NATIONAL Assessment Centre	Services (ver 1 January).	MWA 11911 8714	01
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719119 11:00	i-Motor Claim Form	MT/106/387-001	719/19/4/00.
	I-Motor W/O (Within: OD 2		
(II) Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hane	lo Owner/Wksp	
Proformal Wksp / INC Assign Wksp / QW: (	THE RESIDENCE OF THE PARTY OF T	Tol:	Fax: )
TP Particulars: Veh No: FG	P 7947 P. INC	( , )/Non-INC( )	
Owner/Driver: (		Tcl:	)
Policy No: ( ) Perio	od: ( )	Cover Type: (	) .
Confirmed by : (	Date:	Time:	)
hsured/Driver Liability: ( %) [No	te-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
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General Reinhaltz & Space Williams			
) Walle-In Customar : Customor's Inform		Strictly NO refer of repairer.	
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Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/NO( );	Towing Co: (	/ / / / / / / / / / / / / / / / / / /
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1) Apply for Transfort Allowance ( )/Cou	irtesy Car ( )	7	
2) QC Check / Post Repair Inspection	( · )~		
1) Upload Resurvey Photo [Repair Cost > \$300	00] ( )	* *	
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Checked by (Engr-In-Charge):		ay Car / Tpt Allowande	53
Commission of the second of th	Intelligence Bear Plant   *N7: Post R	Co-ordination epair Inspection	\$10 \$23
uditors Comments	*Na: DV/0	Collect Excess Coordination TP (Non INC) against INC	33 520
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2/3)	Invalor dated	Fee Charges Fee Charges	MARKET LALEST
	LUNGICE CONEC		

#### 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.
- 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

Date Of Accident 07/09/2019 11:00 Exact Location Of Accident UPP BT TIMAH RD JUNC Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number SJN8639M  Insured/Policyholder  Name Of Registered Owner CHEN LIU SY NRIC No S6904202C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-90126210  Vehicle Particulars  Manufacturer HYUNDAI AVANTE  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  Vehicle Category PRIVATE HIRE  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage COMPREHENSIVE  Policy Number  Differ  Date Of Birth 0305/1970 Occupation Out 700 NONTHS  Base of Driver CHEN WEY SY NRIC No S7015176F Date Of Birth 0305/1970 Occupation Out 700 NONTHS  Mabile Number  Exact Purpose for which Pass SAND 0 MONTHS  Male of Insurance Company  Type Of Coverage Nonth Number Out 1900 NONTHS  NRIC No S7015176F Date Of Driving Pass Driving Experience ALE  MALE (LOCAL) +65-97661623  Fax Number	等 <b>技术</b> 是是代码。2000年6月2日	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SJN8639M Insured/Policyholder  Name Of Registered Owner NRIC No S6904202C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-97661623  Alternative Phone No (FIN Number) Manufacturer HYUNDAI Advante Exact Purpose for which vehicle was being used at lime of accident Vehicle Particulars  No Memory Private HYUNDAI Advante Exact Purpose for which vehicle was being used at lime of accident Vehicle Category PRIVATE HIRE  Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driver CHEN WEY SY NRIC No Date Of Birth O3056/1970 Occupation Date Of Driving Pass Driving Experience 31 YEARS AND 0 MONTHS Gender MALE Mobile Number Contact Number	Date Of Report	07/09/2019 13:27
DETAILS OF OWN VEHICLE  Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  NRIC No Segouzoz Email Address NOEMAIL (LOCAL) +65-90126210 OFFICE-90126210 OVehicle Particulars  Manufacturer Model AVANTE Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  Insurance Company  Name of Insurance Company  Type Of Coverage Cover Note Number  Driver  Name of Driver NRIC No S100820000000000000000000000000000000000	Date Of Accident	07/09/2019 11:00
Vehicle Registration Number SJN8639M  Insured/Policyholder  Name Of Registered Owner CHEN LIU SY NRIC No S6904202C  Email Address NOEMAIL Mobile Phone No (LOCAL) +65-90126210  Vehicle Particulars  Manufacturer HYUNDAI Model AVANTE  Exact Purpose for which vehicle was being used at time of accident No. Penice Policy Propair to your vehicle? If No. Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE HIRE  Insurance Company Name of Insurance Company  Type Of Coverage COMPREHENSIVE Fleet Policy No Policy Number 5107878085  Cover Note Number Coverage COMPREHENSIVE NATIONAL STATES ON STOTISTIFF  Name of Driver CHEN WEY SY NRIC No S7015176F Date Of Birth 03/05/1790  Occupation OUTDOOR Date Of Driving Pass 20/06/1988 Driving Experience MALE Mobile Number Contact Number  Fax Number Contact Number	Exact Location Of Accident	UPP BT TIMAH RD JUNC
Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  NRIC No Se904202C  Famil Address NOEMAIL Mobile Phone No (LCCAL) +65-90126210  Alternative Phone No OFFICE-90126210  Vehicle Particulars  Manufacturer Modoel AVANTE  Exact Purpose for which vehicle was being used at time of accident Vehicle or your vehicle?  If No, Please state action to be taken Vehicle Category NO NO NO NOBLE CATEGORIAN  NO PRIVATE HIRE  Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Floety NO Policy Number COVER NUMBER  OCOVER NOBLE NUMBER  DIVINE  Date Of Birth Occupation OUTDOOR Date Of Driving Pass Driving Experience Sender MALE Mobile Number Contact Number Contac	Country/State of Loss	SINGAPORE
Insured/Policyholder  Name Of Registered Owner  NRIC No Se904202C  Email Address NOEMAIL Mobile Phone No (LOCAL) +65-90126210  Alternative Phone No OFFICE-90126210  Vehicle Particulars  Manufacturer HYUNDAI AVANTE Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE HIRE  Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driver Name of Driver Name of Driver Name of Driver OCHEN WEY SY NRIC No S7015176F Date Of Birth O30517970 Occupation OUTDOOR Date Of Driving Pass Driving Experience 31 YEARS AND 0 MONTHS Mable Number Fax Number Contact Number	THE RESERVE OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Name Of Registered Owner NRIC No S6904202C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-90126210  Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at ne of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Vehicle Category RIVATE HIRE Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver Name of Driver Name of Driver Name of Driving Pass Date Of Birth O306/1970 Occupation OUTDOOR Date Of Driving Pass Driving Experience Gender MALE Mobile Number Contact Number  LOCAL) +65-97661623  Fax Number Contact Number	Vehicle Registration Number	SJN8639M
NRIC No         \$6904202C           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-90126210           Vehicle Particulars         Vehicle Particulars           Manufacturer         HYUNDAI           Model         AVANTE           Exact Purpose for which vehicle was being used at time of accident         COMMERCIAL           Are you claiming under your own insurance policy for repair to your vehicle?         NO           If No, Please state action to be taken         REPORTING ONLY           Vehicle Category         PRIVATE HIRE           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5107878085           Cover Note Number         -           Driver           Name of Driver         CHEN WEY SY           No         \$7015176F           Date Of Birth         03/05/1970           Occupation         OUTDOOR           Date Of Driving Pass         20/08/1988           Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623	Insured/Policyholder	
Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-90126210           Alternative Phone No         OFFICE-90126210           Vehicle Particulars           Manufacturer         HYUNDAI           Model         AVANTE           Exact Purpose for which vehicle was being used at time of accident         COMMERCIAL           Are you claiming under your own insurance policy repair to your vehicle?         NO           If No, Please state action to be taken         REPORTING ONLY           Vehicle Category         PRIVATE HIRE           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5107878085           Cover Note Number         -           Driver         Very SY           NRIC No         \$7015176F           Date Of Birth         03/05/1970           Occupation         OUTDOOR           Date Of Driving Pass         20/08/1988           Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623	Name Of Registered Owner	CHEN LIU SY
Mobile Phone No (LOCAL) +65-90126210  Vehicle Particulars  Manufacturer HYUNDAI AVANTE Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY PRIVATE HIRE  Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5107878085 Cover Note Number 5107878085 CHEN WEY SY NRIC No S7015176F Date Of Driving Pass 20/08/1988 Driving Experience 31 YEARS AND 0 MONTHS Gender Mobile Number Contact Number  Fax Number Contact Number  Fax Number Contact Number Contact Number Contact Number  Fax Number Contact Number	NRIC No	S6904202C
Alternative Phone No OFFICE-90126210  Vehicle Particulars  Manufacturer HYUNDAI  Model AVANTE  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE HIRE  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage COMPREHENSIVE  Fleet Policy NO  Policy Number 5107878085  Cover Note Number -  Driver  Name of Driver CHEN WEY SY  NRIC No S7015176F  Date Of Birth 03/05/1970  Occupation OutDOOR  Date Of Driving Pass 20/08/1988  Driving Experience 31 YEARS AND 0 MONTHS  Gender MALE  Mobile Number  Contact Number  Contact Number  Contact Number	Email Address	NOEMAIL
Wehicle Particulars  Manufacturer Model AVANTE  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Vehicle Category RIVATE HIRE Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driver Name of Driver NRIC No S7015176F Date Of Birth O3/05/1970 Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number  Conder Note Number  LIVANNE MALE Mobile Number  (LOCAL) +65-97681623  Fax Number Conder Number Conder Number  Exact Purpose of WANNE COMMERCIAL AVANTE COMMERCIA	Mobile Phone No	(LOCAL) +65-90126210
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Model AVANTE  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY Vehicle Category  PRIVATE HIRE  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  NAME Of Diriver  NAME OF Birth  Occupation  OutDoor  Date Of Driving Pass  Driving Experience  Gender  MALE  Mobile Number  Contact Number  Contact Number  Contact Number  COMMERCIAL  NO  COMPELIAL  COMMERCIAL  COMMERCIAL  COMMERCIAL  COMMERCIAL  NO  COMPELIAL  COMMERCIAL  CO	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  Vehicle Category  REPORTING ONLY  PRIVATE HIRE  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  5107878085  Cover Note Number	Manufacturer	HYUNDAI
time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  Vehicle Category  PRIVATE HIRE  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number	Model	AVANTE
for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  PRIVATE HIRE  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  5107878085  Cover Note Number  -  Driver  Name of Driver  NRIC No  S7015176F  Date Of Birth  03/05/1970  Occupation  Date Of Driving Pass  Driving Experience  Gender  MALE  Mobile Number  COMPREHENSIVE  REPORTING ONLY  PRIVATE HIRE  REPORTING ONLY  REPORTING ONLY  REPORTING ONLY  PRIVATE HIRE  REPORTING ONLY  REPORTING ONLY  PRIVATE HIRE  REPORTING  PRIVATE HIRE  REPORT	Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Vehicle Category  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  5107878085  Cover Note Number	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  5107878085  Cover Note Number	If No, Please state action to be taken	REPORTING ONLY
Name of Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5107878085           Cover Note Number         -           Driver           Name of Driver         CHEN WEY SY           NRIC No         \$7015176F           Date Of Birth         03/05/1970           Occupation         OUTDOOR           Date Of Driving Pass         20/08/1988           Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623           Fax Number         Contact Number	Vehicle Category	PRIVATE HIRE
Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5107878085           Cover Note Number         -           Driver           Name of Driver         CHEN WEY SY           NRIC No         \$7015176F           Date Of Birth         03/05/1970           Occupation         OUTDOOR           Date Of Driving Pass         20/08/1988           Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623           Fax Number         Contact Number	Insurance Company	
Fleet Policy         NO           Policy Number         5107878085           Cover Note Number         -           Driver           Name of Driver         CHEN WEY SY           NRIC No         \$7015176F           Date Of Birth         03/05/1970           Occupation         OUTDOOR           Date Of Driving Pass         20/08/1988           Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623           Fax Number         Contact Number	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number         5107878085           Cover Note Number         -           Driver           Name of Driver         CHEN WEY SY           NRIC No         \$7015176F           Date Of Birth         03/05/1970           Occupation         OUTDOOR           Date Of Driving Pass         20/08/1988           Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623           Fax Number         Contact Number	Type Of Coverage	COMPREHENSIVE
Driver         CHEN WEY SY           NRIC No         \$7015176F           Date Of Birth         03/05/1970           Occupation         OUTDOOR           Date Of Driving Pass         20/08/1988           Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623           Fax Number         Contact Number	Fleet Policy	NO
Driver         CHEN WEY SY           NRIC No         \$7015176F           Date Of Birth         03/05/1970           Occupation         OUTDOOR           Date Of Driving Pass         20/08/1988           Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623           Fax Number         Contact Number	Policy Number	5107878085
Name of Driver         CHEN WEY SY           NRIC No         \$7015176F           Date Of Birth         03/05/1970           Occupation         OUTDOOR           Date Of Driving Pass         20/08/1988           Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623           Fax Number         Contact Number	Cover Note Number	
NRIC No         \$7015176F           Date Of Birth         03/05/1970           Occupation         OUTDOOR           Date Of Driving Pass         20/08/1988           Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623           Fax Number         Contact Number	Driver	
Date Of Birth         03/05/1970           Occupation         OUTDOOR           Date Of Driving Pass         20/08/1988           Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623           Fax Number           Contact Number	Name of Driver	CHEN WEY SY
Occupation         OUTDOOR           Date Of Driving Pass         20/08/1988           Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623           Fax Number         Contact Number	NRIC No	S7015176F
Date Of Driving Pass         20/08/1988           Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623           Fax Number         Contact Number	Date Of Birth	03/05/1970
Driving Experience         31 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97661623           Fax Number         Contact Number	Occupation	OUTDOOR
Gender MALE Mobile Number (LOCAL) +65-97661623  Fax Number Contact Number	Date Of Driving Pass	20/08/1988
Gender MALE Mobile Number (LOCAL) +65-97661623  Fax Number Contact Number	Driving Experience	31 YEARS AND 0 MONTHS
Fax Number Contact Number	Gender	MALE
Fax Number Contact Number	Mobile Number	(LOCAL) +65-97661623
	Fax Number	Keeper on Martin State State State
EMail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address BLK 53 PIPIT RD #04-114

Postcode 370053

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

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

2

NO

YES

NO

2

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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

**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: HAVENT RETRIEVE

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

FBP7947P

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver NUR AUSHAF BIN NORZALI

NRIC/Passport Number S9815384E

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.
- 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.

ature Driver's Signature

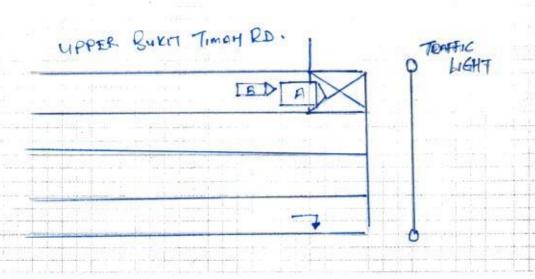
Pate & Time: (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TRAFFIC	LIGHT .	THENING	RED,	50 I	SLOWED	DOWN AND
Groppeo.						
Suppener	, A 1	могогсусь	E HM out	10 my	REAR F	ection.
(LEFT S	DE).	55				
			45			
		9				
100						

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.:



#### 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: S66SS0020G / GST Reg. No.: M400017735

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

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MNA119118714 Vehicle Registration No: SJN8639M Name(as shown in NRIC) : CHEN WEY SY NRIC/FIN/Passport No: S7015176F (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Singapore( Address \_\_\_\_\_Mobile No.: 97661623 Contact (Tel) Email Address \_\_\_\_\_Time of Accident : 11:00 07/09/2019 Date of Accident Place of Accident : UPP BT TIMAH RD JUNC Insurance Company: NTUC (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: AMEND REVERT FROM THIRD PARTY TO REPORTING ONLY

Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

## MUTUAL SETTLEMENT

Date: 7/9/19

We, the undersigned hereby agree to mutually settle among ourselves, for the accident on AMA involving vehicle numbers: SIN 8639M & FR P 1949 P along	e .
I have paid \$ 500 for the repair of Sin 8639 M	

We further agree that we will not be reporting to the relevant authorities and there will not be any claims in respect of property damage or loss of use or bodily injury that arise or may arise out of this accident. We will not be making claims against each other's insurer.

Name: Chen Wey Sy VC: SADISIAGE

Veh No.: SIN 8639-M

Name: Nur Aushaf

VC: SAB15384E

Veh No.: FBP 7949P

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Date of Accident 07/09/2019 13:24 Policy No. Vehicle No.(For Motor) SJN8639M Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Select Policy No. Product Cover Type Expiry Date drivo CLASSIC 5107878085 CHEN LIU SY S6904202C GPC SJN8639M SJN8639M 01/03/2019 02/03/2020 Continue

#### Claim Handling Accident MT/1061387 5107878085 Vehicle No. SJN8639M GST Registration No. Certificate No. Policyholder Name CHEN LIU SY Policyholder NRJC 56904202C Product Code PRIVATE CAR INSURANCE Cover Type Loading drive CLASSIC 03 Contact No./Mobile) 90176210 Contact No.rOffice) Contact No.(Home) Email Address Special Remark No Y KFK: . No Yes TCA W No Yes eCode Reason NCD Protection Yes: NCD Entitlement(%) Private Hire 50 Yes Accident Details Report Date 07/09/2019 13:57 Accident Report Within 24 hrs Accident Type Collision - Head to Rear Yes 07/09/2019 Time of Accident hh: mm Country of Accident 11:00 Singapore Reporting Centre Orange Force Accident Location UPP BT TIMAH RD JUNC Total Excess Applicable Excess Type Per Appident Windscreen Excess 100.00 **QD Standard Excess** 2.088.00 TP Standard Excess 1,500.00 YIED OD Excess 500.00 YIED TP Excess Driver is Covered? Covered Additional Excess В Total OD Excess Applicable 2500.00 Total TP Excess Applicable GST Registered Information GST Registered GST Registration Date No GST Registration No. **GST Status Verified** Yes. Modification History ▼ Policyholder Mailing Address Address 1 BLK 53 #04-114 Address 2 PIPIT ROAD Address 3 SINGAPORE 370053 Address 4 Address Type Singapore address Post Code 370053 Unit No. Related Policy Number 5107878085 OI Driver Info Driver Name Unnamed Driver Unnamed Driver Driver Type Unnamed driver Name CHEN WEY SY Driver NRIC \$7015176F Oriver DOB 03/05/1970 Register Date of Driver License Driving Experience 31 Contact No.(Mobile) 97661523 Contact No.(Office) Contact No.(Home) Address 1 BLK 53 #04-114 Address 2 PIPIT ROAD Address 3 SINGAPORE 370053 Address 4 Address Type Singapore address Post Code 370053 Unit No. Does he own a Singapore Registered car? Yes a No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? Yes w No Modification History Claim 001 New Insured CHEN LIU SY Insured NRIC Claim Type \* 56904202C OD-MX Contact No. (Office) Contact No.(Mobile) 90126210 67460974 62966690 Vehicle S3N8639M FBP7947P jenny@dreamgroup.com.sg Claim Description SJN8639M / F6F7947F ON 7 Sept 2019 | Insured Liability | Not at Fault | | Preference | Prefe Preferred Workshop Spannet No. Finalisation GIA Received Preferred Workshop, Name unknown Date Received 07/09/2019 00 Date Registered 07/09/2019 13:59 Report Taken By LIEW SHAN HUI Save Submit Attachment Accident No. Claim No. MT/1061387 001 Last Doc. Received • Yes No Upload Date 07/09/2019 14:00 Category \* Confidential Description

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Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Ser (CO)
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963	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2019 14:00	SAS		Normal	SAS 2019-9-7	
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