Date In: 28/19/19-15:51	Jeb description	Date &Time Completed	Done by
Res No: Masincigo 1715/24	SAS e-filing		
Veh No: Sic Fyyogs	E-mail (within Shrs, AIC 2hrs		
D.O.A: 18/4/19-11:15	i-Motor Claim Form	m/1064202-201	4 /4/19 7:11
6	i-Motor W/O (Within: OD		
OD : TP) Reporting Only	i-Photo Uploaded		
TD 1	Assessment/Survey Repor	t	
TP Insurer:	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: ((Tel: F	ax:
TP Particulars: Veh No:50	43774 . 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	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$			
		EST PROPERTY OF THE STATE OF TH	1885 (K. 135 - 1
General Remarks			Service Process
() Walk-In Customer : Customer's i		Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Ins			
Drive-In ()/ Towed-In (); Invo	oice: YES() / NO()	Towing Co: (.)
Remarks: (INC hotline: 6788 6616		Date&Time Completed	Done by
CONTRACTOR OF STREET	se controlleration (i)		C-3714 1 17 5
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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 con- aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	28/09/2019 15:51
Date Of Accident	28/09/2019 11:25
Exact Location Of Accident	SUPREME CT LN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF4409S
Insured/Policyholder	
Name Of Registered Owner	ANG WEE KIAN
NRIC No	S1831191G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93746616
Alternative Phone No	OFFICE-93746616
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	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	5106682816
Cover Note Number	
Driver	
Name of Driver	ANG WEE KIAN

ANG WEE KIAN NRIC No S1831191G Date Of Birth 06/07/1967 Occupation OUTDOOR Date Of Driving Pass 15/02/1985 Driving Experience 34 YEARS AND 7 MONTHS Gender MALE

Mobile Number (LOCAL) +65-93746616

Fax Number

Contact Number OFFICE-93746616

EMail Address NOEMAIL Address

BLK 171 BEDOK SOUTH ROAD

#10-401

Postcode

460171

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 - CHANGE/CROSS LANE

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

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)

NO

2

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER:

: MALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B WAS TRAVELLING ALONG LEFT LANE SUDDENLY CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SDH727Y

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHAN LAI FUNG

NRIC/Passport Number

S1624041I

Contact Number

92975734

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:
 - 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

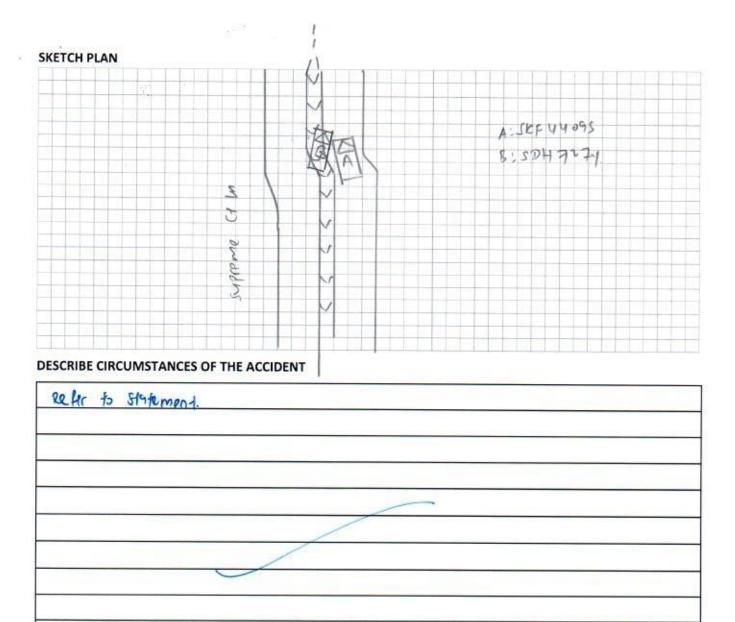
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne 's Signature

Name:

NRIC/FIN No.:



$\overline{}$	DECLARATION	_
DEC	ARAT	ION
DEC	LMNMI	IUI

I/We declare the for agoing 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.:

Hello, NAC_PAYA_UBI_80	0601	77.00			X + 1	40000	· Change	Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query					Section 1	rie Sistema			
Notice of Loss	Policy N	io.				Date o	f Accident	2	8/09/2019 1	1:25	
	Vehicle	No.(For Motor)	SKF440	95		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106682816		ANG WEE	S1831191G	GPC	drivo CLASSIC	SKF4409S	SKF4409S	14/01/2019	13/01/2020

▽ Endors								
	ements							
Insure	d Object: SKF4409S	57806600360						
Jnit No.		Relater Number	d Policy er	5106682816				
Address 4			s Type	Singapore address		Post Code	460171	
Address 1	BLK 171 #10-401	Addres	is 2	BEDOK SOUTH ROA	ID /	Address 3	SINGAPORE 460171	
Policyh	nolder Mailing Address							
Certificate Info								
Policy Info								
Flag Open								
Co- insurance	No							
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050		GST Flag	Y		
Singapore OD Excess	2000	Singapore TP Excess	1500			Young/Inexperience Driver		
Outside	2000	Outside						
Additional Excess	0	OS Premium	0					
Excess	1500	damage Excess	2000		Windscreen Excess	100		
Type Third Party		Excess Own			49 400 100 100 100 100			
Excess		All Claims						
Policy Issue Date	12/01/2019	Effective Date	14/01/201	9 00:00		13/01/2020 23	1:59	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Address	BLK 171 #10-401 BEDOK SOL	JTH ROAD SING	APORE 460	171				
Certificate No.								
	5106682816	Policyholder Name ANG WEE		KIAN	Policyholder NRIC	51831191G		

Accident MT/1064505							
Policy No.	\$106682816	Vehicle No.	SKF4409S	AAA AAAAAA AAAAA			
Certificate No.	310001010	VEHICLE NO.	36744093	GST Registration No.			
Policyholder Name	ANG WEE KIAN			Policyholder NR1C	51831191G		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC				
Contact No.(Mobile)	93745616			Loading	0		
Email Address	33,40010	Contact No.(Office) Special Remark	0	Contact No.(Home)	0		
KPK	® No ○ Yes	TCA	8 to 0 to	eCode	N. V		
NCD Protection			® No ○ Yes	eCode Reason			
Accident Details	Yes	NCD Entitlement(%)	50	Private Hire	Yes		
Report Date	28/09/2019 17:10	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Change / Cross lane		
Date of Accident	28/09/2019	Time of Accident hh:mm	11:25	Country of Accident	Singapore		
Reporting Centre		Orange Force		ICM No.			
Accident Location	SUPREME CT LN						
T Excess							
Dwn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00		
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00				
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00				
♥ Benefits			4				
♥ GST Registered Inform	ation						
SST Registered	No		GST Registration Date				
SST Registration No.			GST Status Venfied	Yes			
fodification History				163			
© Policyholder Hailing Ad	dress						
Address 1	BLK 171 #10-401	Address A	Proper pours (April	graphical (1)	124 (124 CHICAGO)		
	WW 151 & 10-401	Address 2	BEDOK SOUTH ROAD	Address 3	SINGAPORE 460171		
Address 4		Address Type	Singapore address	Post Code	460171		
Unit No.		Related Policy Number	5106682816				
♥ Of Driver Info							
Driver Name	ANG WEE KIAN	Driver Type	Main Driver				
Unnamed driver Name		Driver NRIC	S1831191G	Driver DOB	06/07/1967		
Register Date of Driver License	15/02/1985	Driver Age	52	Driving Experience	34		
Contact No. (Mobile)	93745516	Contact No.(Office)	0	Contact No.(Home)	0		
Address 1	BLK 171	Address 2	BEDOK SOUTH ROAD	Address 3	SINGAPORE 460171		
					460171		
Address 4		Address Type	Singapore address	Post Code	460171		
	10-401	Address Type	Singapore address	Post Code	460171		
Unit No. Does he own a Singapore			Singapore address		460171		
Unit No. Does he own a Singapore	10-401 () Yes (No	Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	460171		
Unit No. Does he own a Singapore Registered car?			Singapore address		460171		
Unit No. Does he own a Singapore Registered car? Declaration	○ Yes ® No	Driver Vehicle No.			460171		
Unit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test			Singapore address ○ Yes No		460171		
Unit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test	○ Yes ® No	Driver Vehicle No.			460171		
Address 4 Unit No. Doss he own a Singapore Registered car? Declaration Breathayser or Blood Test Reading? Modification History	○ Yes ® No	Driver Vehicle No.			460171		
Unit No. Does he own a Singapore Registered car? Peclaration Breathayser or Blood Test Reading? Rodification History	○ Yes ® No	Driver Vehicle No.			460171		
Unit Mo, Does he own a Singapore Registered car? Reclaration Breathelyser or Blood Test Reading?	○ Yes ® No	Driver Vehicle No.			460171		
Unit No. Does he own a Singapore legistered car? exclaration treachayter or Blood Test leading? lodification History	○ Yes ® No	Driver Vehicle No.			460171		
Unit No. Does he own a Singapore legistered car? Preclaration Breathelyser or Blood Test leading? foldification History Claim 001 New	○ Yes ® No 0 mg	Driver Vehicle No. Any Injury?	○ Yes ® No	Driver Insurer Company			
Unit No. Does he own a Singapore legistered car? Preclaration Breathelyser or Blood Test leading? Claim 001 New	○ Yes No 0 mg	Driver Vehicle No. Any injury? Insured Name		Driver Insurer Company Insured NRIC	460171 51831191G		
Unit No. Does he own a Singapore lagistered car? Reclaration Sneathelyser or Blood Test leading? Claim 001 New Lisem Type *	○ Yes ® No 0 mg	Driver Vehicle No. Any Injury? Insured Name Contact No.(Heme)	O Yes ® No ANG WEE KIAN	Driver Insurer Company Insured NRIC Coreact No. (Office)	51831191G		
Unit No. Does he own a Singapore legistered car? Preclaration Sneathelyser or Blood Test leading? Claim OOI New Claim Type * Contact No.(Mobile) Small Address	O mg	Driver Vehicle No. Any injury? Insured Name	○ Yes ® No ANG WEE KJAN EKO*44095	Driver Insurer Company Insured NRIC			
Unit No. Does he own a Singapore legistered car? Preclaration Sneathelyser or Blood Test leading? Claim OOI New Claim Type * Contact No.(Mobile) Small Address	○ Yes No O mg	Driver Vehicle No. Any Injury? Insured Name Contact No.(Heme)	O Yes ® No ANG WEE KIAN	Driver Insurer Company Insured NRIC Coreact No. (Office)	51831191G		
John No. Joes he own a Singapore legistered car? eclaration resenhalyser or Blood Test leading? Claim 001 New Jam Type * Contact No. (Mobile) mail Address Joenant Type Claimant Type *	O mg	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Ol Vehicle Number	○ Yes ® No ANG WEE KJAN EKO*44095	Driver Insurer Company Insured NRIC Coreact No. (Office)	51831191G		
Init No. Does he own a Singapore lagistered car? ecclaration resethalyser or Blood Test leading? Claim 001 New Llaim Type * Contact No. (Mobile) Small Address Damant Type Claimant Type *	O mg O mg O mg Please Select	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Oil Vehicle Number Type of Benefit *	○ Yes ® No ANG WEE KJAN EKO*44095	Driver Insurer Company Insured NRIC Coreact No. (Office)	51831191G		
Init No. Does he own a Singapore legistered car? eclaration Interthalyser or Blood Test leading? Claim 001 New Claim Type * Contact No.(Mobile) Imail Address Daimant Type Claimant Type * Carmant Name *	O mg O mg O mg Please Select	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Oil Vehicle Number Type of Benefit *	○ Yes ® No ANG WEE KJAN EKO*44095	Driver Insurer Company Insured NRIC Coreact No. (Office)	51831191G SDH727Y		
Init No. Does he own a Singapore legistered car? eclaration treathalyser or Blood Test leading? Claim 061 New Claim 7/pe * Contact No.(Mobile) mail Address Damant Type Claimant Type * Damant Address Damant Madress Damant Madress Damant Madress Damant Madress Damant Description referred Workshop Contact	O mg O mg O mg Do-MX NIL Please Select	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Oil Vehicle Number Type of Benefit *	○ Yes ® No ANG WEE KJAN EKO*44095	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number	51831191G SDH727Y		
John No. Joes he own a Singapore legistered car? eclaration reachalyser or Blood Test leading? Claim 003 New Claim 19pe * Joenact No. (Mobile) Grain Address Dalmant Type Claimant Type * Dalmant Name * Dalmant Address Jalm Description referred Workshop Contact Do.	O mg O mg O mg SKF44096 / SDH/227V ON 28 Sept 2019	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	ANG WEE KJAN ANG WEE KJAN SKP4409S Please Select Not at Fault	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	\$18311916 \$0H727Y		
John No. Joes he own a Singapore legistered car? eclaration reachalyser or Blood Test leading? Claim 003 New Claim Type * Joenact No. (Mobile) Grail Address Darmant Type Claimant Type * Darmant Name * Darmant Address Jalm Description Testered Workshop Contact Do. equire Finalisation	O mg O mg O mg O mg NIL Please Select ≥≥ SKF44096 / SDH7227V ON 28 Sept 2019 Yes	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	O Yes ® No ANG WEE KJAN SKIF4409S Please Select ✓	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	\$1831191G \$DH727Y		
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