NATIONAL Assessment Centre	e Services. w	ef i Jan'osiM H	A110025376	1	-	
Date In: 26/1/20-14:34	Jeb description		Date &Time Completes	1	Done b	У
Re[No: NA]WCDOSZITHY	SAS e-filing					
Vch No: SLV84134	E-mail (within Shr	rs, AIC 2hrs)		1		a
D.O.A: 26/1/10-08:13	i-Motor Claim	Form	M7 1085905-001	26/-	1/20 14	:16
	I-Motor W/O	Within: OD 2hrs,	TP 4hrs)			
OD : TP ! Reporting Only	i-Photo Upload	led				
	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 5150	N834 .	, INC()/Non-INC()		-	
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. F: S	0-100%]		
Year of Registration: ()	Warranty: YES ()/NO()			
	000()/\$2,000()				
General Remarks:				0.50		1
() Walk-In Customer: Customer's info	rmation strictly Conf	The second of the second of	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM			
() Total Loss Case : to e-mail Insure			*			
) () : To	owing Co: (•)
Drive-In ()/ Towed-In (); Invoice	. 1E3()/ III	7,1		76E770	8 5850° "S	NI THE
Remarks:- (INC hotline: 6788 6616)			Date&Timis Completed		Done	by .
1) Apply for Transport Allowance ()/C	Courtesy Car ()	WEST SERVICE THE SERVICE SERVI	1			
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()					
Injury:					10000000	
Date/Time Actions	779 may 2 2 1865	5. 18.3		1000	ren alen Roanse	1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date time Actions	15 (-1)		***	To Montal State	*	
				100.00		
				Mark Co.		
				Silver		
	4					
				ACCONTANT	Amt (S)	Amt (\$)
HA 20 ILVR	· ·	CONTRACTOR OF THE PARTY OF THE	paration Checklist	THE STATE OF	ist Bill	Add Bill
Claimant's Particulars :-		1) AR : Accident	Reporting (\$30); Assessment (\$100); IN	C (\$80)		
		3) TF : Towing I	ce .	\$40/\$45		
Driver/Owner:		4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120		
Contact No:	and the second	For claiming a	gainst INC Only (wel 10 Jan	2005)		
Damaged Portion		6) TR : Re-inspe	ction	\$160	-	
Damaged Portion:	3	7) N1 : Idac DA 8) NTUC Additi	onal Services:-			
		OD.				
QC Checked by (Engr-In-Charge):	1.	*N5: Courtes; *N6: Repair 0	Car / Tpt Allowands	\$5 \$10		
TO SAVE ADELETIMENT OF ENGINEERING AND SAVE SAME	AND	*N7: Fost Re	onir Inspection	\$25		
Auditors' Comments :-		*N8: DV / Co	leet Excess Coordination	\$30 \$20		
2at. 1:		9) N12: Idac Mo	P (Non INC) against INC	30		W. W. W. W.
Zat. 2 / 3:		Invoice dated	Fee Cha	372/2	SEE IN	arm) =
23 (2907) - 3113		Invoice dated	Fee Cha	rg sa	Part of the last	

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 aforesaid.

aforesaid,	250 THE SALE OF STREET SERVICES AND SERVICES OF STREET STREET STREET STREET STREET STREET STREET STREET STREET
	ACCIDENT STATEMENT
Date Of Report	26/02/2020 14:34
Date Of Accident	26/02/2020 08:20
Exact Location Of Accident	AYE TWDS CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV8413G
Insured/Policyholder	
Name Of Registered Owner	L E MOK
Co Reg No	5XXXX965W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96937309
Alternative Phone No	OFFICE-96937309
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097494753-02
Cover Note Number	
Driver	
Name of Driver	MOK LOO EE
NRIC No	SXXXX138G
Date Of Birth	11/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1975
Driving Experience	44 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96937309
Fax Number	

OFFICE-96937309

NOEMAIL

Address BLK 717 BEDOK RESERVOIR ROAD

#08-4560

Postcode 470717

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

2

Insurance Company of Driver's Own Vehicle

10

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

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

NO

YES

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 SLS4283G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

PA7035J

Page 2 of 15

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)

DETAILS OF INJURED PERSON 1

Name MOK LOO EE

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SLV8413G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

S	KE	TCH	PLA	
	90			

Mletanda DOA : 26/2/20 A: SLV 8413G	
B- SLS 4283G	
A 1 1 C PA 7035J	
AYE	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SCRIBE CIRCUMS	TANCES OF THE	ACCIDENT	2.17		1	1	01-	1-
I was	driving	along	AYE	going	70	exit	HIEX	an are
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involved								
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DECLARATION

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

Policyholder's Signatur

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

1,25	
	Personal Particulars
	Date of Accident: 36 2 20 Time of Accident: 8:00 am
	Exact Location of Accident: AYE towards City
	Owner's Name: MON NO ME LE MOK NRIC NO: 511241386 HP No: 969373 09
	Driver's Name: " Myk Loo Ee NRIC No: HP No: h
	Date of Birth: 11 3 1956 Driving Licence Passing Date: 17 11 1975 Occupation: Indoor / Occupation
	Address: 717 Bedok Reservoir Rd #08-4560 (470717)
	Relationship of Driver with Insured: Own v Email Address:
	Vehicle No: SLV 84134 Make & Model: Honda
	Insurance Co: NTUC Coverage: Policy No:
	*Purpose of Reporting? Own Damage Claim / 3rd Party daim / Not Claiming, Just Reporting Only
-	*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / World
	*Weather Condition? Jear / Raining / Others: Wet / Dry / Others:
	* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
(3)	A: 1+0 B. C: D:
	*Was Anybody Injured ? (Yes / No) If yes,
	Name/NRIC/In Vehicle: Mok Loo Ee neck
	*Was The Accident Reported To The Police ?
	No O Yes, Which Police Station?
	*Does the Driver Own Any Other Vehicle?
	O No O Yes, Vehicle Registration No:insurer:
	*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
	*Was there any video captured by Car Camera? (Yes/Ne)
	Market Course of the Land Course of the Cour
	Third Party Driver's Particulars Vehicle 5 No: _ SLS 42836
	Defect of Model.
	Mahida Car OA 703 C 7
	Make & Model:
1	Driver's Name:NRIC No:HP No: Witness Particulars
	Name:: NRIC No: HP No:

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My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date o	of Accident	2	6/02/2020 0	8:20	
	Vehicle	No.(For Motor)	SLV841	3G		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097494753- 02		L E MOK	53364965W	GPC	drivo CLASSIC	SLV8413G	SLV8413G	18/01/2020	17/01/2021

Address Product	BLK 717 #08-4560 BEDOK RES	V0304380	SINGAPORE	470717	Group	20	
	MONTH AND AND AND DOMESTICAL	V0304380	SINGAPORE	14/0/1/	Group		
Name	PRIVATE CAR INSURANCE	Plan			Policy Flag	N	
Policy issue Date	27/12/2019	Effective Date	18/01/202	0 00:00	Expiry Date	17/01/2021 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	BLK 717 #08-4560	Addre	ss 2	BEDOK RESERVOIR	ROAD	Address 3	SINGAPORE 470717
Address 4	Addres		ss Type	Type Singapore address		Post Code	470717
Unit No.	08-4560	Relate Numb	d Policy er	5097494753-02			
) Insure	d Object: SLV8413G						
A STATE OF THE PARTY OF THE PAR							
	ements						

laim Handling					
ocident MT/1085905			E1104135	GST Registration No.	
	5097494753-02	Vehicle No.	SLV8413G	GOT REGISTRICIT NO.	
ertificate No.					
olicyholder Name	L E MOK	250.52.000	Signal Page 1	Palicyhalder NR3C	53364965W
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	96937309	Comact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	NE 🗸
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
♥ Accident Details					
eport Date	26/02/2020 14:48	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
ate of Accident	26/02/2020	Time of Accident hh:mm	08:20	Country of Acodent	Singapore
	2010272020		West Co.	SCM No.	2 mgapara
eporting Centre	Vands Stretogods*	Orange Force		2001.00	
ccident Location	AYE TWOS CITY				
7 Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
S Constant No.	2,000.00	TP Standard Excess	1,500.00		
D Standard Excess	2000		1,500.00	02000000000000000	
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess	۰				
otal OD Excess Applicable	2000.00	Total TP Excess Applicable			
7 Benefits					
GST Registered Informa	etion				
T Registered	No		GST Registration Date		114-2-4-1
ST Registration No.			GST Status Verified	Yes	
dification History	26/02/2020 14:55:49 Sy	stem changed GST Status Verified fro	im No to Yes		
Policyholder Mailing Ad	dress				
ddress 1	BLK 717 #08-4560	Address 2	SEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470717
ddress 4		Address Type	Singapore address	Post Code	470717
nit No.	08-4560	Related Policy Number	5097494753-02		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MOK LOG EE	Driver NRIC	SXXXX138G	Driver DOB	11/03/1955
egister Date of Driver License		Driver Age	64	Driving Experience	44
					1.44)
ontact No. (Mobile)	96937309	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 717	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470717
ddress 4		Address Type	Singapore address	Post Code	470717
init No.	08-4560				
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egratered car					
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	Yes ○ No		
eading?					
odification History					
Claim 001 New					
Claim 001 New					
aim Type *	ор-мх 🔻	Insured Name	L E MOK	Insured NRIC	53364965W
omact No.(Mobile)	96937309	Contact No.(Home)	MIL	Contact No.(Office)	N3L
		OI Vehicle Number	SLV8413G	TP Vehicle Number	SLS4283G
mail Address	Diagra Calary	Type of Benefit *	Please Select	The second resemble?	ara-ready
armant Type Claimant Type+	The second secon		Printed Street.		
aimant Name *	22	Claimant NRIC *			
aimant Address				Les estre partes access	
aim Description	SLV8413G / SLS4283G ON 26 Feb 2020	The state of the s		Name of Preferred Workshop	23
referred Workshop Contact o.		Insured Liability *	Not at Pault		
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ate Registered	26/02/2020 14:56	Claim Close Date		Date Received	26/02/2020 00:00
eport Taken By	lackson				Manage Company of the
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