	services. well anios	MANOULETAG	Done	by
Date In: 5/3/20-11:17	Jcb description	Date & Time Completed	Done	o'i
Ref No: LIA /INCLOSUL ON 24	SAS e-filing	İ		
Veh No: JM6430613	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 31 87.69 - (1:00	i-Motor Claim Form	My 1060632-004	5/3/20	11:24
OD / TP-/ Reporting Only	i-Motor W/O (Within: OD 2h i-Photo Uploaded	rs, TP 4hrs)		
TP Insurer:	Assessment/Survey Report			
1P Insurer:	Ass't Report by Fax / Hand	The state of the s		
Preferred Wksp / INC Assign Wksp / QW: (10.	Fax:	
TP Particulars: Veh No: 74777	3M INC			-
Owner / Driver: (Tel:		_
Policy No: () Period	d: ()			-
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%) [Not	te-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Was	rranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000	()/\$2,000()			
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() Walk-In Customer : Customer's information	Shrawa and the subsequents with the state of	A SECRETARIAN AND AND ADDRESS OF THE PARTY O		
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() Total Loss Case : to e-mail Insurer U		Towing Co: ()
Drive-In ()/ Towed-In (); Invoice: Y	/ES()/NO();			
Remarks:- (INC hotline: 6788 6616)		Date& Time Completed	Done	by
A CONTRACTOR OF THE PARTY OF TH	rtesy Car ()			
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3) Upload Resurvey Photo [Repair Cost > \$300] Injury: Date/Time Actions HAP 0(9 24) Injurant's Particulars: Oriver/Owner: Contact No: Oamaged Portion: OC Checked by (Engr-In-Charge):	Invoice P 1) AR: Acid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Fullow For claimin 6) TR: Re-in 7) N1: Idae T 8) NTUC Add OD: *N5: Court *N6: Repa *N7: Post *N8: DV / TP (N11):	eparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey (-Through Survey (Resurvey)) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey litional Services: csy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC	S80) 40/S45 S120 S30 05) \$75 S160 \$5 510 \$25 \$20	AHL(S)
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4.22. 42

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.
- 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.
- 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.

AND CONTRACT	
White the state of	ACCIDENT STATEMENT
Date Of Report	05/03/2020 11:12
Date Of Accident	31/08/2019 11:00
Exact Location Of Accident	CTE (AYE) BEFORE AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE
The second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG4306B
Insured/Policyholder	
Name Of Registered Owner	HU TAO
NRIC No	SXXXX112C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98809430
Alternative Phone No	OFFICE-98809430
Vehicle Particulars	
Manufacturer	BMW
Model	650I AT ABS D/AB 2WD DSC HID HUD INT/STR
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	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	5106533470
Cover Note Number	
Driver	
Name of Driver	HU TAO
NRIC No	SXXXX112C
Date Of Birth	17/02/1978
Occupation	INDOOR
Date Of Driving Pass	20/12/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98809430

OFFICE-98809430

NOEMAIL

Address BLK 863 TAMPINES STREET 83

#08-496

Postcode 520863

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 Registration Number of Driver's Own

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.

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 SJU7573M

Vehicle Make/Model/Colour HONDA STREAM

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)

SKETCH PLAN

IMPORTANT NOTICE

- 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 withholding 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. 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.
- 7. 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:
 - (i) 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
- 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 agencles 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:

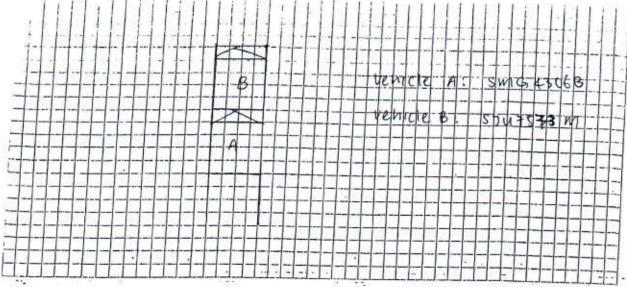
Driver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No :

Name:

Reporting Centre Personnel's Signature

astense Charability of non-bea-



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on my venture bearing carpiate numb smg43068 on CTE CAME) The venture bearing carple number \$747573M who was travelling ahead of me jam brake and I could not stop on time and whable to avoid the collision.
number \$747573M who was travelling ahead of me Jam brake and I could not stop on time and u
jam brake and I could not stop on time and u
unable to avoid the colirsion.

DECLARATION

I/We declare the long oing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personners Signature

Name: NRIC/FIN No.:

Date of Accident	31 Aug 2019 Accident Time: 1100H/S (24-HR-Format)
Accident Place	: CTE (AYE) before ALL AVE I EXM
Vehicle Reg. No. (Car Plate No.)	SMG4306B
Vehicle Make/Model	: BMM 620!
Insurance Company	NTUC Policy No.
Owner or Company Name /IC No.	: HU TOO ST880112C
Owner or Company Contact No.	9880 9430 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Hu Tạo 57880 (12C
DRIVER'S Date Of Birth	17 D8 1978 DRIVER'S License Pass Date 26 12 201
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 863 Tampines St 83 #08-496 ST2086
DRIVER'S Contact No./ Alt No.	:1) 98809430 2)
DRIVER'S Occupation	: DYDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	<u> </u>
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dri	iver): 01 & NO INJUTTES
Was there any video Captured by car Exact purpose for which vehicle was	camera: YES NO being used at the time of accident: Private use \ Work purpose
	urty Driver's Particular (if any)
Vehicle Reg. No: SJU7573M	Vehicle Reg. No:
Vehicle Make Wodel: Honda St	veam Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:

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Hello, NAC_PAYA_UBI_8006	01						, Chan	ge Languag	e Chan	ge Password	+ Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy N	No.				Date	of Accident	- 1	31/08/2019 1	11:00	
	Vehicle	No.(For Motor)	SMG43	06B		Certif	ficate Number	e ĵ			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106533470		HU TAO	S7880112C	GPC	drivo CLASSIC	SMG43068	SMG43068	24/12/2018	23/12/2019

Accident HT/1060632								
Policy No.	5106533470	Matteria No.	FME		Get Province			
Certificate No.	31/03/3470	Vehicle No.	SMG4306	8	GST Registration I	NO.		
	HITAO				<u></u>		A CONTRACTOR OF THE PARTY OF TH	200
Policyholder Name	HU TAO	25 22			Policyholder NRIC		57880	1120
Product Code Contact No.(Mobile)	MUVATE CAR INSURANCE NA	Cover Type Contact No.(Office)	drive CLA	5600	Country No. (bloom	80	0	
Email Address	An.	Special Remark			Contact No.(Home	0		
KPK	® No ⊜ Yes	TCA	B 14 C		eCode		N. V	
NCD Protection	No.	NCD Entitlement(%)	® No ○	res	eCode Reason			1212
Accident Details	- 10	NCD Entitlement(%)	9		Private Hire		Not ave	riable
Report Date	02/09/2019 17:10	Accident Report Within 24 hr			Total Control (Total Control		2.70	
Date of Accident	31/08/2019				Accident Type			n - Head to Rear
	31/08/2019	Time of Accident Nicerm	11:00		Country of Accider	nt	Singapi	ore
Reporting Centre		Orange Force			ICM No.			
Accident Location	CTE (AYE) BEPORE AMK AVE 1 EXIT							
♥ Excess	75725700	102223002230350						
Own damage Excess	1,500.00	Additional Excess	0		Windscreen Excess	* 7	100.00	
Innamed Driver Excess	0.00	Outside Singapore OD Excess	iš.	1,500.00				
hird Party Excess	0.00	Outside Singapore TP Excess		0.00				
♥ Benefits								
GST Registered Informa				200				
IST Registered IST Registration No.	No			7 Registration Date T Status Verified	Ven			
fodification History			- 05	STATE OF THE STATE	Yes			
♥ Policyholder Hailing Ado	frees							
Address 1	8LK 863 #08-496	Address 3	TAMPINES	STREET 83	Address 3		TAMPI	IES PARKVIEW
Address 4	SINGAPORE S20863	Address Type	Singapore	address	Post Code		520863	
Unit No.	08-495	Related Policy Number	51065334	70			Misson	
♥ Of Driver Info								
Driver Name		Driver Type			rod Tress			
Jinnamed driver Name		Driver NR1C			Driver DOB			
tegister Date of Driver License		Driver Age			Driving Experience			
Contact No.(Mobile)		Contact No.(Office)			Contact No.(Home	0		
Address 1		Address 2			Address 3			
Address 4		Address Type	Foreign ad	dress	Post Code			
Address 4 Unit No.		Address Type	Foreign ad	dress	Post Code			
	○ Yes ® No	Address Type Driver Vehicle No.	Foreign ad	dreis	Post Code Driver Insurer Com	npany		
One No. Joes he own a Singapore legistered car? Jodification History Claim 004 New		Driver Vehicle No.		dress	Driver Insurer Com	препу		
One he own a Singapore Registered car? Indication History Claim 004 New Claim Type *	ор-мх	Driver Vehicle No.	HU TAO	dress		npany	\$78801	12C
Unit No. Does he own a Singapore Registered car? Rodification History Claim 004 New Lisim Type * Lontact No. (Mobile)		Driver Vehicle No. Insured Name Contact No. (Name)	HU TAO		Driver Insurer Com Insured NRIC Contact No. (Office)			
One No. Claim 904 New Claim Type * Contact No. (Mobile) Imail Address	GD-MX 90035868	Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number	HU TAO		Driver Insurer Com		\$78801 \$3u757	
Claim 104 New Claim 104 New Claim 104 New Claim 104 New Claim 144 New Contact No. (Mobile) Claim Address Commant Type *	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	HU TAO		Driver Insurer Com Insured NRIC Contact No. (Office)			
Claim 1004 Next Laim 1004 Nex	GD-MX 90035868	Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number	HU TAO		Driver Insurer Com Insured NRIC Contact No. (Office)			
Does he own a Singapore Repitored Car? Addition History Claim 004 New Claim 104 New Contact No. (Mobile) Imail Address Daimant Type Claimant Type * Daimant Address	GD-MX V 90035868 Please Select V	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	HU TAO		Oriver Indurer Com Insured NRIC Contact No. (Office) TP Vehicle Number			
Claim 1004 Next Laim 1004 Nex	OD-MX	Insured Name Contact No. (Home) Of vehicle Number Type of Benefit * Claimant NRIC *	HU TAO NIL SMG4306E Please Sel	ect. V	Driver Insurer Com Insured NRIC Contact No. (Office)			
Claim 004 Next Claim 004 Next Claim 1094 Next Claim 1094 Next Claim 1094 Next Contact No. (Mobile) Commant Type Claimant Type * Commant Name *	OD-MX	Insured Name Contact No. (Home) Of vehicle Number Type of Benefit * Claimant NRIC *	HU TAO NII. SMGADOB Please Sel	ect. V	Insured NRIC Contact No.(Office) TP Vehicle Number		\$34757	3M
Claim 004 Next Claim 004 Next Claim 1094 Next Claim 1094 Next Contact No. (Mobile) Claim 17pe * Commant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Mobiles Claimant Mo	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimare NRDC + Insured Liability + Preference Repair Option	HU TAO NII. SMGADOB Please Sel	ect. V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred		S3U757	3M
Claim 004 Next Claim 004 Next Claim 1004 Next Claim 10	OD-MX	Insured Name Contact No. (Home) Of vehicle Number Type of Benefit * Claimant NRIC *	HU TAO NII. SMGADOB Please Sel	ect. V	Insured NRIC Contact No.(Office) TP Vehicle Number		S3U757	3M
Claim 004 Next Claim 004 Next Claim 1004 Next Claim 10	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimare NRDC + Insured Liability + Preference Repair Option	HU TAO NII. SMGADOB Please Sel	ect. V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred		S3U757	3M
Claim 004 New Claim 004 New Claim 1094 New	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimare NRDC + Insured Liability + Preference Repair Option	HU TAO NII. SMGADOB Please Sel	ect. V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred		S3U757	3M
Claim 004 Next Claim 004 Next Claim 1004 Next Claim 10	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimare NRDC + Insured Liability + Preference Repair Option	HU TAO NII. SMGADOB Please Sel	ect V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred		S3U757	3M
Claim 004 Next Claim 004 Next Claim 1004 Next Claim 10	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimare NRDC + Insured Liability + Preference Repair Option	HU TAO NIL SMG43068 Please Sel Pully at Fa	ect V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred		S3U757	3M
Claim 004 Next Claim 004 Next Claim 1094 Next Claim 10	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimare NRDC + Insured Liability + Preference Repair Option	HU TAO NIL SMG43068 Please Sel Pully at Fa	ect V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred		S3U757	3M
Claim 004 Next Claim 004 Next Claim 1004 Next Claim 10	OD-MX	Insured Name Contact No. (Name) Of vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preference Repair Option Claim Close Date	HU TAO NIL SMG43068 Please Sel Pully at Fa	ect. V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred		S3U757	3M
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