NATIONAL Assessment Co		vel 1 Jan'05  MUA			
Date In: 25/11/19-12:56	Jcb description		Date & Time Completed	Don	e by
Rei No: 44/14/19/22/07/5/14	SAS e-filing	i			
Veh No: SIMBYSIP	E-mail (within Sh	rs, AIC 2hrs)			90
D.O.A: 24/11/19 - 20=16	i-Motor Claim	Form	m11072744-001	Willia	hal
OD / Reporting Only	i-Motor W/O (		The second secon		
ob . O . Inspiring only	i-Photo Upload	led ¦			
TP Insurer:	Assessment/Surv	ey Report			
	Ass't Report by	Fax / Hand to C	)wner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	·: (		Tel: F	ax:	
TP Particulars: Veh Noc	BSZJam	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	) (	over Type: (	)	
Confirmed by: (		Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (WC	)): N: 0-20%	; P: 21-79%. F: 80-1	00%]	5
Year of Registration: (	) Warranty: YES (	)/NO( )		(Verbies Vice in Ce	
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000 (	)			
General Remarks:-	er sac mes	363/2012		1512 4-11	
( ) Walk-In Customer : Customer's				2001 1111	-
( ) Total Loss Case : to e-mail Ir		Jential & Stricti	y NO rater of repairer.		
Drive-In ( )/ Towed-In ( ); In	voice: YES ( ) / NO	( ); Tow	ing Co: (		)
Remarks:- (INC hotline: 6788 661	6)	- 1	ate&Time Completed	Done	by
1) Apply for Transport Allowance (	) / Courtesy Car ( )		\$	Wild Artifician	
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost	> \$30007 ( )		<del></del>		
	- 55000)				2000
Injury:			-		
Date/Time Actions				1238 F	* ************************************
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MA1908897:	32		ation Checklist	for Bill	Add Bill
aimant's Particulars :-		AR : Accident Rep DA : Damage Asse		0)	
iver/Owner:		TF : Towing Fee	. \$40/		
TVG/OW:Ici.		FT : Follow-Throu	211	\$30 \$30	
ntact No:			t INC Only (wef 10 Jan 2005)		
maged Portion:	1	TR: Re-inspection		\$75	
		N1 : Idao DA + SM NTUC Additional S	The section of the se	160	
Checked by G I- Ch		OD*			
Checked by (Engr-In-Charge):		* N5: Courlesy Car		\$5	
T, Verriore Carrellando a porte reverso de estado		* N6: Repair Co-ord * N7: Fost Repair In		510 525	
iditors' Comments :-		+N8: DV / Collect 1	Excess Coordination	\$5	
1:	h	TP (N11) : TP (Non	a INC) against INC	30	<u> </u>
2/3:		N12: Idac Mobile	Fee Charged		union je
		voice dated	Fee Charged	崇诗和汉	

# 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.
- 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,	
<b>文作。在1985年,1986年,1989年</b>	ACCIDENT STATEMENT
Date Of Report	25/11/2019 10:56
Date Of Accident	24/11/2019 20:15
Exact Location Of Accident	SLIP RD TPE (SLE) TWDS TAMPINES AVE 7
Country/State of Loss	SINGAPORE
STATE OF THE PROPERTY OF THE PARTY OF THE PA	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM6431P
Insured/Policyholder	
Name Of Registered Owner	CHAN GOK WAI
NRIC No	S1370306Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96666008
Alternative Phone No	OFFICE-96666008
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY 1.5 SV 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?	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	5110676960
Cover Note Number	
Driver	
Name of Driver	CHAN GOK WAI
NRIC No	S1370306Z
Date Of Birth	02/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1980
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96666008
age contract consequences	

OFFICE-96666008

NOEMAIL

Address BLK 208 TAMPINES STREET 21

#04-1415

NO

NO

1

NO

NO

Postcode 520208

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) 2

involved in the accident

Was any body injured in the Accident? YES

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC CONGESTED ALONG TAMPINES AVE 7. 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? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBS7592M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category BUS

Name of Driver CHONG PENG ONN

NRIC/Passport Number G2530832N

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

# Name CHAN GOK WAI Approximate Age Injuries Sustain BODY Injured person in which vehicle? SLM6431P

YES

NO

Were seat belts worn?
Was this injured conveyed to hospital by

ambulance?

Address Postcode

# 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 <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.:

KETCH PLAN		
	Tompines are 7.	
		A:SLMGV3IP. B: S8S7S92M
ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
Refer to Staten	0804.	
- 1,		
ECLARATION We declare the foregoing pa	articulars are true in every respect.	Min
olicyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personne's Signature Name:

GIARMIC Skieter Plantform V3

Date & Time:

12

NRIC/FIN No.:

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Policy	Query									
Notice of Loss	Policy No.					Date o	of Accident	2	4/11/2019 2	0:15	
	Vehicle No	(For Motor)	SLM643	1P		Certifi	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 5	110676960		CHAN GOK WAI	S1370306Z	GPC	drivo CLASSIC	SLM6431P	SLM6431P	26/06/2019	25/06/2020
						Continue					

olicy No.	5110676960	Policyholder Name	CHAN GOK	WAI	Policyholder NRIC	S1370306Z	
ertificate lo.							
ddress	BLK 208 #04-1415 TAMPINES :	STREET 21 SIN	GAPORE 520	208			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	25/06/2019	Effective Date	26/06/2019	00:00	Expiry Date	25/06/2020 23	:59
xcess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Dutside Singapore DD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	KA-HUP VEHICLES TRADING	Agent Tel.	64589997		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policyl	nolder Mailing Address						
Address 1	BLK 208 #04-1415	Addre	ess 2	TAMPINES STREET	21	Address 3	SINGAPORE 520208
Address 4		Addre	ess Type	Singapore address		Post Code	520208
Unit No.		Relat Numl	ed Policy per	5110676960			
D1112 1101	d Object: SLM6431P						
V260731.57 111 110							
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ccident MT/1072729					
oncy No.	5110676960	Venicle No.	SLM6431P	GST Registration No.	
ertificate No.					
okcyholder Name	CHAN GOK WAT			Policyholder NRIC	513703062
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	96666008	Contact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	TICK.
rk.	No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
eport Date	25/11/2019 11:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	24/11/2019	Time of Accident hhomm	20:16	Country of Accident	Singapore
eporting Centre		Orange Force		3CM No.	
ccident Location	SLIP RD TPE (SLE) TWDS TAMPINES AVE 7				
Total Excess Applicable					
ccess Type	Per Accident	Windscreen Excess	100.00		
			Waster		
D Standard Excess	2,000.00	TP Standard Excess	1,500.00	1.52104000401200400424	
RD GD Excess	0,00	VIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
otal DO Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
▽ Benefits					
GST Registered Informa					
ST Registered	740		GST Registration Date	-	
ST Registration No.			GST Status Venfied	Yes	
odification History					
Policyholder Mailing Ade	dress				
ddress 1	8LK 208 #04-1415	Address 2	TAMPINES STREET 21	Address 3	51NUAPORE 520208
ddress 4	200 200 200	Address Type	Singapore address	Post Code	52020B
int No.		Related Policy Number	5110676960		
© 01 Driver Info		6-110000 Not Alexand			
Oriver Name	CHAN GOK WAT	Driver Type	Main Driver		
Innamed driver Name	Control Control	Driver NRIC	SL370306Z	Driver DOB	02/07/1959
egister Date of Driver License	18/11/1980	Driver Age	60	Driving Experience	39
	96656008	Contact No.(Office)	0	Contact No.(Home)	0/3
Contact No. (Mobile)				Address 3	SINGAPORE 520208
ddress 1	BTK 508	Address 2	TAMPINES STREET 21	Post Code	520208
Address 4	PAREAGO?	Address Type	Singapore address	Post Code	250506
int No.	04-1415				
logistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Oses he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
legistered car?			Sec.On.	Driver Insurer Company	
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logistered car? ecoration freathlyser or Blood Test leading? fodification History			® Yes ○No	Driver Insurer Company	
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