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DarNe	SAS e-filing							
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GICX-P-177	i-Motor Claim Form	Lastin Consultation	u1.1 1.					
D.O.A: 1/12-09:10		M7/1080408-001	16 1/20 ly	yv				
OD : (TP)' Reporting Only	i-Motor W/O (Within: OD 2hrs, 7P 4hrs)							
	i-Photo Uploaded							
TP Insurer:	Assessment/Survey Report							
	Ass't Report by Fax / Hand							
Preferred Wksp / INC Assign Wksp / QW: (ax:	-				
TP Particulars: Veh No: C	3639'14 INC (
Owner / Driver: (Tel:						
	Period: ()	Cover Type: ()	-				
Confirmed by : (Date:	Time:	(00/2	(2.20)				
SERVICE DE RECENTANT CONTRACTOR DE CONTRACTO	(WO): N: 0-2	U%; P: Z1-/9%. P: 80-1	0070]	-				
Year of Registration: ()	10-11-17)						
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General Remarks;-	The state of the s		Som Street					
() Walk-In Customer: Customer's in	nformation strictly Confidential & St	rictly NO refer of repairer.						
() Total Loss Case : to e-mail Inst	urer URGENTLY.	V.						
Drive-In () / Towed-In (); Invo	ice: YES() / NO(); T	owing Co: ()				
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done b	y				
1) Apply for Transport Allowance ()	/ Courtesy Car ()			0.00000				
2) QC Check / Post Repair Inspection	()							
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()	70.70.70.70.70.70.70.70.70.70.70.70.70.7						
Provinces - Committee - Commit								
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NAVOOUS :-	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 (\$40)); hrough Survey	Anet (\$) 18t.Bill 10) 1/\$45 \$120					
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	16/01/2020 13:59
Date Of Accident	15/01/2020 08:20
Exact Location Of Accident	BEDOK SOUTH AVE 1 AFTER ECP EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX9894X
Insured/Policyholder	
Name Of Registered Owner	KOH CHOON LEE JOHN
NRIC No	SXXXX995D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81008251
Alternative Phone No	OFFICE-81008251
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5086960568-03
Cover Note Number	
Driver	
Name of Driver	LINUS KOH TIAM YONG
NRIC No	SXXXX935F
Date Of Birth	20/11/1992
Occupation	INDOOR
Date Of Driving Pass	25/01/2014
Driving Experience	5 YEARS AND 11 MONTHS

MALE

NOEMAIL

(LOCAL) +65-81008251

OFFICE-81008251

Address 35 TAMPINES STREET 34

#03-39

Postcode 529239

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CH

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

CHILDREN

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?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES 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

CB6392H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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
- 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
- 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)
 - (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
- 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.
- 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.

Policyholder's Signature

Date & Time:

Driver's algnature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sign Marria

NRIC/FIN No .:

Bedik

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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.:

Personal Particulars	*
Date of Accident: 15 1 20	Time of Accident: 8 · 20 am
	Bedok South Ave 1 & ECP exi
	1 Lee John NRICNO: S1471995DHPNO:
	14 Tran Yon, NRIC No: 59243935 FHP No: 8100825
La Caraciana de Ca	Licence Passing Date: 25 1 2014 Occupation: Infor / Outdoor
	n 9+ 34 #03-39 (5)9239)
Relationship of Driver with Insured: _	Son_Email Address:
Vehicle No: SKX 9894X	
Insurance Co: NTu C	Coverage: Complehous we Policy No:
	on Damage Claim / 3rd Parky Claim / Not Claiming, Just Reporting Only
	Was Being Used At Time Of Accident: Private (work
*Weather Condition ?	Raining / Others: Wet / Ory / Others:
* Any passenger inside vehicle	involved? (Yes / No) If yes, Vehicle No & How many pax:
	C:D:
*Was Anybody Injured ? (Yes /	
Name / NRIC / In Vehicle:	
*Was The Accident Reported 7	To The Police ?
*Does the Driver Own Any Oth	er Vehicle?
	insurer;
*Was any foreign vehicle involv	ved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured	by Car Camere? (Vos/No)
Third Party Driver's Particulars	
Vehicle & No: CB 6392H	
	Make & Model:
Vehicle C No:	NRIC No-
Driver's Name:	Make & Model:
Witness Particulars	NRIC No: HP No:
Vame:	M Seedler
Section 1 and 16 to present the	March



Sequen	ce Date of Endorsement		Endorsement	Туре	Endorsement	Status	Endorsement Content
□ Endors	ements						
) Insure	d Object: SKX9894X						
Jnit No.	03-39	Relate Numb	d Policy er	5086960568-03			
Address 4		Addre	ss Type	Singapore address		Post Code	529239
Address 1	35 TAMPINES STREET 34	Addre	ss 2	#03-39 THE EDEN	AT TAMPINES	Address 3	SINGAPORE 529239
	older Mailing Address						
Certificate Info							
Open Policy Info							
nsurance lag	No						
lgeni Io-	ONG THAT SENS LIFE & SENERAL	rigent (el.	00410300		US) Flag	360	
OD Excess Agent	ONG HUI SENG LIFE & GENERAL	TP Excess	68410900		GST Flag	Y	
Outside Singapore	600	Outside Singapore	0			Young/Ir	nexperience Driver Excess
Additional Excess	0	OS Premium	0				
hird Party excess	0	damage Excess	600		Windscreen Excess	100	
Гуре	Per Accident	Excess			Windson		
ssue Date	10/12/2019	Date All Claims	05/01/2020	00:00	Expiry Date	04/01/2021 23:5	13
lame Policy		Effective	05/04/2020	20.00	Policy Flag		6
roduct	PRIVATE CAR INSURANCE	Plan	TAMPINES	STROWLOUT STATE	Group	N	
Certificate No. Address	35 TAMPINES STREET 34 #03-39	THE EDEN	TAMBINES	CINCARORE EXCESS			
Policy No.	5086960568-03	Policyholder Name	кон сноог	N LEE JOHN	Policyholder NRIC	S1471995D	

Claim Handling										
Accident MT/1080406										
Policy No.	5086960568-03	Vehicle No.		SKX9894	×		GST Registration No.			
Certificate No.										
Policyhalder Name	KOH CHOON LEE JOHN						Policyholder NR3C		S1471995D	
Product Code	PRIVATE CAR INSURANCE	Cover Type		drive PRE	MIUM		Loading		0	
Contact No.(Mobile)	81008251	Contact No.(Office)	1	0			Contact No.(Home)		a	
mail Address	2000	Special Remark					eCode		10.00	
FK .	® No ○ Yes	TÇA		® No ○	Yes		eCode Reason			
CD Protection	No	NCO Entitlement(%	43	0			Provate Hire		No	
Accident Details										
éport Date	16/01/2020 14:39	Accident Report Wil		Yes			Academ Type		Collision - Major Minor Road	
ate of Accident	15/01/2020	Time of Accident to	himm	08.20			Country of Accident		Singapore	
eporting Centre		Grange Force					ICH No.			
coldent Location	BEDOK SOUTH AVE 1 AFTER ECP EXIT									
✓ Total Excess Applicable										
icess Type	Per Accident	Windscreen Excess			100.00					
Standard Excess	600.00	TP Standard Excess	7		0.00					
ED OD Excess	500.00	YIED TP Excess	20		0.00		Driver is Covered?			
ditional Excess	g	55760-0 5636600					Driver is Covered to			
tal DO Excess Applicable	1100.00	Total TP Excess App	plicable							
Benefits			100000							
GST Registered Informa	ation									
T Registered	No			GS	T Registration Date					
T Registration No.				GST Status Verified			Yes	Yes		
dification History										
Policyholder Mailing Ad		1000		1000000						
dress I	35 TAMPINES STREET 34	Address 2			HE EDEN AT TAMPINE		Address 3		SINGAPORE \$29239	
dress 4	20.02	Address Type		Singapore			Post Code		529239	
t No.	03-39	Related Policy Numi	ber	50869605	65-03					
ver Name	755 2202									
named driver Name	LINUS KOH TIAM YONG	Driver Type Driver NRIC		Unnamed SXXXXX			0.0000000000000000000000000000000000000		12/05-9127	
gister Date of Driver License		Driver Age		27			Oriver DOB		20/11/1992	
mact No.(Mobile)	81008251	Contact No. (Office)		0			Onving Experience		5	
dress 1	35 TAMPINES STREET 34	Address 2			AT TAMPINES		Contact No.(Home) Address 3		0	
dress 4		Address Type		Singapore			Post Code		SINGAPORE 529239 529239	
it No.	03-39	And the same of the		arrayaptore	9001533		Post Code		525235	
es he own a Singapore	○ Yes ® No	Driver Vehicle No.					Driver Insurer Compan			
gistered car?							uniter tristing, compan	× .		
daration										
eathalyser or Blood Yest ading?	0 mg	Any injury?		O Yes ⊛	No					
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dification History										
Claim 001 New										
m Type *	DD-MX V	Insured Name		KON CHO	WILL SEE BOLLIN				Consideration of the Constant	
tact No.(Mobile)	96813469			-	IN LEE JOHN		September No. (Office)		514719950	
al Address		Contact No. (Home) Of Vehicle Number		NIL			Contact No.(Office)		manage C	
	Please Select	Type of Benefit *		SKX9894X Please Sel	2077		TP Vehicle Number		С86392Н	
ment Name +	>>	Claimant NRIC *		- water se						
mant Address		and the second second					1			
m Description	SKX9894X / C96392H ON 15 Jan 2020						Name of Preferred World	kshoo		
Perred Workshop Contact		Insured Liability *		Not at Fau	ŧ 0		100	2000		
uire Finalisation	Yes V	Preferend Repair Op	otion		Vorkshop, Name unknow	n val	GIA cancer		Recovered	
e Registered	16/01/2020 14:42	Claim Cross Date		Parented.	талар, папе шклом	n v	GIA report		Received V	
ort Taken By	Jackson	Carri Cole Date					Date Received		16/01/2020 00:00	
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Print AK letter										
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ttachment			-	The second second						
ident No.	MT/1080406	Claim No	0.		001					
t Doc. Received	® Yes □ No	Upload 6	Date		16/01/2020 14:42					
	Path *				Category *		Confidential	Urgency	Description	
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