Date In: 5/11/19-10:50	1111	The second second	14 119 14 6308	_ n	100				
	Job description		Date &Time Completed	100	ne by				
Ref No: 44 INCIGO 1950 TH	SAS e-filing		i .	ļ					
Veh No: STHMARH	E-mail (within Sh	rs, AIC 2hrs)							
D.O.A: 4/11/19-19:00	i-Motor Claim	Form	m/1069947-001	5/11/19	1008				
OD (TP) ! Reporting Only	i-Motor W/O (Within: OD 2hrs			-				
OD THE POLICE ONLY	i-Photo Uploac								
TP Insurer:	Assessment/Surv	ey Report							
11 Insurer.	Ass't Report by	Fax / Hand to	Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (- Harman	Tel:	Fax:					
TP Particulars: Veh No: SM	ungir .	INC ()/Non-INC()						
Owner / Driver: (Tel:)					
Policy No: ()	Period: ()	Cover Type: ()					
Confirmed by : (Date:	Time:)					
Insured/Driver Liability: (%)	[Note-Est. Status (WC): N: 0-20	%; P: 21-79%. P: 80-	100%]					
Year of Registration: ()	Warranty: YES ()/NO()						
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()							
General Remarks;-		2000		Tar Victor					
() Walk-In Customer: Customer's in	formation strictly Confid			N. A	*				
() Total Loss Case : to e-mail Insu		rential & Stri	cuy NO Taler of repailer.						
				- 14					
Drive-In ()/ Towed-In (); Invoi	ce: YES () / NO	(); To	wing Co: (5)				
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Don	t by				
1) Apply for Transport Allowance ()/	Courtesy Car ()				the second				
2) QC Check / Post Repair Inspection									
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3) Upload Resurvey Photo [Repair Cost > 5	()								
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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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San Shakaraka Sadhinana Fan isa sa	ACCIDENT STATEMENT
Date Of Report	05/11/2019 10:50
Date Of Accident	04/11/2019 17:20
Exact Location Of Accident	PIE (TUAS) BEFORE ADAM RD EXIT
Country/State of Loss	SINGAPORE
a Statistical interest of the control of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN2198H
Insured/Policyholder	
Name Of Registered Owner	CHEW SIEW YI
NRIC No	S8785442F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96160501
Alternative Phone No	OFFICE-96160501
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
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	5107234369
Cover Note Number	
Driver	
Name of Driver	CHEW SIEW YI
NRIC No	S8785442F
Date Of Birth	04/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	27/09/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96160501
For Number	

OFFICE-96160501

NOEMAIL

BLK 842F TAMPINES STREET 82 Address

#11-108

2

NO

NO

NO

NO

1

Postcode 526842

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

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE, FRONT CAR 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.

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

Vehicle Registration Number **SGV1292T**

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

GOH SZE HANN ASHTON Name of Driver

NRIC/Passport Number S9921292F

Contact Number

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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:
 - (i) 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.
- 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:
 - (i) 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 Personn Name:

NRIC/FIN No .:

s Signature

SKETCH PLAN A: 50H 2198H B: 56V1292T DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to statement

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.:



1	30/07/2019 00:00 POI Extension/S			orten Endorsement Take Effective			confirm that the Period of Insurance of this policy is amended as follows: PERIOD O INSURANCE: 28 Jan 2019 TO O Feb 2020 In view of this amendment, an additional premium of \$39.80 (inclusive of		
sequen	Date of Endorsement		Endorsement	Гуре	Endorsement	SIBLUS	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Revied of		
▼ Endorse Sequen	25/25/2012		Endore	Tune	Endament	Chabin	egging professions		
	i Object: SJN2198H								
Jnit No.	11-108	Numb	d Policy er	5107234369					
Address 4	SINGAPORE 526842		ss Type	Singapore addres	is I	Post Code	526842		
Address 1	BLK 842F #11-108	Addre	ss 2	TAMPINES STREE	ET 82	Address 3	TAMPINES ARCADIA		
	older Mailing Address								
Certificate Info									
Open Policy Info									
insurance Flag	No								
Agent Co-	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Y			
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	g/Inexperience Driver Excess		
Additional Excess	0	OS Premium	0						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100			
Excess Type	Per Accident	All Claims Excess							
Policy issue Date	25/01/2019	Effective Date	28/01/2019	9 00:00	program The	08/02/2020	23:59		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N			
lo. iddress	BLK 842F #11-108 TAMPINES S	TREET 82 TAN	IPINES ARCA	ADIA SINGAPORE S	526842				
Certificate		Name		100	NRIC	307037127			
Policy No.	5107234369	Policyholder	CHEW SIEV	N YT	Policyholder	S8785442F			

Claim Handling											
Accident MT/1069997											
Policy No.	5107234369		Vehicle No.		S3N2198	н		GST Registration	No.		
Certificate No.											
Policyholder Name	CHEW SIEW YI							Policyholder NRII	59	587854428	F
Product Code	PRIVATE CAR INSURANCE		Cover Type		drive CL	ASSIC		Loading		0	
Contact No. (Motive)	96160501		Contact No. (Office)		0			Contact No. (Hom	e)	0	
Email Address			Special Remark					eCode		100	
KFK	® No ○Yes		TCA		(ii) No C	Yes		eCode Reason			
NCD Protection	No		NCD Entitlement (%)		0			Private Hire		No	
→ Accident Details											
Report Date	05/11/2019 11:05		Academ Report With	nn 24 hrs	Ves			Accident Type		Collision - H	tead to Rear
Date of Accident	04/11/2019		Time of Accident hh:	mm	17:20			Country of Accide	ne	Singapore	
Reporting Centre			Orange Force					ICM No.			
Accident Location	PIE (TUAS) BEFORE ADAM RD	EXIT									
Total Excess Applicable											
Excess Type	Per Accident		Windscreen Excess			100	.00				
OD Standard Excess	gggy	0	020203000000000								
VIED OD Excess	600.0		TP Standard Excess				.00				
	0.0		VIED TP Excess			.0	00	Driver is Covered	60	Covered	
Additional Excess Total OD Excess Applicable		D	5L00025200000000								
	600.0	0	Total TP Excess Appli	cable		٥	.00				
 □ GST Registered Inform 	nation										
GST Registered	No				jes	T Registration Date					
GST Registration No.						T Status Verified		Yes			
Modification History					70						
19 Policyholder Hailing A	ddress										
Address 1	BUK 842F #11-108		Address 2		TAMPINE	S STREET 82		Address 3		TAMPINES A	ARCADIA.
Address #	SINGAPORE 526642		Address Type		Singapore	eddress		Post Code		526842	
Limit No.	11-108		Related Policy Number	r	51072343	169					
© OI Driver Info											
Driver Name	CHEN SIEW YE		Driver Type		Main Drivi	65					
Unnamed driver Name			Driver NRIC		58785442	r.		Driver DOB		04/12/1987	
Register Date of Driver License	e 27/09/2016		Driver Age		31			Driving Experience	0	3	
Contact No.(Mobile)	96160901		Contact No.(Office)		0			Contact No. (Home):	0	
Address 1	BLK 642F		Address 2		TAMPINES	STREET 82		Address 3		TAMPINES A	RCADIA
Address 4	SINGAPORE \$26842		Address Type		Singapore	address		Post Code		526842	2100000
Unit No.	11-108										
Does he own a Singapore Registered car?	○ Yes ® No		Driver Vehicle No.					Driver Insurer Con	npany		
regional care											
Declaration											
Breathalyser or Blood Test Reading?	0 mg		Any injury?		☐ Yes ⊛	No					
2775 2008 FD.					Service Desire						
Modification History											
The state of the s											
Claim 001 New											
Claim Type +	OD-MX	10	230 (240)		(CONTRACTOR)					_	
	The second secon	E:	Insured Name		CHEW SIE	W YI		Insured NRIC		58785442F	
Contact No.(Mobile)	96160501		Contact No.(Home)		_			Contact No./Office			
Email Address		ii ii	Of Vehicle Number		53N2198H			TP Vehicle Number		SGV1292T	
Claimant Type Claimant Type+ Claimant Name +	Please Select		Type of Benefit *		Please Sel	ect	<u>v</u>]				
Claimant Address		22	Claimant NRIC +					411			
Claim Description	53N2198H / SGV1292T ON 4 No	1010						No.			
Preferred Workshop Contact	3/42130H / 3GY1232H UN 4 NO	M 301A					_	Name of Preferred	Workshop		
No.			Insured Liability *		Not at Fau		v				
Require Finalisation	Yes Y		Preferered Repair Opti	na	Preferred	Workshop, Name ur	nknown 🔻	GIA report		Received	v
Date Registered	05/11/2019 11:08		Claim Close Date					Date Received		05/11/2019	00:00
Report Taken By	lackson										
Print AK letter											
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Attachment											
0											
Accident No.	MT/1089997		Claim No.			nne					
Last Doc. Received						001	15.000				
No. of States	● Yes ○ No		Upload Da	10.		05/11/2019					
	Patn *			Total even	7 January	Catego	1000 UK	Confidential	Urgano		Description *
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