Date In: 23/9/19-11:13	Jeb description		
Res No: Majnicia o 1509/24		Date & Time Completed	Done by
Vch No: 566 20184	SAS e-filing		
D.O.A: 9/4/19-19:30	E-mail (within Shrs, AIC 2hrs)		
	i-Motor Claim Form	m/106506-001	23/4/19 152
OD : P Reporting Only	i-Motor W/O (Within: OD 2hrs	, TP 4hrs)	1111
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
Preferred Wikes LINC Assistance	Ass't Report by Fax / Hand to	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: ( TP Particulars: Veh No: C.		Tel: F	ax:
Owner / Driver: (	21669R INC (	)/Non-INC( ).	
Policy No. 6		Tel:	)
Confirmed by: (		Cover Type: (	)
In a Min is a second	Date:	Time:	)
A COLUMN TO THE PARTY OF THE PA	[Note-Est. Status (WO): N: 0-209	6; P: 21-79%. P: 30-10	0%]
rear of Registration: ( )	Warranty: YES ( )/NO( )		
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000 ( )		
General Remarks		CONTRACTOR OF THE PARTY OF THE	as IX
( ) Walk-In Customer: Customer's infe	ormation strictly Confidential & Con	AND THE PROPERTY OF THE PARTY O	Mr. Section 1
( ) Total Loss Case : to e-mail Insur	The United Street Vision of the Street Vision of th	lly NO refer of repairer.	
D-i v			¥3
/ / / / / / / / / / / / / / / / / / /	e: YES( ) / NO( ); Tow	ring Co: (	. 1
SON PROPERTY AND ADDRESS AND A			1
Remarks: (INC horline: 6788 6616)		3	A:582827.000
		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/(		Date & Time Complet ad *	Done by
2) QC Check / Post Repair Inspection	Courtesy Car ( )	Date&Time Completed	Done by
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Apply for Transport Allowance ( )/(     QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3	Courtesy Car ( )	Date& Time Complet ad 8	Done by
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# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	23/09/2019 11:17
Date Of Accident	21/09/2019 19:30
Exact Location Of Accident	SCOTT RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG2018H
Insured/Policyholder	
Name Of Registered Owner	NG MEIN HWEE
NRIC No	S6811283D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96836664
Alternative Phone No	OFFICE-96836664
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250 CGI A
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	5106467542
Cover Note Number	

#### Driver

Name of Driver NG MEIN HWEE NRIC No S6811283D Date Of Birth 27/03/1968 Occupation INDOOR Date Of Driving Pass 12/05/1988

**Driving Experience** 31 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96836664

Fax Number

Contact Number OFFICE-96836664

EMail Address NOEMAIL Address BLK 215 LORONG 8 TOA PAYOH

#22-721

Postcode 310215

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

1

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? 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? 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 EQ1669R
Vehicle Make/Model/Colour MERCEDES

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number S7510873G

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</u> and <u>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.

Policyholder's Signature Date & Time:

Driver's Signature

(If ciriver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Mark Galdebal no Va

7

SKETCH PLAN SCOTTO POORTS DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Du STATED DWE AND Time TRAVELING, ON NAS YEHICLE BEARING SLG 2018H ALOND SWHS ROAD MHEH I MAGGOLE न्देप AH HUGE Impact From THE READ, I ALIGHTED VEHICLE. FROM MY PEAUST AMO FIAM YEH! CLE EQ 1669 R BEARING DAH (oLUDED HEAD TO my 07 VEHICLE. WZ BOTH URIVER RESAR EXCUANCE PACY I CULAR AND AREIRED TO PROCED FOR THEU CAHOS CLAIM. 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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

WHAT GOLDHARMAN VS

Date of Accident 51 09 20	Accident Time: 19:30 (24-HR-Format)
	WTT RAD
Vehicle Reg. No. (Car Plate No.)	019 н.
Vehicle Make/Model : 6 050	mercens bive.
Insurance Company : NTUC .	Policy No
Owner or Company Name /IC No. : HH ME	IN HUGE . \$50 568 1128 3D
Owner or Company Contact No. 9683 666	
DRIVER'S Name / IC No. :	ABOVR .
DRIVER'S Date Of Birth : 27 3 1966	DRIVER'S License Pass Date 12 5 1993
Relationship of Owner & Driver : Spouse \ Parents	Children \ Sibling \ Employee\ Others:0wn e
DRIVER'S Address : BIC 215	LOENTY & TOA PAYOH #22-72
DRIVER'S Contact No / Alt No. :1)	\$310215 2)
DRIVER'S Occupation :INDOOR \ OUTI	OOOR (e.g. working inside or outside office)
Email Address : ADMIN @	MYCAR .34 .
Weather & Road Surface : CLEAR & DRY	RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \	Jaim Other Party Claim Own Insurance
Number of Passengers (Including Driver):	No injuries
Was there any video Captured by car camera: YES NO Exact purpose for which vehicle was being used at the tir	
Other Party Driver's Parti-	cular (if anv)
Vehicle Reg. No: BQ 1669 R	Vehicle Reg. No:
Vehicle Make Wodel:	Vehicle Make\Model:
Name Driver: TOETHY JANNA-VACE .	Name Driver:
IC No. Driver: 87510873 61.	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

. 19 18 19

<b>eBao</b> Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Chang	e Language	· Chan	ge Password	
My Desktop	Poli	cy Query									8
Notice of Loss	Policy !	No.				Date o	of Accident	[2	1/09/2019 1	9:30	
	Vehicle No.(For Motor) SL			S2018H Certificate Number							
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106467542		NG MEIN HWEE	S6811283D	GPC	drivo CLASSIC		SLG2018H	25/12/2018	24/12/2019
					C	ontinue					

Sequenc	e Date of Endorsement		ndorsemen	A Town	Endorsement	- V 1550	Endorsement Content	
<b>▼</b> Endorse	ements							
Insured	Object: SLG2018H							
Init No.	24-01	Related Numbe	d Policy 5106467542					
ddress 4			ress Type Singapore address			Post Code	579819	
ddress 1	31 BISHAN STREET 11	Addres	is 2	#24-01 BISHAN L	OFT /	Address 3	SINGAPORE 579819	
Policyh	older Mailing Address							
certificate nfo								
olicy Info								
lag Open								
Co- nsurance	No							
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766		GST Flag	Y		
Singapore OD Excess	600	Singapore TP Excess				Young/Inexperience Driver Excess		
Outside		Premium Outside	M.					
Additional Excess	0	os	0		a character			
Third Party Excess	0	damage Excess	600		Windscreen Excess	100		
Туре		Excess						
Issue Date Excess	20/12/2018	Date All Claims	25/12/20	18 00:00	Expiry Date	24/12/2019	23:59	
Policy	20/12/2018	Effective	W-1000 A-10		Policy Flag	N		
Product Name	PRIVATE CAR INSURANCE	Plan	- India on		Group	5201		
Address	31 BISHAN STREET 11 #24-01	BISHAN LOFT	SINGAPOR	E 570810				
Certificate No.					ANG			
	5106467542	Policyholder Name	NG MEIN	HWEE	Policyholder NRIC	S6811283D		

Accident MT/1063506	250000000000000000000000000000000000000				
Nicy No.	5106467542	Vehicle No.	SLG2018H	GST Registration No.	
rtificate No.					
licyholder Name	NG MEIN HWEE			Policyholder NRIC	568112830
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No. (Mobile)	96836664	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	NE V
K	® No ○ Yes	TCA	No ○ Yes	eCode Reason	( Moderatory
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
P Accident Details				rorate rate	No.
port Date	23/09/2019 11:26	Accident Report Within 24 hrs.	Var	1200000000	
ate of Accident	21/09/2019			Accident Type	Collision - Head to Rear
porting Centre	2000,2012	Time of Accident thomm	19:30	Country of Accident	Singapore
TO ALL THE SECTION	4040000	Orange Force		ICM No.	
cident Location	SCOTT RD				
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
nd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Ventled	Yes	
fication History				100	
Policyholder Mailing Ad	idress				
ress 1	31 BISHAN STREET 11	Address 2	#24-01 BISHAN LOFT	Address 3	emiesz
Iress 4		Address Type		Address 3	SINGAPORE \$79819
No.	24-01	Address Type Related Policy Number	Singapore address	Post Code	579819
OI Driver Info		Keleted Poscy Number	5106467542		
er Name	NG MEIN HWEE				
amed driver Name	NG MEIN HWEE	Driver Type	Main Driver		E AMMONIO
later Date of Driver License		Driver MRIC	96811283D	Driver DOB	27/03/1968
		Driver Age	51	Driving Experience	31
tact No.(Mobile)	96836664	Contact No. (Office)	0	Contact No.(Home)	0
ress (	BLK 215	Address 2	LORONG 8 TOA PAYOH	Address 3	SINGAPORE 310215
ress 4		Address Type	Singapore address	Post Code	310215
t No.	22-721				210213
es he own a Singapore					
And the second s	C) Yes (®) No	Perform Makhiria kin			
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istered car?	○ Yes  ® No	Driver Vehicle No.		Oriver Insurer Company	
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Jistered car?  Jaration  athalyser or Blood Test	○ Yes ® No 0 mg	Driver Vehicle No.  Any injury?	○ Yes <b>®</b> ha	Driver Insurer Company	
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daration	KI S.	2000/2000/0000	○ Yes ® ha	Driver Insurer Company	
Interest car?  Interest car Blood Test ding?	KI S.	2000/2000/0000	○ Yes ® ha	Driver Indurer Company	
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stered car?  Intalians or Blood Test  Intalians or Blood Test  Intalians of Blood Test  Intalian	O mg	Any injury?  Insured Name  Contact No.(Home)  Of Vehicle Number  Type of Benefit *	NG MEIN HAICE	Insured NRIC Contact No. (Office)	64407787
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