	itre Services. wet : Jamos MI	NE III			
Date In: 14/8/19-15: 08	Job description	Date &Time Completed	Done by		
Ref No: NA INC 19019075 TW	SAS e-filing	i			
Veh No: 5449696	E-mail (within 8hrs, AIC 2hrs)				
D.O.A: 13/8/15- 27715	i-Motor Claim Form	WJ 102 723 9-001	14/8/19 10:36		
	i-Motor W/O (Within: OD 2h)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)			
OD TP Reporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey Report		100 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -		
	Ass't Report by Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax:		
TP Particulars: Veh No: St	prozim INC()/Non-INC()	0 E		
Owner / Driver: (Tel:)		
Policy No: ()	Period: ()	Cover Type: ()		
Confirmed by : (Date:	Time:)		
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]		
Year of Registration: ()	Warranty: YES ()/NO()			
	1,000 ()/\$2,000 ()				
General Remarks:	(数是)为"多"。(1)(1))。				
() Walk-In Customer's in					
() Total Loss Case : to e-mail Insu		5			
		· · · · · · · · ·			
Drive-In () / Towed-In (); Invoi	ice: YES() / NO(); T	owing Co: (
Remarks: (INC hotline: 6788 6616)		Date& Time Completed	Done by		
1) Apply for Transport Allowance ()/	/ Courtesy Car ()	1	Mark Advisor American		
Trong Transfer and	Courtesy Car ()				
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 > Injury:	()				
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:	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		DE ALLES		
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:	()		DE CANTE		
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	()		Anit (S) Amil		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() \$3000] () Invoice Pre	paration Checklist	An((S)) And		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() \$3000] () Invoice Pre	Reporting (\$30);	fit Bill Add		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions aimant's Particulars:	() \$3000] () Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions aimant's Particulars:- iver/Owner:	() \$3000] () Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey	The Bill Add :		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions January's Particulars:- iver/Owner:	Invoice Present Invoice Pr	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 hrough Survey hrough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005)	6 Bill Add 1 0) 7545 5120 530		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions laimant's Particulars:- iver/Owner:	Invoice Pre 1) AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 brough Survey brough Survey (Resurvey) teinst INC Only (wef 10 Jan 2005) tion	6 Bill Add 1 0) 0545 5120 530 0) \$75		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions Inimant's Particulars:- river/Owner:	Invoice Present Invoice Pr	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) teainst INC Only (wef 10 Jan 2005) tion SMRT Survey	6 Bill Add 1 0) 7545 5120 530		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions Inimant's Particulars:- river/Owner: ontact No: imaged Portion:	Invoice Present Invoice Pr	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) trainst INC Only (wef 10 Jan 2005) tion SMRT Survey hal Services	6 Bill Add 1 0) 7545 5120 530) \$75 5160		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions Injury : Particulars :- Injury :- Injury : Particulars :- Injury :-	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey hal Services Cer / Tpt Allowance	6 Bill Add 1 0) 0545 5120 530 0) \$75		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repr	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 hrough Survey trough Survey (Resurvey) trainst INC Only (wef 10 Jan 2005 tion - SMRT Survey hal Services - Cer / Tpt Allowance te-ordination in Inspection	6 Bill Add 1 0) 7545 5120 530 575 5160 55 510 525		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	Invoice Present Invoice Pr	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 brough Survey brough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey hal Services Car / Tpi Allowance coordination in Inspection ect Excess Coordination	6 Bill Add 1 0) 7545 5120 530 575 5160 55 510		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Lamant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): additors! Comments::	Invoice Present Invoice Pr	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 brough Survey rough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey hal Services coordination for Inspection ect Excess Coordination (Non INC) against INC	6 Bill Add 1 0) 7545 5120 530 575 5160 55 510 525 55		

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.
- 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	14/08/2019 10:08
Date Of Accident	13/08/2019 22:15
Exact Location Of Accident	SLIP RD PAYA LEABR RD TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT4969G
Insured/Policyholder	
Name Of Registered Owner	GUAN QI
NRIC No	S2726959A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91118297
Alternative Phone No	OFFICE-91118297
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X 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?

If No, Please state action to be taken

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 5104610189

Cover Note Number

Driver

Name of Driver **GUAN QI** NRIC No S2726959A Date Of Birth 19/12/1962 Occupation **INDOOR** Date Of Driving Pass 12/11/2001

Driving Experience 17 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91118297

Fax Number

Contact Number OFFICE-91118297

EMail Address NOEMAIL

BLK 25 TECK WHYE LANE Address

#12-160

Postcode 680025

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

Was any body injured in the Accident?

NO

2

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 1

Number of Passengers (Including Driver)

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, AS I APPROACHED THE SLIP RD OF PAYA LEBAR RD, I CHECK ONCOMING VEHICLES ON MY RIGHT VIEW. I DID NOT NOTICED THAT VEHICLE B WAS SUDDENLY STOPPED. 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

SLP3023M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver TAN

NRIC/Passport Number

Contact Number

96442994

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

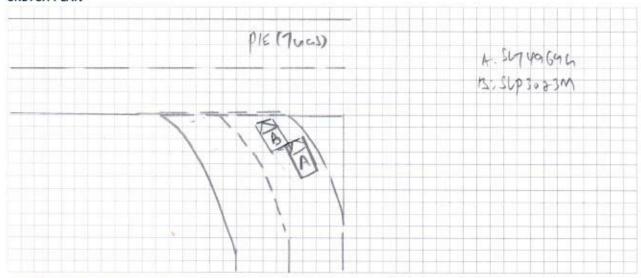
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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:
 - (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

Refer to Hutement.	
8	

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:

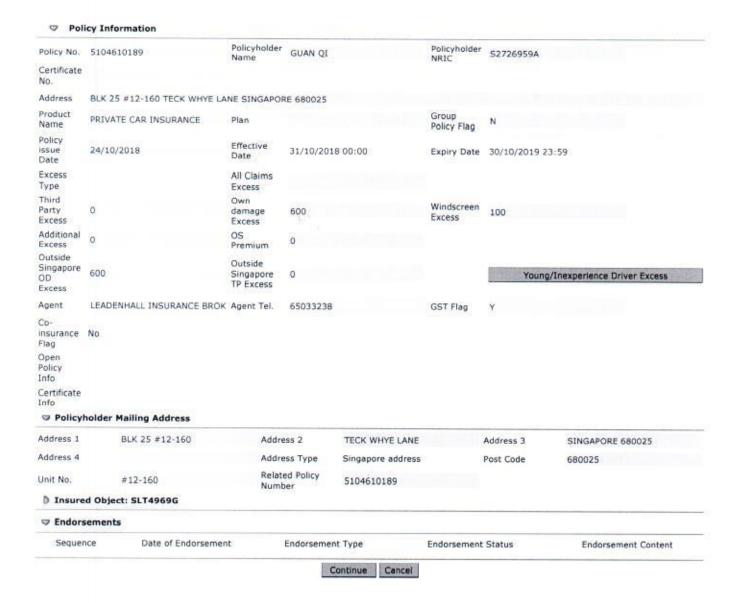
Reporting Centre Personnel's Signature

NRIC/FIN No.:









Claim Handling					
cident HT/1057529					
licy No.	5104610189	Vehicle No.	SLT4969G	GST Registration No.	
miticate No					
icyholder Name	GUAN QI			Policyholder NRIIC	S2726959A
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No. (Motivie)	91118297	Contact No. (Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	hi: 🕶
	® No. ○ Yes	TCA	No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	14/08/2019 10:33	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
ce of Accident	13/08/2019	Time of Accident hhomm	22:15	Country of Accident	Singapore
porting Centre		Orange Force		DOM No.	3.3438000
Odent Location	SLIP RD PAVA LEARR RD TWDS PIE (Tuas)			
Excess					
in damage Excess	600.00	Additional Excess	0	Windspreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		100.00
nd Party Excess	.0.00	Outside Singapore TP Excess	0.00		
Benefits	1000				
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.	3887		GST Status Verified	Yes	
dification History			day status vernies	160	
energy and the second second					
Policyholder Mailing Ad	dress				
frest I	BLK 25 #12-160	Address 2	TECK WHYE LANE	Address 3	SINGAPORE 680025
dress 4		Address Type	Singapore address	Post Code	680025
it No.	#12-160	Related Policy Number	5104610189		55000
OI Driver Info		3 45.550.550.40.550.550			
ver Name	GUAN QE	Driver Type	Main Driver		
named driver Name		Driver-NRIC	52726959A	Driver DOB	19/12/1962
ester Date of Driver License	12/11/2001	Driver Age	56	Driving Experience	17
tact No.(Motrie)	91118297	Contact No.(Office)	0	Contact No.(Home)	0
Irass 1	BLX 25	Address 2	TECK WHYE LANE	Address 3	SINGAPORE 680025
tress 4		Address Type			
	774.754	Aboress Type	Singapore address	Post Code	680025
t No. es he own a Singapore	#12-160				
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
laration					
eathalyser or Blood Test	00.00		THE PROPERTY OF THE PARTY OF TH		
ading?	0 mg	Any injury?	○ Yes ® No		
dification History					
Claim 001 New					
laim 001 New					
m Type *	00-M0	Insured Name	GUAN QI	Insured NR3C	52726959A
Mact No.(Mobile)	91118297	Contact No.(Home)	NOL	Contact No.(Office)	
as Address		Of Vehicle Number	SLT4969G	TP Vehicle Number	5LP3023M
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		Dec Agents
mant Name *	22	Claimant NRIC +			
mant Address					
m Description	SLT4969G / SLP3023M ON 13 Aug 20	119		Marrie of Conferred Workshop	WAN DOOM COME MORNO MORNI
erred Workshop Contact	67435344	Insured Liability *	Fully at Fault	Name of Preferred Workshop	KAN FOOK SING MOTOR WORK
ure Finalisation	WO THE STATE OF TH				
		Preferered Repair Option	Preferred Workshop (refer below)	GIA report	Received
e Registered	14/08/2019 10:36	Claim Close Date		Date Received	14/08/2019 00:00
ort Taken By	Jackson				
Print AK letter				OD Excess Collected by Workshop	
			Save Submt		
ttachment		1	SALE BRAINE		
dent No.	MT/1057529	Charles Inc.			
t Doc. Received		Claim No.	001		
No. of the Contract	● Yes ○ No	Upload Date	14/08/2019 10:37		
	Path *		Category *	Confidential Urgen	cy * Description *
		Browse	Clear Please Select	V Normal	V
		Browse	Dear Please Select	V Normal	
		Browse	Clear Please Select	V Normal	V
		CHIVATRICAL	managed for		ALC: N

