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Aspess	sment/Survey Report		
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TP Particulars: Veh No: SK 7 208	(DICC	.)/Non-INC().	
Owner / Driver; (2	Tel:)
Policy No: () Period: ()	Cover Type: ()
Confirmed by : (Date:	Timer)
Insured/Driver Liability: (%) [Note-Est S	Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Warranty:		, , , , , , , , , , , , , , , , , , , ,	
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() Walk-In Customer : Customers information str	rictly Confidential & St	ictly NO rafer 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.
- 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.
- 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	17/01/2020 10:32
Date Of Accident	16/01/2020 21:10
Exact Location Of Accident	SINGAPORE SWIMMING CLUB LEVEL 4 CARPARK
Country/State of Loss	SINGAPORE
OUT OF DEALERS AND THE PARTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT4169Z
Insured/Policyholder	
Name Of Registered Owner	CHUA SIOK PENG (CAI SHUPING)
NRIC No	SXXXX892D
Email Address	AKI40036@ROCKETMAIL.COM
Mobile Phone No	(LOCAL) +65-96579396
Alternative Phone No	OTHERS-96579396
Vehicle Particulars	
Manufacturer	BMW
Model	420I GRAN COUPE LED NAV
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If 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	5104361252-01
Cover Note Number	

Driver

Name of Driver CHUA SIOK PENG (CAI SHUPING)

 NRIC No
 SXXXX892D

 Date Of Birth
 15/11/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 05/05/1995

Driving Experience 24 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96579396

Fax Number

Contact Number OTHERS-96579396

EMail Address AKI40036@ROCKETMAIL.COM

Address

92 PAYA LEBAR CRESCENT

Postcode

536175

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

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)

0

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SKJ399S

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

VINCENT LEW

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.
- 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)

I understand, acknowledge, agree and consent that:

- 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
- (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:
 - (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

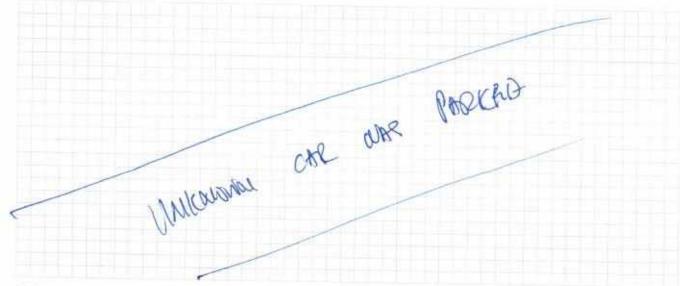
Driver's Signature (If driver is not the policyholder)

Date & Time:

rting Centre Pers

NRIC/FIN No.:

D.462m



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE ACCIDENT
I parted my car at Singapare Swimmy Club L4 car parte
27 about 6.50pm for dianer - I returned to pick we the con
at about 150 - 10 pm and saw a note the front by a - had
came off on the KHS and there are scratches on that side
100. It note was left on the wind siveer by the me who
Considered my (25 2 don'tting his fault and asling me to cell by
the min some copy and he give me his car number
25 well 25 & summe:

DECLARATION

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

Policyholder's Signature

Date & Time: 17/1/2020 10.5220 Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Perso Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

VCCID	ENT DATE 16 101 24 20	(DD/MM/YMY), TIME: 21:	10 (HH:MM)
LOCAT	ION: SINGAPORE' SWI	MMING CLUB L4 CA	R PARK
	DETAILS OF VEHICLE GIVEHICLE NUMBER: SLOP CIPOLICY NUMBER: 5 104 d) POLICY TYPEX COMPREHENS D) MAKE & MODEL: (PRIVAT T) TYPE: (SALOON) COUPE LAP: GIVEHICLE CATEGORY: (PRIVAT T) PURPOSE OF USING AT ACCII I) ARE YOU CLAIMING UNDER YOU	74/67 Z 74/67 Z 76/25 Z YB/THIRD PARTY / THIRD PART 3MW 420; SPORT Y/VAN/LORRY / MOTORCYCL E) COMMERCIAL / MOTORCYCL DENTTIME: CAR WAS PAR	Y FIRE ATHEFT) .E./OTHERS) .LE) .E.D. THERE
2.,	DINRIC/FN/PASSPORT: 57	PENS IMAL \$34812D CONTACTION LEGAR CRESCENT SA 536 L	6579396 GAPORE
The of passanger (Including deliver.)		ABOUE IMAL	
	a) WEATHER CONDITION! (CLE	OF THE INSURED'S COMPAN' HE DRIVER WITH INSURED: AR / RAINING / OTHERS	OWNER
7.	b) ROAD SURFACE: (DRY / WET WAS ANYBODY INJURED (YES / a) REPORTED TO POUCE (YES / IF YES, PLEASE STATE WHICH	(KO) (XO)	Y
His of presence or (Including driver)	THIRD PARTY VEHICLE O) VEHICLE NUMBER: SK b) DRIVER'S NAME: VI c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	J 3995 MODELL NCENT LE W CONTACTI	
Industry depres	d) VEHICLE NUMBER:	MODEL:	1 1 1

email: aki40036@rocketmail.com

Claim Handling

Accident MT/1080544							
Policy No.	5104361252-01	Vehicle No.	SLT41692		GST Regi	initerati	
Certificate No.			STATES .		day neg	intrati	
Pulicyholder Name	CHLA SIOK PENG				ecteropics.		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Policyholi	der-i	
Contact No. (Mobile)	96579396	Contact No.(Office)	OUAD SKEWIUM		Loading	OFFICE OF STREET	
Email Address	a.cov/aecea	Special Remark			Contact I	eq.(t	
KEK	+ No Yes	TCA	100 100		eCode		
NCD Protection	No		» No Yes		eCode Reaso		
▼ Accident Details	Water Control of the	NCD Entitlement(%)	20		Private H	ire.	
Report Date	+7/01/7000 +1-70	200					
Data of Accident	17/01/2020 11:30	Accident Report Within 24 hrs	Yes		Accident '	Туре	
Reporting Centre	16/91/2020	Time of Accident hh:mm	21:10		Country o	of Ac	
Accident Location		Orange Force			ICM No.		
▼ Total Excess Applicable	SINGAPORE SWIMMING CLUB LEVEL 4 CARPARK						
Excess Type	Per Accident	70VIP1888041943269749		SW2020			
and the same of th	Per accident	Windscreen Excess		100.00			
OD Standard Excess	600,00	TP Standard Excess		9.00			
YIED OD Excess	0.00	YIED TP Excess		0.00	C production of	5500	
Additional Excess	6			CTOTAL	Driver is	Cone	
Total OD Excess Applicable	600.00	Total TP Excess Applicable		(A. part			
♥ Benefits		The state of the s		0.00			
	tion						
GST Registered	No		GST Regist	ration Date			
GST Registration No.			GST Status			Yes	
Modification History				(600)16900		3,000	
Policyholder Mailing Add	ress						
Address 1	92 PAYA LEBAR CRESCENT	Address 2					
Address 4	PROPERTY OF THE STATE OF THE ST		SINGAPORE 53617	5.	Address 3		
Unit No.		Address Type	Singapore address		Post Code	60	
♥ OI Driver Info		Related Policy Number	5104361252-01				
Driver Name	CHUA SIOK PENG	Market Market	2202 - 200-2011				
Unnamed driver Name	CHOA STOR PENG	Driver Type Driver NRIC	Main Driver				
Register Date of Driver License	03/01/2015	-2524311104451	57534892D 44		Driver 00		
Contact No.(Mobile)		Driver Age		Driving Ex			
Address 1	96579396 92 PAYA LEBAR CRESCENT	Contact No.(Office) Address 2 SINGAPORE STATE			Contact N		
Address 4	32 PATA LEBAK CRESCENT		SINGAPORE 536175		Address 3		
Unit No.		Address Type	Singapore address		Post Code		
Does he own a Singapore	5.00						
Registered car?	Yes a No	Driver Vehicle No.	Driver In				
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes a No				
Makearetre							
Modification History							
Appropriate Total							
Claim 001 New							
Claim 001 New							
Claim 001 New				OD-MX	▼ Insured Name	O	
Claim 001 New					Name Contact	5.11	
Claim 001 New				OD-MX 96579396	Name	2.51	
Claim Type + Contact No.(Mobile)					Contact No. (Home)	62	
Claim Type + Contact No.(Mobile) Email Address				96579396 hpch@hotmail.co.uk	Name Contact No. (Hame) OI Vehicle Number	621 SLT	
Claim Type * Contact No.(Mobile) Email Address Claim Description				96579396	Name Contact No. (Hame) OI Vehicle Number	621 SLT	
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop	Insured Liability Not at Fault	* 1		96579396 hpch@hotmail.co.uk	Name Contact No. (Hame) OI Vehicle Number	62 St	
Claim Type * Contact No. (Mobile) Email Address Claim Description Proferred Workshop Bestuker No. (Mobile)	Preferend Preferred Workshop, Name	vi GtA Received	•	96579396 hpch@hotmail.co.uk	Contact No. (Hame) OI Vehicle Number	62 SE	
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Besister No. Finalisation Yes	Praférered Prot at Fault		*	96579396 hpch8thotmail.co.uk SLT4169Z / SXJ399S ON L	Name Contact No. (Hame) OI Vehicle Number Sign 2020	62 SE	
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Bostikt No. Yes Date Registered	Preferend Preferred Workshop, Name	unknown . GIA Gecaluse	*	96579396 hpch@hotmail.co.uk SLT4169Z / SXI399S ON LE 17/01/2020 11:51	Contact No. (Hame) OI Vehicle Number	621 SET	
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Besister No. Finalisation Yes	Preferend Preferred Workshop, Name	unknown . GIA Gecaluse	*	96579396 hpch8thotmail.co.uk SLT4169Z / SXJ399S ON L	Name Contact No. (Hame) OI Vehicle Number 5 Jan 2020. Claim Close	621 SET	

Save Submit

Attachment

Accident No. MT/1080544 Claim No. Last Doc. Received Yes No Upload Date 17/01/2020 11:52 Path = Category * Confider Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select ٠ Choose File No file chosen Clear Please Select NO Choose File No file chosen Clitar Please Select NO Choose File No file chosen Crear Please Select * NO Choose File No file chosen Clear Please Select · NO Message Read Attachment List Attachment Uploaded By/Date Category Urgency NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 11:52 Photos NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 17 Jan 2020 11:52 Photos Normal NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE Photos Normali 5 (BUKIT MERAH)) on 17 Jan 2020 11:52 NAC_BUKIT_MERAH, 800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 11:52 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 11:52 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 11:52 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S-(BUKIT MERAH)) on 17 Jan 2020 11:52 Photos Normal NAC_BUKIT_MERAH_800876(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 11:52 Photos NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 11:52 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 11:52 Photos Normal NAC_BUKIT_MERAH_900676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 11:52 Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 11:51 Photos fiormal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 11:51 Photos Normal PH NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 11:51 Photos Normal Ph NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 17 Jan 2020 11:51 Photos Normal Ph NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 17 Jan 2020 11:51 NRIC/ Driving License Normal NRIC/ Driv NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 17 Jan 2020 11:51 SAS Normal S Uploaded By/Date Folder Date File Name Display in New Window | Scan and uploading

eBao Tech										Gener	alClaim
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Notice of Loss Policy No.	cy Query					STATE OF THE PARTY	10111111400114		90 (400 (10) 10	Log Ou	
		No. No.(For Mator)	SLT416	692			of Accident		16/01/2020	10:42	
						Search	10110				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104361252- 01		CHUA SIOK PENG	57534892D	GPC	driva PREMIUM	SLT4169Z		27/10/2019	26/10/2020