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Ref No: 49/10/19014480/24	SAS e-filing				
Veh No: SKET GOZE	E-mail (within 8hrs, /				74
D.O.A: 17/8/19-18:00	i-Motor Claim Fo	orm M	1/1028177-021	19/8/19	14.A2
OD / (P)! Reporting Only	I-Motor W/O (Wit	hin: OD 2hrs, TP	4hrs)		
	i-Photo Uploadec				
TP Insurer:	Assessment/Survey	Report			
	Ass't Report by Fa.	x/Hand to O	vner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Т	el:	Fax:	
TP Particulars: Veh No: JCV 65	380	INC()	/Non-INC()	V.	
Owner / Driver: (7	cl:)	
Policy No: () Perio	od: () Co	ver Type: ()	
Confirmed by : (De	ite:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO):	N: 0-20%;	P: 21-79%. F: 30-	100%]	
Year of Registration: () W	arranty: YES ()/	NO()			
Excess: (\$) Loading: \$1,000	0()/\$2,000()			
General Remarks:-	A A SUM A	N42 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NEW CONTROL	<u>ावर् एस</u>	
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() Total Loss Case : to e-mail Insurer	URGENTLY.				
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Remarks:- (INC hotline: 6788 6616)				CYTESTER	enfile in
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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.
- 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

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	19/08/2019 18:58
Date Of Accident	17/08/2019 18:00
Exact Location Of Accident	WHEELER'S ESTATE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE5607K
Insured/Policyholder	
Name Of Registered Owner	KVA SHOU JIAN KENNETH
NRIC No	S8027284G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97336694
Alternative Phone No	OFFICE-97336694
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.8 TFSI MU
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	5095461005-01
Cover Note Number	
Driver	

Driver

Name of Driver CHENG KUN LI CHARISSA NRIC No S8129135G Date Of Birth 16/09/1981 Occupation **INDOOR** Date Of Driving Pass 25/10/2002

Driving Experience 16 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92331981

Fax Number

Contact Number OFFICE-92331981

EMail Address NOEMAIL

BLK 850 JURONG WEST STREET 81 Address

#12-281

Postcode 640850

Was driver an employee of the Insured's Company NO

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

NO

NO

NO

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

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) 0

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

REFER TO STATEMENT.

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

SCL6538C

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 15

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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, involces, 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: Oriver's Signature (If driver is not the policyholder Date & Time: Reporting Centre Personnels Signature Name:

NRIC/FIN No.

(if driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

:

Date & Time:

\$1560 LONG ARTHURSHIP V.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
 Please report correctly on the details of the accident to speed up the claim process.
 This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material fects may allow insurance companies to repudiate policy liability.
 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 1718	10	(DD/MM/YY) Time: 1800	(HH:MM)
Exact location of accident	wheele's		carpark	

Details of vehicle

Vehicle registration number	SKE SOUTE		
Vehicle make and model	nul; A4		
Type of vehicle	Saloon MPV CRV Van D		
Vehicle category	Private Commercial Motorcycle		
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □		

Insurance information

Insurance company	MIC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only a

Insured / Policy holder

Name	kun show sinn, kuntah	Male @ Female
NRIC / Fin / Passport number	58 62 72 846	
Contact	91336694	
Address	aso 618 Jung LIGH St	65#04-432

5(640615) Driver Same as insured above (skip to D.O.B)

Name	chun li Chirissy Male o Female pr
NRIC / Fin / Passport number	581241356
Contact	923 1981
Address	850 JULY WELT ST 81 #12-781
Email address	
Date of birth	16 4 1 48 1
Occupation	Indoor Outdoor
Driving date pass	25/ 10/2012

General information of the accident

Was driver an employee of the insured's company?	Yes 🗆 If no, rela	No ationship of the	driver and insured:	wife
Accident captured by camera?	Yes.z	No 🗆		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry 🗷	Wet 🗆		
No of passenger	Ø			(Inclusive of driver)

Passenger 1

Name	
Gender	Male D Female D
Passenger 2	
Name	
Gender	Male D Female D
Passenger 3	
Name	
Gender	Male Female
Passenger 4	
Name	
Gender	Male D Female D
Passenger 5	
Name	
Gender	Male D Femalé D
Passenger 6	
Name	

Other information

Was anybody injured?	Yes 🗆	Nop	
Was other vehicle damaged?	Yes	No 🗆	

Details of police action

Reported to police?	Yes 🗆	Non	If yes, please state which police station.
Police station name	8 977		

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SCL 6538C
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	-27//-
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
Witness 2	
Name	
Injured person 1	/
Name	
Injuries sustained	/
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 2	
Name	
Injuries sustained	/
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 3	
Name	T /
njuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to nospital by ambulance?	Ýes 🗆 No 🗈
Injured person 4	
lame /	
njuries sustained	
Vhich vehicle person in?	
Vere seat belts worn?	Yes D No D
	Yes D No D



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: \$66\$\$0020G / GST Reg. No.: M400017735

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

		ADDEND	UM
PARTIC	CULARSOFPE	RSON MAKING THE AMENDMENT	S:
Origina	al Report No	MNA119108979	Vehicle Registration No: SKE5607K
		KVA SHOU JIAN KENNETH	NRIC/FIN/Passport No: S8027284G
		hicle Owner) (*) Please delete as a	
Addres	SS	<u> </u>	Singapore(
Contac	ct (Tel)	i <u>n</u>	Mobile No.: 97336694
Email	Address		
Date o	of Accident	: 17/08/2019	Time of Accident :18:00
		WHEELER'S ESTATE CARPA	
		NTUC Income Insurance Co	OWE MICCAE
0 			
(i)			
83 			
у.			
8	8		
			Man
Policyl Date:	holder / Driver	's Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8129135G





Name

CHENG KUN LI CHARISSA

程or LRK/NAをUse Only

CHINESE

Date of birth

Sex

16-09-1981

Country of birth

SINGAPORE

281291350

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: 98129135 G

FOR LKK/NAC Use Only

Birth Date: 16 Sep 1981 Issue Date: 06 Oct 2003



4879940



HEIC No SR129135G

For LKK/NAC Use Only

Date of issue 03-09-2012

APT BLK 850 JURONG WEST STREET 81 #12-281 SINGAPORE 640850

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

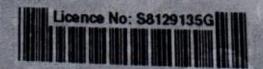
PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unleden does not exceed 2500 kilograms

25 Oct 2002

For LKK/NAC Use Only

NP 428A



eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_800601							+ Change	Language	- Chang	ge Password	• Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident		17/08/2019 1	18:00	
	Vehicle	No.(For Motor)	SKE56	07K		Certi	ficate Number				=
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095461005- 01		JIAN KENNETH	58027284G	GPC	drivo CLASSIC	SKE5607)	SKE5607K	13/03/2019	12/03/2020
						Continue					

Policy No.	5095461005-01	Policyholder Name	KVA SHOU J	JIAN KENNETH	Policyholder NRIC	S8027284G	
Certificate No.		and the second					
Address	BLK 618 #09-432 JURONG WES	T STREET 65	SINGAPORE 6	540618			
Product Name	PRIVATE CAR INSURANCE Plan				Group Policy Flag	N	
Policy ssue Date	12/03/2019 Effe Date		13/03/2019 00:00		Expiry Date	12/03/2020 23:59	
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess			Windscreen Excess		
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	ng/Inexperience Driver Excess
Agent Co- Insurance Flag Open	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Y	
Policy Info Certificate							
Info Certificate Info	holder Mailing Address						
Info Certificate Info	holder Mailing Address BLK 618 #09-432	Addr	ess 2	JURONG WEST ST	REET 65	Address 3	SINGAPORE 640618
Info Certificate Info Policy	A CONTRACTOR OF THE PROPERTY O	Addr Relat	ess Type ted Policy	JURONG WEST ST Singapore address 5095461005-01		Address 3 Post Code	SINGAPORE 640618 640618
Info Certificate Info Policyl Address 1 Address 4 Unit No.	BLK 618 #09-432	Addr	ess Type ted Policy	Singapore address			
Info Certificate Info Policyl Address 1 Address 4 Unit No. Insure	BLK 618 #09-432	Addr Relat	ess Type ted Policy	Singapore address			
Info Certificate Info Policyl Address 1 Address 4 Unit No.	BLK 618 #09-432 ed Object: SKE5607K sements	Addr Relai Num	ess Type ted Policy	Singapore address 5095461005-01		Post Code	

Claim Handling					
Policy No.	5095461005-01	Venicle No.	SKES607K	GST Registration No.	
Certificate No.					
Olicyholder Name	KVA SHOU IIAN KENNETH			Policyhalder NRIC	580272846
reduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
imact No.(Mobile)	97336694	Contact No. (Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	To: ▼
×	® No ○Yes	TCA	® No ○ Yes	eCode Reason	13.4
D Protection	Yes	NCD Entitlement(%)	50		1400
Accident Details	185.0	web charement(ss)	30	Private Hire	No
port Date					
	19/06/2019 20:44	Acadent Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
e of Accident	17/08/2019	Time of Accident hh:mm	18:00	Country of Accident	Singapore
arting Centre		Orange Force		TCM No.	
ident Location	WHEELER'S ESTATE CARPARK				
Excess					
n damage Eucess	600.00	Additional Excess	0	Windscreen Excess	100.00
semed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Senefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
fication History					
Policyholder Mailing Ad	fdress				
ress 1	BLK 618 #09-432	Address 2	JURONG WEST STREET 65	Admire 3	AND THE RESERVE AND THE RESERV
ress 4	100	Address 2 Address Type		Address 3 Post Code	SINGAPORE 640618
No.		Related Policy Number	Singapore address spss461005-01	Post Code	640618
OI Driver Info		meaned Placy Number	5099401009-01		
er Name	CHENG KUN LI CHARISSA	Driver Type	Named Driver		
amed shover Name	ETERO NOTE ET CHANGO	Driver NRIC	98129135G	Driver DOS	
ster Date of Driver License	25/10/2002	Driver Age	37		16/09/1981
art No.(Mobile)	92331981	Contact No.(Office)	0	Driving Experience	16
ress 1	BLK BS0	Address 2	JURONG WEST STREET 81	Contact No.(Home)	0
ress 4	BEN 030			Address 3	SINGAPORE 640850
No.	7.2.2.2	Address Type	Singapore address	Post Code	640850
s he own a Singapore	12-781				
stered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
aration.					
tthalyser or Blood Test ding?	0 mg	Any injury?	○ Yes ® No		
fication History					
aim 001 New					
Type *	00-MX	Value and Control			F
act No.(Mobile)		Insured Name	KVA SHOU JIAN KENNETH	Insured NRIC	S8027284G
Address		Contact No.(Home)		Contact No. (Office)	
	Diame Cales	OJ Vehicle Number	SKE5607K	TP Vehicle Number	SLL6538C
ant Type Claimant Type *		Type of Benefit *	Please Select		
ant Name *	22	Claimant NRIC *			
ant Address				67 - 2350 STATE THAT I WAS TO SEE	12
Description	SKE5607K / SLL6538C ON 17 Aug 2019	VII. (1971)		Name of Preferred Workshop	2
rred Workshop Contact		Insured Liability *	Not at Fault		
re Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	19/08/2019 20:45	Claim Close Date		Date Received	19/08/2019 00:00
rt Taken By	Jackson				71 - E
nint AK letter					
achment		-	Save Submit		
	to paymen				
ent No.	MT/1058432	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	19/08/2019 20:46		
	Path *		Category •	Confidential Urgens	cy * Description *
		Browse	A second Principles		V Description -
		Browse	. Dear Please Select	100	
			A CONTRACTOR OF THE PERSON OF		100
		Browse	Clear Please Select	Normal	v

