Date In: 13/11/19-10:49	Jeb description	128	te & Time Completed	Done	v.
	SAS e-filing	i			
Ref No: HA NC1902196474	E-mail (within Shr.	s. AfC 2hrs)			4
Veh No: Um 4 3 1217	i-Motor Claim		7/15/05/60-00/	n/m/a i	100
D.O.A : MIN 19-19:05	and the second second	6		(A) relief to	
OD / TP/ Reporting Only	i-Motor W/O (V	Within: OD 2hrs, TP 4	hrs)		
	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by 1	Fax / Hand to Ow	ner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(То	l:	Fax:	
	10JU794P-	. INC()	/Non-INC()		
Owner / Driver: (Т	el:)	_
Policy No: ()	Period: () Co ⁻	ver Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(WC): N: 0-20%;	P: 21-79%. P: 80-	-100%]	11
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()			
General Remarks;-	Table 9-57 F				
The state of the s) / Courtesy Car ()				
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions	()			A STATE OF S	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions NA [909366	() > \$3000] ()	Invoice Prepara	ition Checklist.	Ant (5)	Ant (3)
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e approximation

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 1. 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.
- 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.	
	ACCIDENT STATEMENT
Date Of Report	13/12/2019 10:49
Date Of Accident	12/12/2019 19:05
Exact Location Of Accident	SLIP RD SENGKANG EAST WAY
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH3121T
Insured/Policyholder	
Name Of Registered Owner	CHIA YEW WAH
NRIC No	S6939986Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96232522
Alternative Phone No	OFFICE-96232522
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X A
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	5107451440
Cover Note Number	
Driver	
Name of Driver	CHIA YEW WAH
NRIC No	S6939986Z
Date Of Birth	16/11/1969
Occupation	INDOOR

21/02/1987

NOEMAIL

MALE

32 YEARS AND 9 MONTHS

(LOCAL) +65-96232522

OFFICE-96232522

Address BLK 190A RIVERVALE DRIVE

#14-984

Postcode 541190

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 Registration Number of Driver's Own

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

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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 GBJ4794P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHIA YEW WAH

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SMH3121T

YES

NO

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>.
- 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.
- 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.:

DOA: 12/12/19	Singkang E	and Way
A: SMH 31217		= 1
B: GBJ 4794P	A 7	
80 88	(B)	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

				be clear,	
my veh	VCEV	portion	being	collided by	VR4
8	S				
t)					
			-	10	

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.:

MANAGEMENT OF THE STANDARD STA	-	
Personal Particulars		
Date of Accident: 12 12 (9 Time of Ac	cident: 7.05 pm	<u>n</u>
Exact Location of Accident: Slip road of	Sing King cas	1 Way
Owner's Name:	NRIC No:	HP No: 4623 23 2
Driver's Name:	_ NRIC No:	HPNO:
Date of Birth: Driv ng Licence Passing Date:	Occupation: l	ndoor / Outdoor
Address:	(1) (1)	
Relationship of Driver with Insured: OWN(C . Email Address		
Vehicle No: SMH 3121 T Make & Model:	Monda	
Insurance Co: NTUC Coverage:	Policy No:	
*Purpose of Reporting? Own Damage Claim / 3rd Pa	nty Claim / Not Claiming,	Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At	Time Of Accident:	Private Use / Work
*Weather Condition ? Gear / Raining / Others:		
527054079400000000000000000000000000000000		
* Any passenger inside vehicle involved? (Yes / No		
A: 1+0 B. 1+0	_ C:	D:
*Was Anybody Injured ? (Yes / No) If yes,		
Name / NRIC / In Vehicle:		
*Was The Accident Reported To The Police ?		
O No O Yes, Which Police Station?		
*Does the Driver Own Any Other Vehicle?		
O No O Yes, Vehicle Registration No:Ins	surer:	
*Was any foreign vehicle involved? (Yes / No) if y		
*Was there any video captured by Car Camera? (20	
	103/ (30)	4
Third Party Driver's Particulars	4	
PROPERTY CONTROL OF THE PROPERTY OF THE PROPER	el:	
Driver's Name:		
AMERICAN SACTOR AND A CONTROL OF THE PROPERTY OF THE SECOND AND ASSESSMENT OF THE SECOND ASSESSM	el:	
Driver's Name:	NRIC No:	HP No:
Witness Particulars		
Name:	NRIC No:	HP No:

3.7

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					The same of the same	• Chang	e Languag	e · Char	ge Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.	10		- 30	Date	of Accident		12/12/2019	19:05	
	Vehicle	Na.(For Motor)	SMH31	21T		Certif	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Palicyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107451440		CHIA YEW WAH	56939986Z	GPC	drivo CLASSIC	SMH31217	SMH3121T	16/02/2019	02/06/2020
					1	Continue					

Policy No.	5107451440	Policyholder Name	CHIA YEW	WAH	Policyholder NRIC	S6939986Z	
Certificate		(varie			WAG		
ddress	BLK 190A #14-984 RIVERVAL	E DR SINGAPOR	E 541190				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	15/02/2019	Effective Date	16/02/201	9 00:00	Expiry Date	02/06/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	٥	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Υ	
Insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address						
Address 1	BLK 190A #14-984	Addre	sc 2	RIVERVALE DR		Coloration (virgi)	Washington of the American Control
						Address 3	SINGAPORE 541190
Address 4		Addre		Singapore address		Address 3 Post Code	SINGAPORE 541190 541190
Address 4 Unit No.			ss Type d Policy				
Unit No.	d Object: SMH3121T	Relate	ss Type d Policy	Singapore address			
Unit No.		Relate	ss Type d Policy	Singapore address			
Jnit No.	ements	Relate Numb	ss Type d Policy	Singapore address 5107451440 nt Type		Post Code Status	

Accident MT/1075560							
olicy No.	5107451440		Vernicle No.	SMH3121T		GST Registration No.	
ertificate No.							
Ricyholder Name	CHIA YEW WAH					Policyholder NRJC	569399062
oduct Code	PRIVATE CAR INSURA	ANCE	Cover Type	drive CLASSIC		Loading	0
orract No.(Mobile)	96232522		Contact No (Office)	0		Contact No.(Home)	0
nail Address			Special Remark			eCode	TI V
×.	® No ○ Yes		TCA	® No ⊜ Yes		eCode Reason	A comment
CD Protection	No		NCD Entitlement(%)	50		Private Hire	The state of the s
Accident Details			Cartesian de la company	100		Private Hire	No
sport Date	13/12/2019 11:00		The same of the sa	100			
ate of Accident			Accident Report Within 24 hrs.			Accident Type	Collision - Head to Rear
	12/12/2019		Time of Accident hhomis	19:05		Country of Accident	Singapore
sporting Centire			Orange Force			1CH No.	
cident Location	SLIP RO SENGKANG I	EAST WAY					
Total Excess Applicable							
cess Type	Per Absident		Windscreen Excess		100.00		
a constant		1.008151					
Standard Excess		600.00	TP Standard Excess		0.00		
ED GD Excess		0.00	YIED TP Excess		0.00	Driver is Covered?	Covered
ditional Excess							
tal OD Excess Applicable		600.00	Total TP Excess Applicable		0.00		
Benefits							
GST Registered Inform	ation						
Registered	No			GST Registration	on Date		
Registration No.				GST Status Ve	rified	Yes	
diffication History							
CATALOGUES CONTRACTOR							
Policyholder Mailing Ar							
dress 1	BLK 190A #14-984		Address 2	RIVERVALE DR		Address 3	SINGAPORE 541190
dress 4			Address Type	Singapore address		Post Code	543190
it No.			Related Policy Number	5107451440			
Ol Driver Info							
iver Name	CHIA YEW WAH		Driver Type	Main Driver			
names driver Name			Driver NRIC	569399862		Driver DOB	16/11/1969
gater Date of Driver License	21/02/1987		Driver Age	50		Onlying Experience	32
ntact No.(Mobile)	96232522		Contact No.(Office)	0		Contact No.(Home)	80
dress 1	BLK 190A		Address 2	ATVERVALE DR		Address 3	SINGAPORE 541190
dress 4			Address Type	Singapore address		Post Code	
it No.	14-954		Contract of the	Singapore aboress		Post Code	541190
we he own a Singapore							
es he owπ a Singapore gistered car?	○ Yes ® No		Driver Vehicle No.			Driver Insurer Company	
gistered car?			Oriver Vehicle No.			Driver Insurer Company	
gistered car? Saration	☐ Yes ® No		Driver Vehicle No.			Driver Insurer Company	
gistered car? Saration cothalyser or Stood Text			Oniver Vehicle No. Any injury?	® Yes ○ No		Driver Insurer Company	
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He he own a Singapore gistered car? Claration colinalyser or Stood Test ading?	☐ Yes ® No			® Yes ○ No		Driver Insurer Company	
gistered car? Saration cothalyser or Slood Test ading?	☐ Yes ® No			® Yes ○ No		Driver Insurer Company	
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patered car? Stration Stration Strong Stration History Infation History Infation New In Type * Tact No. [Mobile]	○ Yes No Omg	>	Any injury? Insured Name	CHIA YEW WAH		Insured NRIC	\$6939986Z GB34794P
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astered car? aration othalyser or Stood Text deg? afficiation History alaim 001 New arrype + fact No.(Mobile) til Address mant Type Claiment Type+ mant Address m Description erred Workshop Contact	○ Yes ® No 0 mg CO-HX 96232522 Please Select SMH31217 / 08347340	DN 12 Dec 2016	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	CHIA YEW WAH 63805225 SMH31217 Please Select Not at Feult	<u> </u>	Insured NRIC Consect No. (Diffice) TP Vehicle Number Name of Preferred Worksho	GB34794P
astered car? laration othalyser or Stood Text deg? lification History laim 001 New in Type + tact No.(Mobile) til Address mant Type Claiment Type+ mant Address m Description lared Workshop Contact une Trialisation	○ Yes (€) No 0 mg (OD-MX 96232522 [Please Select SMH3121Y / G8347340	V 22	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Preference Repair Option	CHIA YEW WAH 63885225 SMH3121Y Please Select	<u> </u>	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	GB34794P
istered car? isration othalyser or Stood Text iding? sheation History claim 001 New in Type + stact No.(Mobile) all Address mant Type Claiment Type+ mant Name + mant Address m Description ferred Workshop Contact ure Finalisation of Registered	O mg O mg OO-MX 96232522 Please Select Yes 13/12/2019 11:02	DN 12 Dec 2016	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	CHIA YEW WAH 63805225 SMH31217 Please Select Not at Feult	<u> </u>	Insured NRIC Consect No. (Diffice) TP Vehicle Number Name of Preferred Worksho	GB34794P
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