Duta In col I		1 the	a W Complaind	Done b	1
Date In: VS 1 ho - 11:5~	b description	Date	&Time Completed	20110	
	SAS e-filing			<u> </u>	
Veh No: VMAGIOSA	E-mail (within Shrs, A	IC 2hrs)		1	*
	i-Motor Claim Fo	rm M-	1081749-001	23/1/20 14	:10
	l-Motor W/O (wit	sia: OD 2hrs, TP 4hr	s)		
OD (TP) ! Reporting Only	i-Photo Uploaded			-	
A DESCRIPTION OF THE PROPERTY	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fa	c / Hand to Own	er/Wksp	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW: (		Tel		Fax:	
TP Particulars: Veh No: SLV48 4	78	INC( )/	Non-INC ( )		
Owner / Driver: (		Tc	1:	)	
Policy No: ( ) Period:	(	) Cov	er Type: (		
Confirmed by : (		ite:	Time:	)	
Insured/Driver Liability: ( %) [Note	-Est Status (WO):	N: 0-20%;	P: 21-79%. F: 30	)-100%]	
Year of Registration: ( ) Warn	ranty: YES ( )	NO( )			
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000(	)			
General Remarks;-			The state of the s	STREET SHOW	
( ) Walk-In Customer: Customer's informat	tion strictly Confide	ntial & Strictly f	NO refer of repaire	ег.	
( ) Total Loss Case : to e-mail Insurer U		77			
Drive-In ( )/ Towed-In ( ); Invoice: YI		) ; Towing	Co: (		)
				Done Done	hv
Remarks: (INC hothne: 6788 6616)		Dat	e&Time Completed	3,5000	-
Apply for Transport Allowance ( )/ Cour	tesy Car ( )				
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost > \$3000					
3) Opioad Resulvey Filoto (rechair costs \$3000	)] ()				
	)] ()				
Injury:	)] ()				
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Injury:  Date/Time Actions	1			Ant (5)	
Injury:  Date/Time Actions	) In		ion Checklist	Ant (5)	
Injury: Date/Time Actions	In In	R : Accident Repor	ting (\$30);	CONTRACTOR OF THE PROPERTY.	
Injury:  Date/Time Actions  Nanaosyb  Laimant's Particulars:-	1 In 1) 2) 3)	AR : Accident Repor DA : Damage Assess FF : Towing Fee	ting (\$30); ment (\$100); INC	(\$80) \$40/\$45	
Injury:  Date/Time Actions  Nanaosyb  Laimant's Particulars:-	1 10 1) 2) 3) 3) 4)	AR : Accident Report  OA : Damage Assess  FF : Towing Fee  TT : Follow-Through	ting (\$30); ment (\$100); INC	fst Bill	
Injury:  Date/Time Actions  Nanous 46  Claimant's Particulars:	1) (1) (2) (3) (4) (5)	AR: Accident Report  AR: Damage Assess  F: Towing Fee  T: Follow-Through  T: Fullow-Through  or cleiming against	ting (\$30); ment (\$100); INC	(\$80) \$40/\$45 \$120 \$30 \$200\$)	
Injury:  Date/Time Actions  Naraoos 46  Claimant's Particulars:  Driver/Owner:  Contact No:	1 1 1 2 2 1 3 3 4 4 5 5 5 6 6 6 6 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AR: Accident Report  AR: Damage Assess  F: Towing Fee  T: Follow-Through  T: Fullow-Through  or cleiming against  TR: Re-inspection	ting (\$30); ment (\$100); INC Survey Survey (Resurvey) INC Only (wef 10 Jan	(\$80) \$40/\$45 \$120 \$30	
Injury:  Date/Time Actions  Nanous 46  Claimant's Particulars:  Oriver/Owner:	1 1 2 2 1 3 3 4 4 5 5 5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	AR: Accident Report  AR: Damage Assess  F: Towing Fee  T: Follow-Through  T: Fullow-Through  or cleiming against	ting (\$30); ment (\$100); INC Survey Survey (Resurvey) INC Only (wef 10 Jan T Survey	(\$80) \$40/\$45 \$120 \$30 \$200\$) \$75	
Injury:  Date/Time Actions  Naraoos 46  Claimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	3 1) 2) 3) 4) 5) 6) 7) 8)	AR: Accident Report  AR: Damage Assess  F: Towing Fee  T: Follow-Through  T: Follow-Through  or claiming against  FR: Re-inspection  N1: Idae DA + SME  NTUC Additional Scott	ting (\$30); ment (\$100); INC Survey Survey (Resurvey) INC Only (wef 10 Jan T Survey rvices:-	(\$80) \$40/\$45 \$120 \$30 \$200\$) \$75	
Date/Time Actions  Naraoos 46  Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	10 11 22 33 41 55 60 77 8)	AR: Accident Report DA: Darnage Assess FF: Towing Fee FT: Follow-Through FT: Follow-Through FT: Follow-Through FT: Follow-Through FT: Re-inspection N1: Idae DA + SMI NTUC Additional Scott N5: Courtesy Cor / N6: Repair Co-ordi	ting (\$30); ment (\$100); INC Survey Survey (Resurvey) INC Only (wef 10 Jan CT Survey rvices Tpl Allowance	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	
Injury:  Date/Time Actions  Narros 46  Claimant's Particulars:-  Oriver/Owner:  Contact No:  Damaged Portion:  C. Checked by (Engr-In-Charge):	1) 1) 2) 3) 4) 5) 6) 7) 8)	AR: Accident Report  AR: Accident Report  A: Darnage Assess  F: Towing Fee  T: Follow-Through  T: Follow-Through  T: Follow-Through  T: Follow-Through  T: Follow-Through  T: Re-inspection  N1: Idae DA + SMI  NTUC Additional Scott  N5: Courtesy Cer /  N6: Repair Co-ordi  N7: Fost Repair Inst	ting (\$30); ment (\$100); INC Survey Survey (Resurvey) INC Only (wef 10 Jan T Survey rvices:- Tpt Allowance mation pection	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	
Injury:  Date/Time Actions  Naraoos 46  Claimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:  OC Checked by (Engr-In-Charge):  Auditors' Comments::	10 11) 22) 3) 4) 5) 6) 7) 8)	AR: Accident Report DA: Darnage Assess FF: Towing Fee FT: Follow-Through FT: Follow-Throu	ting (\$30); ment (\$100); INC Survey Survey (Resurvey) INC Only (wef 10 Jan CT Survey rvices Tpt Allowance nation pection xxcess Coordination	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$55 \$10 \$25	
Injury:  Date/Time Actions  Narcos 46  Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	1) (1) (2) (3) (4) (5) (6) (7) (8)	AR: Accident Report  AR: Accident Report  A: Darnage Assess  F: Towing Fee  T: Follow-Through  T: Follow-Through  T: Follow-Through  T: Follow-Through  T: Follow-Through  T: Re-inspection  N1: Idae DA + SMI  NTUC Additional Scott  N5: Courtesy Cer /  N6: Repair Co-ordi  N7: Fost Repair Inst	ting (\$30); ment (\$100); INC Survey Survey (Resurvey) INC Only (wef 10 Jan CT Survey rvices Tpt Allowance nation pection xxcess Coordination	(\$80) \$40/\$45 \$120 \$300 20/055) \$75 \$160 \$55 \$10 \$25 \$20 \$30	Amt (3) Add Bill

## 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.
- 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.
- 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

atoresaid.	
MARKET PROBLEMS TO AND A STATE OF THE STATE	ACCIDENT STATEMENT
Date Of Report	23/01/2020 11:52
Date Of Accident	22/01/2020 17:45
Exact Location Of Accident	CLEMENTI AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA6108A
Insured/Policyholder	
Name Of Registered Owner	LOH CHEW HAR
NRIC No	SXXXX457D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98679745
Alternative Phone No	OFFICE-98679745
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	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	5102146293-01
Cover Note Number	
Driver	
Name of Driver	TEOH KEH LYE
NIDIO N	60000000

 Name of Driver
 TEOH KEH LYE

 NRIC No
 SXXXX307G

 Date Of Birth
 14/07/1947

 Occupation
 INDOOR

 Date Of Driving Pass
 03/06/1965

Driving Experience 54 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96650261

Fax Number

Contact Number OFFICE-96650261

EMail Address NOEMAIL

Address 29A HILLVIEW AVENUE

#10-06

Postcode 669562

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

2

NO

2

### General Information of the Accident

Type Of Accident SIDE SWIPE
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

Was any body injured in the Accident? NO.

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:

: LOH CHEW HAR

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. I NOTICED THAT VEHICLE B IN FRONT OF MY VEHICLE. HE STOPPED AND TURN ON HIS VEHICLE HAZARD LIGHT, I TURN ON MY VEHICLE INDICATOR LIGHT AND FILTERED TO 1ST LANE AND MY VEHICLE INCH A LITTLE TO THE 2ND LANE AS I WANTED TO ENTER THE CARPARK, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B ACCELERATE ON 2ND LANE AND HIT ONTO MY VEHICLE LEFT PORTION.

## Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLV4847P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver CHUA POH KOK (CAI BAOGUO)

NRIC/Passport Number SXXXX811E

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.
- 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:
  - (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 Signature

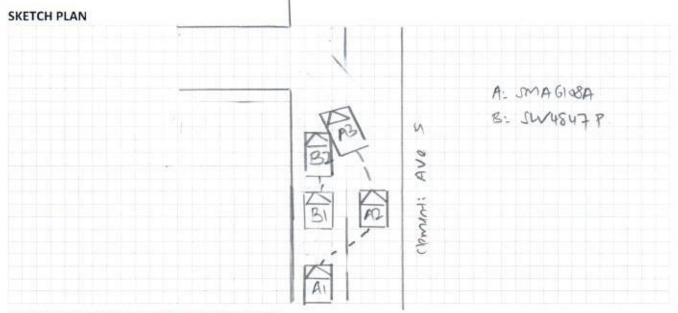
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	flatemen.			
		Set Continue of the		

# 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 .:

<b>eBao</b> Tech			GeneralC					alClaim			
Hello, NAC_PAYA_UBI_80	0601				CONTRACTOR STATE	THE PERSON NAMED IN	· Chang	e Languag	e Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy f	No.				Date	of Accident		22/01/2020	7:45	
	Vehicle	No.(Far Motor)	SMA61	08A		Certif	icate Number	92			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102146293- 01		LOH CHEW HAR	S0227457D	GPC	drivo CLASSIC	SMA6108/	SMA6108A	11/07/2019	10/07/2020
					1	Continue	1				

Policy No.	5102146293-01	Policyholder Name	LOH CHEW	HAR	Policyholder NRIC	S0227457D	
Certificate No.					week to the		
Address	29A HILLVIEW AVENUE #10-06	HILLVIEW HE	IGHTS SING	APORE 669562			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	04/06/2019	Effective Date	11/07/2019	00:00	Expiry Date	10/07/2020 23	1:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young,	/Inexperience Driver Excess
Agent	CROSBY INSURANCE AGENCY	Agent Tel.	62852640		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	29A HILLVIEW AVENUE	Addre	ss 2	#10-06 HILLVIEW	HEIGHTS	Address 3	SINGAPORE 669562
		Addre	ss Type	Singapore address		Post Code	669562
Address 4			d Delieu	F+03+46303 0+			
		Relate Numb		5102146293-01			
Unit No.	d Object: SMA6108A			5102146293-01			
Unit No.	A CONTRACTOR CONTRACTOR V			5102146293-01			



