	Jeb description	Date & Time Completed	Done by
Res No: Ha INCI 90 15 623 Pry	SAS e-filing		
Veh No: JAJAYYSU	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 3/9/17-17:13	i-Motor Claim Form	M7/10609W -021	4/9/19 11:21
	i-Motor W/O (Within: OD		1119 11:1
OD (TP) Reporting Only	i-Photo Uploaded		
TD	Assessment/Survey Repor	1	
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:
TP Particulars: Veh No: F	orlaya INC	()/Non-INC()	*
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO()	
Excess: (\$) Loading: \$	31,000 ()/\$2,000 ()		
General Remarks:-			San
() Walk-In Customer : Customer's i		Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Ins		outon) (10 total di japanan	
		Towing Co: (
		Towing Co. (
Remarks:- (INC hotline: 6788 6616		Date&Time Completed	Done by
The second secon	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
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Figure 1 to

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.
- 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.

By the lodgement of this report to the insurers, you hereby cons aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
Service Service Commence of the Commence of th	ACCIDENT STATEMENT
Date Of Report	04/09/2019 11:02
Date Of Accident	03/09/2019 17:10
Exact Location Of Accident	6 AMK IND PARK 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW9443U
Insured/Policyholder	
Name Of Registered Owner	CHAI YOON KHONG
NRIC No	S6906086B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96874162
Alternative Phone No	OFFICE-96874162
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.0 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

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5085594382-02 Policy Number

Cover Note Number

Driver

CHAI YOON KHONG Name of Driver

NRIC No S6906086B Date Of Birth 27/02/1969 INDOOR Occupation 24/07/1991 Date Of Driving Pass

28 YEARS AND 1 MONTH Driving Experience

Gender MALE

(LOCAL) +65-96874162 Mobile Number

Fax Number

Contact Number OFFICE-96874162

EMail Address NOEMAIL Address 17 CANBERRA DRIVE

#02-33

Postcode 768074

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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? 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)

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?

a?

Was there any video captured by Car Camera?

NO

YES

0

NO

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FORKLIFT

Vehicle Make/Model/Colour HOCKHUA HOLDINGS PTE LTD

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 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)

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:

Date & Time:

One of the policyholder

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My	Cay	Was	parked	stat	nonary	_,	sud der ly	My	veh
Prt	purt	100	being	hit	by	Rot	1.fl		
S.									S* 1
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		- 1							
			7						

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.:

Personal Particulars
Date of Accident: 3 9 19 Time of Accident: 5 - 10 pm
Exact Location of Accident: 6 AMK Ind Park 2
Owner's Name: Chai Youn Khong NRIC No: 56906086 BHP No: 96874162
Driver's Name: NRIC No: HP No: L
Date of Birth: 27) 1969 Driving Licence Passing Date: 24 7 199 becupation: Indoor / Outdoor
Address: 17 Cantarra Dive + 02 - 33 (768074)
Relationship of Driver with Insured: Owner Email Address:
Vehicle No: SKW 9443 W Make & Model: Toyota
Insurance Co: NTU Coverage: Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
*Weather Condition? Gear / Raining / Others: Wet / Bry / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A:
*Was Anybody Injured ? (Yes / (No) If yes,
Name / NRIC / In Vehicle:
*Was The Accident Reported To The Police ?
ARTISTICAL CONTRACTOR
No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
O No O Yes, Vehicle Registration No:insurer:
*Was any foreign vehicle involved? (Yes / No) if yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes (No)
Third Party Driver's Particulars
vehicle B No: Folic H. CHocking Holdings Pte Ltd Make & Model:
Driver's Name:NRIC No:HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name: NRIC No: HP No:

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eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601		The second second		SPERMINE TO THE REAL PROPERTY.		• Chang	e Language	> Chang	e Password	Log Out
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Notice of Loss	Policy N	No.				Date	of Accident	- 8	03/09/2019 1	7:10	
	Vehicle	No.(For Motor)	SKW9	443U		Cert	ificate Numbe	. [
						Search	I				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5085594382- 02		CHAI YOON KHONG	S6906086B	GPC	drivo PREMIUM	SKW9443U	SKW9443U	23/11/2018	22/11/2019
					1	Continue					

Policy No.	5085594382-02	Policyholder Name	CHAI YOON	KHONG	Policyholder NRIC	S6906086B	
Certificate No.					91597FR		
Address	17 CANBERRA DRIVE #02-33 1	CANBERRA SI	NGAPORE 76	8074			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	30/10/2018	Effective Date	23/11/2018	3 00:00	Expiry Date	22/11/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0.0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	ONG HUI SENG LIFE & GENERA	d Agent Tel.	68410900		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policy!	holder Mailing Address						
Address 1	17 CANBERRA DRIVE	Addre	ess 2	#02-33 1 CANBER	RRA	Address 3	SINGAPORE 768074
Address 4		Addre	ess Type	Singapore address	1	Post Code	768074
		Relati Numb	ed Policy per	5085594382-02			
Unit No.							
	ed Object: SKW9443U						

laim Handling							
ccident MT/1060922							
olicy No.	5085594382-02		Vehicle No.	5KW9443U		GST Registration No.	
ertificate No.							
olicyholder Name	CHAI YOON KHONG					Policyholder NR1C	\$6906086B
roduct Code	PRIVATE CAR INSURANCE		Cover Type	drive PREMIUM		Loading	0
omact No.(Mobile)	96874162		Contact No.(Office)	0		Contact No.(Home)	0
nan Address			Special Remark			eCode	THE V
FK.	® No ○ Yes		TCA	® No ○Yes		eCode Reason	
CD Protection	Yes		NCD Entitlement(%)	50		Private Hire	No
Accident Details							
port Date	04/09/2019 11:19		Accident Report Within 24 hrs	Yes		Acodent Type	Damaged whilst parked
te of Accident	03/09/2019		Time of Accident hh:mm	17:10		Country of Accident	Singapore
parting Centre			Orange Force			ICM No.	
codent Location	6 AMK IND PARK 2						
≠ Excess							
vn damage Excess		0.00	Additional Excess	0		Windscreen Excess	100.00
named Driver Excess		0.00	Outside Singapore Ob Excess		0.00		
nd Party Excess		0.00	Outside Singapore TP Excess		0.00		
Benefits							
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odification History				So Sudias velli	50	120	
SUPPLIES OF THE SUC							
Policyholder Mailing Ad	dress						
dress 1	17 CAMBERRA DRIVE		Address 2	#02-33 1 CANBERRA		Address 3	SINGAPORE 760074
dress 4			Address Type	Singapore address		Post Code	768074
it No.			Related Policy Number	5085594382-02			
OI Driver Info							
iver Name	CHAI YOON KHONG		Driver Type	Hain Driver			
named driver Name			Driver NR3C	S69060868		Driver DOB	27/02/1969
gister Date of Driver License	24/07/1991		Driver Age	50		Driving Experience	28
mact No. (Mobile)	96874162		Contact No.(Office)	8		Contact No.(Home)	0
dress 1	17 CANBERRA DRIVE		Address 2	1 CANBERRA		Address 3	SINGAPORE 768074
dress 4			Address Type	Singapore address		Post Code	768074
Nt No.	02-33						
oes he own a Singapore egistered car?	○ Yes (No		Driver Vehicle No.			Driver Insurer Company	
claration							
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rar cares							
dification History							
Claim 001 New							
im Type *	ор-мх	V	Insured Name	CHAI YOON KHONG		Insured NR3C	569060868
mact No.(Mobile)	96874162		Contact No.(Home)	MIL		Contact No.(Office)	TO LABOR TO SERVICE STATE OF THE SERVICE STATE OF T
ail Address	younkhang.chai@hockhua	group	Of Vehicle Number	SKW9443U		TP Vehicle Number	FORKLIFT
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		22	Claimant NR3C •				
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armant Name * armant Audress arm Description eferred Workshop Contact ocquire Finalisation ste Registered aport Taken By Print AK letter Attachment octodent No. st Doc. Received	Yes 04/09/2019 11:21 Jackson		Preferend Repair Option Claim Close Date	Preferred Workshop, Na Save Submit 001		GIA report	The state of the s

