Date In: 24/3/20-14:19	Jcb description	Date &Time Completed	Done b	ρ'n.
Ref No: WALL DOG YYNETRY	SAS e-filing			
Veh No: 01438787	E-mail (within Shrs, AIC 2hrs)			-27
D.O.A: 23/22-18:00	i-Motor Claim Form	M1089403-001	14/3/20 14:3	16
	i-Motor W/O (Within: OD 2			
OD : TP) Reporting Only	i-Photo Uploaded			
W100000	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Han			
Preferred Wksp / INC Assign Wksp / QW: (Fax:	-
TP Particulars: Yeh No: 4558	inc inc	()/Non-INC()		-
Owner / Driver: (190	Tel:)	-
Policy No: () Period	d: (Cover Type: ()	
Confirmed by: (Date:	Time:)	
	te-Est. Status (WO): N: 0	20%; P: 21-79%. P: 80-	100%]	
	arranty: YES ()/NO ()		_
Excess: (\$) Loading: \$1,000			- Triple - miles	
General Remarks:-				-
() Walk-In Customer: Customers information	ation strictly Confidential &	Birictly NO refer of renairer	2 X 2 X 2 X 2 X 2 X 2 X 3 X 3 X 3 X 3 X	
() Total Loss Case : to e-mail Insurer I		Strictly NO Telef of repailer.		-
Drive-In () / Towed-In (); Invoice: Y		Towing Co: (000
	25():10();			_
	irtesy Car ()		Ship and the same of the same	_
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QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300)	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury : Date/Time Actions	()	eparation Checklist.	Anit (5)	AA
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury : Date/Time Actions	() () () () () () () () () ()	at Reporting (\$30);	fê Bill	1.1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury : Date/Time Actions NAWAY 54 Claimant's Particulars :-	() () () () () () () () () ()	nt Reporting (\$30); e Assessment (\$100); INC (\$	78 Bill	1.1
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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.

EXPERIMENTAL COMPANY.	ACCIDENT STATEMENT
Date Of Report	24/03/2020 14:19
Date Of Accident	23/03/2020 18:00
Exact Location Of Accident	AYE TWDS TUAS BEFORE CLEMENTI EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGA3898T
Insured/Policyholder	
Name Of Registered Owner	CHUA MUI MUI
NRIC No	SXXXX937H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96783593
Alternative Phone No	OFFICE-96783593
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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	5113298137
Cover Note Number	
Driver	
Name of Driver	LAU WAI HOONG
NRIC No	SXXXX676D

 Name of Driver
 LAU WAI HOON

 NRIC No
 SXXXX676D

 Date Of Birth
 12/11/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 13/02/2016

Driving Experience 4 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96783593

Fax Number

Contact Number OFFICE-96783593

EMail Address NOEMAIL

Address BLK 187 BOON LAY AVENUE

#14-66

Postcode 640187

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

566 26075000 TO DE VIDENCE VAN

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING
Road Surface WET

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?

YES

Was any injured conveyed to hospital by

ambulance?

NO 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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF8179K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver COMMERCIAL VEHICLE

Withhird American 2000

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LAU WAI HOONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SGA3898T

YES

NO

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 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:
 - (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)

Mille

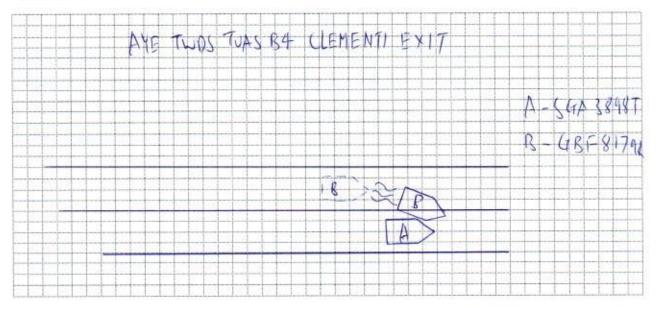
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

XIT ON LANE 1. SUDI	ONG AYE TOWARDS TUAS BEFORE BEFORE CLEMENTI
RONT LEFT SIDE OF	

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 .:

Accident Reporting Draft

VEHICLE NO: SGA3898T

MODEL: TOYOTA ALTIS

DATE OF ACCIDENT	23/3/2020
TIME OF ACCIDENT	1800 HRS AM/PM
LOCATION OF ACCIDENT	AYE TOWARDS TUAS BEFORE CLEMENTI EXIT
EXACT PURPOSE USE DURING ACCIDENT	
	0.000
NAME OF OWNER	CHUA MUI MUI
CONTACT NO.	96783593
NRIC	S7567937H
CLAIM TYPE	OD (THIRD PARTY) REPORTING ONLY 3P
INSURANCE CO.	NTUC
TYPE OF COVERAGE	COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
POLICY NO.	
NAME OF DRIVER	AS ABOVE / IF NO: LAU WAI HOONG
NRIC	S7555676D ANY PASSENGER: 0
DATE OF BIRTH	GIGGGIOD ANT FASSENGEN. U
OCCUPATION	OUTDOOR (INDOOR)
DATE OF DRIVING PASS	OUTDOOK (INDOOK)
GENDER	(MALE) FEMALE
CONTACT NO.	96783593 OFFICE: HOME:
ADDRESS DRIVER HAVE ANY OWN VEHICLE	APT BLK 187 BOON LAY AVE #14-66 S(640187) NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/JE NO: SPONSE
0.000,000,000,000,000,000,000	
WEATHER CONDITION	CLEAR (RAINY) OTHER: RAINY
ROAD SURFACE	DRY (WET)OTHER: WET
ANY INJURIES	NO / IF YES:
CONTACT NO.	100 100 100 100 100 100 100 100 100 100
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	GBF8179K ANY PASSENGER:
NAME	
CONTACT NO.	ANIV DACCENICED
VEHICLE C NO.	ANY PASSENGER:
VEHICLE D NO.	ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	
MOBILE NO.	Dudor
CONTACT PERSON	Ryder Auto Pte Ltd
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com
	Tel: 67418277 Fax: 67468277

eBao Tech				Section Control		Second Stand	Y 2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			and the same of th	
Hello, NAC_PAYA_UBI_8006	501						Change	Language	Chang	ge Password	· Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date o	f Accident	2	3/03/2020 1	8:00	
	Vehicle	No.(For Motor)	SGA3898T			Certificate Number					
					0	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113298137		CHUA MUI MUI	S7567937H	GPC	CLASSIC	SGA3898T	SGA3898T	14/10/2019	13/10/2020

Section 1984	Lancaca and the same of the sa	and the same of th	Lavaran ex		THE CONTRACT OF THE CONTRACT OF	A PROPERTY OF THE PARTY OF THE	
Policy No.	5113298137	Policyholder Name	CHUA MUI	MUI	Policyholder NRIC	S7567937H	
Certificate No.							
Address	BLK 187 #14-66 BOON LAY AVE	NUE SINGAPO	RE 640187				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/10/2019	Effective Date	14/10/2019	9 00:00	Expiry Date	13/10/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	COSMO INSURANCE AGENCY PT	Agent Tel.	64651090		GST Flag	Y.	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	older Mailing Address						
Address 1	BLK 187 #14-66	Addre	ss 2	BOON LAY AVENUE		Address 3	SINGAPORE 640187
Address 4		Addre	ss Type	Singapore address		Post Code	640187
Unit No.		Relate Numb	d Policy er	5113298137			
▶ Insured	d Object: SGA3898T			Name of Particular Spirits and			
♥ Endors	ements						
Sequen	ce Date of Endorsement		Endorsemen		Endorsement		Endorsement Content

Claim Handling								
cident MT/1089403	Wall to be Low	The Indian						
licy No.	5113298137	Vehicle No.	SGASESET	ř		GST Registration No.		
ertificate No.								
olicyholder Name	CHUA MUI MUI					Policyholder NRIC	57567937H	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLAS	JSSC 2003		Loading	0	
ontact No. (Mobile)	96793593	Contact No. (Office)	0			Contact No.(Home)	0	
mail Address		Special Remark				eCode	NC Y	
FK	® No ○ Yes	TCA	@ No ()	es		eCode Reason		
CD Protection	No	NCD Entitlement(%)	20			Private Hire	No	
Accident Details								
eport Date	24/03/2020 14:34	Accident Report Within 24 h	rs Yes			Accident Type	Collision - Change / Cross lane	
ete of Accident	23/03/2020	Time of Accident hh:mm	18:00			Country of Accident	Singapore	
eporting Centre		Orange Force				ICM No.		
cident Location	AYE TWOS TUAS BEFORE CLEMENTI EXIT							
▼ Total Excess Applicable	<u> </u>							
coess Type	Per Accident	Windscreen Excess		100.00				
caci sina anti-ciri	*****							
Standard Excess	600.00	TP Standard Excess		0.00		201 WELL 1920		
ED OD Excess	500.00	YIED TP Excess				Driver is Covered?		
ditional Excess	0							
tal OD Excess Applicable	1100,00	Total TP Excess Applicable						
P Benefits	7200.							
GST Registered Informa	ation							
T Registered	No		GS:	F Registration Date		OV.) I		
T Registration No.			GS	Status Verified		Yes		
dification History								
Policyholder Halling Ad	idress							
idress 1	BLK 187 #14-66	Address 2	BOON LAY	AVENUE		Address 3	SINGAPORE 640187	
idress 4		Address Type	Singapore	address		Post Code	640187	
NO.		Related Policy Number	51132981	87				
OI Driver Info								
iver Name	Unnamed Driver	Driver Type	Unnamed I	Criver				
named driver Name	LAU WAI HOONG	Driver NRIC	50000676	O		Driver DOS	12/11/1975	
gister Date of Driver License	13/02/2016	Driver Age	44			Driving Experience	4	
intact No.(Mabrie)	96783593	Contact No.(Office)	0			Contact No.(Home)	0	
	8UK 187	Address 2	BOON LAY	ALASMA IS		Address 3	SINGAPORE 640187	
dress 1	90K 187							
Mress 4		Address Type	Singapore	address		Post Code	640187	
ne No.	14-66							
oes he own a Singapore egistered car?	O Yes ® No	Driver Vehicle No.				Driver Insurer Company		
claration								
reathalyser or Blood Test eading?	0 mg	Any injury?	® Yes ○	No				
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outlianon matery								
Claim 001 New								
10.00								
am Type *	ор-мх 💟	Insured Name	DHUA MUI	MUE		Insured NRIC	S7567937H	
ntact No.(Mobile)	82185477	Contact No.(Home)				Contact No.(Office)		
nail Address		OI Vehicle Number	SGAJOPST	6		TP Vehicle Number	G8F8179K	
smant Type Claimant Type *	Please Select	Type of Benefit •	Please Sel	ect V			SW-W-5-100 SK	
smant Name *	>>	Clament NRJC +						
iment Address			-	MARKET LEVEL IN				
im Description	SGA3898T / GBF8179K ON 23 Mar 2020					Name of Preferred Worksh	op	
eferred Workshop Contact	, 23 24 24 24 24 24 24 24 24 24 24 24 24 24	- Transport Colores 14	No. of Co.	. [21		The state of the s	553-III-	
farmer and a company		Insured Liability *	Not at Fau					
quire Finalisation	Yes	Preferend Repair Option	Preferred	Workshop, Name unknown	Production 1	GIA report	Received	
te Registered	24/03/2020 14:36	Claim Close Date		No		Date Received	24/03/2020 00:00	
port Taken By	Jackson							
Print AK letter								
			Na Comment	TATAL SEE				
			Save Sur	mt				
Attachment								
NO.								
*								
cident No.	MT/1089403	Claim No.		001				
st Doc. Received	● Yes ○ No	Upload Date		24/03/2020 14:37				
HENCHOLDS PERSONS	Pach +	11.700.000.00				Confidential Ur	gency * Description	
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