCH	OF THE ASCENSION	Policyholder NRIC	T08CC4066A	
Certificate No.					HITC		
Address	13 FRANCIS THOMAS DRIVE	SINGAPORE 359	339				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	13/11/2018	Effective Date	06/12/20	18 00:00	Expiry Date	05/12/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	o	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETI	NC Agent Tel.			GST Flag	Y	
Co-	No						
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	5105502533	Vehicle No.	5L)3254U	GST Registration No.	
rificate No.					
icyholder Name	CHURCH OF THE ASCENSION			Policyholder NRIC	T080C4066A
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
stact No.(Mobile)	0	Contact No.(Office)	62833988	Contact No. (Home)	0
ail Address		Special Remark		eCode	No.
c .	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	The second
D Protection	No.	NCD Entitlement(%)	50	Private Hire	No
Accident Details			-	FILLER THE	NO.
ort Date	06/05/2019 18:27	Accident Report Within 24 hrs	Yes	90031002369	
s of Accident	04/05/2019	1100	100	Accident Type	Collision - Change / Cross lane
orting Centre	00/03/2019	Time of Accident hit mm	17:35	Country of Academs	Singapore
		Grange Force		ICM No.	
dent Location	TAMPINES AVE 7 BESIDE HOB BLX 502				
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	ation				
Registered	Na		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
dication History	06/05/2019 18:28:28 Sys	zem changed GST Status Venfied fro	m No to Yes		
Policyholder Halling Ar	*****				
Policyholder Hailing Ad	13 FRANCIS THOMAS DRIVE	Annua A	CARCADOS DA CARCADO	A December 2	
ress 4	I NOVILLE INCOMES DISTRE	Address 2	SINGAPORE 359339	Address 3	
		Address Type	Singapore address	Post Code	359339
OI Driver Info		Related Policy Number	5042364906-09		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	HUANG HUI JEN	Driver NRIC	\$2653330[Driver DOB	06/09/1957
ister Date of Driver License	31/01/1990	Driver Age	61	Driving Experience	29
rtact No.(Mobile)	90286234	Contact No.(Office)	0	Contact No.(Home)	0
Iress 1	BLK 9	Address 2	JALAN RUMAH YINGGI	Address 3	RUMAH TINGGI VIEW
ress d	SINGAPORE 150009	Address Type	Singapore address	Post Code	150009
No.	13-455				
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ing? hcation History aim 001 New n Type * act No (Mobile) il Address nant Type Claimant Type * nant Name * nare Address n Description und Workshop Contact ine Finalisation	OD-MX admin@ascension.org.sg Please Select ≥≥ SL31254U / GY90995 QN 4 May 2019	Insured Name Contact No.(Home) GEVehicle Number Type of Benefit + Claimant NRIC +	CHURCH OF THE ASCENSION SL22254U Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	62833968 Evacess
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