NATIONAL Assessment Cent	tro Samurago		, t
	TE BET FICES. [WE! 1 JANOS] M	NA119097597	
Date In: 18/16-12:18	Jeb description	Date &Time Completed	Done by
Res No: MA Macgo 12674/24	SAS e-filing		
Veh No: SUKYSYTU	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 18/2/19-10:45	i-Motor Claim Form	M1053982-201	1877 19:1V
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs		217119.19.19
Control of the state of the sta	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
ir insuler.	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (			Fax:
TP Particulars: Veh No:50M	Sloc a INC		
Owner / Driver: (	J401 F INC	)/Non-INC( )	· ·
Policy No: ( ) P	eriod: (	Cover Type: (	
Confirmed by : (	Date:	Time:	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-20	0%: P: 21-79% P: 30-1	100%1
	Warranty: YES ( )/NO (	)	10070]
Excess: (\$ ) Loading: \$1,		<u></u>	
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( ) Walk-In Customer : Customer's info	And the same of the product and configuration to the same and the same	and and a series of the state of the state of the state of the series of	300 B
( ) Total Loss Case : to e-mail Insur		ictly NO rater of repairer.	
Drive-In ( )/ Towed-In ( ); Invoice		1 1	
	e: YES( ) / NO( ); To	owing Co: ( '	
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
The state of the s	Courtesy Car ( )		DV-15C-8-1-11-2
2) QC Check / Post Repair Inspection	( )		
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$3</li> </ol>			
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Injury:	Invoice Preparation of the state of the stat	eporting (\$30); ssessment (\$100); INC (\$86  \$460  ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on SMRT Survey \$ 1 Services:-  ar / Tpt Allowance ordination Inspection It Excess Coordination  in INC) against INC	1918iii Ad

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 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.

	ACCIDENT STATEMENT
Date Of Report	18/07/2019 12:58
Date Of Accident	18/07/2019 10:45
Exact Location Of Accident	CTE (AYE) BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK4045U
Insured/Policyholder	
Name Of Registered Owner	FONG HAI KIM
NRIC No	S7174913D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91889301
Alternative Phone No	OFFICE-91889301
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	5110433867
Cover Note Number	
Driver	
Name of Driver	FONG HAI KIM
NRIC No	S7174913D
Date Of Birth	04/07/1971
Occupation	INDOOR
Date Of Driving Pass	29/10/1998
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91889301
ax Number	nderskriedering von installer installer in der Gregoria
Contact Number	OFFICE-91889301
A A CALL A DECAMANDA COMPANIA	

NOEMAIL

BLK 419 JURONG WEST STREET 42 Address

#10-1005

640419

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

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 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.

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?

NO

NO

NO

1

#### Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

#### 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

SLM5425P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR TEE KOK HAI

NRIC/Passport Number

S1201027C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

 Passenger 1
 NAME:
 :

 GENDER:
 :

 Passenger 2
 NAME:
 :

 GENDER:
 :

 Passenger 3
 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.
- 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.:

Refer to distance.	

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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7174913D



FONG HAI KIM



CHINESE 04-07-1971

MALAYSIA





For LKK/NAC

DRIVING LICENCE - S7174913D

FONG HAI KIM



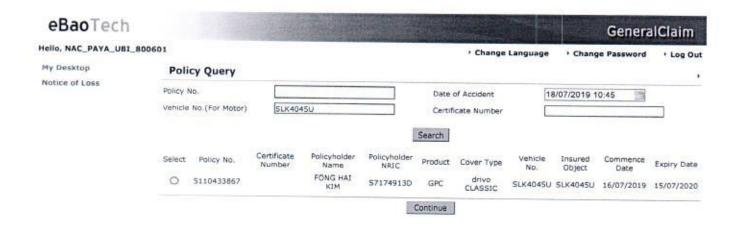
MALAYSIAN

22-01-2009

APT BLK 419 JURONG WEST STREET 42 #10-1005 SINGAPORE 640419

YOU ARE CICENSED TO DRIVE VEHICLES IN THE FOIL OWING CLASSIES. For LKK/NAC Use Only

24/12/1998.



Sequer	Date of Endorseme	e Date of Endorsement Er		ndorsement Type Endorsement		Status Endorsement Content	
<b>▽</b> Endors	ements						
1nsure	d Object: SLK4045U						
Init No.		Relate Numb	d Policy er	5110433867			
ddress 4		Addre	ss Type	Singapore address		Post Code	640419
Address 1	BLK 419 #10-1005	Addre	ss 2	JURONG WEST ST	REET 42	Address 3	SINGAPORE 640419
□ Policyl	nolder Mailing Address						
Dertificate nfo							
Policy Info							
lag Open							
Co- nsurance	No						
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020	) null	GST Flag	Y	
DD Excess	600	Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Outside Singapore	600	Outside					
Additional Excess	0	OS Premium	680.31				
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Type Third	CONTRACTOR OF THE CONTRACTOR O	Excess Own					
Excess	Per Accident	All Claims					
Policy Issue Date	14/06/2019	Effective Date	16/07/20	19 00:00	Expiry Date	15/07/2020	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 419 #10-1005 JURONG W	EST STREET 42	SINGAPO	RE 640419			
Certificate No.		. Hume			NRIC		
Policy No.	5110433867	Policyholder Name	FONG HA	I KIM	Policyholder NRIC	S7174913D	

Accident MT/1053982	as not been collected.					
Olicy No.	5110433887		Vehicle No.	SLK4045U	GST Registration No.	
ertificate No.						
olicynology Name	FONG HALKIM				Policyholder NRIC	S7174913D
roduct Code	PRIVATE CAR INSURA	NCE	Cover Type	drive CLASSIC	Loading	0
Contect No. (Mobile)	91889301		Contact No. (Office)	0	Contact No.(Home)	0
mai: Address			Special Remark		eCode	TWO STATES
FK	® No ○ Yes		TCA	® No ⊜Yes	eCode Reason	1000
VCD Protection	Yes	85	NCO Entitlement(%)	50	Private Hire	No
				1000	710000 7000	NO.
eport Date	18/07/2019 14:10		Accident Report Within 24 h		MACCINER	200000000000000000000000000000000000000
late of Accident	18/07/2019				Accident Type	Collision - Head to Rear
eporting Centre	1000172025		Time of Accident hhomm . Orange Force	10:45	Country of Accident	Singapore
coldent Location	CTE (AVE) BEDDGG GA	About the same	Grange Porce		ICM No.	
Total Excess Applicable	CTE (AYE) BEFORE BR	ADDECT KD EXTL				
жовая Туре	Per Accident					
xcess Type	Per Accident		Windscreen Excess	100,00		
D Standard Excess		600.00	TP Standard Excess	2.0		
IED OD Excess				0.00		
Iditional Excess		0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
otal OD Excess Applicable		0	CONTESTS OFFICER			
W Benefits		600.00	Total TP Excess Applicable	0.00		
	and a					
■ GST Registered Inform  ST Registered				9203		
T Registered	No			GST Registration Date		
edification History				GST Status Ventiled	Yes	
Policyholder Mailing A	ddress					
Scress 1	BLK 419 #10-1005		Address 2	JURONG WEST STREET 42	44444.5	AND THE PARTY OF T
divess 4			Address Type		Address 3	SINGAPORE 640419
ne No.				Singapore address	Post Code	640419
OI Driver Info			Related Policy Number	5110433867		
river Name	FONG HALKIM		Driver Type	Main Driver		
named driver Name	100000000000000000000000000000000000000		Driver NRJC			
gaster Date of Driver License	29/10/1998			\$71749130	Oriver DOB	04/07/1971
intact No. (Mobile)			Driver Age	45	Driving Experience	20
	91889301		Contact No. (Office)	0	Contact No. (Home)	0
Adress 1	BLK 419		Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640419
Stress 4			Address Type	Singapore address	Post Code	640419
nit No. ses he own a Singapore	10-1005					
egistered car?	○ Yes ® No		Oriver Vehicle No.		Driver Insurer Company	
claration						
cathalyser or Blood Test ading?	D mg		Any injury?	○ Yes ® No		
dification History						
CHRISTINIA WARE						
Claim 001 New						
alexandra de						
m Type *	ОО-МХ	Tol	to a trans-			
	V-10000000		Insured Name	FONG HAI KIM	Insured NRIC	S7174913D
Mact No.(Mobile)	91889301		Contact No. (Home)	NGL	Contact No. (Office)	
all Address	haikim.fong@coltgroup.		OI Vehicle Number	SLK4049U	TP Vehicle Number	SLMS42SP
mant Type Clement Type *	Please Serect	V	Type of Benefit *	Please Select		
mart Name *		22	Claimant NRIC *			
ment Address	-				1	
m Description ferred Workshop Contact	SLK4045U / 5LM5425P	ON 16 Jul 2019	THURSD SHOW THE REAL PROPERTY.	I was a second s	Name of Preferred Workshop	
			Insured Liability *	Fully at Fault		
quire Finalisation	Ves	V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	18/07/2019 14:12		Claim Close Date		Date Received	18/07/2019 00:00
ort Taken By	Jackson					
Print AK letter						
Print AK letter				Save Submit		
Print AK letter				and the second		
Print AK letter						
Etachment						
ttachment						
tachment	MT/1053982		Claim No.	001		
	MT/1053902		Claim No. Upload Date	001 18/07/2019 14:13		

