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Veh No: 1348no7	E-mail (within Shrs, AIC 2	hrs)		
D.O.A: 24/12/19-08:15	i-Motor Claim Form	M7/1068317-0	on Wholes It's	02
OD / TP : Reporting Only	i-Motor W/O (Within: C		7414	7
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Rep	ort		
	Ass't Report by Fax/H	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No.SW253	182 . IN	C()/Non-INC()	
Owner / Driver: (Tel:	.)	
Policy No: () Per	riod: () Cover Type: ()	-
Confirmed by : (Date:	Time:)	
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Drive-In ()/ Towed-In (); Invoice:	YES () / NO ()	; Towing Co: ()
Remarks: (INC hotline: 6788 6616)		Date & Time Comple	54 Done by	,
1) Apply for Transport Allowance ()/Co	ourtesy Car ()		36.4	
	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30]	()			
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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.
- 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 and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	24/10/2019 10:55
Date Of Accident	24/10/2019 08:15
Exact Location Of Accident	TERMINAL 2
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH8220T
Insured/Policyholder	
Name Of Registered Owner	LEE VINCENT
NRIC No	S0194320J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86617193
Alternative Phone No	OFFICE-86617193
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at ime of accident	WORKING
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	5106386935
Cover Note Number	
Driver	
Name of Driver	LEE VINCENT
NRIC No	S0194320J
Date Of Birth	10/08/1954
Occupation	OUTDOOR
Date Of Driving Pass	04/11/1975
Driving Experience	43 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86617193
Fax Number	

OFFICE-86617193

NOEMAIL

2 PASIR RIS LINK Address

#10-09

Postcode 518184

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

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

GENDER:

GENDER:

: MALE

: FEMALE

Passenger 2

NAME:

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

SHD5348Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

CHUA CHENG HWA

NRIC/Passport Number

Contact Number 93386665

Address Postcode

Page 2 of 19

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

3

A STATE .

GENDER: :

Passenger 2

NAME:

GENDER:

SMM9130B

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LIM CHEOW NAH

NRIC/Passport Number

Contact Number 97839687

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE VINCENT

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SJH8220T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process,
- 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.
- 7. 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 Personnel's Signature

Name:

NRIC/FIN No .:

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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: 24 10 19 Time of Accident: 8: 15cm
	Francisco de la composición del composición de la composición de la composición del composición de la
	Exact Location of Accident: Terminal 2
	Owner's Name: 122 Vincent NRIC No: 5019 43 20 J HP No: 866 17193
	Driver's Name: HP No: HP No:
	Date of Birth: 10 8 1954 Driv ng Licence Passing Date: 4 11 1975 Occupation: Indoor / Outdoor
	Address: 2 Paxir Ris Link #10-09 (518184)
	Relationship of Driver with Insured: Own Email Address:
	Vehicle No: SJH 8007 Make & Model: Tayata
	Insurance Co: NTU C Coverage: Con prohess repolicy 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 ?
	* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
X.	A: 1+2 B. 1+2 C: 1+0 D:
	*Was Anybody Injured ? (Yes / No) If yes,
	Name/NRIC/In Vehicle: Lee Vincent neck & back
	*Was The Accident Reported To The Police ?
	O No O Yes, Which Police Station?
	"Does the Driver Own Any Other Vehicle?
part.	O No O Yes, Vehicle Registration No:insurer:
**ias*	
	*Was any foreign vehicle involved? (Yes / No) If yes, Vahicle No & Category:
	*Was there any video captured by Car Camera? (Yes/No)
	Third Party Driver's Particulars
	Vehicle & No: SHO 5348 Z Make & Model:
	Driver's Name: Chua Cheng Hwa NRICNO: 31671648 HP No: 93386665
	Vehicle C No: Sm M 9130 B Make & Model:
	Driver's Name: Lin Cheon Nah NRIC No: 47839687
	Witness Particulars
	Name: WRIC No: HP No:

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Hello, NAC_PAYA_UBI_800			300	THE REAL PROPERTY.		Maria	AND SHALL				alClaim
Tello, NAC_PATA_UBI_800	601						+ Change	Languag	e Chan	ge Password	Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	40.				Date o	f Accident		24/10/2019 (08:15	
	Vehicle	No.(For Motor)	SJH822	OT TO		Certific	cate 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	5106386935		LEE VINCENT	50194320)	GPC	drivo CLASSIC	SJH82201	SJH8220T	11/01/2019	25/02/2020

Policy No.	5106386935	Policyholder Name	LEE VINC	ENT	Policyholder	501943201		
Certificate No.		warne	Nome States	820	NRIC	302313203		
Address	2 PASIR RIS LINK #10-09 RIF	PLE BAY SINGA	DODE 51811	84				
Product			FURE STOTE	04	Group			
Vame	PRIVATE CAR INSURANCE	Plan			Policy Flag	N		
Policy ssue Date	18/12/2018	Effective Date	11/01/201	19 00:00	Expiry Date	Expiry Date 25/02/2020 23:59		
Excess Type	Excess							
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside	2000	Outside	12000			-		
Singapore OD Excess	2000	Singapore TP Excess	1500			You	ng/Inexperience Driver Excess	
Agent	LIM EE LING	Agent Tel.	84941561		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate info								
Policyh	older Mailing Address							
Address 1	2 PASIR RIS LINK	Addre	ss 2	#10-09 RIPPLE BAY		Address 3	SINGAPORE 518184	
Address 4		Addre	ss Type	Singapore address	3	Post Code	518184	
Jnit No.		Relate	d Policy	5106386935				
OTHE NO.		Numb	er	3100300333				
ALVIDERIO V	d Object: SJH8220T	Numb	er	3100300933				
V4501104811450		Numb	er	3100380933				
) Insured	ements	2000	er		Endorsement	Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 11 Jan 2019 TO 25 Feb 2020 In view of this amendment, an additional premium of \$285.78 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since	

Accident MT/1068317									
olicy No.	5106386935		Stabilita Na						
ertificate No.	2100380939		Vehicle No.	SJH82207		GST Registration	No.		
olicyholder Name	The Chemical								
roduct Code	LEE VINCENT	25	257 17			Policyhalder NR3C		50194320	
V 1000000	PRIVATE CAR INSURAN	CE	Cover Type	drivo CLAS	sic	Loading		0	
Contact No.(Mobile)	86617193		Contact No. (Office)	a		Contact No.(Home	0)	0	
mail Address	1617/165/01		Special Remark			eCode		Tar.y	
PK	® No ○Yes		TCA	® No ○Y	es	eCode Reason			
20 Protection No P Accident Details		NCD Entitlement(%)	0		Private Hire		Yes		
eport Date	port Date 24/10/2019 11:06		Accident Report Within 24 hrs	Yes		Accident Type		Collision : (Change / Cross lane
Pate of Accident	24/10/2019		Time of Accident thomm	08:15		Country of Accide		Singapore	
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Policyholder Mailing Ad	idress								
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OI Driver Info			The state of the s						
river Name	LEE VINCENT		Driver Type	Main Driver					
nnamed driver Name			Driver NRIC	501943201				770272457007	
egister Date of Driver License	04/11/1975					Driver DOB		10/08/1954	
			Driver Age	65		Driving Experience		43	
ortact No.(Mobile)	86617193		Contact No.(Office)	0		Contact No.(Home)	0	
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