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D.O.A: 7/1/19-12.30	i-Motor Claim Form	~00- (102501/m)	10/12/19 10:16
OD . TP . Reporting Only	i-Motor W/O (Within: Of	2hrs, TP 4hrs)	
OB : 17 Frespitaling Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repo	rt	
17 Hisurei.	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax;
TP Particulars: Veh No: Sep	ytoop INC	C( )/Non-INC( )	
Owner / Driver: (	Y	Tel:	)
Policy No: ( ) P	eriod: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N:	0-20%; P: 21-79%. F: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
	000()/\$2,000()		
General Remarks:-			
( ) Walk-In Customer: Customer's info	ormation strictly Confidential &	Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insur	er URGENTLY.		
Drive-In ( )/ Towed-In ( ); Invoice	e: YES ( ) / NO ( )	; Towing Co: (	. )
Remarks: (INC hotline: 6788 6616)		Date& Time Completed	Done by
	Courtesy Car ( )	The state of the s	
2) QC Check / Post Repair Inspection	( )	7	
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.
- 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>共享的企业的主义。</b>	ACCIDENT STATEMENT
Date Of Report	10/12/2019 10:07
Date Of Accident	07/12/2019 12:30
Exact Location Of Accident	ORCHID COUNTRY CLUB CARPARK
Country/State of Loss	SINGAPORE
Chipagatha wantuka 1887 (Salaka D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD9465G
Insured/Policyholder	
Name Of Registered Owner	PATRICK DONZE
NRIC No	S7855731A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91920857
Alternative Phone No	OFFICE-91920857
Vehicle Particulars	
Manufacturer	BMW
Model	X3 XDRIVE20I ABS 4WD SR HID DSC NAV
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	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	5087844152-02
Cover Note Number	
Driver	
Name of Driver	PATRICK DONZE
NRIC No.	S7855731A

 Name of Driver
 PATRICK DONZ

 NRIC No
 \$7855731A

 Date Of Birth
 19/04/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 12/11/2014

Driving Experience 5 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91920857

Fax Number

Contact Number OFFICE-91920857

EMail Address NOEMAIL

Address 5 TAMPINES STREET 86

#10-18

Postcode 528585

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 SIDE SWIPE 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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAT.

Passenger 1

NAME: : -

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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 SKD8600P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 18

## SKETCH PLAN

## IMPORTANT NOTICE

- 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:

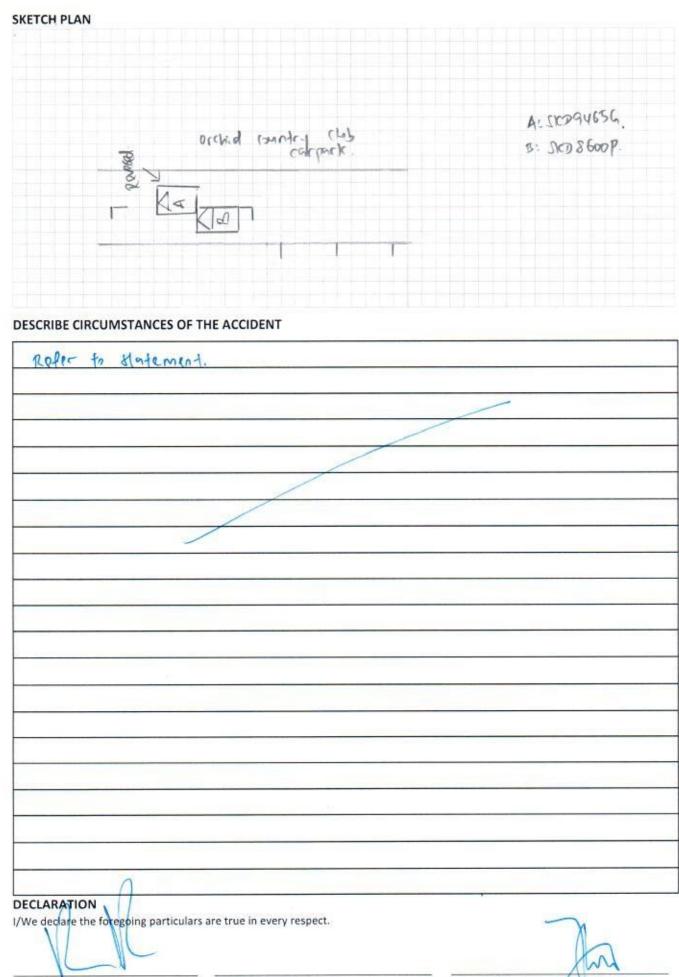
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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)
  - (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
- 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.

Date & Time:

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) 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 Personnel's Signature Name:

NRIC/FIN No .:

ON STATED DATE AND TIME, WHILE I REVERSED MY VEHICLE ONTO CARPARK LOT AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B FRONT RIGHT PORTION.

# ACCIDENT STATEMENT

ACCIDENT DATE: 1/ 1/ 14 )(DD/MM/	YYYY), TIME: 1 130- 1/HH:MM
LOCATION: Orchid Country (h)	- ישרוארוב
1. DETAILS OF VEHICLE	
alvehicle NUMBER: JOD94856	
DINSURANCE COMPANY: NITUC	
C)POLICY NUMBER: 508784415~- 0	<u> </u>
DIPOLICY TYPE: (COMPREHENSIVE / THIRD)	PARTY / THÍRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /V AN / LO	DRRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME:	Privale
I) ARE YOU CLAIMING UNDER YOUR OWN II	NSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)
2. INSURED / POLICY HOLDER	
AINAME: Patrick Donce	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT: 178557314	CONTACT: 91920857.
c) ADDRESS:	
* CONTINUE TO A LITE	- 1/4
* CONTINUE TO 3.d IF DRIVER ALSO POLICY DRIVER	HOLDER
THO OF passong & DRIVER	
(Including driver) a)NAME:	(MALE / FEMALE)
(2.) BINKIC/FIN/PASSPORT:	CONTACT:
CJADDRESS:	*
THE MIC.	
*d)DATE OF BIRTH: ( 19/ 4/ 1978)(DE	D/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)	
f)YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE INSU	RED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED: OWNER.
5. d) WEATHER CONDITION: (CLEAR / RAINING	/ OTHERS
bJROAD SURFACE: (DR) / WET / OTHERS	1 8
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO	
IF YES, PLEASE STATE WHICH POLICE STATION	N:
8. THIRD PARTY VEHICLE  No of passenger a) VEHICLE NUMBER: 5086007.	
d) VEHICLE NUMBER: OCU 600 V.	MODEL:
- Including driver) Of DRIVER'S NAME:	
( O ) NRIC/FIN/PASSPORT:	CONTACT:
No of passenger d) VEHICLE NUMBER:	MODEL:
Induding driver) fl NPIC/FIN/PASSPOOT	2
Induding driver f) DRIVER'S NAME:	CONTACT:

email =

fax =

VIDEO = X

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	Vehicle	No.(For Motor)	SKD94	65G		Certif	icate Number	8 1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087844152- 02		PATRICK DONZE	S7855731A	GPC	drivo CLASSIC	5KD9465G	SKD9465G	08/02/2019	07/02/2020
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nd Party Excess	0.00	Outside Singapore TP Excess	0.00		
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dification History					
Policyholder Mailing Addre	44				
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dvess 4		Address Type	Singapore address	Post Code	528585
it No.		Related Policy Number	5067844152-02		
OI Driver Info					
ver Name		Driver Type			
named driver Name		Driver NRIC		Driver DOB	
gister Date of Driver License		Driver Age		Onving Experience	
ntact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Dress 1		Address 2		Address 3	
dress 4		Address Type	Foreign address	Post Code	
NE NO.					
oes he own a Singapore ogistered car?	Yes ® No	Driver Vehicle No.		Driver Insurer Company	
ontact No. (Mobile) 91 mail Address pa	1920857 atrick.dones@mac.com	Insured Name Contact No.(Home) OI vehicle Number	PATRICK DOWZE SKD9465G	Insured NR3C Contact No.(Office) TP Vehicle Number	\$7855731A SKD8500P
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imant Name *	22	Claimant NRJC *			
simant Address					
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-	NAC_PAYA_UB1_600601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2019 10:17		Photos		Normal	Photos 2019-12-10		
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2	NAC_PAYA_UBI_B00601( NAT CES) on 10	FIONAL ASSESSMENT CENTRE SERVI D Dec 2019 10:17	Priorition		Normal	Photo	os 2019-12-10	
0	NAC_PAYA_UBI_800601( NAT CES) on 1	Priorios		Normal	Photo	os 2019-12-10		
	NAC_PAYA_US1_800601( NAT CES) on b	Photos		Normal	Photo	os 2019-12-10		
	NAC_PAYA_USI_800501( NA CES) on 3	Photos		Normal	Phot	06 2019-12-10		
(11)	NAC_PAYA_UBI_800601( NAC_PAYA_UBI_800601( NAC_PAYA_UBI_800601)	TIONAL ASSESSMENT CENTRE SERVI 0 Dec 2019 10:17	SAS		Normal	SAS	2019-12-10	
-	NAC_PAYA_UBI_800601( NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 0 Dec 2019 10:17	NRIC/ Driving License	Y	Normal	NR3C/ Drivin	g License 2019-12-10	
	CES) on 1	B Dec 2019 10:17	NRIC/ Driving License	Υ.	Normal	NR3C/ Drivin	g Ucense 2019-12-10	