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Date In: 1/11/19-16:49	Jcb description	Date & Time Completed	Done by
Ref No: Laline Lasigning	SAS e-filing		
Veh No: JEU29 194	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 44/9 N.T	i-Motor Claim Form	m11069558-001	11111917:04
	I-Motor W/O (Within: OD 2)	irs, TP 4hrs)	
OD : TP ! Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hanc	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No:	7769p . INC	()/Non-INC().	1
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: S0-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$		Sun manager of the sun	registration and
General Remarks;	The state of the s		
() Walk-In Customer : Customer's in		Strictly NO refer of repairer	
() Total Loss Case : to e-mail Ins			
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO ();	Towing Co: (
Remarks:- (INC horline: 6788 6616) -	Date&Time Completed	Done by
1) Apply for Transport Allowance ()			
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		
Injurý:			
Date/Time Actions			WXXXXX DALHALI I
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

	ACCIDENT STATEMENT
Date Of Report	01/11/2019 16:44
Date Of Accident	01/11/2019 12:55
Exact Location Of Accident	BLK 5 UPP BOON KENG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFW2919U
Insured/Policyholder	
Name Of Registered Owner	CHENG POO HWEE DERRICK (ZENG BUWEI)
NRIC No	S7343737G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91556259
Alternative Phone No	OFFICE-91556259
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3 1.6A
Exact Purpose for which vehicle was being used a 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	5100868474-01
Cover Note Number	
Driver	
Name of Driver	CHENG POO HWEE DERRICK (ZENG BUWEI)
NRIC No	S7343737G
Date Of Birth	04/12/1973
Occupation	OUTDOOR
Date Of Driving Pass	14/10/1996
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91556259
Fax Number	

NOEMAIL

Address BLK 184A RIVERVALE CRESCENT

#04-163

Postcode 541184

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

5)

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: -

GENDER:

: FEMALE

Passenger 2

NAME:

: *

GENDER:

: FEMALE

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP7769P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver GOVINDASAMY MANIKANDAN

NRIC/Passport Number

Contact Number 90585594

Address

Page 2 of 14

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 Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN B A 8000 BAY POING 五五 0 8 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date I time, I was driving my vehicle A
(SFW 29194) traveling along BLK 5 Upper Boon King Rol on lane
one of I-lane. Vehicle B (YP 7769P) ahead of me slowed down a
stopped. As such I applied brake and stopped completely behind
yehide B. Out of sudden, vehide B made a reverse. As a result,
the rear portion of vehicle B collided anto my vehicle front
portion.
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.:

Venicle No.	SFW 29194 Model / Make KIA K3
Date of Accident	1/11/2019
Time of Accident	1255 HRS
ocation of Accident	BLK 5 Upper Boon King Road
Exact purpose use during acci	
Name of Owner	Chang foo Hurel Derrick
Telephone No.	H/P: 9155625 9 Home: Office:
NRIC	S7343737G
Address	BUE 184 A Rivervale Crescent
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5100868474-01
Name of Driver	As Above If No,
NRIC	Any Passengers: 2
Date of birth	4/12/1973 unknown (female)
Occupation	Outdoor / Indoor unknown (female)
Driving License Pass Date	14/10/1996
Gender	Male / Female
Contact No.	H/P: 91556259 Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	YP 7769 P Any Passengers : -
Name of Driver	Govin Lasamy Manikarda Contact No.: 9058 5594 (Guna)
Vehicle C No.	Any Passengers : (Manager)
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact:
Accident Portion	Front portray
Camera Recorder	Yes / No
Email Address	derrickbase gmail.com
PARTICULAR WORKSHOP	Twincar Automotive
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	sales @ n51·com·s9

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My Desktop	Policy Query										
Notice of Loss	Policy N	No.				Date	of Accident		01/11/2019 1	2:55	
	Vehicle	No.(For Mator)	SFW29	19U		Certif	ficate Number	8			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100868474- 01		CHANG POO HWEE DERRICK (ZENG BUWEI)	57343737G	GPC	drivo CLASSIC	SFW2919U	SFW2919U	11/06/2019	10/06/2020

Sequen	ce Date of Endorsement		Endorsement	t Type	Endorsement	Status	Endorsement Content
▼ Endorse	ements						
) Insured	d Object: SFW2919U						
Jnit No.		Relate Numb	d Policy er	5100868474-01			
ddress 4			ss Type	Singapore address	9	Post Code	541184
Address 1	BLK 184A #04-163	Addre	ss 2	RIVERVALE CRESCE	NT /	Address 3	SINGAPORE 541184
	older Mailing Address						
Certificate nfo							
Open Policy Info							
nsurance lag	No						
Co-							
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/Ir	nexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	14/05/2019	Effective Date	11/06/2019	9 00:00	Expiry Date	10/06/2020 23:5	9
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 184A #04-163 RIVERVALE	CRESCENT SI	NGAPORE 54	1184			
Certificate No.		113/112			WALC		
Policy No.	5100868474-01	Policyholder Name	CHANG PO	O HWEE DERRICK (ZI	Policyholder NRIC	S7343737G	

Browse Clear Please Select V Normal V	March Marc	laim Handling					
Control Process Control P	Minima Minima	cident MT/1069558					
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Characterist Application	Control Cont						Damages whilst parkes
March Scale	March Marc		01/11/2019	Time of Accident hh:mm	12:55	Country of Accident	Singapore
## TYPE	Second Process	orting Centre		Grange Force		ICM No.	
Part	Park	ident Location	BLK S UPP BOON KENG RD				
Management	Process	Total Excess Applicable					
COD FreeName COD	Description	ess Type	Per Accident	Windscreen Excess	100.00		
CONTROL CON	Description						
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### 1	Substitute Sub						
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### Address Type	## Address Type	ress 1	BLK 154A #04-163	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE \$41184
Second Positive Fundament Stroke Section	Britant Tota	iress 4		Address Type	Singapore address	Post Code	
### Park	Design					,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Driver Name	Dried Public Dried POB		Court has succe nearly	A	Mark Barrer		
State Date of Driver Loome	Date of Driver Loanes		CHANG POO HWEE DERRICK			02/07/6/02 1/27/0	1011111111111
Address 2 Alberts 2 Alberts 3 Alberts 2 Alberts 3 Alberts 3 Alberts 3 Alberts 4 Alberts 4 Alberts 5 Albe	No. (Mistole) 91,559,259						
Second S	BUX 184A	ister Date of Driver License	14/10/1998	Driver Age	45	Driving Experience	23
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And spury Chemical Nation History Takin 001 New Insured Name CHANG POO HWEE DERIDOC (2) Insured NATIC 573437375 Hatch No. (Mobile) 91556259 Contact No. (Home) 64560729 Contact No. (Office) NIL Insured Name Type Chimark Type * Press Select	Insured Name						
Insured Name OANG POO HAVEE DERRICK (2) Insured NATE \$7343737G. Insured Name OANG POO HAVEE DERRICK (2) Insured NATE \$7343737G. Insured Name Part	DOL New		0 mg	Any injury?	○ Yes No		
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