Date In: act i	e Services	CARDING STRUCTS OF THE	MA MASAMASS		
Date In: 25/19-10:18	Job description	n	Date & Time Completed	Doi	ie by
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Veh No: 6K4 36 M	E-mail (with	a Shrs, AIC 2hrs)			
D.O.A : 19/2/19-10:55	i-Motor Cla	im Form	1 00-62-1-10-1	29119	16:30
OD TP Reporting Only	i-Motor W/	O (Within: OD 2hrs		17/1	74.74
OB . (1) Reporting Only	i-Photo Upl	oaded	1		
TP Insurer:	Assessment/S	Survey Report			
	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	)
TP Particulars: Veh No: NE %	vsx .	. INC(	)/Non-INC( ).	11511-7	
Owner / Driver: (			Tel:	)	
	riod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	Note-Est Status (	WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
	Varranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,00	00 ( )/\$2,000	0( )			
General Remarks:-					
( ) Walk-In Customer: Customer's infor	mation strictly Co	onfidential & Str	ictly NO refer of repairer.		=======================================
( ) Total Loss Case : to e-mail Insure	r URGENTLY.			7	
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/	NO ( ); To	owing Co: (		)
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Don	e hv
	ourtesy Car (	)		A STATE OF THE PARTY OF THE PAR	0,03
2) QC Check / Post Repair Inspection	(	,	***************************************		HILL STANDARD
3) Upload Resurvey Photo [Repair Cost > \$30	2001	<u></u>			
Tropan Cost > 33	1000	( ) ( )			
	700] (	)			
Injury:	(	)	<u> </u>		
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Injury:  Date/Time Actions  HAI4054~		Invoice Prep		Anit (\$)	Amt (\$)
Injury:  Date/Time: Actions  HAI4054~>  aimant's Particulars:-		1) AR : Accident I 2) DA : Damage A	Reporting (\$30); ssessment (\$100); INC (\$2	fit Bill	the street of
Injury:  Date/Time Actions		1) AR : Accident I 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-The	Reporting (\$30); ssessment (\$100); INC (\$30); e \$40 rough Survey	fic Bill	the street of
Injury:  Date/Time Actions  HAINOSY*  aimant's Particulars:- iver/Owner:	1 -1	1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fer 4) FT: Follow-The 5) FT: Fullow-The	Reporting (\$30); ssessment (\$100); INC (\$40) cough Survey rough Survey (Resurvey)	751.Bill 80) 9/\$45 \$120 \$30	the street of
Injury:  Date/Time Actions  HAlyosy*  alimant's Particulars:- iver/Owner:	1	1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fer 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti	Reporting (\$30); ssessment (\$100); INC (\$40) rough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005)	75 Bill (180) 100) 107545 \$120 \$30 ) \$75	the street of
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Injury:  Date/Time: Actions  HAIMOSY*  Admant's Particulars:- iver/Owner:  Intact No: Imaged Portion:  Checked by (Engr-In-Charge):  Inditors' Comments:-		1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Thi 5) FT: Follow-Thi For claiming as: 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition QD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); assessment (\$100); INC (\$40) assessment (\$100); INC (\$40) assessment (\$100); INC (\$40) assessment (\$100); INC (\$40) assessment (\$100); assessment (\$	75t Bill 80) 2/545 5120 530 ) \$75 \$160 \$5	the street of
Injury:  Date/Time Actions  HAIMOSY  laumant's Particulars:	, ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Thi 5) FT: Follow-Thi For claiming as: 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition QD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); assessment (\$100); INC (\$40) assessment (\$100); INC (\$10) assessment (\$100); INC (\$100); assessment (\$100); INC (\$100); assessment (\$100); assessm	78 Bill (80) (7545) (75	the street of

## 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,
- 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.
- 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.

aloresaid,	
	ACCIDENT STATEMENT
Date Of Report	20/07/2019 12:18
Date Of Accident	19/07/2019 16:55
Exact Location Of Accident	ALONG TOH GUAN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH3181T
Insured/Policyholder	
Name Of Registered Owner	SEET CONG HAN
NRIC No	S9321107C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82827451
Alternative Phone No	OFFICE-82827451
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
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

5093872948-01

# Cover Note Number Driver

Policy Number

Name of Driver	SEET CONG RUI
NRIC No	S9001441B
Date Of Birth	08/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	15/02/2011

Driving Experience 8 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83339736

Fax Number

Contact Number OFFICE-83339736

EMail Address NOEMAIL

Address BLK 287A JURONG EAST STREET 21

#07-346

Postcode 601287

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

8

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

...

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: SEET CONG HAN

GENDER:

: MALE

**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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B CUT ABRUPTLY ONTO MY LANE FROM LANE 2 WHICH HE DID NOT CHECK ONCOMING VEHICLES AND ENSURE THAT IT WAS SAFE BEFORE HE CAN PROCEED. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE RIGHT PORTION. I WISH TO STATE THAT THE TRAFFIC POLICE WHO WITNESS THE SCENE AND HE ISSUE A FINE TO THE OTHER PARTY DRIVER.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SLF8625X

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

LEE THIAM HENG

NRIC/Passport Number

S1353035A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

**DETAILS OF INJURED PERSON 1** 

Name SEET CONG RUI

Approximate Age

Injuries Sustain **NECK & BACK** Injured person in which vehicle? SKH3181T Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Name SEET CONG HAN

Approximate Age

Injuries Sustain NECK & BACK Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 2** 

SKH3181T

YES

NO

#### 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:
  - (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

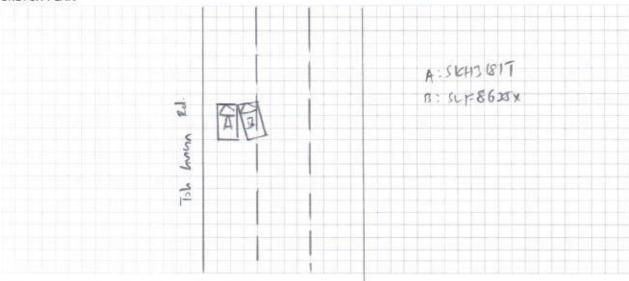
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rofer to	Hatement.		

DECLARATION

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

Porcyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Scoton

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

THIS PASSPORT IS VALID FOR ALL COUNTRIES EXCEPT THE FOLLOWING:



PASSPORT



REPUBLIC OF SINGAPORE

PA SGP

K1291019R

SEET CONG RUI



SINGAPORE CITIZEN V M 01 08 JAN 1990

07 JUN 2019

MINISTRY OF HOME AFFAIRS

22 JAN 2025

SEE PAGE 2 S9001441B



PASGPSEET<<CONG<RUI<<<<<<<<< K1291019R2SGP9001088M2501224S9001441B<<<<222



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

EFFECTIVE DATE

Class 2B

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

31 Mar 2014 15 Feb 2011

For LKK/NAC USE ONLY

NP 428A

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3	16:55	9/07/2019 1	1	of Accident	Date				io.	Policy N	Notice of Loss
				ficate Number	Certif		BIT	SKH31	No.(For Motor)	Vehicle	
					Search	1					
ce Expiry Date	Commence Date	Insured Object	Vehicle No.	Cover Type	Product	Policyholder NRIC	Policyholder Name	Certificate Number	Policy No.	Select	
18 27/11/2019	28/11/2018	SKH3181T	SKH3181T	drivo CLASSIC	GPC	S9321107C	SEET CONG HAN		5093872948- 01	0	
ate	Da	Object	No.	drivo		NRIC S9321107C	Name SEET CONG		5093872948		

Policy No.	5093872948-01	Policyholder Name	SEET CON	G HAN	Policyholder NRIC	S9321107C	
Certificate No.		42700E)					
Address	BLK 287A #07-346 JURONG E	AST STREET 21	SINGAPORE	601287			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	20/11/2018	Effective Date	28/11/201	8 00:00	Expiry Date	27/11/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	)/Inexperience Driver Excess
Agent	I INSURANCE AGENCY	Agent Tel.	67026779		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 287A #07-346	Addre	ss 2	JURONG EAST STR	EET 21	Address 3	SINGAPORE 601287
Address 4		Addre	ss Type	Singapore address		Post Code	601287
Jnit No.	06-01	Relate Numb	ed Policy er	5093872948-01			
5 Insure	ed Object: SKH3181T						
er anderen	000000000000000000000000000000000000000						
□ Endors	sements						

Claim Handling						
ccident MT/1054279						
olicy No.	5093872948-01		Venicle No.	SKH3181T	GST Registration No.	
Dertificate No.						
olicyholder Name	SEET CONG HAN				Policyholder NRIC	59321107C
roduct Code	PRIVATE CAR INSURA	NCE:	Cover Type	drive CLASSIC	Loading	O .
ontact No.(Mobile)	82827451		Contact No.(Office)	0	Contact No.(Home)	0
max Address			Special Remark		eCode	N V
FK	® No ○ Yes		TCA	® No ⊜Yes	eCode Reason	125,50
CD Protection	No		NCD Entitlement(%)	10	Private Hire	No
Accident Details			read and activating the	44	Private rice	MU
port Date	20/07/2019 (4:5)		Accident Report Within 24 hrs.	Yes	*****	received accompanies
ite of Accident					Accident Type	Colfision - Change / Cross lane
	19/07/2019		Time of Accident hh:mm	16:55	Country of Accident	Singapore
porting Centre			Drange Force		3CM No.	
cident Location	ALONG TOH GUAN RD	(00				
Excess						
in damage Excess		600.00	Additional Excess	1500	Windscreen Excess	100.00
named Driver Excess		500.00	Outside Singapore OO Excess	600.00		
ird Party Excess		0.00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Informa	ation					
T Registered	No			<b>GST Registration Date</b>		
T Registration No.				GST Status Venfied	Yes	
difficution History				SOUTH SECURITION OF THE	2007	
Policyholder Mailing Ad	Idress					
dress 1	BLK 287A #07-346		Address 2	XJRONG BAST STREET 21	Address 3	SINGAPORE 601287
dress 4			Address Type	Singapore address	Post Code	601287
it No.	06-01		Related Policy Number	5093872948-01		P-VPG-COXI
OI Driver Info			200			
ver Name	Unramed Driver		Driver Type	Unnamed Driver		
named driver Name	SEET CONG RUL		Driver NRIC	S9001441B	Driver DOB	08/01/1990
gister Date of Driver License	15/02/2011		Driver Age	29	Driving Experience	8
rrtact No.(Mobile)	83339736		Contact No. (Office)	0		
dress 1	BLK 287A				Contact No. (Home)	0
	DUA 20/A		Address 2	JURONG EAST STREET 21	Address 3	\$1NGAPORE 601267
dress 4			Address Type	Singepore address	Post Code	601287
it No.	07-346					
es he own a Singapore gistored car?	O Yes ( No		Driver Vehicle No.		Driver Insurer Company	
daration						
eathalyser or Blood Test acking?	0 mg		Any injury?	® Yes ○ No		
dification History						
Claim 001 New						
m Tuna a	lon HV	707	20090240000		2000 CO 2000	
m Type *	Ор-мх	<u> </u>	Insured Name	SEET CONG HAN	Insured NRIC	S9321107C
nact No.(Mobile)	91826182		Contact No.(Home)	65697870	Contact No. (Office)	64739333
ali Address	daniel@aeltravel.com		Of Vehicle Number	SKHILBIT	TP Vehicle Number	SG881002
mant Type Claimant Type *	Please Select	V	Type of Benefit. •	Please Select		
mant Name *		22	Claiment NR3C *			
mant Address						
m Description	SKH31817 / SG881002	C ON 19 Jul 2019			Name of Preferred Workshop	
erred Workshop Contact			Insured Liability *	Not at Fault		-
pure finalisation	Yes	~	Preferend Repair Option		W GN manua	Desired Control
e Registered	20/07/2019 16:35	page 1		Preferred Workshop, Name unknown	GIA report	Received
	- Dept		Claim Close Date		Data Received	20/07/2019 00:00
ort Taken By	Jackson					
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ident No.	MT/1054279		Claim No.			
	243 743			001		
R Doc. Received	● Yes ○ No		Upload Date	20/07/2019 16:39		
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