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D.O.A: 5/6/19-17:05	i-Motor Claim Form	100-4842hollLW	6 6 10	14:14
OD TPY Reporting Only	i-Motor W/O (Within: OD 2h			
Old : The reporting Only	i-Photo Uploaded			
Thi	Assessment/Survey Report		- 120/	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: WhA	612VD INC			
Owner / Driver: (Tel:	·)	
Policy No: () P	eriod: (Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%: P: 21-79% P: 80-1	00%1	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (S) Loading: \$1,				
General Remarks:	Participation of the second residence was Not		rg c promine	
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() Walk-In Customer: Customer's info		rictly NO refer of repairer.		
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Drive-In ()/ Towed-In (); Invoic	e: YES()/NO(); T	owing Co: ()
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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 <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.

	ACCIDENT STATEMENT
Date Of Report	06/06/2019 12:50
Date Of Accident	05/06/2019 17:05
Exact Location Of Accident	BISHAN ST 22 BEFORE JUNC BISHAN ST 25
Country/State of Loss	SINGAPORE
Augmentation of the party of the last	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFH5551E
Insured/Policyholder	
Name Of Registered Owner	NG YU BOON
NRIC No	S7524203D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82235551
Alternative Phone No	OFFICE-82235551
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER PREMIUM STYLE MAUVE 2.0 CVT
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	THIRD PARTY
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	5101129127
Cover Note Number	
Driver	
Name of Driver	NG YU BOON
NRIC No	S7524203D
Date Of Birth	13/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1999
Driving Experience	20 YEARS AND 4 MONTHS
Anna (2000 000	

MALE

NOEMAIL

(LOCAL) +65-82235551

OFFICE-82235551

Address BLK 862 TAMPINES STREET 83

#07-398

Postcode 520862

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 DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?
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)

Details of Police Action

Was the accident reported to the police?

NO

1

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 TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons: Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGA6122D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver LEOW AH NEE

NRIC/Passport Number

S1256337Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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 "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:
 - (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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

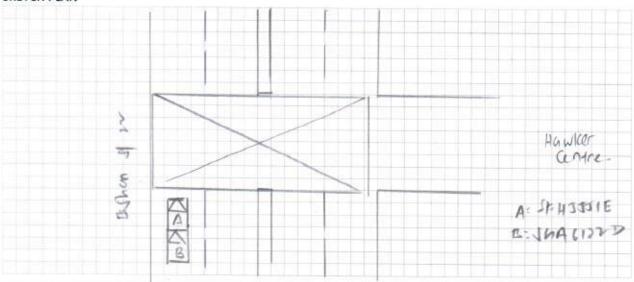
Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No .:

Reporting Centre Pers

nnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reter to statement.	

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.:





For LKK/NAC Use Only





eBao Tech	GeneralC								lClaim		
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	+ Chang	e Password	· Log Ou
My Desktop	Poli	cy Query									-
Notice of Loss	Policy No.					Date (of Accident	0	5/06/2019 1	7:05	
	Vehicle	No.(For Motor)	SFH55	51E		Certifi	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	5101129127		NG YU BOON	S7524203D	GPC	drivo PREMIUM	SFH5551E	SFH5551E	06/06/2018	05/06/2019

Policy No. Certificate No.	5101129127	Policyholder Name	NG YU BOO	ON	Policyholder NRIC	S7524203D	
Address	BLK 862 #07-398 TAMPINES	STREET 83 SING	SAPORE 520	862			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	01/06/2018	Effective Date	06/06/201	9 00:00	Expiry Date	05/06/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	100	
Additional excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Agent	3G MOTOR AGENCY	Agent Tel.	63440727		GST Flag	Y	
Flag Open Policy Info Certificate Info	No holder Mailing Address						
ddress 1	BLK 862 #07-398	Addre	rss 2	TAMPINES STREET	83	Address 3	SINGAPORE 520862
Address 4	With the Control of t	80.78	1000 100	THE THES STREET	03	Muuless 3	SINGAPURE SZUBBZ
		Addre	ss Type	Singapore address		Post Code	
Jnit No.			ess Type ed Policy eer	Singapore address 5101129127-01		Post Code	520862
) Insure	d Object: SFH5551E	Relate	ed Policy			Post Code	
grantieenst writte	sements	Relate Numb	ed Policy	5101129127-01	Endorsement		520862
♪ Insure	sements	Relate Numb	ed Policy er	5101129127-01 t Type		Status	

Accident MT/1047784							Es
Policy No.	5101129127		Vehicle No.	SPH59518	GST Registration No.		
Certificate No.							
folicyholder Name	NG YU BOON				Policyholder NR3C	\$7524203D	
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo PREMILIM	Loading	0	
Contact No.(Mobile)	82235551		Contact No.(Office)	0	Contact No.(Home)	0	
imail Address			Special Remark		eCode	No. V	
anc	® No ○Yes		TCA	® No ○ Yes	eCode Reason	A # 000 along	
NCD Protection	Yes:		NCD Entitlement(%)	50	Private Hire	No	
Accident Details					THE PARTY OF THE P	760	
Report Date	06/06/2019 14:12		Accident Report Within 24 hrs.	Yes	Acodent Type	- Marine - Anna - A	
Date of Accident	09/06/2019		Time of Accident hhimm	17:05		Collision - Head to Rear	
Reporting Centre				17.00	Country of Accident	Singapore	
Codent Location	BISHAN ST 22 BEFORE JUN	e element en se	Orange Force		ICM No.		
Trees.	BISHAN DE SE DEFORE JUN	E BISHMA ST 25					
Own damage Excess		0.00	Additional Excess	_			
Innamed Driver Excess				0	Windscreen Excess	100.00	
Third Party Excess		0.00	Outside Singapore OO Excess	0.00			
S Benefits		0.00	Outside Singapore TP Excess	0.00			
Coverage				2018 W			
Loverage Excess Waiver				Sum Insured			
				99999999.99			
Accessory GST Registered Inform	ation			5000			
ST Registered Inform							
SST Registration No.	No			GST Registration Date			
Sodification History				GST Status Verified	Yes		
Policyholder Mallice Addison	den.						
Policyholder Mailing Ad							
	BLK 862 #07-398		Address 2	TAMPINES STREET 83	Address 3	SINGAPORE 520862	
Address 4			Address Type	Singapore address	Post Code	520862	
Unit No.			Related Policy Number	5101129127-01			
⊕ OI Driver Info							
Oriver Name	NG YU BOON		Driver Type	Main Driver			
Innamed driver Name			Driver NRIC	57524203D	Driver DOB	13/06/1975	
Register Date of Driver License			Driver Age	43	Driving Experience	20	
Contact No. (Mobile)	82235551		Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BLK 862		Address 2	TAMPINES STREET 83	Address 3	SINGAPORE 520862	
Address 6			Address Type	Singapore address	Post Code	520862	
ins No.	07-396						
Does he own a Singapore Registered car?	O Yes ® No		Driver Vehicle No.		Driver Insurer Company		
eclaration							
Ireathelyser or Blood Test	0 mg		Any injury?	☐ Yes No			
reading?			4-10-10-10-10-10-10-10-10-10-10-10-10-10-	Credito			
edification History							
Claim 001 OD-MX New	r i						
Claim 001 OD-MX New	à						
	OO-MX	ত	Insured Name	NG YU BOON	Insured Airic	energan	
taim Type •		<u> </u>	Insured Name	NG YU BOON	Insured NRIC	\$7524203D	
Taim Type * Innact No.(Mobile)		<u> </u>	Contact No.(Home)		Contact No. (Office)	The state of the s	
Taim Type • Contact No. (Motale) mail Address	00-MX		Contact No.(Home) DI Vehicle Number	SPH5351E		\$7524203D 5G46122D	
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Claim Type * Contact No. (Mobile) mai Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description veformed Workshop Contact Io. Inquire Finalisation late Registered	DO-MX	≥≥ S Jun 2019	Contact No.(Home) DI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preference Repair Option Claim Close Date	SPHS551E Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SGA6122D	
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