Date In: That			7 1220 - 3 254	111
Date In: 7/2 - 1610]	Job description	Date & Time Completed	Done b	V
Ref No: NATHER OODDWZY	SAS e-filing			
Veh No: Shorte	E-mail (within 8hrs, AIC 2hrs)			
D.O.A: Jhh-04:33	i-Motor Claim Form	M7(1083099-00)	J/2 16:	w
	i-Motor W/O (Within: OD 2h			
OD / TP / Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh Nou MN	augn INC ()/Non-INC()	12	easte
Owner / Driver: (Tel:)	
Policy No: () Per	riod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	VIII
	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]	
	Varranty: YES ()/NO ()		
	00 ()/\$2,000 ()			
	H. Construction of the Con	BARROOT CAR STEEL FOR CO	nest appropria	
General Remarks:	The state of the s		3.00	
() Walk-In Customer: Customer's inform	mation strictly Confidential & S	trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insure	r URGENTLY.			
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by	,
	ourteen Cor ()			
	ourtesy Car ()			
	Charles and the control of the contr	The second of th		
The state of the s	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30]	()			
3) Upload Resurvey Photo [Repair Cost > \$30	()			
Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	********
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Fime Actions	Invoice Pre	paration Checklist	22 21 20 5 See Super-	and the same
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	Invoice Pre	t Reporting (\$30);	fit Bill	
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Alana 122	Invoice Pre 1) AR: Accident 2) DA: Damage	it Reporting (\$30); Assessment (\$100); INC (\$8	fit Bill	
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Alana 122	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow-	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Chrough Survey	751 Bill 10) 1/545 5120	and the same
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Alamant's Particulars:- river/Owner:	Invoice Pre 1) AR: Accider 2) DA: Dameg 3) TF: Towing 4) FT: Follow-	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey)	fst.Bill 100) 100/545 5120 \$30	and the same
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Fime Actions Almant's Particulars:- river/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming	at Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005	fst.Bill 100) 100/545 5120 \$30	
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Alana 127 laimant's Particulars:- river/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspe 7) N1: Idae DA	at Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 section + SMRT Survey	fst.Bill	and the same
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Lamant's Particulars:- river/Owner: ontact No: https://doi.org/10.1001/10.100	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re	At Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 botton + SMRT Survey ional Services:- y Car / Tpt Allowance Co-ordination pair Inspection	751.Biff 100) 17545 15120 1530 1575 160 15160 1555 160 160 160 160 160 160 160 160 160 160	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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

By the lodgement of this report to the insurers, you hereby constances aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	05/02/2020 16:01
Date Of Accident	05/02/2020 09:30
Exact Location Of Accident	ALEXANDRA RD
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ982E
Insured/Policyholder	
Name Of Registered Owner	KEM AUTO
Co Reg No	5XXXX211J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92718665
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

5106729243-01 Policy Number

Cover Note Number

Driver

NEO BOON CHEE Name of Driver

SXXXX760A NRIC No 23/10/1965 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 29/09/2016

3 YEARS AND 4 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97759209 Mobile Number

Fax Number

OFFICE-97759209 Contact Number

NOEMAIL EMail Address

Address

BLK 165A TECK WHYE CRRECENT

#07-321

Postcode

681165

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

NO

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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?

YES

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

NO

2

Number of Passengers (Including Driver)

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. SUDDENLY VEHICLE B JAMMED BRAKE, I COULDN'T BRAKE MY VEHICLE AND HIT ONTO VEHICLE B REAR PORTION.

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

SMN1849J

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

WONG CHEW MING (HUANG QIUMING)

NRIC/Passport Number

SXXXX595D

Contact Number

Address

Postcode

Insurance Company Name

SKETCH PLAN

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.
- 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.

Reg. No. 53309211J

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 .:

			3 C8PC 12:A
	20	B	CPP81 UM2:8
	25	A	
	A lexandra		
	9		
STATE OF STREET STATE OF STREET STREET	CES OF THE ACCIDENT		
Refer to state	ment		
-			
ECLARATION			
	particulars are true in every	respect.	
Reg. No. *(53309211J)*			
(033092110)		1	
olicyholder's Signature	Driver's Signatu		Reporting Centre Personnel's Signature

Date & Time:

eBaoTech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		The second second	oli cuo il trippiesses	OLSO SECURIO		+ Change	Languag	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date o	Accident		05/02/2020 (09:30	
	Vehicle	No.(For Motor)	SG)982	E		Certific	ate Number				
					18	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106729243- 01		KEM AUTO	533092113	GPC	Third Party	SGJ982E	SG)982E	31/12/2019	30/12/2020
40					C	Continue					

▶ Insure ♥ Endors	ed Object: SGJ982E sements		Endorsement		Endorsement	CETONICO CON	Endorsement Content
) Insure	ed Object: SGJ982E						
Unit No.	06-02A	Relati Numb	ed Policy per	5106729243-01			
Address 4	SINGAPORE 408702		ss Type	Singapore address		Post Code	408702
Address 1	BLK 3014 #01-278	Addre	iss 2	UBI ROAD 1		Address 3	KAMPONG UBI INDUSTRIAL ES
→ Policyl	holder Mailing Address					The state of the s	WEEKEN COTTENT OF THE PROPERTY
Certificate Info							
Open Policy Info							
Co- nsurance Flag	No						
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Y	
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500				Inexperience Driver Excess
Additional Excess		OS Premium	0				
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
xcess	Per Accident	All Claims Excess					
Policy ssue Date	26/12/2019	Effective Date	31/12/2019	00:00	Expiry Date	30/12/2020 23	59
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 3014 #01-278 UBI ROAD 1	KAMPONG UB	I INDUSTRIA	L ESTATE SINGAPOR	RE 408702		
Certificate							
olicy No.	5106729243-01	Policyholder Name	KEM AUTO		Policyholder NRIC	533092113	

laim Handling					
ident MT/1083099					
icy No.	5106729243-01	Vehicle No.	SG3982E	GST Registration No.	
tificate No.					
icyholder Name	KEM AUTO			Policyhalder NR3C	533092111
duct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
rtact No.(Mobile)	92718665	Contact No. (Office)	0	Contact No.(Home)	0
an Address		Special Remark		eCode	1
c	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details					
	05/02/2020 16:20	Accident Report Within 24 hrs	ves	Accident Type	Collision - Head to Rear
		Time of Accident hh:mm	09:30	Country of Accident	Singapore
	05/02/2020		3.20	ICM No.	Chicago and Chicago
parting Centre		Orange Force		3C71740.	
odent Location	ALEXANDRA RO				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	0.00		
		0.0002,00000000000000000000000000000000	1,500.00		
Standard Excess	0.00	TP Standard Excess	1,500.00	Delicas in Comments	
D OD Excess	0.00	VIED TP Excess		Driver is Covered?	
ditional Excess					
al OD Excess Applicable	0.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	tion				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History	05/02/2020 16:21:46	System changed GST Status Venified fro	m No to Yes		
Policyholder Hailing Ado	dress				
idress 1	BLK 3014 #01-278	Address 2	UBI ROAD 1	Address 3	KAMPONG UBI INDUSTRIAL EST
Ioress 4	SINGAPORE 408702	Address Type	Singapore address	Post Code	408702
nst No.	06-02A	Related Policy Number	5106729243-01		
OI Driver Info	M3/17500				
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
names driver Name	NEG BOON CHEE	Driver NRIC	SXXXXX750A	Driver DDB	23/10/1965
egister Date of Driver License	29/09/2016	Driver Age	54	Driving Expenence	3
	97759209	Contact No.(Office)	9	Contact No.(Home)	σ.
ontact No.(Mobile)		Address 2	TRCK WHYE CRESCENT	Address 3	TECK WHYE CREST
ddress 1	BLK 165A			Past Code	581165
idress 4	SINGAPORE 681165	Address Type:	Singapore address	Post Local	34444
ne No.	07-321				
ces he own a Singapore egistered car?	○ Yas No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reatheryser or Blood Test. cading?	0 mg	Any injury?	○ Yes No		
Communication of Communication (Co.					
odification History					
Claim 001 New					
References and the second of the					
		SECUREVALUE	Carrieran	Insured NAJC	533092113
aim Type *	DO-MX Y	Insured Name	KEM AUTO		233045111
ontact No.(Mobile)	92718665	Contact No.(Home)		Contact No.(Office)	production to
mail Address		OI Vehicle Number	SGJ982E	TP vehicle Number	SMN18493
laimant Type Claiment Type *	Please Select	Type of Benefit *	Please Select		
taimant Name *	22	Claimant NRJC *			
wmant Address	1				
sam Description	SG39826 / SMN18491 ON 5 Feb 202	0		Name of Preferred Workshop	
referred Workshop Contact		Insured Liability +	Fully at Fault		
0.				GIA report	Received
equire Finalisation	Yes v	Preferend Repair Option	Preferred Workshop, Name unknown	Date Received	05/02/2020 00:00
ate Registered	05/02/2020 16:22	Claim Close Date		The state of the s	
eport Taken By	Jackson				
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Attachment					
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ficcident No.	MT/1083099	Claim No.	001		
ast Doc. Received	● Yes ○ No	Upload Date	05/02/2020 16:23		
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