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I/OD: IP Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
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Preferred Wksp / INC Assign Wksp / QW: (The state of the s		ax:
TP Particulars: Veh Noshk ISIX	INC		44.
Owner / Driver: (Tel:)
Policy No: () Period:	()	Cover Type: ()
Confirmed by : (Date:	Time:)
	Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	100%]
	anty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 ()/\$2,000()		
General Remarks	A Comment		
() Walk-In Customer : Customer's information			1 1
() Total Loss Case : to e-mail Insurer UR	RGENTLY.		
Drive-In ()/ Towed-In (); Invoice: YES	S()/NO();	Towing Co: (7. 3
1) Apply for Transport Allowance ()/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	()	Date&Timb Completed	Done by
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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.
- 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.	
A TOTAL PROPERTY OF THE PARTY O	ACCIDENT STATEMENT
Date Of Report	22/11/2019 10:59
Date Of Accident	22/11/2019 08:30
Exact Location Of Accident	BEDOK SOUTH AVE 1
Country/State of Loss	SINGAPORE
the state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX9894X
Insured/Policyholder	
Name Of Registered Owner	KOH CHOON LEE JOHN
NRIC No	S1471995D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91272245
Alternative Phone No	OFFICE-91272245
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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?	YES
If No, Please state action to be taken	
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	5086960568-02
Cover Note Number	
Driver	
Name of Driver	LINUS KOH TIAM YONG
NRIC No	S9243935F
Date Of Birth	20/11/1992
Occupation	INDOOR
Date Of Driving Pass	25/01/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81008251
Fax Number	
	055105 04000054

OFFICE-81008251

NOEMAIL

Address

35 TAMPINES STREET 34

#03-39

Postcode

529239

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

1

Insurance Company of Driver's Own Vehicle

=0

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?

t? 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

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

NO

Number of Passengers (Including Driver)

1

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

Vehicle Registration Number

SHF1515X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 3. Information provided must be as truthful and accurate as possible. Any willful 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.
- 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:

- 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)
 - (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")
- 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
- 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:
 - (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)

Name: Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

	i i	Ace
DOA: 22/11/19	H	7
A: 5KX 9894X	AA	Sou
B: SHE ISISY	EA3	<u>V.</u>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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 Bersonnel's Signature

Name:

NRIC/FIN No.:

	Personal Particulars	动	
	Date of Accident: Time of Accident:	8.30 am	
	Exact Location of Accident: Bedok South Auc		_
	Owner's Name: John Kon Choon Lee NRICNO	: 31471995DHP No: 91272	24
	Driver's Name: Linus Koh Tiam Yong MRICNO	: 5924393071PNo: 810082	SI
	Date of Birth: 20 11 1997 Driving Licence Passing Date: 25 1 2019	± Occupation: Ind6or / Outdoor	
	Address: 35 Tampines St 34 # 03-39 (529	239)	-
	Relationship of Driver with Insured: Son Email Address:		-
	Vehicle No: 3KX 9894X Make & Model: To		_
	Insurance Co: NTu Coverage: Comprhera o	Policy 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	
141	*Weather Condition ? Clear / Raining / Others:	Wet / 060/ Others:	alant.
	* Any passenger inside vehicle involved? (Yes / No) If yes, A:	Vehicle No & How many pax:	
	*Was Anybody Injured ? (Yes / No) If yes,		
	Name / NRIC / In Vehicle:		_
	*Was The Accident Reported To The Police ?		
	No O Yes, Which Police Station?		
	*Does the Driver Own Any Other Vehicle?		
(August F.)	. No O Yes, Vehicle Registration No: insurer:		-0
	*Was any foreign vehicle involved? (Yes / No) If yes, vehicle	e No & Category:	-
	*Was there any video captured by Car Camera? (Yes/No)		
	Third Party Driver's Particulars	A _k	
	Vehicle B No: SHF IS IS X Make & Model:		
	Driver's Name:NRIC No		
	Driver's Name:NRIC No		
	Witness Particulars		m#i
	Name:NRIC N	O: HP No:	

eBao Tech								Genera	alClaim		
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	Policy f	No.				Date o	f Accident	-	22/11/2019 0	8:30	
	Vehicle	No.(For Motor)	SKX989	94X		Certific	cate Number	1			
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5086960568- 02		KOH CHOON LEE JOHN	S1471995D	GPC	drivo PREMIUM	SKX9894)	SKX9894X	05/01/2019	04/01/2020
						Continue					

Sequen	ce Date of Endorsement Endor			Туре	Endorsement	t Status Endorsement Content		
	ements							
Insure	d Object: SKX9894X							
init No.	03-39	Relate	ed Policy er	5086960568-02				
ddress 4		Addre	ss Type	Singapore address	9	Post Code	529239	
ddress 1	35 TAMPINES STREET 34	Addre	ss 2	#03-39 THE EDEN	AT TAMPINES	Address 3	SINGAPORE 529239	
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Accident Details							Acodent Type				
port Date	22/11/2019 11:08	/11/2019 11:08 Accident Report Within 24 hrs. Yes								Collision	Head to Rear
ate of Accident	22/11/2019		Time of Accident hhomm	08:30			Country of Accid	ent	9	ingapore	
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and Party Excess	0.00		Outside Singapore TP Excess		0.00						
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OI Driver Info											
river Name	Unnamed Driver		Driver Type	Unnamed D	river						
named driver Name	LINUS KOH TIAM YONG		Driver NRIC	59243935F			Driver DOB			20/11/199	2
sgister Date of Driver License	25/01/2014		Driver Age	27			Driving Experien	03		5	
ontact No.(Mobile)	81008251		Contact No.(Office)	D			Contact No.(Hor	ie)		0	
idress 1	35 TAMPINES STREET 34		Address 2	THE EDEN	AT TAMPINES		Address 3			SINGAPOR	E 529239
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