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Veh No: UNYTEN	E-mail (within 8hrs, AIC 2hrs)			
D.O.A : 5/1/2-14:35	i-Motor Claim Form	m/1079505-001	12/1/20	16:42
OD : (TP) ! Reporting Only	i-Motor W/O (Within: OD 2hr	rs, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	į		
	Ass't Report by Fax / Hand	to <u>Owner/Wksp</u>		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: V	A9788 R INC ()/Non-INC()	74	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: \$0-1	00%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks;-		Parkana and Andrea	198 - 13 16.00 St. 1	e u fu
() Walk-In Customer : Customers in		445-14-1-14-14-14-14-14-14-14-14-14-14-14-1		
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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.
- 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 aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	10/01/2020 16:22
Date Of Accident	10/01/2020 14:35
Exact Location Of Accident	NEWTON FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV456Y
Insured/Policyholder	
Name Of Registered Owner	TAN HOCK SIANG
NRIC No	SXXXX171D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94523230
Alternative Phone No	OFFICE-94523230
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS CLASSIC 1.6 CVT
F	

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY PRIVATE HIRE

Vehicle Category

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5106428769

Cover Note Number

Driver

Name of Driver TAN HOCK SIANG

NRIC No SXXXX171D Date Of Birth 30/10/1964 Occupation OUTDOOR Date Of Driving Pass 06/01/1987

Driving Experience 33 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94523230

Fax Number

Contact Number OFFICE-94523230

EMail Address NOEMAIL

BLK 732 JURONG WEST STREET 73 Address

#03-44

Postcode 640732

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 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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME: . .

GENDER:

: FEMALE

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, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE SLOW DOWN, I SLOW DOWN MY VEHICLE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION TWICE.

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

SKA9788R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

ONG CHENG LENG (WANG QINGLIN)

NRIC/Passport Number

SXXXX857C

Contact Number

90190914

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN HOCK SIANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKV456Y

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

YES

NO

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.

Policyholder's Signature

Date & Time:

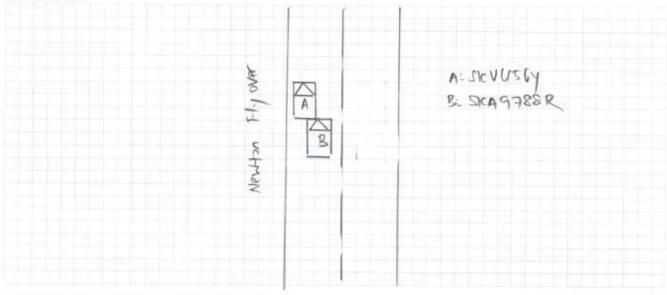
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

700-	
Refer to Hatement.	

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.:

eBao Tech								Gener	alClaim		
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Notice of Loss	Policy N	No.				Date o	of Accident		10/01/2020	14:35	
	Vehicle	No.(For Motor)	SKV456	ΣΥ		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Palicyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106428769		TAN HOCK SIANG	S1662171D	GPC	drivo CLASSIC	SKV456Y	SKV456Y	19/12/2018	26/02/2020
					(Continue					

Policy No.	5106428769	Policyholder Name	TAN HOCK	SIANG	Policyholder	516621710	D.
Certificate No.		Hame			NRIC	- voter it	
Address	BLK 732 #03-44 JURONG WEST	STREET 73 S	INGAPORE 64	0732			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	18/12/2018	Effective Date	19/12/2018	00:00	Expiry Date	26/02/2020	0 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	ing/Inexperience Driver Excess
\gent	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331		GST Flag	Υ	
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Accident MT/1079505									
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		Address Type	Singapore address	11		Post Code		640732	
π No		Related Policy Number	5106428769-01						
OI Driver Info									
ver Name	TAN HOCK SIANG	Driver Type	Main Driver						
named driver Name		Driver NRXC	516621710			Driver DQB		30/10/1	964
gister Date of Driver License	06/01/1987	Driver Age	55			Driving Experience	0	33	
ntact No. (Mobile)	94523230	Contact No.(Office)	0			Contact No. (Home		0	
dress 1	BLK 732	Autoress 2	JURIONG WEST 9	TREET 23					ORE 640732
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