	sessment Centi	re Services	(set) Javini)					
Date In 13/05/	Jeb description		Date & Time Completed	Done	by			
Rel No MA /INC	SAS e-filing							
Veh No. SIM 4	E-mail (within	Shrs, AIC 2hrs)						
DOA . 12/04	i-Motor Clair	m Form	MT/1041709-10	02				
OD TP (Reportin	i-Motor W/O	f-Motor W/O (Within: OD 2hrs, TP 4hrs)						
- Treporti	i-Photo Uplo:	aded						
TP Insurer:	Assessment/Su	rvey Report						
		Ass't Report by	y <u>Fax / Hand</u> t	o Owner/Wksp				
Preferred Wksp / INC /	Assign Wksp / QW: (Tel: Fa	x:			
TP Particulars:	Veh No:	SLR60246	INC ()/Non-INC()				
Owner / Driver: (Tel:)			
Policy No: () Pe	eriod: ()	Cover Type: ()			
Confirmed b			Date:	Time:)			
Insured/Driver Liab			Indiana di albanta da	0%; P: 21-79%. F: 80-10	0%]	2312-25/20		
Year of Registration		Warranty: YES ()/NO()				
Excess: (\$) Loading: \$1,0	000 () / \$2,000	()					
General Remarks:-	15" - COMPANY TO AMP - 4 15"		Street, Laboration	rictly NO refer of repairer.	40			
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	NA1903541		Invoice Pre	paration Checklist	Anıt (\$)	Amt (3		
laimant's Particular		1) AR : Accident						
river/Owner:		2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45						
		4) FT : Follow-Through Survey \$120 5) i ² T : Follow-Through Survey (Resurvey) \$30						
ontact No:		For claiming against INC Only (wef 10 Jan 2005)						
amaged Portion:		-	6) TR : Re-inspe 7) N1 : Idac DA	+ SMRT Survey \$	160			
C Checked by (Engi	-In-Chargely		8) NTUC Addition					
- Checked by (Engl		*N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10						
uditors' Comments	• 10km - 10km - 10km - 1		*N7: Post Rep	nir Inspection	\$25			
it. 1:	E Same Marketing on	application for the second		lect Excess Coordination (Non INC) against INC	\$5			
AT THE RESIDENCE OF THE			9) N12; Idao Mo	bile	30	-		
		ANNUAL STREET, STATE OF STATE OF STATE OF STREET, STATE OF ST	Invoice dated	From The second				
1_2/3:			Invoice dated	Fee Charged Fee Charged		PASSES.		

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.
- 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.	on to the destining of the report at the define and to copies of the report yeing made available
	ACCIDENT STATEMENT
Date Of Report	13/05/2019 09:34
Date Of Accident	12/04/2019 00:00
Exact Location Of Accident	UNKNOWN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM4269D
Insured/Policyholder	
Name Of Registered Owner	LOW CHEE SENG
NRIC No	S0553562Z
Email Address	MILLENIUM@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91139897
Alternative Phone No	OTHERS-91139897
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY
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	REPORTING ONLY
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	5096970058-01
Cover Note Number	
Driver	
Name of Driver	LOW CHEE SENG
STEELE STEEL	

NRIC No S0553562Z Date Of Birth 18/02/1943 Occupation OUTDOOR Date Of Driving Pass 23/06/1980 Driving Experience 38 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91139897

Fax Number

Contact Number OTHERS-91139897

EMail Address MILLENIUM@SINGNET.COM.SG Address

1 TEO KIM ENG ROAD

Postcode

416374

OWNER

Was driver an employee of the Insured's Company NO

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

NO COLLISION

Weather Conditions

UNKNOWN

Road Surface

UNKNOWN

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

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

I'M NOT AWARE ABOUT THESE INCIDENT. I MAKE AN ACCIDENT REPORT BECAUSE I RECEIVE LETTER FROM MY INSURANCE.

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

SLR6024E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

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:
 - 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

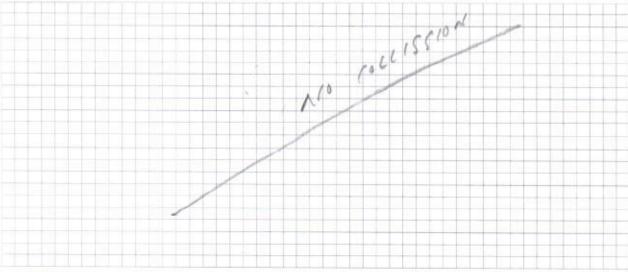
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PIS	refr	to	the	Statem	ent.	

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

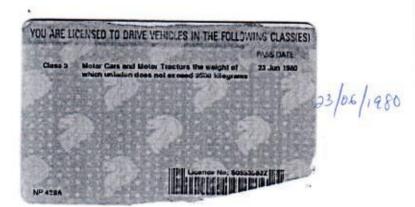
Name:

NRIC/FIN No.:



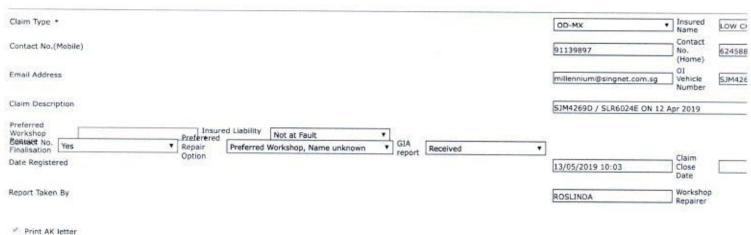






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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	•	5096970058- 01		LOW CHEE SENG	S0553562Z	GPC	drivo CLASSIC	SJM4269D		02/01/2019	01/01/2020	
					1	Continue	1					

5/13/2019 Claim Handling(Claim Task 002 OD-MX) Claim Handling Accident MT/1041709 Policy No. 5096970058-01 Vehicle No. 51M4269D Certificate No. Policyholder Name LOW CHEE SENG Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Contact No.(Mobile) Contact No.(Office) Email Address Special Remark KFK No Yes TCA · No Yes NCD Protection No NCD Entitlement(%) 20 Accident Details 25/04/2019 14:51 Accident Report Within 24 hrs Yes Date of Accident 12/04/2019 Time of Accident hh:mm 12:50 Reporting Centre Orange Force Accident Location BLK 811 HOUGANG CENTRAL OPEN CARPARK LOT 5 V Excess Own damage Excess 600.00 Additional Excess 0 Unnamed Driver Excess 0.00 Outside Singapore OD Excess 600.00 Third Party Excess 0.00 Outside Singapore TP Excess 0.00 GST Registered Information No GST Registration Date GST Registration No. GST Status Verified Modification History Policyholder Mailing Address Address 1 1 TEO KIM ENG ROAD Address 2 SINGAPORE 416374 Address 4 Address Type Singapore address Unit No. Related Policy Number 5096970058-01 OI Driver Info Driver Name Driver Type Unnamed driver Name Driver NRIC Register Date of Driver License Driver Age Contact No.(Mobile) Contact No.(Office) Address 1 Address 2 Address 4 Address Type Foreign address Unit No. Does he own a Singapore Registered car? Yes = No Driver Vehicle No. Modification History Claim 002 OD-MX New



Save Submit

GST Registration No

Policyholder NRIC

Contact No.(Home)

eCode Reason

Private Hire

Accident Type

ICM No.

Address 3

Post Code

Driver DOB

Address 3

Post Code

Driving Experience

Contact No.(Home)

Driver Insurer Com

Country of Accident

Windscreen Excess

Loading

eCode

Attachment



Display in New Window Scan and uploading