Date In: 36/0/19-10:34	Tre Services wet 1 Jan'05)	Date & Time Completed	Done	by.
Ref No: HALING 1901 19652 /24	SAS e-filing			
Veh No: SCD 3 1771C	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 26 4/19 09:30	i-Motor Claim Form			
	i-Motor W/O (Within: OD 2	100- ECIFGOI LUM	26/4/19	V: 41
OD : Reporting Only		hrs, TP 4brs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No:57 W	677k INC			
Owner / Driver: (Policy No: () Pe	eriod: (Tel:		
		Cover Type: (80150
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	[00%]	
	Warranty: YES ()/NO ()		
	000 ()/\$2,000 ()		494 THE 1512	
General Remarks		David Stranger Carl	200	
() Walk-In Customer : Customer's info	ormation strictly Confidential & S	strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur	er URGENTLY.	1		
Drive-In ()/ Towed-In (); Invoice	e: YES() / NO();	Towing Co: ()
			772. April 201	- ACTOR
CAPITAL PROPERTY OF THE PROPER				
	The second secon	Date&Time Completed	Done	by
	Courtesy Car ()	Date&Tirris Completed	Done	by
1) Apply for Transport Allowance ()/(The second secon	Date & Tarris Complets 4	Done	by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	Courtesy Car ()	Date&Timis Completed	Bone	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number **EMail Address**

- 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.

	ACCIDENT STATEMENT
Date Of Report	26/09/2019 12:34
Date Of Accident	26/09/2019 09:30
Exact Location Of Accident	UPP CHANGI RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD3157K
Insured/Policyholder	
Name Of Registered Owner	ROBIN SOON BAN HUAT (SUN WANFA)
NRIC No	S7729180F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90025801
Alternative Phone No	OFFICE-90025801
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TOURAN 1.4L AT TSI 1T32B4
Exact Purpose for which vehicle was being used a time of accident	t WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106820834
Cover Note Number	
Driver	
Name of Driver	ROBIN SOON BAN HUAT (SUN WANFA)
NRIC No	S7729180F
Date Of Birth	12/10/1977
Occupation	INDOOR
Date Of Driving Pass	14/08/2000
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE

(LOCAL) +65-90025801

OFFICE-90025801

NOEMAIL

Address 31 JALAN KUPANG

468628 Postcode

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 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

2

YES 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.

NO

NO

SJV8677K

NO

1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

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)

DETAILS OF INJURED PERSON 1

ROBIN SOON BAN HUAT (SUN WANFA) Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SKD3157K

YES

NO

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;
 - 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

Driver's Signature

(If driver is not the policyholder)

Date & Time;

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stopped	datio	nay	due	₩ •	the	trat	Rc_	light	- N60	ce	d_
guddenly	MY	sh	Ra	-	portio	0	bein	ey c	ellide	1 6	y
inh B		140									
					701-21-2						
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				11 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							

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: 26 9 19 Time of Accident: 9:30 am
Exact Location of Accident: 400 Charge Rd
Owner's Name: Robin Soon Ban Hugt NRIC No: S77291805 HP No: 9002580
Driver's Name:NRIC No:HP No:
Date of Birth: 12 10 1977 Driv ng Licence Passing Date: 14 8 2000 Occupation: Indoor / Outdoor
Address: 31 Jln Kupang (468628)
Relationship of Driver with Insured: OUW Email Address :
Vehicle No: SKD 3157E Make & Model: Volkswagen
Insurance Co: NTUC 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 ? Clear / Raining / Others: Wet / Dry / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+0 B. 1+0 C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name/NRIC/In Vehicle: Robin soon neck 1 back
*Was The Accident Reported To The Police ?
O 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:
3
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle 5 No: STV 8677 K Make & Model:
Driver's Name: NRIC No: HP No:
Vehicle C No: Niake & Model:
Driver's Name:NRIC No:HP No:
Witness Particulars
Name:NRIC No:HP No:

G								Genera	GeneralClaim		
601						· Chang	e Languag	e ' Chan	ge Password	· Log Ou	
Poli	cy Query									0	
Policy N	lo.				Date	of Accident		26/09/2019 (9:30		
Vehicle	No.(For Motor)	SKD31	57K		Certif	icate Number	- 1				
				1	Search						
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
0	5106820834		ROBIN SOON BAN HUAT (SUN WANFA)	57729180F	GPC	drivo CLASSIC	SKD3157K	SKD3157K	04/01/2019	03/01/2020	
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No. (For Motor) SED31 Select Policy No. Certificate Number	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name ROBIN SOON BAN HUAT BAN HUAT	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name Policyholder NRIC ROBIN SOON BAN HUAT S7729180F	Policy Query Policy No.	Policy Query Policy No. Vehicle No. (For Motor) SED3157K Date of Accident Certificate Number Search Select Policy No. Certificate Number Name Name ROBIN SOON Continue Name ROBIN SOON BAN HUAT S7729180F GPC CLASSIN	Policy Query Policy No. Date of Accident Certificate Number Search Select Policy No. Certificate Number Name Number Name ROBIN SOON BAN HUAT S7729180F GPC CLASSIC SKD3157K	Policy No. Vehicle No.(For Motor) Search Select Policy No. Certificate Number Name NRIC ROBIN SOON BAN HUAT S7729180F Date of Accident Certificate Number Search Vehicle No. Cover Type Vehicle No. Object ROBIN SOON BAN HUAT S7729180F GPC CLASSIC SKD3157K SKD3157K	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Name Policyholder NRIC Policyholder NRIC Policyholder NRIC Policyholder NRIC Product Cover Type Vehicle No. Object Date ROBIN SOON ROBIN SOON BAN HUAT S7729180F GPC CLASSIC SKD3157K SKD3157K 04/01/2019	

Sequer	ce Date of Endorsem	ont	Endorsemer	ot Tune	Endorsement	Status	Endorsement Content	
▽ Endors	ements							
Insure	d Object: SKD3157K							
Unit No.			ted Policy 5106820834 ber					
Address 4			ss Type	Singapore address		Post Code	468628	
Address 1	31 JALAN KUPANG	Addre	ss 2	SPRING PARK ESTA	TE	Address 3	SINGAPORE 468628	
	older Mailing Address							
Certificate Info								
Policy Info								
Flag Open								
Co- insurance	No							
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119		GST Flag	Young/Inexperience Driver Ex		
Singapore OD Excess	2000	Singapore TP Excess	1500					
Outside	1000	Outside	4500			Maur - M	ave adense Debies Evere	
Additional Excess	1500	OS Premium	0					
Excess	1500	damage Excess	2000		Excess	100		
Type Third Party		Own			Windscreen	k 150-000es		
Excess		All Claims Excess						
Policy issue Date	04/01/2019	Effective Date	04/01/201	9 00:00	Expiry Date	03/01/2020 23:5	9	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Address	31 JALAN KUPANG SPRING PA	RK ESTATE SIN	GAPORE 468	8628				
Certificate No.								
Policy No.	5106820834	Name	er ROBIN SOON BAN HUAT (SUN V N		NRIC	S7729180F		

Accident HT/1064127	2.020000	Contractor :	and the same of th	COT BANKS IN THE		
Policy No.	5106820834	Vehicle No.	SK03157K	GST Registration No.		
Certificate No.				242010149212120		
Policyholder Name	ROBIN SOON BAN HUAT (SUN WANFA)		V. (200 mar)	Policyholder NRIC	\$7729180F	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading.	0	
Contact No.(Mobile)	90025801	Contact No.(Office)	0	Contact No.(Home)	0 Nr. ❤	
Email Address	Van 15 mars on	Special Remark		eCode		
enc.	® No ○Yes	TCA	® No ○Yes	eCode Reason		
NCO Protection	No	NCD Entitlement(%)	10	Private Hire	Yes	
♥ Accident Details						
Report Date	26/09/2019 12:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
Date of Accident	26/09/2019	Time of Accident hh:mm	09:30	Country of Academt	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	UPP CHANGERD					
♥ Excess						
Own damage Excess	2,000.00	Additional Excess	1500	Windscreen Excess	100.00	
Unnamed Driver Excess	0.00	Dutaide Singapore OD Excess	2,000.00			
Third Party Excess	1.500.00	Outside Singapore TP Excess	1,500.00			
♥ Senefits		Contract of the Contract of th	A STATE OF			
	30					
♥ GST Registered Informs	No No		GST Registration Date			
SST Registered SST Registration No.	reg .		GST Status Venfied	Yes		
fodification History				7027		
-						
9 Policyholder Mailing Ad	dress					
Address 1	31 JALAN KUPANG	Address 2	SPRING PARK ESTATE	Address 3	SINGAPORE 468628	
Address 4		Address Type	Singapore address	Post Code	468628	
Unit No.		Related Policy Number	5106820834			
9 OI Driver Info						
Driver Name	ROBIN SOON BAN HUAT (SUN WANFA)	Driver Type	Main Driver			
Unnamed driver Name	RODIN SOUN DAN FROM LOOK MAKENY	Driver NRIC	S7729180F	Driver DOB	12/10/1977	
	14/08/2000	Driver Age	41	Driving Experience	19	
Register Date of Driver License			0	Contact No.(Home)		
Contact No.(Mobile)	90025801	Contact No.(Office)			0 SINGAPORE 468628	
Address 1	31 JALAN KUPANG	Address 2	SPRING PARK ESTATE	Address 3		
Address 4		Address Type	Singapore address	Post Code	468628	
Unit No.						
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
Registered car?		1. 35. 50.00		Driver Insurer Company		
Registered car?	○ Yes ® No	Driver Vehicle No. Any injury?	® Yes ○No	Driver Insurer Company		
Registered car? Declaration Breathalysier or Blood Test		1. 35. 50.00	Yes ○No	Driver Insurer Company		
Registered car? Declaration Breathalysier or Blood Test		1. 35. 50.00	Yes ○ No	Driver Insurer Company		
Registered car? Declaration Breathalysier or Blood Test Reading? Modification History		1. 35. 50.00	Yes ○ No	Driver Insurer Company		
Registered car? Declaration Breathalysis or Blood Test Reading?		1. 35. 50.00	Yes ○ No	Driver Insurer Company		
Registered car? Declaration Breathalysier or Blood Test Reading? Modification History		1. 35. 50.00	Yes ○ No	Driver Insurer Company		
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	D mg	Any vijury?			\$773918GF	
Registered car? Declaration Breathalyser or Blood Test Reading? Foodification History Claim 001 New	D mg	Any vijury? Insured Name	ROBEN SOON BAN HUAT (SUN V	Insured NRIC	\$77291BOF	
Registered car? Declaration Breathalysis of Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile)	о mg	Any vijury? Insured Name Contact No.(Home)	ROBEN SOON BAN HUAT (SUN V	Insured NR3C Contact No.(Office)		
Registered car? Declaration Breathalysis of Blood Test Reading? Foodification History Claim 001 History Claim Type * Contact No. (Mobile) Emel Address	0 mg 00-MX Y 97600403 soonfree@gmail.com	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	ROBEN SOON BAN HUAT (SUN V 64007159 SKD3157K	Insured NRIC	57739180F	
Registered car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 Mass Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type *	Ong Ony Seconfree@gmail.com Please Select	Any injury? Insured Name Contact No.[Home] OI Vehicle Number Type of Benefit *	ROBEN SOON BAN HUAT (SUN V	Insured NR3C Contact No.(Office)		
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 Mew Claim 7 * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name *	0 mg 00-MX Y 97600403 soonfree@gmail.com	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	ROBEN SOON BAN HUAT (SUN V 64007159 SKD3157K	Insured NR3C Contact No.(Office)		
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Attachment	Upload	ed By/Date	Category	9	Urgency		Description	(00)	