Date In: 6 6 19 - 10:38	Jeb description	Date & Time Completed	Don	e by
Rel No: NA JHC 1900 99M 74	SAS e-filing			
Veh No: JMyr 640	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 4 6 19 - 18:30	i-Motor Claim Form	100-25 FY01 1 M	Aluta	
()	i-Motor W/O (Within: OD 2h)		6/6/19	11.43
OD / TP / Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report		-	
TP Insurer:	Ass't Report by Fax / Hand	to Oumer/Witen		
Preferred Wksp / INC Assign Wksp / QW: (Asserted by Pax Hand		ax:	
TP Particulars: Veh No: Jun	INC(2,50,50		
Owner / Driver: (Tel:)	
Policy No: () F	Period: (Cover Type: (
Confirmed by : (Date:	Time:	1	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2		000/3	
Year of Registration: ()		0%; P: 21-79%. P: 30-1	100%]	- 12
	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,	,000 ()/\$2,000 ()			
General Remarks		a and Company of the Assessment		
() Walk-In Customer: Customer's inf	formation strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.			
Drive-In ()/ Towed-In (); Invoice	ce: YES() / NO(); T	owing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed *	Done	by
 Apply for Transport Allowance ()/ 	Courtesy Car ()			
		- 20		
2) QC Check / Post Repair Inspection	()			
	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: ———————————————————————————————————	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: ———————————————————————————————————	()		The state of the s	11 C 201, P.S.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: ———————————————————————————————————	()		nasta e	1 1 C 211 P. 1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: ———————————————————————————————————	()		gest in	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: ———————————————————————————————————	()			1 1 1 2 2 1 1 1 P 2 1 1 1 P 2 1 1 1 P 2 1 1 P 2
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: ———————————————————————————————————	()		Bod School	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: ———————————————————————————————————	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time / Actions	()		80.63C-X-35	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time / Actions	()	paration Chrcklist.	Ant (5)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time / Actions	() () () () () () () () () ()	Reporting (\$30);	Anr(5)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA [how 180	() () () () () () () () () ()	Reporting (\$30); Assessment (\$100); INC (\$8	fitBill 0)	Amu(\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time / Actions	() () () () () () () () () ()	Reporting (\$30); Assessment (\$100); INC (\$8 te \$40	fa Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA [how 180	Invoice Pre Invoice Pre 1) AR : Accident 2) DA : Darrage 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th 5) FT : Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$8 se \$40 brough Survey (Resurvey)	fú Bill 0) /545 5120 -530	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA [how 180 numant's Particulars: iver/Owner:	Invoice Pre Invoice Pre 1) AR : Accident 2) DA : Darrage 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th 5) FT : Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$8 see \$40 brough Survey brough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005)	fú Bill 0) /545 5120 -530	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA [how 180 nimant's Particulars:	Invoice President	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey 5	/siBill 0) /545 5120 530	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NAI how 180 animant's Particulars: iver/Owner: intact No: maged Portion:	invoice Pres invoice Pres 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey 5		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA [how 180 numant's Particulars: iver/Owner:	Invoice Present Invoice Pr	Reporting (\$30); Assessment (\$100); INC (\$8 to \$40 trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey and Services.		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Administ's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pres 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Tr 5) FT: Follow-Tr For claiming a 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Additio QD.* *N5: Courtesy *N6: Repair Co	Reporting (\$30); Assessment (\$100); INC (\$8 tee \$40 trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey \$5 the Survey (\$600) SMRT Survey \$5 The Survey \$600 The Survey	7 1 Bill 100 1	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NAI how 180 animant's Particulars: iver/Owner: intact No: maged Portion:	Invoice Present Invoice Pr	Reporting (\$30); Assessment (\$100); INC (\$8 tee \$40 trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey \$5 the structure of the struct	78 Bill	Am (5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Administ's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Present Invoice Pr	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 arough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) tion SMRT Survey \$ and Services Car / Tpt Allowance cordination ir Inspection eet Excess Coordination (Non INC) against INC	7 1 Bill 100 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.
- 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.
- 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 ladgement 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.

PARTY IS NOT THE PARTY OF THE P	ACCIDENT STATEMENT
Date Of Report	06/06/2019 10:38
Date Of Accident	04/06/2019 18:30
Exact Location Of Accident	BUGIS JUNCTION CARPARK TWDS NORTH BRIDGE RD
Country/State of Loss	SINGAPORE
Principles of the principles o	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM4269D
Insured/Policyholder	
Name Of Registered Owner	LOW CHEE SENG
NRIC No	S0553562Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91139897
Alternative Phone No	OFFICE-91139897
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
Exact Purpose for which vehicle was being used at 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096970058-01
Cover Note Number	
Driver	
Name of Driver	LOW CHEE SENG
NRIC No	S0553562Z
Date Of Birth	18/02/1943
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1980
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91139897
Fax Number	
Contact Number	OFFICE-91139897
EMail Address	NOEMAIL

Address 1 TEO KIM ENG ROAD

Postcode 416374

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 SIDE SWIPE Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, AS I APPROACHED THE MAIN ROAD, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. LANE 1 AND LANE 2 WAS OCCUPIED SOME VEHICLES. WHILE I INCH FORWARD A LITTLE ONTO LANE 3 AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

2

NO

1

NO

NO

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

SGM227L

Vehicle Make/Model/Colour **Details Of Properties**

Vehicle Category

PRIVATE CAR

Name of Driver

WANG LIANG MUAN

NRIC/Passport Number

S0065169I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

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's Signature

Name:

NRIC/FIN No.:

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

Policybolder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



For LKK/NAC Use Only







For LKK/NAC Use Only







Policy No.	5096970058-01	Policyholder Name	LOW CHEE	SENG	Policyholder NRIC	S0553562Z	
Certificate No.		Manie			NKIC		
Address	1 TEO KIM ENG ROAD SINGAPO	ORE 416374					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	31/12/2018	Effective Date	02/01/2019	9 00:00	Expiry Date	01/01/2020	23:59
xcess ype		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727		GST Flag	Y	
Co- insurance Flag Open Policy Info	No.						
Certificate Info							
Policyl	holder Mailing Address						
ddress 1	1 TEO KIM ENG ROAD	Addre	ess 2	SINGAPORE 41637	4: 3	Address 3	
Address 4		Addre	ss Type	Singapore address	i i	Post Code	416374
Unit No.			ed Policy	Singapore address 5096970058-01	j		416374
Init No.	ed Object: SJM4269D	Relate	ed Policy	-cover on management transport	j		416374
▼ Endors	sements	Relate Numb	ed Policy per	5096970058-01	- orani - Liva di M	Post Code	BOOKS WS 1810
Jnit No.	sements	Relate Numb	ed Policy	5096970058-01 t Type	Endorsement	Post Code Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 02 Jan 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HONG LEONG FINANCE LIMITED CHASSIS NUMBER: MR053BK4107036751 ENGINE NUMBER: 1AZE119128 VEHICLE REGISTRATION NUMBER: SJM4269D ORIGINAL REGISTRATION DATE: 02 Jan 2009

Claim Handling					
Accident MT/1047735	10000000000	CAPA SA			
Policy No. Certificate No.	5096970058-01	Vehicle No.	\$1M42690	GST Registration No.	
	Carrier and and and and				
folicyholder Name	LDW CHEE SENG			Policyholder NRIC	S0553562Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No. (Mobile)	91139897	Contact No. (Office)	9	Contact No.(Home)	0
Imail Address	520 (52)	Special Remark		eCode	X: V
(Fix	® No ○ Yes	TCA	® No ○ Yes	sCode Reason	
CD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
eport Date	06/06/2019 11:39	Accident Report Within 24 hrs.	Yes.	Accident Type	Side Swipe
ate of Accident	04/06/2019	Time of Accident his min	18:30	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
coident Location	BUGIS JUNCTION CARPARK TWOS NORT	H BRIDGE RD			
₩ Excess					
wn damage Excess	600.00	Additional Excess	0	1 444 95 750 07 95 550 07	Transaction.
nnamed Driver Excess	0.00	Outside Singapore OD Excess		Windscreen Excess	100.00
hird Party Excess	0.00		600.00		
♥ Benefits	5.55	Outside Singapore TP Excess	0.00		
GST Registered Inform	whice				
ST Registered	No :		PAR #10200000000000000000000000000000000000		
ST Registration No.			GST Registration Date GST Status Venfied		
odification History			war attend venned	Yes	
med warm more and					
Policyholder Mailing Ad	idress				
ddress 1	1 TEO KIM ENG ROAD	Address 2	SINGAPORE 416374	Address 3	
ddress 4		Address Type			
Init No.			Singapore address	Post Code	416374
OI Driver Info		Related Policy Number	5096970058-01		
Tiver Name	Level make provide	2072			
	LOW CHEE SENG	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	S0553562Z	Driver DOB	18/02/1943
ngister Date of Driver License		Driver Age	76	Driving Experience	38
ontact No.(Mobile)	91139897	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	1 TEO KIM ENG ROAD	Address 2	SINGAPORE 416374	Address 3	
ddress 4		Address Type	Singapore address	Post Code	416374
nit No.					
oes he own a Singapore egistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathstyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
caung		1417.0000-07.10	0.111		
Turbo Colored Colored					
odification History					
Claim 001 New					
577575					
laim Type +	CO-MX	Insured Name	LOW CHEE SENS	Insured NRIC	S0553562Z
ontact No.(Mobile)	91139897	Contact No.(Home)	6245B817	Centact No.(Office)	
mail Address	millennium@singnet.com.ag	Of Vehicle Number	\$1942690	TP Vehicle Number	SGM227L
ainant Type Claimant Type *	Please Select	Type of Benefit *	Please Select V		
armant Name +	22	Claimant NR3C *			
aimant Address		270000000000000000000000000000000000000			
aim Description	S3M42690 / SGM227L ON 4 Jun 2019			Laberate spread with the con-	
eferred Workshop Contact	DV 142020 7 DO 12272 014 3 201 2013			Name of Preferred Workshop	
		Insured Liability *	Fully at Fault		
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ste Registered	06/06/2019 11:40	Claim Close Date		Date Received	06/06/2019 00:00
port Taken By	Jackson				- The second of
Print AK letter					
		4	Save Submit		
Attachment					
9					
cident Ng,	MT/1047735	Claim No.	100		
at Doc. Received	® Yes ○ No	Upload Date	06/06/2019 11:41		
	Path +	54559705706		-	
	Paul	Browse.	Category *	Confidential Urgen	The state of the s
				▼ NO V Normal	<u> </u>
		Browse	Clear Please Select	Normal V Normal	<u>v</u>
		Browse.	Clear Please Select	V Normal	~
		Browns	FERROR PRODUCT COLOR		

