Date In: 3 10 19-11:31	Jcb description		Date &Time Co	mpleted	Do	ne by
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D.O.A: 3/10/19-13:45	i-Motor Claim		m/1065600		11	16
	i-Motor W/O	2000-ps.12/02-21		001	Hag II	. 49
OD TP Reporting Only	i-Photo Upload		1			
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TP Insurer:	Ass't Report by I		Owner/Wksn			
Preferred Wksp / INC Assign Wksp / QW: (الـــــاد		Tel:	Fax		
TP Particulars: Veh No: JQ 19	42	INC ()/Non-INC()		
Owner / Driver: (· mo(Tel:		-	-
Policy No: () Perio	od: ()	Cover Type: (
Confirmed by : (`	Date:	Time:			
Insured/Driver Liability: (%) [No	ote-Est. Status (WO	CONTRACTOR OF THE PARTY OF THE	OMPONENCE OF THE PARTY OF THE P	P: 80-100	19/61	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

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SHOW THE RESERVE THE SECOND SE	ACCIDENT STATEMENT
Date Of Report	07/10/2019 11:31
Date Of Accident	03/10/2019 13:45
Exact Location Of Accident	CTE (AYE) TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK3817P
Insured/Policyholder	
Name Of Registered Owner	LIM LAN CHENG ERIC MARTIN
NRIC No	S0001427C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94566264
Alternative Phone No	OFFICE-94566264
Vehicle Particulars	
Manufacturer	SUZUKI
Model	APV 1.6 5-DOOR GLX AT ABS AIRBAG
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	5104418505
Cover Note Number	
Driver	
Name of Driver	HO JOYCE
NRIC No	S1198243C
Date Of Birth	12/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90056112
Fax Number	

OFFICE-90056112

NOEMAIL

BLK 495E TAMPINES STREET 43 Address

#02-366

524495 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

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. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. THERE WERE 3 VEHICLES INVOLVED IN THIS ACCIDENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJQ1966Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver KAMSARI BIN SANUH

S6802131F NRIC/Passport Number 84284555 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLR4609G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 94879774

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME:

GENDER:

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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)

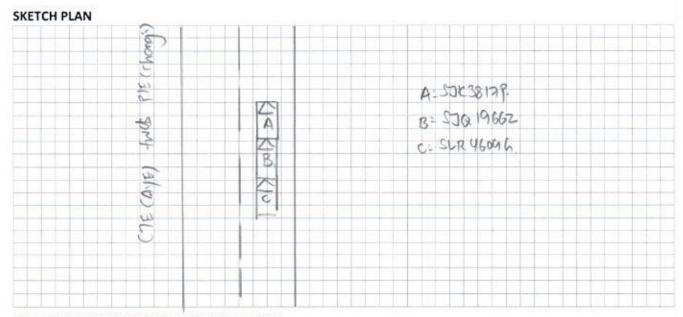
I understand, acknowledge, agree and consent that:

- (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.

Con the

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

Name:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refle to di	rate -and
1C1+11 70 01	1 ICM#F1.

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.:

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			and the second	and the second of		· Change	Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date o	of Accident	į	3/10/2019	13:45	
	Vehicle	No.(For Motor)	SJK381	7P		Certifi	cate Number	[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104418505		LIM LAN CHENG ERIC MARTIN	S0001427C	GPC	drivo CLASSIC	SJK3817P	S3K3817P	06/10/2018	16/10/2019
					C	Continue	(r) (r)				

Policy No. 5104418505		Policyholder LIM LAN CHENG ERIC MARTIN		Policyholder NRIC	50001427C			
Certificate No.								
Address	BLK 495E #02-366 TAMPINES S	TREET 43 SIN	GAPORE 52	4495				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy Issue Date	05/10/2018 Effective 06/10/2018 00:00 Date		Expiry Date	Expiry Date 16/10/2019 23:59				
Excess Type		All Claims Excess						
Third Party 0 Excess		Own damage Excess	600		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore 600 OD Excess		Outside Singapore TP Excess	0			Young/Inexperience Driver Excess		
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y		
Flag Open Policy Info Certificate Info								
Policyh	nolder Mailing Address							
Address 1	BLK 495E #02-366	Addre		TAMPINES STREET		Address 3	SINGAPORE 524495	
Address 4		Addre	ss Type	Singapore address		Post Code	524495	
Muuress 4		Delate	nd Dollar			. 000	321173	
Unit No.		Relate Numb	ed Policy er	5104418505-01			367720	
Unit No.	d Object: SJK3817P			5104418505-01			32473	
Unit No.	ements	Numb			Endorsement		Endorsement Content	

Policy No.								
	5104418505	Vehicle No.	53K3817P		GST Registration No	0.		
ertificate No.								
olicyholder Name	LIM LAN CHENG ERIC MARTIN			9	Policyholder NRIC		S0001427C	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading		0	
ntact No.(Mobile)	94566264	Contact No.(Office)	Ó		Contact No.(Home)		0	
nail Address	C-02/2007(1)	Special Remark	-3/-		eCode		No. VI	
K	® No ○ Yes	TCA	® No ○Yes		eCode Reason			
D Protection	Yes	NCD Entitlement(%)	50		Private Hire		No.	
Accident Details	16	NCD Engilement(18)	30		Private mire		No	
port Date	07/10/2019 11:47	Accident Report Within 24 hrs	Yes		Accident Type		Chain Collisio	in :
te of Accident	03/10/2019	Time of Accident hhomm	13:45		Country of Accident	63	Singapore	
porting Centre		Orange Force			ICH No.			
cident Location	CTE (AYE) TWDS PIE (CHANGE)							
Excess								
n damage Excess	600.00	Additional Excess	0	3	Windscreen Excess		100.00	
named Driver Excess	500.00	Outside Singapore DD Excess	600.00					
rd Party Excess	0.00	Outside Singapore TP Excess	0.00					
Benefits								
GST Registered Informa	tion							
Registered	No		GST Registration Date					
Registration No.			GST Status Verified		Yes			
fication History								
Policyholder Mailing Add	iress.							
ress 1	BLK 495E #02-366	Address 2	TAMPINES STREET 43		Address 3		SINGAPORE	524495
iress 4		Address Type	Singapore address		Post Code		524495	
		Related Policy Number		,	NO 1000E		24452	
t No. OI Driver Info		Related Policy Number	5104418505-01					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver					
amed driver Name	HO JOYCE	Driver NRIC	\$1198243C	9	Driver DOB		12/03/1956	
ister Date of Driver License	28/11/1978	Driver Age	63		Onving Experience		40	
nact No. (Mobile)	90056112	Contact No.(Office)	0		Contact No.(Home)		0	
ress 1	BLK 4958	Address 2	TAMPINES STREET 43		Address 3		SINGAPORE	ED440E
	BLX 4950							324433
dress 4	42.20	Address Type	Singapore address	3	Post Code		524495	
it Ng.	02-366							
es he own a Singapore gistered car?	☐ Yes ® No	Driver Vehicle No.		3	Driver Insurer Comp	pany		
claration								
eathalyser or Blood Test	0 mg	Any injury?	○ Yes No					
eathalyser or Blood Test	0 mg	Any injury?	○ Yins ® No					
the second secon	0 mg	Any injury?	○ Yes ⑥ No					
eathalyser or Blood Test	0 mg	Any injury?	○ Yes ⑥ No					
eathalyser or Blood Test adding?	0 mg	Any injury?	○ Yes ® No					
nathalyser or Blood Test ading? Jification History Claim 001 New	0.00.551	1000 COSC	S7-102 71-102					
nathalyser or Blood Test solving? Jification History Claim 001 New	ОБ-ИХ	Insured Name	LIM CAN CHENG ERIC MARTIN		Insured NRIC		50001427C	
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athalyser or Blood Test delig? Incation History Itelm 001 New Im Type * wact No.(Mobile)	ОБ-ИХ	Insured Name	LIM CAN CHENG ERIC MARTIN					
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