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Date In: 7 1/10-12:00	Jeb description	Date &Time	Completed	Done o	
Ref No: 146/14CZ20643674	SAS e-filing	İ			
Veh No: SUSSUSSD.	E-mail (within Shrs, Ale	(2hrs)			
D.O.A: 6/1/0-11:05	i-Motor Claim For	m mloze	185-201 3	11-20 16:T	~
00:70/0	i-Motor W/O (Within	Edward - Stranger Comment			
OD : TP-/ Reporting Only	i-Photo Uploaded				*** ***
TDI	Assessment/Survey R	eport			
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax		Translation and
TP Particulars: Veh No: 50	D 35434.	INC()/Non-IN	0(),	24	
Owner / Driver: (Tel:)	
Policy No: () F	Period: () Cover Type:	()	
Confirmed by : (Date	:: Tin	ıe:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-79	%. F: 80-100	%]	
Year of Registration: ()	Warranty: YES ()/N	0()			- 38-38-
Excess: (\$) Loading: \$1	,000()/\$2,000()				
General Remarks:-	et a la contra a			· 有一	
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() Total Loss Case : to e-mail Insu		4			
); Towing Co: (1
Drive-In ()/ Towed-In (); Invoi	ce: YES () / NO (); Towing Co. (,
Remarks:- (INC hotline: 6788 6616)		Date&Time (ompleted	Done by	y
1) Apply for Transport Allowance ()/	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
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SINGAPORE ACCIDENT STATEMENT

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 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.

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

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property and the second section of the second section of the	ACCIDENT STATEMENT
Date Of Report	07/01/2020 12:00
Date Of Accident	06/01/2020 21:05
Exact Location Of Accident	JUNC UPP PAYA LEABR RD & MACPHERSON RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS3653D
Insured/Policyholder	
Name Of Registered Owner	NG PEI YONG, STEPHANIE (HUANG PEIRONG)
NRIC No	SXXXX790J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91807913
Alternative Phone No	OFFICE-91807913
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5100262810-01
Cover Note Number	
Driver	
Name of Driver	NG KING KUAN
NRIC No	SXXXX752D
	04/00/4055

01/03/1955

OUTDOOR

22/05/1973

Driving Experience 46 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98195734

Fax Number

Date Of Birth

Occupation

Date Of Driving Pass

Contact Number OFFICE-98195734

EMail Address NOEMAIL

Address 87 ANCHORVALE CRESCENT

#08-35

Postcode 544628

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

NO

2

NO

NO

Was any body injured in the Accident?

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)

Passenger 1

NAME:

: ALVIN ANG

: MALE

GENDER:

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, WHILE THE TRAFFIC JUNCTION TURNS AMBER I PROCEED TO TURN RIGHT TWDS MACPHERSON RD. VEHICLE B WAS TRAVELLING THE OPPOSITE DIRECTION OF UPP PAYA LEBAR RD. MY VEHICLE FRONT RIGHT PORTION INTACT WITH VEHICLE B FRONT 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 SDD3343Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN THIAM HUAT

NRIC/Passport Number

Contact Number 97329718

Address Postcode

Insurance Company Name

Page 2 of 15

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.
- 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.
- 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

			A:51,3651 B:5003743
			macphesion
	, , , ,		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
Refer to starten			
			_
P			
DECLARATION			
I/We declare the foregoing parti	culars are true in every respect.		2
Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's	Signature

GLARMIC SIGHTON PLANTS OF THE

eBaoTech						AUT.				Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Language	· Chan	ge Password	· Log Out
My Desktop Notice of Loss	Poli	cy Query									125
	Policy N	vo.				Date o	of Accident	C	6/01/2020 2	1:05	
	Vehicle	No.(For Motor)	SLS365	30		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100262810- 01		NG PEI YONG, STEPHANIE (HUANG PEIRONG)	S8628790J	GPC	drivo CLASSIC	SLS36530	SLS3653D	21/09/2019	20/09/2020
					C	Continue					

Policy No.	5100262810-01	Policyholder Name	NG PEI YO	ING, STEPHANIE (HUA	Policyholder NRIC	58628790)	
Certificate No.							
Address	87 ANCHORVALE CRESCENT #0	8-35 THE VAL	ES SINGAPO	ORE 544628			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	10/09/2019	Effective Date	21/09/201	9 00:00	Expiry Date	20/09/2020 2	23:59
Excess Type	Per Accident	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			Youn	g/Inexperience Driver Excess
Agent	UNIQUE RESOURCES PTE LTD	Agent Tel.	62507950		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	87 ANCHORVALE CRESCI	ENT Addre	ss 2	#08-35 THE VALES	- 5	Address 3	SINGAPORE 544628
Address 4		Addre	ss Type	Singapore address		Post Code	544628
Unit No.		Relate Numb	d Policy er	5114204497			
Insured	d Object: SLS3653D						
	ements						
	ce Date of Endorsemen	g 84	ndorsemen	052000000 50	Endorsement	CL-1	Endorsement Content

Claim Handling												
Accident MT/1078985												
Policy No.	E1002E2B10-01	Vehicle No.		51,536530	2			ST Registration No.				
Cartificate No.												
Policyholder Name	NS PEI YONG, STEPHANIE (HUANG PEIRONG)							Olicyholder NRIC		\$862	87901	
Product Code	PRIVATE CAR INSURANCE	Cover Type		drive CLAS	551C		1	batting		0		
Contact No.(Mobile)	91807913	Contact No. (Office)		0			0	Contact No.(Home)		0		
Email Address		Special Remark						Code		19.9		
KFK	® No ○ Yes	TCA		@ No ()	Yes		*	Code Reason				
NCD Protection	Teò	NCD Entitlement(%)		30			9	rivate Hire		Yes		
 Accident Details 												
Report Date	07/01/2020 16:50	Accident Report With	in 24 hrs	ves			A	scodent Type		Collis	on - Cross Junction	
Date of Accident	06/01/2020	Time of Accident Inhi	mm	21:05			9	Country of Accident		Singa	pare	
Reporting Centre		Drange Force					1	CM No.				
Accident Location	JUNC LIPP PAYA LEABR RD & MACPHERSON RD	6										
Total Excess Applicable												
Excess Type	Per Accident	Windscreen Excess				100.00						
OD Standard Excess	2,000.00	TP Standard Excess				,500.00						
VIED OD Excess	0.00	VIED TP Excess				0.00	ñ	oriver is Covered?		W. (100		
Additional Excess	0	THE PERSON				4.00	L	river is covered.		Cover	ed	
Total OD Excess Applicable	2000.00	Total TP Excess Apply	cation			,500.00						
₹ Senefits	2000.00	total in facest uppo	cause			,500.00						
♥ GST Registered Inform	ation											
SST Registered	No.			GE.	T Registration	Date						
DST Registration No.	97.				T Status Veni			Yes				
Modification History												
Policyholder Mailing Ac	ddress											
Address 1	87 ANCHORVALE CRESCENT	Address Z		#06-35 Th	HE VALES		A	odress 3		SING	PORE 544628	
Address 4		Address Type		Singapore	address			net Code		54462	8	
Unit No.		Related Policy Number	ir	51142044	97							
○ OI Driver Info												
Driver Name	NG KING KUAN	Driver Type		Named Dri								
Unnamed driver Name		Driver NR3C		\$1121752	D			nver DOB		01/03	/1955	
Register Date of Driver License		Drive: Age		64			D	riving Experience		46		
Contact No. (Mobile)	98195734	Contact No.(Office)		b			0	ontact No. (Home)		0		
Address 3	87 ANCHORVALE CRESCENT	Address 2		THE VALES	s		A	ddress 3		SING	PORE 544626	
Address 4		Address Type	4	Singapore	address		P	ost Code		54462	8	
Unit Na	08-35											
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.					D	river Insurer Compa	My			
Declaration												
Breathalyser or Blood Test Reading?	Omg	Any injury?		O Yes ⊕	No							
Modification History												
Lancas Filtrack												
Claim 001 New												
Claim Type *	OD-MX	Insured Name	- 1	NG PEL YO	NG, STEPHA	RE (HUA	Li	Isured NRIC		\$8628	7901	
Contact No.(Mobile)	91807913	Contact No.(Home)	1	NIL.			C	ontact No.(Office)				
Email Address	steph1310@live.com.sg	Ot Vehicle Number	1	SL53653D			TI	Vehicle Number		5003	1437	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	1	Please Sei	rect;	¥						
Claimant Name *	2.2	Claimant NR3C *	I	and and the same								
Daimant Address												
Claim Description	SL53653D / SDD3343Y ON 6 Jan 2020						N	ame of Preferred Wo	orkshop			
Preferred Workshop Contact		Insured Lability *	1	fully at Fa	nuft.	V						
Require Finalisation	ves U	Preference Repair Opt	ian [Preferred V	Workshop, N	me unknown V	G	IA report		Receiv	red	V
Date Registered	07/01/2020 16:52	Claim Close Date	i				-	ate Received		A. Carrie	2020 00:00	-
Report Taken By	Jackson											
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Accident No.	MT/1078985	Claim No.			001	2020.15						
ast Doc. Received	Yes No	Upload D	ate		07/01/	2020 16:53						
	Path *		12100000	Laconomic	* annient in the second	Category *	-	Confidential	Urgeno		Descrip	tion *
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			Browse	Clear	Please Sele	a	V	NI Y	Normal	V		
			Browse	Clear	Please Sele	ct	V	V .	Normal	v		
			ASSESSED AND ADDRESS.	Contraction.			-		C211/A/11	1622		

