Date In: All 1			HANGMULTA		
Date In: Malia- 11:49	Jeb descript		Date &Time Completed	Do	ne by
Res No: NA SINCIP 31663674	SAS e-fili	ng	<u>i</u>		
Veh No: Mrsoy	E-mail (wi	thia 8hrs, AIC 2hrs)	1		
D.O.A: 19/5/19-18:00	i-Motor C	laim Form	my 1063269-001	20/4/19	14:14
OD : TP ! Reporting Only	i-Motor W	V/O (Within: OD 2hr:	, TP 4hrs)		
U , and	i-Photo Uj	ploaded		-	
TP Insurer:	Assessment	Survey Report			
II msurer.	Ass't Repor	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			The State of the S	ax:	
TP Particulars: Veh No: P	C642P -	INC(	100 500	a	
Owner / Driver: (	-01/1	· mot	Tel:	)	100
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%1	-
Year of Registration: ( )	Warranty: YES (			2070]	
Excess: (\$ ) Loading: \$1					
			AND THE PARTY OF T	NX 2 19 19 10 10	
The state of the s	AND GAME STREET	STEEL ALGEBRA		200 E	×
( ) Walk-In Customer: Customers in	formation strictly C	onfidential & Stri	ctly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu	rer URGENTLY	984			
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES ( ) /	NO( ); To	wing Co: (	-	)
Remarks: (INC hatlings 6788 6616)	No. 20 Control of the			AND STREET	GR La
1) / 1 / 2 -	A Print of the second s		Date&Time Comple ad	Done	bby
1) Apply for Transport Allowance ( )/	Courtesy Car (	)	Date & Time Completed	Don	bby
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car (	)	Dates Time Completed	Don	thy
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car (	)	Date&Tune Completed	Don	èhy
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car (	) )	Date&Time Completed	Done	bby
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1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Pare/Time Actions  umant's Particulars: ver/Owner: ntact No: naged Portion:	Courtesy Car (	Invoice Prepa  Invoice Prepa  I) AR: Accident Re  I) AR: Accident Re  I) AR: Accident Re  I) AR: Accident Re  I) TF: Towing Fee  I) FT: Follow-Thro  For claiming again  If Re-inspection  I) N1: Idae DA + SI  II) NTUC Additional  OI)*  N5: Courtesy Can  N6: Repair Co-on  N7: Fost Repair  N8: DV / Collect  N8: DV / Collect	ration Checklist.  porting (\$30); tessment (\$100); INC (\$80) \$40/\$  agh Survey \$1: agh Survey (Resurvey) \$1: agh Survey (Resurvey) \$1: agh Survey (\$80]  MRT Survey \$1: for Tpt Allowance \$1: dination \$1: mspection \$1: excess Coordination \$1: an INC) against INC \$1:	45 20 20 20 25 50 55 55 55 55 55 55 55 55 55 55 55 55	Amu

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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.
- 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	20/09/2019 11:49
Date Of Accident	19/09/2019 18:00
Exact Location Of Accident	SLIP RD CTE (AYE) TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV2300Y
Insured/Policyholder	
Name Of Registered Owner	LOH KIN WAH
NRIC No	S0094133F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96387009
Alternative Phone No	OFFICE-96387009
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PICNIC AUTO W/O ROOF RACK
Exact Purpose for which vehicle was being used at lime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
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	5108373025
Cover Note Number	
Driver Control of the	
Name of Driver	LOH KIN WAH
NRIC No	S0094133F
Date Of Birth	14/05/1952
Occupation	INDOOR
Date Of Driving Pass	19/08/1971
Driving Experience	48 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96387009
Fax Number	

OFFICE-96387009

NOEMAIL

107 JERVOIS ROAD Address

#04-01

Postcode 249063

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

2

NO

NO

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?

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.

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

REFER TO STATEMENT,

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 PC643P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number 86601226

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

### 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, 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

CAPTAL Open Low Section 1/2

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

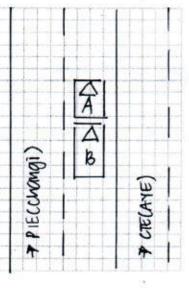
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Vehicle 1: SGV 23004

Vehicle B: PC 643P.



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	bn	tne	crated	date	d ti	me, I	, ver	nicle X	, SGV 2300
was	travel	ling	ctvalgh	t alo	ong -	the st	ated	venue	Front
vehicle	STO	pped	and I	ctop	ped	as w	ell.	Almost	immediate
vehicle	; `B',	PC 6	43P, hi	t 011	to mi	4 stat	liona	ng veh	icle's
rear	povid	m.	I wish	10 5	state	that	all	vehicles	were
travel	ling	5-1	0 km/h	due	10	neavy	traf	tic·	
		(30)							
	1								

DECLARATION?

I/We deciare 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.:

# ACCIDENT STATEMENT

4	CCIDENT DATE: (19 / 09/ 2019)(D	D/MM/YYYY), TIME:( 10 : 00 )(HH:MM)
L	OCATION: Slip ROAD OF CTI	E(AYE) towards PIE (changi)
	1. DETAILS OF VEHICLE  a)VEHICLE NUMBER: 890	123004
	BINSURANCE COMPANY:	NTU(
*	CII OLIOI HOMBER	373 025
		/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
	6)MAKE & MODEL: (C)	AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE /	COMMERCIAL / MOTORCYCLE)
	hIPURPOSE OF USING AT ACCIDEN	TTIME: PHVOITC
	I) ARE YOU CLAIMING UNDER YOU	NOWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER	in wah IMDE / FEMALE)
	CAR.	94133F CONTACT: 9638 70
	Direction root on .	
	CIADDRESS: 107 JEFFOIS	F000 110-1 01 -6 1 1 1 0 5 3
20 20	* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
Alla of same		CHOTHOLDER
\$ No of passing	, a)NAME:	(MALE / FEMALE)
Cladeding drive	b) NRIC/FIN/PASSPORT:	CONTACT:
( 01)	c)ADDRESS:	
		Gr 1
	*d) DATE OF BIRTH: ( 19 / 05 / 1	15L)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDO	OOR)
82,	f)YEARS OF DRIVING EXPRERIENCE:_	HE THEUDED'S COMPANYS (VES / NO)
	4. WAS DRIVER AN EMPLOYEE OF THE DR	HE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DR	AINING (OTHERS
	b) ROAD SURFACE: (DRX / WET / OT	HERS
12	. WAS ANYBODY INJURED (YES / NO)	
	a)REPORTED TO POLICE (YES / NO)	(iii)
	IF YES, PLEASE STATE WHICH POLIC	E STATION:
8	THIRD PARTY VEHICLE	
no of passenger	a) VEHICLE NUMBER: PC 64	MODEL:
Including driver	) DRIVER'S NAME:	
		CONTACT: 8660 1226
(01) mak		100 March 100 Ma
He of neconing	d) VEHICLE NUMBER:	MODEL:
No of passenger		
Induding drive	f) NRIC/FIN/PASSPORT:	CONTACT:
( )	STORES SCHOOLSENIA CONTRACT.	
-		

email = charlestoh5&@gmail.com

Hello, NAC_PAYA_UBI_800	601	-					t Change	Language	1 Chan	ge Password	lClaim
My Desktop		cy Query						Language	Cilon	ge rassword	· Log Ou
Notice of Loss	Policy N Vehicle	No.(For Motor)	SGV23	004	3		f Accident cate Number	1	9/09/2019 1	8:00	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108373025		LOH KIN WAH	S0094133F	GPC	drivo CLASSIC	SGV2300Y	SGV2300Y	22/03/2019	10/02/2020

Sequenc	e Date of Endorsement	1	ndorsemen		Endorsement		Endorsement Content
♥ Endorse	ements						
) Insured	Object: SGV2300Y						
Init No.		Related Number	f Policy	5108373025			
ddress 4		Addres	s Type	Singapore address	1	Post Code	249063
ddress 1	107 JERVOIS ROAD	Addres	s 2	#04-01		Address 3	SINGAPORE 249063
on Cumming a	older Mailing Address	-		- Comments			
nfo							
Policy Info Certificate							
Open							
Co- nsurance Flag	No						
Agent	UNION MOTOR TRADING CO PTI	Agent Tel.	63385142		GST Flag	Y	
Singapore OD Excess	2000	Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Excess Outside		Premium Outside	U				
Additional	0	os	0		10/2070 Fee		
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy Issue Date	21/03/2019	Effective Date	22/03/20	19 00:00	Expiry Date	10/02/2020	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	107 JERVOIS ROAD #04-01 SIN	GAPORE 2490	63				
Certificate No.					NRIC	333 333 34 24 3	
Policy No.	5108373025	Policyholder Name	LOH KIN	WAH	Policyholder NRIC	S0094133F	

Continue Cancel

Accident MT/1063269 Policy No.					
Policy No.					
	5108373025	Vehicle No.	SGV2300Y	GST Registration No.	
Certificate No.	A A A CANADA CONTRACTOR OF CON			50% 15500M300 155	
Policyholder Name	LOH KIN WAH			Policyholder NRJC	90094133F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96387009	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N: V
KFK	No ○ Yes	TCA	® No ○ Yes	eCode Reason	m. •.
NCD Protection	Yes	NCD Entitlement(%)	50		200
♥ Accident Details		and the same of th		Private Hire	Yes
Report Date	20/09/2019 14:10	Accident Report Within 24 hrs	17220		
Date of Accident			Yes	Accident Type	Collision - Head to Rear
	19/09/2019	Time of Accident hh:mm	18:00	Country of Accident	Singagore
Reporting Centre	SELECTION OF STREET	Orange Force		ICM No.	
Accident Location	SLIP RD CTE (AYE) TWDS PIE (CHANGE)				
♥ Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess					
	2,000.00	TP Standard Excess	1,500.00		
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
otal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
♥ Benefits					
GST Registered Inform	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Venfied	Yes	
odification History				4000	
P Policyholder Mailing Ad					
ddress 1	107 JERVOIS ROAD	Address 2	#04-01	Address 3	SINGAPORE 249063
ddress 4		Address Type	Singapore address	Post Code	249063
nit No.		Related Policy Number	\$108373025	colora med 6 9	612002
OI Driver Info					
river Name	LOH KIN WAH	Onver Type	Main Driver		
named driver Name		Driver NR3C	50094133F	Privat DOR	
igister Date of Driver License	19/08/1971	Driver Age		Driver DOB	14/05/1952
intact No.(Mobile)	96387009		67	Driving Experience	48
idress 1		Contact No.(Office)	0	Contact No.(Home)	0
	107 JERVOIS ROAD	Address 2		Address 3	SINGAPORE 249063
dress 4		Address Type	Singapore address	Post Code	249063
nit No.	04-01				
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
				Since Distance Company	
ALL PROPERTY.					
claration eathalyser or Blood Test	0 mg	Any Injury?	O yes @ No		
claration eathalyser or Blood Test	0 mg	Any injury?	○ Yesi ® No		
rderation reacharyser or Blood Test lading?	Omg	Any injury?	○ Yes ® No		
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