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Date In: 14 19 - 17-11	Jeb description	Date & Time Completed	Done	py
Res No: Na INCIGOLATELY	SAS e-filing	i		
Veh No: JUAZ ZZZZ	E-mail (within 8hrs, AIC 2hrs)			
D.O.A : 17/8/19-17:15	i-Motor Claim Form	M111057692-201	14/8/19 17:	20
_	I-Motor W/O (Within: OD 2h)			1010022
OD / TP / Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
IF insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		OTROPOS N
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 4	VIIIGO . INC)/Non-INC()	÷.	
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%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (S) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:	《 英语·罗·尔尔·克·尔尔		79.00 P	
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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 <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.		
	ACCIDENT STATEMENT	
Date Of Report	14/08/2019 17:11	
Date Of Accident	13/08/2019 17:15	
Exact Location Of Accident	77 HIGHLAND RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA7770S	
Insured/Policyholder		
Name Of Registered Owner	WILLIAM WEE KEK HENG	
NRIC No	S7246544Z	
Email Address	NOEMAIL	

 Mobile Phone No
 (LOCAL) +65-90019033

 Alternative Phone No
 OFFICE-90019033

Vehicle Particulars

Manufacturer VOLKSWAGEN

Model GOLF CABRIOLET 1.4 TSI AT 5172Q5

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 5091102505-01

Cover Note Number

Driver

Name of Driver SHARON NEO (SHARON LIANG)

 NRIC No
 S7203458I

 Date Of Birth
 28/01/1972

 Occupation
 INDOOR

 Date Of Driving Pass
 25/08/1992

Driving Experience 26 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91735050

Fax Number

Contact Number OFFICE-91735050

EMail Address NOEMAIL

Address 21 HIGHLAND CLOSE

Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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) involved in the accident

2

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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 DASH OUT FROM MY LEFT SIDE AND CUT ONTO MY LANE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE LEFT 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 GV1156D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

WU DENGLONG

G8742975Q

DETAILS OF INJURED PERSON 1

Name

SHARON NEO (SHARON LIANG)

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode HEADACHE

SLA7770S

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.
- 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 companies.
- 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:

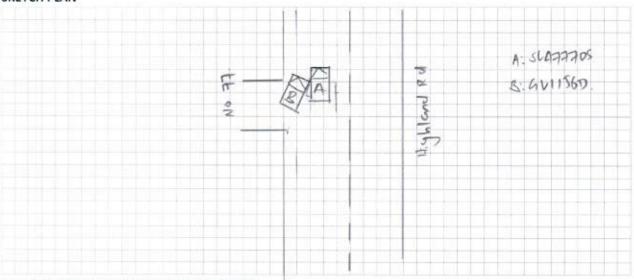
- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal 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
- 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.
- 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

Control Control Control
Refer to Hatement
92.

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. S72034581



SHARON NEO (SHARON LIANG)

梁雪伦

CHINESE

28-01-1972

SINGAPORE

For LKK/NAC Us



21-08-1992

21 HIGHLAND CLOSE SINGAPORE 549233

NRIC No: \$72034581

Date: 24/02/2009

No: - 6130399

0529816

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

For LKK/NAC Use Only



eBao Tech								GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601						+ Change	Language	• Chang	e Password	· Log Ou
My Desktop	Poli	Policy Query									
Notice of Loss	Policy 1	Policy No.				Date	of Accident	E	3/08/2019 1	7:15	
	Vehicle	No.(For Motor)	SLA7770S			Certificate Number		[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091102505- 01		WILLIAM WEE KEK HENG	S7246544Z	GPC	drivo CLASSIC	SLA77709	SLA7770S	28/08/2018	27/08/2019
						Continue	I				

Policy No.	5091102505-01	Policyholder Name	WILLIAM	WEE KEK HENG	Policyholder NRIC	S7246544Z	
ertificate Io.					((500-50-6)		
Address	21 HIGHLAND CLOSE SINGAP	ORE 549233					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	24/07/2018	Effective Date	28/08/201	8 00:00	Expiry Date	27/08/2019 2	3:59
Excess Type		All Claims Excess					
Third		Own			Windows		
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore		Outside					
DD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	AUTO INSURANCE AGENCY	Agent Tel.	FAX 6286	5551	GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Open Policy Info Certificate							
Open Policy Info Certificate Info	holder Mailing Address						
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alicy No.						
ETHER SHIP	5091102505-01		Vehicle No.	5LA77705	GST Registration No.	
tificate No.						
cyholder Name	WILLIAM WEE REK HEN	iG.			Policyholder NR3C	S7246544Z
tuct Code	PRIVATE CAR INSURAN	ICE	Cover Type	drive CLASSIC	Loading	0
act No.(Mobile)	90019033		Contact No. (Office)	D	Contact No. (Home)	0
i Address			Special kemark		eCode	E V
	® No ○Yes		TCA	® No ⊜ Yes	eCode Reason	The Control of the Co
Protection	Yes		NCD Entitlement(%)	50		The state of the s
Accident Details					Private Hire	No
	-010202020202020		CORPORATION CONTRACTOR			
ort Date	14/08/2019 17:47		Accident Report Within 24 hrs		Accident Type	Collsion - Change / Cross lane
of Accident	13/08/2019		Time of Accident hitemm	17:15	Country of Accident	Singapore
orting Centre			Drange Force		ICM No.	
dent Location	77 HOSHLAND RD					
Excess						
damage Excess		600.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess		0.00	Outside Singapore CO Excess	600.00		
d Party Excess		0.00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Inform	ation					
Registered	No			GST Registration Date		
Registration No.				GST Status Verified	Yes	
fication History						
and the second of the second						
Policyholder Mailing Ad	21 HIGHLAND CLOSE		Address 2	STATISTICS RADIUS	Andrew W.	
ress 4	as montano cross		Address Type	SINGAPORE 549233 Singapore address	Address 3	F40333
t No.					Post Code	549233
			Related Policy Number	5091102505-02		
OI Driver Info	2,722,200,000					
er Name amed driver Name	SHARON NEO		Driver Type	Named Driver	1.000000000	
	2010011002		Driver NRIC	\$7203458I	Driver DOB	28/01/1972
ster Date of Driver License			Driver Age	47	Driving Expenence	26
tact No.(Mobile)	91735050		Contact No.(Office)	0	Contact No. (Home)	0
ress t	21 HIGHLAND CLOSE		Address 2	SINGAPORE 549233	Address 3	
ress 4			Address Type	Singapore address	Post Code	549233
t No.						
is he own a Singapore pistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
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n Type * act No.(Mobile)	90019033	S	Contact No.(Home)	68581994	Contact No. (Office)	
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