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		Survey Report		-		
TP Insurer:	-	t by Fax / Hand to	0 000			
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Owner / Driver: (DW 719 YX	. INC()/Non-INC().	0	
Policy No: (Period: (Tel:	<u> </u>)	
Confirmed by : (, , , , , , , , , , , , , , , , , , ,	Date:	Cover Type: ()	
Insured/Driver Liability: (9	(a) [Note-Bet Status	180 190 00 00 00 00 00 00 00 00 00 00 00 00 0	Time:)	
Year of Registration: ((6) [Note-Est. Status) Warranty: YES (: 80-100)%]	
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1) Apply for Transport Allowance (/ Courtesy Car ()	- 1	124	V. SLAGII	opy
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nimant's Particulars :- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):		1) AR: Accident Rej 2) DA: Darrage Ass 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional OD* *N5: Courtesy Car *N6: Repair Co-on *N7: Post Repair In	porting (\$30); casment (\$100); IN gh Survey gh Survey (Resurvey) st INC Only (wef 10 Jan fRT Survey Services:- / Tpi Allowance lination aspection	\$40/\$43 \$120 \$30 2005) \$75 \$160	July 39 39 1	Amt ()
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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.
- 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

aloresaid,	
And the second second second	ACCIDENT STATEMENT
Date Of Report	28/06/2019 11:35
Date Of Accident	28/06/2019 07:10
Exact Location Of Accident	BKE TWDS KJE
Country/State of Loss	SINGAPORE
All the control of the parties of the control of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ2323Y
Insured/Policyholder	
Name Of Registered Owner	AMIN BIN HARON
NRIC No	S1628302I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90232323
Alternative Phone No	OFFICE-90232323
Vehicle Particulars	
Manufacturer	BMW
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	学校是
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106206503
Cover Note Number	
Driver	

COVER MORE MAINING	
Driver	
Name of Driver	AMIN BIN HARON
NRIC No	S1628302I
Date Of Birth	20/01/1964
Occupation	INDOOR
Date Of Driving Pass	28/10/1986
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90232323
Fax Number	
Contact Number	OFFICE-90232323
EMail Address	NOEMAIL

BLK 186 PUNGGOL CENTRAL Address

#02-259

Postcode 820186

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 CHAIN COLLISION

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY STOPPED. 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? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

3

NO

NO

Vehicle Registration Number

SJW2194X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM JIA HUI, BARRY (LIN JIAHUI)

NRIC/Passport Number S9112105J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJX221J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NRIC/Passport Number

TOH WILSON S8200216B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name AMIN BIN HARON

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJQ2323Y Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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:
 - (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:

Reporting Centre Person

's Signature

Name:

NRIC/FIN No.:

Date & Time:

(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDENDL	IM
A)	PARTICULARS OF PE	RSONMAKINGTHEAMENDMENTS	I.
	Original Report No	MNA119084053	_Vehicle Registration No: SJQ2323Y
	Name(as shown in NRIC)	: AMIN BIN HARON	_NRIC/FIN/Passport No : S1628302I
		hicle Owner) (*) Please delete as ap	
	Address	BLK 186 PUNGGOL CENTRAL	#02-259Singapore(820186)
	Contact (Tel)		
	Email Address		
	Date of Accident	20/22/22/2	_Time of Accident: 07:10
	Place of Accident	BKE TWDS KJE	
	Insurance Company	NTUC Income Insurance Co-ope	erative Ltd
۵۱	ADDITIONAL	MATION / AMENDMENTS:	
	Add in vehicle C		
	Policyholder / Driver's Date:	s Signature	Reporting Centre Personnel's Signature Name:

Date:

REPUBLIC OF SINGAPORE " IDENTITY CARD NO. S16283021



4874341

AMIN BIN HARON

MALAY

20-01-1964 Country of birth SINGAPORE

For LKK/NAC U

\$16283021 AMIN BIN HARON Turn Date: 20 Jan 1964 insur Date: 11 Apr 2019



23-08-2012

APT BLK 186 PUNGGOL CENTRAL #02-259 SINGAPORE 820186

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

11 Apr 1987 11 Apr 1987 11 Apr 1987 28 Oct 1986

Motorcycles =< 200 cc
Motorcycles between 201 cc end 400 cc
Motorcycles > 400 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

For LKK/NAC Use Only

NP 428A

eBao Tech						STATE OF THE STATE				Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	+ Chang	ge Password	▶ Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident	2	8/06/2019 (7:10	
	Vehicle	No.(For Motor)	SJQ232	23Y		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	5106206503		AMIN BIN HARON	\$16283021	GPC	drivo CLASSIC	SJQ2323Y	51Q2323Y	20/12/2018	19/12/2019
						Continue]				

Policy No.	5106206503	Policyholder Name	AMIN BIN	HARON	Policyholder	516283021	
Certificate No.		name	ILISENIA SECTIONA		NRIC	010203021	
Address	BLK 186 #-02-259 PUNGGOL	CENTRAL SINGA	APORE 82018	36			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	12/12/2018	Effective Date	20/12/2018	3 00:00	Expiry Date	19/12/2019 2	3:59
Excess Type		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			Young	/Inexperience Driver Excess
Agent	SIX PHASE E & T	Agent Tel.	65523600		GST Flag	٧	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyt	nolder Mailing Address						
Address 1	BLK 186 #-02-259	Addre	5S 2	PUNGGOL CENTRAL		Address 3	SINGAPORE 820186
Address 4		Addre	ss Type	Singapore address		Post Code	820186
Jnit No.	02-259	Relate Numb	d Policy er	5106206503			2,400m/10,76.7.
	d Object: SJQ2323Y	1176	200				
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□ Insure □ Endors □	ements						

Daim Type * Contact No. (Mobile) Chamart Type Claimant Type * Claimant Name * Claimant Name * Claimant Address Attachment Attachment	Please Salect 22 S2Q2323Y / S2W2194X CM 28 3un 2019 Ves 28/06/2019 12:05 Jackson	Preference Repair Option Claim Clode Date	Please Select	Name of Preferred Workshop GIA report Date Received	Received 28/05/2019 00:00
Contact No. (Mobile) Chairmant Type Claimant Type = Commant Name = Claimant Address Claimant Address Claim Dissorption referred Warkshop Contact Io. Icquire Finalisation Varie Registered eport Taken By	Please Select ≥≥ \$2023237 / 53W2194X CN 28 3un 2019 Yes 2W06/2019 12-05	Olemant NRXC * Indured Liabelty * Preferered Repair Option	Please Select	Name of Preferred Workshop GIA report	Received 🖳
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ontact No.(Mobile) mail Address Isimant Type Claimant Type •	Please Select			TP Venice Number	(D) TELESIA
ontact No.(Mobile) mail Address				TP Venicle Number	TOO THE PARTY
ontact No.(Mobile)	orange@orange.com.sg	OI Vehicle Number	SIQ2323Y	The state of the s	5JW2194X
	90232323	Contact No.(Home)		Contact No. (Office)	
	DD-MX	Insured Name	AMIN BIN HARDN	Insured NRIC	\$16283021
Claim 001 New					
logification History					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes ○ No		
Declaration					
Registered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Unit No. Does he own a Singapore	02-259				8200 (45)
iddress 4		Address Type	Singapore address	Post Code	53NGAPORE 820186 820186
Address 1	BUK 186	Address 2	PUNGGOL CENTRAL	Contact No.(Home) Address 3	0 53NGAPORE 820196
Contact No.(Mobile)	90232323	Contact No.(Office)	55	Driving Experience	32
Register Date of Driver License	28/10/1986	Driver NRIC Driver Age	516283021	Driver DOB	20/01/1964
Priver Name Innamed driver Name	AMIN BIN HARON	Oriver Type	Main Driver		
₩ OI Driver Info	-(42.8)	x x reconstruit de la construit de la construi	various sec		
Init No.	02-259	Related Policy Number	5106206503	- war 2006	820185
Address 4		Address Type	Singapore address	Address 3 Past Code	SINGAPORE 820186
Address 1	BLK 186 #-02-259	Address 2	PUNGGOL CENTRAL	Address 3	
Policyholder Mailing Ad	dress				
Hodification History			GST Status Verified	Yes	
GST Registration No.	No.		GST Status Medical	226.4	
GST Registered Inform	No				
♥ GST Registered Inform	ation				
Third Party Excess Benefits	0.00	Outside Singapore TP Excess	0.00		
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	31 34 15 14 25 14 35 10 1	0.525,020
Dwn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
♥ Excess					
Accident Location	BKE TWOS KOE			ICM No.	
Reporting Centre		Orange Force	07.10	Country of Accident	Singapore
Date of Accident	28/06/2019	Time of Accident hhimm	07:10	Accident Type	Chain Collision
Report Date	28/06/2019 12:03	Accident Report Within 24 hrs	Yes	And don't	
Accident Details		ACD Emidement(%)	50	Private Hire	No
NCD Protection	Yes	TCA NCD Entitlement(%)	® No ○ Yes	eCode Reason	
KFK	® No ○ Yes	Special Remark		eCode	No. 🕶
Contact No.(Mobile) Email Address	90232323	Contact No. (Office)	0	Contact No.(Home)	0
	PRIVATE CAR INSURANCE	Cover Type	grivo CLASSIC	Loading	0
	AMIN BIN HARON			Policyholder NR3C	\$16283021
Product Code					
Certificate No. Policyholder Name Product Code	5106206503	Vehicle No.	\$1Q2323Y	GST Registration No.	

