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Date In: 45/20-10:49	Jcb description	Date	time Completed	20110	
Ref No: Nal INCLODES 798 14	SAS e-filing	1			
Veh No: SMES9464	E-mail (within Shrs, A	(C 2hrs)			-
D.O.A: 19/1/2-22:15	i-Motor Claim Fo	rm em	100-1510301	13/20 13:0	7
	i-Motor W/O (With	in: OD 2hrs, TP 4hrs)		
OD / TP/ Reporting Only	i-Photo Uploaded				
	Assessment/Survey	Report j			
TP Insurer:	Ass't Report by Fax	/ Hand to Owne	r/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:	
TP Particulars: Veh No:56476	4214		Von-INC()		
Owner / Driver: (Tel			
The state of the s	iod: () Cove	r Type: (-
Confirmed by : (ite:	Time:)	
Insured/Driver Liability: (%) [N	Note-Est. Status (WO):	N: 0-20%; F	21-79%. F: 80	-100%]	-
		NO()			
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General Remarks	e e e e	NOT FEEL			,
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Remarks:- (INC horline: 6788 6616)		Date	& Time Completed	A STATE OF	-3
1) Apply for Transport Allowance ()/C	Courtesy Car ()			 	
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$3	()				10-10-
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Date/Time Actions NA 20189 Claimant's Particulars:- Driver/Owner: Contact No:	1 In 2 2) 3 3 4) 5 5 5 1 6) 7)	AR: Accident Repor DA: Damage Assess FF: Towing Fea FT: Follow-Through FT: Follow-Through For claiming against	ting (\$30); ment (\$100); INC Survey Survey (Resurvey) INC Only (wef 10 Jan T Survey	Ant (5). Tst Bill C (\$80) \$40/\$45 \$120 \$30 2005) \$75	A continue
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per 10

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Contact Number **EMail Address**

Fax Number

Gender

- 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.
 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.

	ACCIDENT STATEMENT
Date Of Report	02/03/2020 12:49
Date Of Accident	29/02/2020 22:55
Exact Location Of Accident	SEMBAWANG RD BEFORE MANDAI AVE
Country/State of Loss	SINGAPORE
Description of the second seco	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME5946H
Insured/Policyholder	
Name Of Registered Owner	WONG WEIZHENG, SEBASTIAN
NRIC No	SXXXX044D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86530027
Alternative Phone No	OFFICE-86530027
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ESTIMA 2.4G A
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	5115561213
Cover Note Number	
Driver	
Name of Driver	WONG WEIZHENG, SEBASTIAN
NRIC No	SXXXX044D
Date Of Birth	13/09/1984
Occupation	INDOOR
Date Of Driving Pass	02/09/2005

14 YEARS AND 5 MONTHS

(LOCAL) +65-86530027

OFFICE-86530027

NOEMAIL

BLK 642 CHOA CHU KANG STREET 64 Address

#09-67

Postcode 680642

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 COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

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)

Details of Police Action

Was the accident reported to the police?

NO

1

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLN7643H Vehicle Registration Number

Vehicle Make/Model/Colour

MAZDA 3

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

93552203 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.
- 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 aforesald.
- 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 .:

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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 .:

	Date of Accident	29/2/202 Accident Time: 102255 (24-HR-Format)									
	Accident Place	: ALONG SEMBHUBING AD DET Mondai AVEJU									
	Vehicle Reg. No. (Car Plate No.)	: SMIZ 8946 H									
	Vehicle Make/Model	: To Yota Estima									
	Insurance Company	: NTUC Policy No.									
	Owner or Company Name /IC No.	: WONG WEIZHENLY SIEBHSTIAN S&4260440									
	Owner or Company Contact No.	: 8653 0027 Owner's HpCompany Tel									
	DRIVER'S Name / IC No.	<u> </u>									
	DRIVER'S Date Of Birth	: 13/09/1984 DRIVER'S License Pass Date 02 Sep 2005									
	Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:									
	DRIVER'S Address	:BLL 642 CHOP (HU KANG St 64 #09-67									
	DRIVER'S Contact No./ Alt No.	:1)2)									
	DRIVER'S Occupation	: NDOOR \ OUTDOOR (e.g. working inside or outside office)									
	Email Address	: ADMINGMYLAR.SG									
*	Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET									
	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance									
	Number of Passengers (Including D	river): 01 Kb injury									
	Was there any video Captured by ca Exact purpose for which vehicle was	r camera: YES NO s being used at the time of accident: Frivate use \ Work purpose									
	Other F	Party Driver's Particular (if any)									
	Vehicle Reg. No: SLN 760	Vehicle Reg. No:									
	Vehicle Make Wodel: Mazo 9	Vehicle Make\Model:									
	Name Driver:	Name Driver:									
	IC No. Driver: \$ \$ 207126 H	IC No. Driver:									
	Driver's Contact & Add: 9355	2293 Driver's Contact & Add:									

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Notice of Loss	Policy N	40.				Date	of Accident	[29/02/2020 2	2:55	
	Vehicle	No.(For Motor)	SME59	46H		Certif	icate Number]			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115561213		WONG WEIZHENG, SEBASTIAN	S8426044D	GPC	drivo CLASSIC	5ME5946H	SME5946H	13/01/2020	12/01/2021
					100	Continue	1				

Policy No.	5115561213	Policyholder Name	WONG WEI	ZHENG, SEBASTIAN	Policyholder NRIC	S8426044D	
Certificate No.							
Address	BLK 642 #09-67 CHOA CHU H	ANG STREET 64	SINGAPORE	680642			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	13/01/2020	Effective Date	13/01/2020	00:00	Expiry Date	12/01/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party		Own			Windscreen		
Excess	0	damage Excess	600		Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	MONEYMAX ASSURANCE AGE	NC Agent Tel.	68122708		GST Flag	Y	
Co-	•						
	No						
Flag Open	No						
insurance Flag Open Policy Info Certificate Info	No						
Flag Open Policy Info Certificate Info	nolder Mailing Address						
Flag Open Policy Info Certificate Info		Addre	ss 2	CHOA CHU KANG S	TREET 64	Address 3	SINGAPORE 680642
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Statistic Sta	laim Handling					
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Migration Migr	olicy No.	5115561213	Vehicle No.	SME5946H	GST Registration No.	
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The of Account State	Accident Details					
Daniel From Part Daniel From Part Daniel From	sport Date	02/03/2020 13:03	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
Part	ste of Accident	29/02/2020	Time of Accident hitchm	22:55	Country of Accident	Singapore
## PASS TOPIN	sporting Centre		Drange Force		ICM No.	
Standard Efforts	cident Location	SEMBAWANG RD BEFORE MANDALAVE				
Standard Efforts	7 Total Excess Applicable					
District	cess Type	Per Accident	Windscreen Excess	100.00		
State Stat	Status Miles					
Test Tourne Comment	Standard Excess	600.00	TP Standard Excess	0.00		
March Marc	ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
March Marc	Iditional Excess	0				
# Seaton 1			Total TP Excess Applicable	0.00		
Pagement Name			10300 100 100 100 100 100 100 100 100 10	1078704		
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Registration No. 1957 Serial venthed 1958				GST Registration Date		
## Participation Mailing Address Participation Mailing Address		7777.3			Yes	
Description	dification History					
Description						
Address Type	Policyholder Mailing Ad	dress				
## A DESIGNATION ## AND CONCENTRATE ## AND	oress 1	BLK 642 #09-67	Address 2	CHOA CHU KANG STREET 64	Address 3	SINGAPORE 680642
## OD Privat Tufo ## OD Privat	idress 4		Address Type	Singapore address	Post Code	680642
## OP Private Public North Name WOMG WELZ-ENG, SERATIAN Driver Type Main Driver Driver Doll 13,05(1984 14,	nt No.		Related Policy Number	5115561213		
Man Driver Ma						
Description	an independent of the Control of the	WONG WEIZHENG SERASTIAN	Driver Type	Main Driver		
### Claim of Driver License		WORLD WELL PERO, DELING TOWN			Driver DOB	13/09/1984
Contract No. (Pilotie) SESSOD27 Contract No. (Contract No. Contract		02/09/2005			Driving Experience	14
Description SUC 642 Address 2 CHOX DAI KANG STREET 64 Address 3 SINGAPORE 500042	0			0		0
Address Type Singapore address Pool Code 680642 In this Code 67 One 67 One 67 One 68 One 67 One 69 One 67 One 69 One			The state of the s			SINGAPORE 680642
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