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Veh No: O/CC 83/57	E-mail (within 8hrs, AIC 2hrs)			1153
D.O.A: 25 4/19-11:30	i-Motor Claim Form	m 1064343- 000	22/11/19	K: 00
OD TP Reporting Only	i-Motor W/O (Within: OD 2)	uts, TP 4brs)		Market Traum
OB : 17 reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	(	Tel: F	ax:	)
TP Particulars: Veh No: X	E 68297 INC	)/Non-INC( )	eur faeure e	- turner
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-1	00%]	
Year of Registration: ( )	Warranty: YES ( ) / NO (	)		
Excess: (\$ ) Loading: \$	\$1,000 ( ) / \$2,000 ( )			
General Remarks:-			Cart Control	
( ) Walk-In Customer : Customer's i				
( ) Total Loss Case : to e-mail Ins	surer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invo	oice: YES( ) / NO( );	Fowing Co: (		)
Remarks: . (INC hotline: 6788 6616		Date&Time Completed	Done	by
	/ Courtesy Car ( )	1 5	- 12/4 A A	
2) QC Check / Post Repair Inspection	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	( )			
3) Upload Resurvey Photo [Repair Cost >	( )			
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# SINGAPORE ACCIDENT STATEMENT

### 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 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

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<b>高级规划等。</b> 15.00 扩展的地域形式	ACCIDENT STATEMENT
Date Of Report	22/11/2019 14:25
Date Of Accident	25/09/2019 11:30
Exact Location Of Accident	WOODLANDS CROSSING BEFORE WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
<b>有数据的是否证明,不是一种公共</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC8315T
Insured/Policyholder	
Name Of Registered Owner	TAN PEAY SUAN
NRIC No	S7533304H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94233011
Alternative Phone No	OFFICE-94233011
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LEXUS IS250 AUTO STD
Exact Purpose for which vehicle was being used time of accident	at PRIVATE USE
Are you claiming under your own insurance polic for repair to your vehicle?	cy NO
If No, Please state action to be taken	REPORTING ONLY
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	5111207558
Cover Note Number	
Driver	
Name of Driver	LEE WOON CHYE
NRIC No	S7520921E
Date Of Birth	16/07/1975

Name of Driver	LEE WOON CHYE
NRIC No	S7520921E
Date Of Birth	16/07/1975
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2002
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93221010
Fax Number	
Contact Number	OFFICE-93221010

EMail Address

NOEMAIL

BLK 986D BUANGKOK CRESCENT Address

#10-116

Postcode 535986

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - GIRLFRIEND

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 RAINING Road Surface WET

### 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?

Was any other material or property damaged?

YES

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

NO 1

Number of Passengers (Including Driver)

#### **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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B WAS IN FRONT OF MY VEHICLE. AS THE ROAD WAS 2 LANE ONTO 1 LANE. WHILE VEHICLE B AND MY VEHICLE SQUEEZE ONTO 1 LANE. MY VEHICLE SLIGHTLY TOUCH ONTO VEHICLE B REAR RIGHT 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 **SLE6829T** 

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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

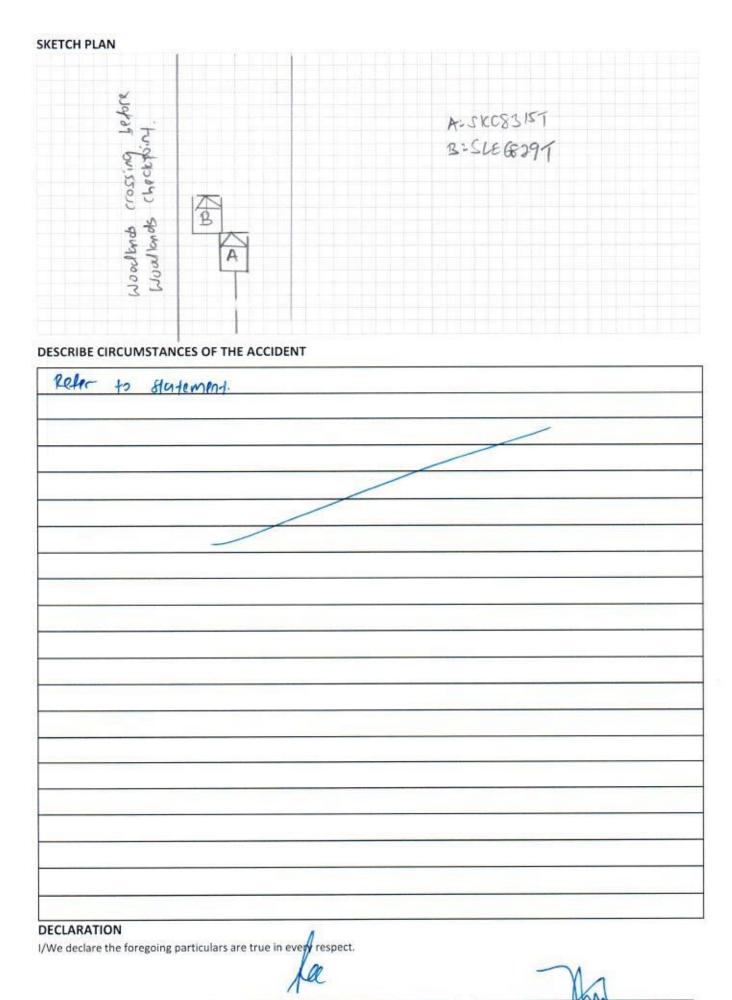
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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.:



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

NRIC/FIN No.:

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cident MT/1064393										
icy No.	5111207558		Vehicle No.	SKC831ST		0.3	GST Registration No	3.0		
oficate No.										
cyholder Name	TAN PRAY SUAN						Policyholder NRIC		97533304	н
fuct Code	PRIVATE CAR INSURA	NCE	Cover Type	drive CLASSIC		93	Loading		0	
nect No. (Mobile)	NA		Contact No.(Office)				Contact No.(Home)			
ili Address			Special Remark				eCode		TIV.	
£.	® No ○ Yes		TCA	® No ○Yes		304	eCode Reason		0	
5 Protection	No		NCD Entitlement(%)	a			Private Hire		Not avails	bie
Accident Details			Percentage Control of the Control of							
ort Date	27/09/2019 17:12		Accident Report Within 24 hrs	Yes		99	Accident Type		Side Swip	
e of Accident			Time of Accident hh:mm							
	25/09/2019			11:30			Country of Academ		Singapore	
orting Centre			Grange Force				ICM No.			
dent Location	WOODLANDS CHECK	POINT								
Total Excess Applicable										
ess Type	Per Accident		Windscreen Excess		100.00					
Standard Excess		600.00	TP Standard Excess		0.00					
D OD Excess			VIED TP Excess				Driver is Covered?		Not Applic	able
Stional Excess		0								
al OD Excess Applicable		600.00	Total TP Excess Applicable		0.00					
Benefits										
GST Registered Inform	stion									
Registered	No				gistration Date					
Registration No.				GST Str	atus Verified		Yes			
ification History										
Policyholder Mailing Ad										
dress I	BLK 29 #11-17		Address 2	BALAH ROAD			Address 3		BALAN GI	ADENS
dress 4	SINGAPORE 370029		Address Type	Singapore addr	resis		Post Code		370029	
t No.	11-17		Related Policy Number	5111207558						
OI Driver Info										
rer Name			Driver Type							
named driver Name.			Driver NRJC				Driver DOB			
			Driver Age				Driving Experience			
pister Date of Driver License										
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