Date In: 1/3/20 - 5:23	Jeb description	1	Date & Time Completed	De	one by
Res No: 49/14/22003677724	SAS e-filing				
Veh No: JMH78664	E-mail (within	Shrs, AIC 2hrs)			5780
D.O.A: 7)20-01:37	i-Motor Clai	im Form	M7/1087033-00V	Thho	17:31
	i-Motor W/C	O (Within: OD 2hr	-	<del>                                     </del>	
OD : P)! Reporting Only	i-Photo Uplo		1		
	Assessment/St	urvey Report			
TP Insurer:			o Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: 57279	A8P	INC (	)/Non-INC( )	8	
Owner / Driver: (	10-7		Tel:	)	
Policy No: ( ) Perio	od: (	)	Cover Type: (		)
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. P: 80	100%]	
Year of Registration: ( ) W	arranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,000		( )			
General Remarks:-				335.60	
( ) Walk-In Customer: Customer's inform		The second second			
( ) Total Loss Case : to e-mail Insurer	URGENTLY.				
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/N	NO( );T	owing Co: (		)
Remarks;- (INC hotline: 6788 6616)			Date&Time Completed	E 7.7 ( YEAR)	7
Avenual 1994 (11332 and time, 6766 and 101					
1) Apply for Transport Allowance ( )/Cou	vaterna Con (	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	Datex 1110 Comple 30	2822	morry
	urtesy Car (	)	Date anno Completa		me,by
2) QC Check / Post Repair Inspection	( )		Datex (artic Completed)	100	mo,by
	( )	)	Datex (m) 6 Completed		моду
2) QC Check / Post Repair Inspection	( )		Datex: in its Completed		моду
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$300]	( )		Datex (117)6 Completed		mo ty
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )		Datex: aris Comparison		mo <sub>c</sub> ty
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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.
- 5. 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.	sent to the archiving of this report at the centre and to copies of the report being made available
Sign Calman Strategy and Calman	ACCIDENT STATEMENT
Date Of Report	05/03/2020 15:23
Date Of Accident	05/03/2020 01:30
Exact Location Of Accident	SERANGOON GARDEN WAY TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN7866U
Insured/Policyholder	
Name Of Registered Owner	KOH WEI JIE
NRIC No	SXXXX786C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83287238
Alternative Phone No	OFFICE-83287238
Vehicle Particulars	
Manufacturer	BMW
Model	116D 5DR HATCHBACK DSC LED
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
deposit particular and with the same	Window States Walker

Policy Number 5113382152

Cover Note Number

#### Driver

 Name of Driver
 KOH WEI JIE

 NRIC No
 SXXXX786C

 Date Of Birth
 05/07/1992

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/06/2015

Driving Experience 4 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83287238

Fax Number

Contact Number OFFICE-83287238

EMail Address NOEMAIL

Address

BLK 321A ANCHORVALE DRIVE

#13-08

Postcode

541321

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

CHAIN COLLISION

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

3

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)

3

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

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

SJR2748A

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category 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

SJQ3449L

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)

2

# SKETCH PLAN

#### 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.
- 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:

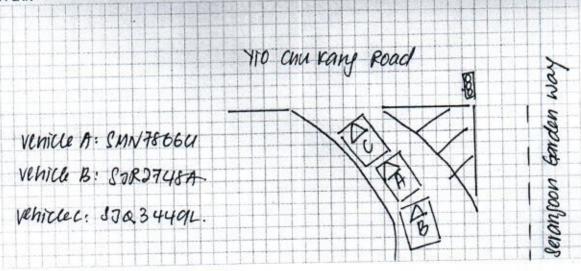
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel s Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ENNTEGEN , was stationary along the stated venue.  Buddenly, vehicle B, STRITYERA, hit onto my  vehicle's rear portion. The great Trupact caused my  vehicle to propel toward & hit onto the front  limite.  my passengers: 1) Teo kai xing  \$97272711  3) Teo Jun Jie  \$9138645C.				0/0.	+1.1 N	ate of ver	4
which's rear portion. The great Thepact caused my which to propel toward & hit outs the fourt elimics.  my passengers: 1) Teo kai xing 997272711  2) Teo Jun Jie	2MN7866U	, was	stationary	along	in sk	iled ver	nue.
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enicle.  my paesengers: 1) Teo kai Xing  897272711  2) Teo Jun Jie	vehicle's i	ear port	ion. The	great 7	impact	caused	my
my paesengers: 1) Teo kai xing 897272711 2) Teo Jun Jie	vehicu to	propel	forward	t hit	onto	the fo	nd
39 717 Jun Jie .	emile.						
39 717 Jun Jie .		1 passes	ngers: 1)	7eo kai	xing		
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89138645C.	mı	10					
	mı		(د	7eo Jui	1 Jie		
	mı		(د				
	mı		(د				

DECLARATION

I/We declare the foregoing porticulars are true in every respect.

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.:

# ACCIDENT STATEMENT

1. DETAILS OF VEHICLE	SMN7866U	HOWards . YIO CHU Kang P
a) VEHICLE NUMBER:_	1 4:11	
DJINSURANCE COMPA		When the property of the second section
CIPOLICY NUMBER:	/ IT / TURD DAG	TY / THIRD PARTY FIRE &THEFT)
d)POLICY TYPE: (COM	PREHENSIVE / IHIKU PAK	CIT / ITAKE I FAMILIA
GIMAKE & MODEL:		Y / MOTORCYCLE / OTHERS)
	JPE / MPV /V AN / LORK	AL (MOTORCYCLE)
INCLE CATEGORY	- IPRIVALE / COMMENCE	Private
h)PURPOSE OF USING	AT ACCIDENT TIME	PANCE (YES/NO)
	UNDER YOUR OWN INSUITHIRD PARTY OLAIM / RE	PORTING ONLY)
IF NO, PLEASE STATE (	THIRD PART I GENTLY IN	^
2. INSURED / POLICY HOL	kon wei Jie	MAVE / FEMALE)
A)NAME:	Ca 1111060	CONTACT: (3) (1)
b) NRIC/FIN/PASSPORT	321A Anchorval	Joine #13-00 3(341)
c)ADDRESS:	37111 1110	
	DRIVER ALSO POLICY HO	OLDER
A. San	DRIVER ALGO . CL.	
of passanga DRIVER		(MALE / FEMALE)
duding driver) bj NRIC/FIN/PASSPORT:		CONTACT:
c)ADDRESS:	THE PERSON NAMED IN CO.	*
	100	
*dDATE OF BIRTH: ( 0	5, 07, 1992 (DD/	MM/YYYY)
e)OCCUPATION: (INDO	OOR / OUIDOOK	
FIYEARS OF DRIVING E	KPRERIENCE:	ED'S COMPANY? (YES / NO)
	A VACE UP THE THOUSE	ED'S COMPANY? (YES / (10))
5. a) WEATHER CONDITION	H: (CLEAR / RAINING /	Sineko
b)ROAD SURFACE: (DB	A / MEI / OTHERS	
6. WAS ANYBODY INJURE	D (AES / MO).	
7. a) REPORTED TO POLICE	WHICH POLICE STATION	
IF YES, PLEASE STATE Y	VIIICH I OLIOZIA	
8. THIRD PARTY VEHICLE	CJR2748A	MODEL:
of passenger a) VEHICLE NUMBER:		THE RESERVE OF THE PARTY OF THE
	oT.	CONTACT:
b) DRIVER'S NAME:_	\1:	
uding driver) b) DRIVER'S NAME:_		
of male third PARTY VEHICLE		MODEL:
o) male c) NRIC/FIN/PASSPORTHIRD PARTY VEHICLE  d) VEHICLE NUMBER:	J083449L	The same of the sa
of male third PARTY VEHICLE	J03449L	MODEL:

email =

fax =

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The state of the s			Chang	ge Languag	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident	1	05/03/2020 0	1:30	
	Vehicle	No.(For Motor)	SMN78	66U		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	5113382152		KOH WEI JIE	59222786C	GPC	CLASSIC	SMN7866U	SMN7866U	17/10/2019	16/10/2020
					- 0	Continue					

Claim Handling										
Accident MT/1067033	-4000000000 H	1499360098	29/04/40	0		506 - 90 ± 30 6 (c)	00,000			
Policy No. Certificate No.	5113382152	Vehicle No.	SMN7866	U		GST Registration	No.			
	West Division									
Policyholder Name	KOH WEI JIE					Policyholder NRX			12786C	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLA	SSIC		Loading		0		
Contact No. (Mobile)	NA .	Contact No.(Office)				Contact No.(Hom	e)			
Email Address		Special Remark				eCode		No. 5	₹:	
KPK	® No ○ Yes	TCA	® № ()	Yes		eCode Reason				
NCD Protection	No	NCD Entitlement(%)	0			Private Hire		Not a	rvaliable	
<ul> <li>Accident Details</li> </ul>										
Report Date	05/03/2020 15:33	Accident Report Within 24 hrs	Yes			Accident Type		Chair	Collision	
Date of Accident	05/03/2020	Time of Accident hh:mm	01:30			Country of Accide	to	Sings		
Reporting Centre	000000000000000000000000000000000000000	Orange Force				ICM No.	2000	3.00	P. 1	
Accident Location	Serangoon Gerden Way towards Ylo Chu R	3/5				June 180.				
♥ Total Excess Applicable		any rivers								
Excess Type	Per Accident	1022521920122099		F202-025						
estess type	Per Attident	Windscreen Excess		100.00						
OD Standard Excess	2,000.00	TP Standard Excess		1,500.00						
YIED OD Excess		YIED TP Excess		2,500.00		Davis is Council		No.	and other	
Additional Excess	0	Table 10 Edition				Driver is Covered	55	NOT A	ppicable	
		Participate of the second second		202020000						
Total OD Excess Applicable	2000.00	Total TP Excess Applicable		1,500.00						
▼ Senefits	ula-									
♥ GST Registered Informa			134	•						
GST Registered GST Registration No.	No			T Registration Date		7.0				
			GS	T Status Venfied		Yes				
Modification History										
♥ Policyholder Malling Ad	dress									
Section 12 to the latest the 12 to the		0.22	- Valence			20100000		garac	200000000000000000000000000000000000000	
Address 1	8LK 321A #13-08	Address 2		ALE DRIVE		Address 3			APORE \$41321	
Address 4		Address Type	Singapore			Post Code		5413	541321	
Unit No.		Related Policy Number	51133821	52						
♥ OI Driver Info										
Oriver Name		Driver Type								
Unnamed driver Name		Driver NRIC				Driver DOB				
Register Date of Driver License.		Driver Age				Driving Experience	•			
Contact No.(Mobile)		Contact No.(Office)				Contact No.(Home	•)			
Address 1		Address 2				Address 3				
Address 4		Address Type	Foreign ad	dress		Post Code				
Unit No.										
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.				Driver Insurer Co.	препу			
negacine carr										
Modification History										
Control and Control										
Claim 002 New										
S. Andrews Co.		AL USEW DESIGNATION	-			200 200 000 000		promote		
Claim Type *	OD-MX	Insured Name	KOH WEI			Insured NRIC		5922	2786C	
Contact No.(Mobile)	96303677	Contact No. (Home)	64893215			Contact No.(Office	0			
Email Address		Of Vehicle Number	5MN7866U			TP Vehicle Numbe	r	5382	748A	
Darmant Type Claiment Type *	Please Select	Type of Benefit *	Please Sel	ect 🔻						
Daimant Name *	22	Claimant NRIC *								
Daimant Address			144							
Daim Description	SMN7866U / SIR2748A ON 5 Mar 2020				=	Name of Preferred	Workshor			
Preferred Workshop Contact	7	Insured Liability •	Not at Fau	e U			-			
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tequire Finalisation	Yes 🗸	Preferend Repair Option	Preferred	Workshop, Name unknown	Y	GIA report		Recei	ved 🗸	
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