Date In: MIV19-11:10	Jeb description	Date & Time Completed	Done	by
Ref No: HAMINCIAOTHOS MY	SAS e-filing			
Vali No: JJV 1698X	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 19/14/19 - 06:15	i-Motor Claim Form	M7/1076420-001	la livlia	1033/
	i-Motor W/O (Within: OD 2hi		XX.[12].E1	1.1-
OD TP Reporting Only	i-Photo Uploaded			555.50
TP Insurer:	Assessment/Survey Report			
TP Hisurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	-
TP Particulars: Veh No: Jo	MAYARY . INC)/Non-INC()		S
Owner / Driver: (Tcl:)	22475
Policy No: ()	Period: ()	Cover Type: ()	0001
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%)) [Note-Est Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:-		Special Control of the Control of th		
				*
() Walk-In Customer: Customer's in		nctly NO rater of repairer.		
() Total Loss Case : to e-mail Ins				
Drive-In ()/ Towed-In (); Invo	vice: YES() / NO(); T	owing Co: ()
Remarks: (INC hotline: 6788 6616))	Date&Time Completed	Done	by
	/ Courtesy Car ()		Maria de Maria de Carrer de Ca	
2) QC Check / Post Repair Inspection				-
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	\$30001 ()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 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.

70. 2277	ACCIDENT STATEMENT
Date Of Report	19/12/2019 11:10
Date Of Accident	19/12/2019 06:15
Exact Location Of Accident	TERMINAL 2 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
POSITION OF THE PROPERTY OF TH	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV1698X
Insured/Policyholder	33710307
Name Of Registered Owner	LINDA KOH TRADING
	53335336W
Co Reg No Email Address	NOEMAIL
Properties and the Action of the Control of the Con	
Mobile Phone No	(LOCAL) +65-88665535
Alternative Phone No	OFFICE-88665535
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092248037-01
Cover Note Number	
Driver	
Name of Driver	SNG JI CAI
NRIC No	S8401778G
Date Of Birth	15/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2003
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88665535
Fax Number	28 28
Contact Number	OFFICE-88665535

NOEMAIL

Address BLK 102 ALJUNIED CRESCENT

#06-257

Postcode 380102

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

enicie

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

YES

Was any other material or property damaged?

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, AS I WANTED TO EXIT FROM THE CARPARK LOT, I CHECK MY BLINDSPOT AND TURN ON MY VEHICLE INDICATOR LIGHT BEFORE I CAN PROCEED. WHILE I PROCEED TO EXIT FROM THE CARPARK LOT, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT MY VEHICLE FRONT RIGHT PORTION INTACT WITH VEHICLE B REAR LEFT 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 SDM9498Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ABDUL AZIZ BIN IBRAHIM

NRIC/Passport Number S1764515C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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 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)

Lunderstand, 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:
 - (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.
- 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:

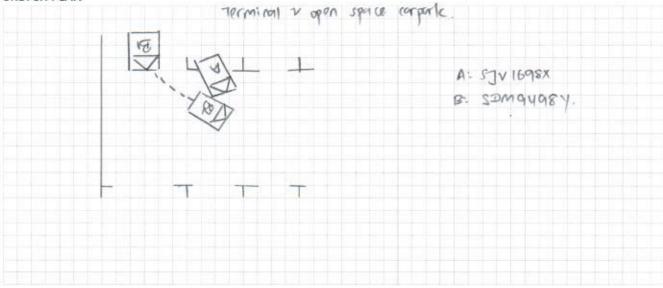
Policyholder's Signature Date & Time:

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

NRIC/FIN No .:

Reporting Centre Personnel's Signature Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

helpr to	statement.	

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.:

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of LINDA KOH TRADING (53335336W)

Date: 12/06/2016

f	:
	f

Name of Business

LINDA KOH TRADING

Former Name(s) if any

Date of Change of Name

Registration No.

53335336W

Registration Date

22/04/2016

Commencement Date

22/04/2016

Status of Business

Live

Status Date

22/04/2016

Renewal Date

Expiry Date

22/04/2017

Renewal via GIRO

NO

Constitution of Business

Sole-Proprietor

Principal Place of Business

102 ALJUNIED CRESCENT

#06-257

SINGAPORE (380102)

Date of Change of Address

Principal Activities

Activities (I)

PASSENGER LAND TRANSPORT NEC (EG PRIVATE CARS FOR HIRE WITH OPERATOR)

(49219)

Description

Activities (II)

Description

Particulars of Authorised Representative(s)

Name

ID

Nationality

Address

Address Source

Date of Appointment

Existing Sole-Proprietor(s) / Partner(s)

Name

ID

Nationality/Place of incorporation/Origin Address

Address Source

Date of Entry

Position

12 Hit (310 H 300)

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of LINDA KOH TRADING (53335336W)

Date: 12/06/2016

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
SNG JI CAI	S8401778G	SINGAPORE CITIZEN	102 ALJUNIED CRESCENT #06-257	ACRA	28/05/2016
			SINGAPORE (380102)		Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
KOH MUI NEE	S0777358G	SINGAPORE CITIZEN	102 ALJUNIED CRESCENT #06-257 SINGAPORE (380102)	ACRA	22/04/2016 Owner	28/05/2016

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA160612100218

DATE

12/06/2016

This is computer generated. Hence no signature required.

									Genera	alClaim
0601						• Change	Language	- Chan	ge Password	· Log Ou
Polic	cy Query									
Policy N	io.				Date o	of Accident	[1	9/12/2019	06:15	
Vehicle	No.(For Motor)	SJV169	8×		Certific	cate Number	Ε			
				1	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5092248037- 01		LINDA KOH TRADING	53335336W	GPC	drivo CLASSIC	S)V1698X	SJV1698X	14/07/2018	13/01/2020
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Policy No.	5092248037-01	Policyholder Name	LINDA KO	H TRADING	Policyholder NRIC	53335336W	
Certificate No.		V1232100- <u>40</u> ,			and the second		
Address	BLK 102 #06-257 ALJUNIED C	RESCENT SING	APORE 380	102			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	06/07/2018	Effective Date	14/07/201	8 00:00	Expiry Date	13/01/2020	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112		GST Flag	Y	
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Second	Product Code	PRIVATE CAR INSURA	NCE	Cover Type	drive CLAS	sic		Loading		0	
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27 Tegenser No. 1972 1972	GST Registered Inform	nation									
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Address 1	Policyholder Mailing A	ddress									
Marie Mar				Address 2	ALJUNIED	CRESCENT		Address 3		SINGAPOR	E 380102
Date No. 06-257 Restance Policy Number 06-227-007-06	Address 4										
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Driver Vehicle No. Driver	Marketine W.C.			Address Type	Singapore	ddress		Doort Code		380102	
Sequence of carry or strong the sequence of th	vouress 4				1000000			Prost Code			
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