Date by		MNA 119165979	
Date In: 17/12/19 14:31	Job description	Date &Time Completed	Dine by
Ref No: MAI INC19 . 22173 144	SAS c-tiling		
VOLINO SMA 7657 A	E-mall (while this, AIC this)		
DOA 16/12/19 16:10.	I-Motor Claim Form	MT/1076114001	17/12/19 14:51
	I-Motor W/O (Within: OD 2hr		
OD TP / Reputying Only	i-Photo Uplonded	1	
TP Insurer:	Assessment/Survey Report		
11 Thauful	Ass't Report by Fax / Hand t	o Owner/Wksp	The state of the s
Proformed Wissp / INC Assign Wissp / QW: (Tol: F	ax:
TP Particulars: Veh No: 57	FJ 686Y INC(.)/Non-INC().	1
Owner/Driver: (-		Tcl:)
Policy No: () Peri	od: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
THE RESIDENCE OF THE PROPERTY	ote-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%]
	'arranty: YES ()/NO ()	
Bxccss: (\$) Loading: \$1,000		A STATE OF THE STA	,
General Reinarks - Steel College College			(Con 19)
() Walk-In Customer: Customer's Inform		ictly NO refer of repairer.	
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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.

SERVICE THE THE TANK THE TEN	ACCIDENT STATEMENT
Date Of Report	17/12/2019 14:31
Date Of Accident	16/12/2019 16:10
Exact Location Of Accident	JUNC OF SPRINGLEAF RD & UPP THOMSON RD
Country/State of Loss	SINGAPORE
电影 电影响	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA7657A
Insured/Policyholder	
Name Of Registered Owner	CHARLIE-LOH
Co Reg No	53333310E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97912972
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used time of accident	at COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101384860-01
Cover Note Number	
Driver	
Name of Driver	SOH CHYE SENG
NRIC No	S1185104E
Date Of Birth	02/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1977
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97912972
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 301C ANCHORVALE DR #09-43

Postcode

543301

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) 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

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?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFJ686Y

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

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 <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.

TO THE STATE OF TH

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 .:

CHILAN				
Upp th	ourson Rd			
				A = SMA 7
				B = SFJ 686
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0				
			P.d Profession	
			ringlend Rd	
RIBE CIRCUMSTANCE	S OF THE ACCIDEN	NT .		
Please	Refer	+0	Statemen	+
			7040	

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.:

I WAS TRAVELLING ALONG SPRINGLEAF RD WHILE APPROACHING JUNC WITH UPPER THOMSON RD, VEH B WHICH WAS INFRONT OF ME MAKE A LEFT TURN INTO UPPER THOMSON RD AND I ALSO FOLLOW TO TURN, SUDDENLY VEH B JAMMED BRAKE AND STOP, I MANAGE TO BRAKE BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION. AFTER THE INCIDENT, I ASK THE DRIVER WHY HE SUDDENLY STOP, HE SAY THERE WAS ANOTHER VEH FROM THE JUNCTION MAKE A U —TURN SO HE STOP HIS VEH ABRUPTLY.

ACCIDENT STATEMENT

ACCIDENT DATE: 16/12/19 (DD/MM/YYYY), TIME: (16:10)(HH:MM)
LOCATION: June of spring leaf Rd & Upp thomson R
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SMA 7657 A. b) INSURANCE COMPANY:
C)POLICY NUMBER:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Commercial i)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER A) NAME: Charlie - Loh. (MALE / FEMALE)
b)NRIC/FIN/PASSPORT:CONTACT: 97912972
c)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
The of passana. DRIVER
(Including driver) a) NAME: Soh Chye Seng. (MALE / FEMALE)
(
*d)DATE OF BIRTH: (/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR)
f)YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER.
5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a)REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
He of passenger a) VEHICLE NUMBER: SFJ 686 Y MODEL:
Induction chiver) DI DRIVER'S NAME:
() NRIC/FIN/PASSPORT:CONTACT:
7. THIRD PARTY VEHICLE
La all hardening
Inducting driver f) NRIC/FIN/PASSPORT:CONTACT:
56
Chop. Charlie Soh @ # gmail- con
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VIDEO - Yes.

eBaoTech

GeneralClaim

· Change Password

Hello, NAC_PAYA_UBI_800601

My Desktop Notice of Loss

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cy Query									75
No.				Date	of Accident		16/12/2019	10:17	
No.(For Motor)	SMA76	557A		Cert	ificate Numbe	2F			
				Search					
Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5101384860- 01		CHARLIE-LOH	53333310E	GPC	drivo CLASSIC	SMA7657A	SMA7657A	19/06/2019	18/06/2020
	5101384860-	No.(For Motor) SMA76 Policy No. Certificate Number 5101384860-	No.(For Motor) SMA7657A Policy No. Certificate Policyholder Name 5101384860- CHARLIE-LON	No. (For Motor) SMA7657A Policy No. Certificate Policyholder Policyholder Name NRIC 5101384860- CHARLELON 523232105	No. (For Motor) SMA7657A Cert Search Policy No. Certificate Policyholder Name NRIC Product 5101384860- CHAPLIEL OF 522222105 CPC	No. Date of Accident No.(For Motor) SMA7657A Certificate Number Policy No. Certificate Policyholder Name NRIC Product Cover Type 5101384860- CHARLIEL OH 53333310E CRC drivo	No. Date of Accident No.(For Motor) SMA7657A Certificate Number Search Policy No. Certificate Number Name NRIC Product Cover Type No. 5101384860- CHARLELOH 5333330E OPC drive MATERIA	No. Date of Accident 16/12/2019 1 No.(For Motor) SMA7657A Certificate Number Search Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. Object 101384860- CHARLELON 52333310E Opc drive MATERIA CHARLELON 52333310E	No. Date of Accident 16/12/2019 10:17 No.(For Motor) SMA7657A Certificate Number Search Policy No. Certificate Policyholder Name NRIC Product Cover Type No. Object Date 5101384860- CHARLIELDH 53333310E CPC drive SMA7657A CHARLIELDH 53333310E

Change Language

Claim Handling

Policy No.									
DOMESTIC OF THE PARTY OF THE PA	5101384860-01		Vehicle No.	SMA7657A		GST Registration N	2		
Certificate No.						55 2.500			
Policyholder Name	CHARLIE-LOH					Policyholder NRIC		500033106	
Product Code	PRIVATE CAR INSURAI	NCE	Cover Type	drivo CLASSIC		Loading		0	
Contact No.(Mobile)	97912972		Contact No.(Office)			Contact No.(Home)			
Email Address			Special Remark			eCode		No *	
KFK	- No Yes		TCA	» No Yes		oCode Reason		. Non-recognist	
NCD Protection	No		NCD Entitlement(%)	30		Private Hire		Yes	
Accident Details									
Report Date	17/12/2019 14:46		Accident Report Within 24 hrs	Yes		Accident Type		Collision - Head	to Rear
Date of Accident	16/12/2019		Time of Accident bhimm	16:10		Country of Accident		Singapore	
Reporting Centre			Orange Force			ICM No.			
Accident Location	JUNC OF SPRINGLEAF	RD & UPP THOMSON I	RD						
▼ Total Excess Applicable			\$1						
Excess Type	Per Accident		Windscreen Excess		100.00				
OD Standard Excess		2,000.00	TP Standard Excess		1,500.00				
VIED OD Excess		500.00	YIED TH Excess		0.00	Driver is Covered?		Covered	
Additional Excess		.0							
Timal OD Excess Applicable		2500.00	Total TP Excess Applicable		1,500,00				
Benefits									
GST Registered Informat	ion								
CST Registered	140			GST Re	gistration Date				
GST Registration No.					ecus Venified	Yes			
Modification History	17/13	2/2019 14:48:05 Syst	em changed GST Status Venhed from No	to Yes					
 Policyholder Mailing Add 									
Address 1	63 BISHAN STREET 21		Address 2	#D6-06 BISHAN	8	Address 3		SINGAPORE 574	045
Address 4			Address Type	Singapore addre	88	Post Code		574045	
Livit No.	06-05		Related Policy Number	5101384860-01					
OI Driver Info									
Oriyer Name	Unnamed Driver		Oriver Type	Unnamed Driver					
Unnamed driver Name	SOH CHITE SENG		Driver NRIC	S1185104E		Driver DOB		02/06/1956	
Register Date of Driver License	19/01/1977		Driver Age	63		Driving Experience		42	
Contact No.(Mobile)	97912972		Contact No.(Office)			Contact No.(Home)			
Address 1	BLK 301C #09-43		Address 2	ANCHORVALE D	NIVE	Address 3		ANCHORVALE CO	TRUC
Address 4	SINGAPORE 543301		Address Type	Singapore addre	55	Post Code		543301	
Unit No.	09-43								
Does he own a Singapore Registered car?	Yes - No		Driver Vehicle No.			Driver Insurer Comp	any		
STATE TO STATE OF THE STATE OF									
Declaration									
Ureathalyser or Blood Test Reading?	0 mg		Any injury?	Yes + No					
Acading									
Extract APP Control Control									
Modification History									
Claim 001 New									
Charleston Canada									
Claim Type +					ор-мх	Insured CHARLIE- Name CHARLIE-	LOH	Insured	53333
					QD-MX	Contact	СОН	Insured NRIC Contact	53333
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Contact No.(Mobile)					OD-WX	Contact Nu, (Hame)		NRIC Contact No. (Office)	NEL
					OD-MX	Contact Nu. (riome)		NRIC Contact No. (Office) TP Vehicle	
Contact No.(Mobile) Email Address						Contact Nu, (Home) OI Vehicle SMA7657		NRIC Contact No. (Office) Ty Vehicle Number Name of	N2L SF3686
Contact No.(Mobile) Email Address Daim Description					OD-MX SMA7657A / SF3696V ON	Contact Nu, (Home) OI Vehicle SMA7657		NRIC Contact No. (Office) TP Vehicle Number	NEL SF3686
Contact No. (Mobile) Email Address Daire Description	Insured Preferenced	Liability Fully at Fa	uk y			Contact Nu, (Home) OI Vehicle SMA7657		NRIC Contact No. (Office) TP Vehicle Number Name of Preferred	NEL SF3686
Contact No.(Mobile) Email Address Dains Description	* Repair	J Liabirty Pudly et Fa Preferred Workshop, N	ulk v GIA			Comfact Nu. Home OI Vehicle SMA7657 Number		NRIC Contact No. (Office) TP Vehicle Number Name of Preferrer Worksho	NEL SF3686
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Contact No. (Mobile) Email Address Daim Description Preferred Workshap Obstiller No. Yes	* Repair	Liability Fully et Fa Preferred Workshop, N	uk V GJA Received		\$MA76\$7A / \$F2686Y OK	Contact Ne. Irlome Of Wehicle SMA7657 Number Claim Class		NRIC Contact No. (Office) TP Vehicle Number Name of Preferror Worksho	NEL SF1686
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Contact No. (Mobile) Email Address Diam Description Preferred Workshop Builder No. Yes Date Registered Report Taken by	* Repair	Liability Fully et Fe Preferred Workshop, N	ult. ▼ GIA Received	Save Submik	SMA7657A / SF3896Y ON 17/12/2019 14:50	Contact Ne. Irlome Of Wehicle SMA7657 Number Claim Class		NRIC Contact No. (Office) TP Vehicle Number Name of Preferror Worksho	NEL SF1686
Contact No. (Mobile) Email Address Diam Description Preferred Workshop Builder No. Yes Date Registered Report Taken by	* Repair	Liability Fully et Fa	ult: ▼ GIA. Received	SECOND VARIANCE	SMA7657A / SF3896Y ON 17/12/2019 14:50	Contact Ne. Irlome Of Wehicle SMA7657 Number Claim Class		NRIC Contact No. (Office) TP Vehicle Number Name of Preferror Worksho	NEL SF1686
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