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Date In: 23/1/2-14! IT	SAS e-filing		- Company						
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D.O.A: 20/1/20-16:40	i-Motor Claim I		1/10815 69-201	07 11 12					
OD / TP / Reporting Only	i-Motor W/O (W		srs)						
33	i-Photo Upload		- 174						
TP Insurer:	Assessment/Surve								
IF Insurer.	Ass't Report by F	Fax / Hand to Owner/Wksp							
Preferred Wksp / INC Assign Wksp / QW: (		Тө		Fax:					
TP Particulars: Veh No: SL2	75985		/Non-INC()						
Owner / Driver: (			cl:						
Policy No: ( ) Pe	riod: (	) Co	ver Type: (						
Confirmed by : (		Date:	Time:	)					
Insured/Driver Liability: ( %) [	Note-Est. Status (WC		P: 21-79%. P: 80	-100%]					
Year of Registration: ( )	Warranty: YES (	)/NO( )							
Excess: (\$ ) Loading: \$1,0	000 ( )/\$2,000 (	)	and the second	7775					
General Remarks:-			e de la	error and					
( ) Walk-In Customer: Customer's info	ormation strictly Confid	dential & Strictly	NO refer of repaire	г.					
( ) Total Loss Case : to e-mail Insur									
Drive-In ( )/ Towed-In ( ); Invoice		( ); Towin	ng Co: (		)				
		i b	te&Time Completed	t Don	e by				
Remarks: (INC horline: 6788 6616)	G ( )	12	L. L.						
1) Apply for Transport Allowance ( )/(	Courtesy Car ( )								
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2) QC Check / Post Repair Inspection	( )								
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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.
- 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 aforesaid.

STANDARD PRODUCTION OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	23/01/2020 14:15
Date Of Accident	22/01/2020 16:40
Exact Location Of Accident	DUNEARN RD CALTEX
Country/State of Loss	SINGAPORE

Country/State of Loss	SINGAPORE	
<b>新闻的一个人的知识的一种特别的</b>	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD7461E	
Insured/Policyholder		
Name Of Registered Owner	TEO KIM MUI ROSALIND	
NRIC No	SXXXX420G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-82004972	
Alternative Phone No	OFFICE-82004972	
Vehicle Particulars		

vernoie i articulare		
Manufacturer		

Model 520I 2.0L AT D/AB 2WD 4DR GAS/D NAV

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

BMW

If No, Please state action to be taken REPORTING ONLY
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 5099836642-01

Cover Note Number

Driver

Name of Driver VINCENT TEO KIM YONG (VINCENT ZHANG JINRONG)

 NRIC No
 SXXXX614G

 Date Of Birth
 03/01/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 18/03/1996

Driving Experience 23 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81230088

Fax Number

Contact Number OFFICE-81230088

EMail Address NOEMAIL

Address

8 CHANCERY LANE

#02-01

Postcode

309494

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

SIBLING

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)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

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

soliciting/offering accident claims assistance.

NO

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

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 Vehicle Make/Model/Colour

SLZ7598S

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

GOH ZONG HAO

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 14

## SKETCH PLAN

## 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 <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: Oriver's Signature (If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

KETCH PLAN						
			Dunea	n Roma Ntex	(A) S	1KD746
ESCRIBE CIRCUMS	TANCES OF THE A	CCIDENT				
22 Jan 203	20 (4.46	1PM) - W	hen we	turned	in th	e petro
station (	caltex).	my car i	s statio	nord.	SLZ 7	5985
suddenly		and hit	ON MU	Car fi	cont p	ortion,
even afte					1	
DECLARATION			- Ville III - 1 - 1 - 1			
We declare the foreg	oing particulars are t	true in every respect.				M
		VI				m
Policyholder's Signature Date & Time:		iver's Signature driver is not the policyh	older)	Reporting Co Name:	entre Personnel	's Signature

Date & Time:

NRIC/FIN No.:

		VEHICLE NO. 8 MW 520
CLENO: SKD746	3	
	22/0//	AM /PM
OF ACCIDENT	4.40	2 Cattor
OF ACCIDENT	Dungary	DEAD CIPLIER
A TION OF ACCIDENT	2747	and the same of th
oct Purpose use during accident	Tara hi	Mu Rosalino
ME OF OWNER		
	025134	-204
LP NO	OD / THIRD PARTY	Reporting Only
AIM TYPE	OD/THIRD PARTY	CINE
AIM TYPE	N Th	hird Party / Third Party Fire & Theft
SURANCE CO.	Comprehensive/ III	Maray.
PE OF CAVERAGE	509983	& VINCENT TEO ICIM KONG (VINCENT, ZMAN), JINEON AND DASSENGERS:   BOIFE
OLICY NO.	As above / If No.	Any passengers:   soife
AME OF DRIVER	S73006	6149 Any passes
IRIC	03/01	11943
OATE OF BIRTH	Outdoor / Indoo	000
OCCUPATION	Outdoor / May	.09
DATE OF DRIVING PASS	10	Female
GENDER CONTAC NO.	O CUANC	Office: Home. \$309494
ADDRESS	8 CHANCE	No:
ADDRESS DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg N	Sister
DRIVER HAVE ALL	Employee / If No:	
RELATIONSHIP WEATHER CONDITION	Clear / Raining	other:
WEATHER CORD.	Dn/ / Wet / Ot	Africa .
ROAD SURFACE	No If yes : Who?	20
ANY INJURIES	81230	
CONTAC NO.	No ) If yes : When	ere? Any Passenger: Lady
POLICE REPORT	SLET	100
VEHICLE B NO.	Goh 201	
NAME		Any Passenger:
CONTAC NO.		Any Passenger:
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.	100	
VEHICLE F NO.	772	
ANY WITNESS		
WITNESS CONTACT NO.		
W		
	Sme Motor Pie L	LIE CHARACTIVE
PARTICULAR WORKSHOP	1 Kaki bukit ave	66#02-15 IMPERIUM AUTONO
TELP NO	Autobay @ kaki	ki bukit #01-49 Synergy @ KB
CONTACT PERSON	Singapore 4178	Singapore 6346 7213
FAX NO.	Telp : 67476100	07/0 00/0
FANTO		
	Fax: 67442368	

eBaoTech							WE Z	No.		Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601			The second	ALCOHOLD SERVICE		• Chang	e Languag	e Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	No.				Date	of Accident		22/01/2020	16:40	
	Vehicle	No.(Far Motor)	SKD74	61E		Certif	icaté Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099836642- 01		TEO KIM MUI ROSALIND	57513420G	GPC	drivo CLASSIC	SKD74618	SKD7461E	28/04/2019	27/04/2020
					18	Continue	J				

Sequen	ce Date of Endorsement	3	Endorsement	Type	Endorsement	Status	Endorsement Content
□ Endors	ements						
• Insure	d Object: SKD7461E						
Jnit No.	08-45	Relate Numb	d Policy er	5099836642-01			
Address 4		Addre	ss Type	Singapore address		Post Code	079327
Address 1	68 PECK SEAH STREET	Addre	ss 2	#02-02		Address 3	SINGAPORE 079327
	nolder Mailing Address						
Certificate Info							
Open Policy Info							
nsurance Flag	No						
00-		rigate rate	0,200,10			150	
Agent	WTT INSURANCE AGENCIES PTE		62965445		GST Flag	Υ	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	19/03/2019	Effective Date	28/04/2019	9 00:00	Expiry Date	27/04/2020 23	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	68 PECK SEAH STREET #02-02 S	INGAPORE 0	79327				
Certificate		, and			17.44		
Policy No.	5099836642-01	Policyholder Name	TEO KIM M	UI ROSALIND	Policyholder NRIC	S7513420G	



