	re Services well Jamos /		
Date In: 26/3/20 - 18:4~	Jeb description	Date &Time Completed	Done by
Res No: MAINE 2004567/24	SAS e-filing		
Veh No: JF41638 R	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 20/2/20-17/10	i-Motor Claim Form	m/1089720-031	26/3/20 18:3
OD TP! Reporting Only	i-Motor W/O (Within: OD 2h		
OD TO Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
· · · · · · · · · · · · · · · · · · ·	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: XE	trioz INC ()/Non-INC().	
Owner / Driver: (Tel:)
Policy No: () Pe	eriod: (Cover Type: ()
Confirmed by : (Date:	Time:)
	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]
The state of the s	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,0	000()/\$2,000()		
General Remarks:-		A KATALAYNAN ETT TO	3. 3.
Apply for Transport Allowerses ()/6		Date&Time Completed."	Done by
2) QC Check / Post Repair Inspection	Courtesy Car ()	Date& Time Completed	AND CHARGE BY
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car ()	Date&Time Completed	AND CALGORS BY
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

atoresaid.		-
Actual relations of the best between the best and	ACCIDENT STATEMENT	
Date Of Report	26/03/2020 18:42	
Date Of Accident	25/03/2020 17:10	
Exact Location Of Accident	257 CHANGI RD TWDS GEYLANG RD	
Country/State of Loss	SINGAPORE	
A CALL Missage and Call Address of the Call	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFH1638R	
Insured/Policyholder		
Name Of Registered Owner	CHANG PRIVAUTO	
Co Reg No	5XXXX420M	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	
Vehicle Particulars		No.
Manufacturer	HONDA	
Model	CIVIC 1.6L VTI AUTO	
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	THIRD PARTY	
Fleet Policy	YES	
Policy Number	5115238406	
Cover Note Number		
Driver		
Name of Driver	CHEW TENG WEE (ZHOU TINGWEI)	
NRIC No	SXXXX833C	
Date Of Birth	08/07/1988	
Occupation	OUTDOOR	
Date Of Driving Pass	28/03/2014	
Driving Experience	5 YEARS AND 11 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-90490300	
Fax Number	Zectobergodesis. Verbilder Frieder Weiterland	
Contact Number	OFFICE-90490300	
EMail Address	NOTIVE	

NOEMAIL

Address

BLK 266 YISHUN STREET 22

#10-168

Postcode

760266

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

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?

Number of vehicles (including own vehicle) involved in the accident

NO 2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

7000

GENDER:

: FEMALE

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

XE4210Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

PUTRA KUMAR A/L SAMUDRAM

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 15

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHEW TENG WEE (ZHOU TINGWEI)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NECK & BACK

SFH1638R

YES

NO

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.
- 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.
- 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 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 (all insurers) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - 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:

Reg No /

PRIL

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

Reporting Centre Personnel's Signature

NRIC/FIN No .:

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		18 3	13: X	€ 42101
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CRIBE CIRCUMSTANCES OF THE ACCIDENT			11111	
	1 0/2	257	2/ -	
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The state of the s				1
sele rear portion. When	1 801	down.	1 Saw	velsel
) collided onto me.				
I contided onto me:				

Policy older's signature

STARRY Dept. 1981 (Monthly Ma

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.

This form must be filled up by the policy holder and/or authorised driver.

- Information provided must be as fruitful 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. Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date:)S May 2	Dio Inc	/AAAA /\nu\ =:	13	
Exact location of accident	257	1600	land	// IVHVI/ YY) II	me: 1-10	(HH:MM)
	1	charg.	ready	TOWARD	beyting	Pood.

Details of vehicle

Vehicle registration number	SF H 1638R
Vehicle make and model	Honda Carle
Type of vehicle	Saloon MPV CRV Van
Vehicle category	Deinet Uthers:
Purpose of using at said time	Workfug Motorcycle
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

Insurance information

Insurance company	NTUC		
Policy number		06-000012	
Type of policy	Comprehensive		
	- comprehensive	Third party fire & theft \square	TP only

Insured / Policy holder

Charle il scarch		
1 1	Male 🗆	Female
0 4 20101		
	Chang Hivauto 4 20M	Iviale Li

Driver

Same as insured above □ (skip to D.O.B)

Name	Chew Teng les	
NRIC / Fin / Passport number	8336 leng dee	Male Female
Contact	9049 0300	
Address	610ck 266 Yishun Street 22 #10-168 Sanfapore 760266	
Email address	#10-168 Sangapore 760266	
Date of birth	08 July 1988	
Occupation	Indoor D Outdoor	
Driving date pass	28 Mgy 2014	

General information of the accident

Was driver an employee of the insured's company?	Yes No If no, relationship of the driver and insured:	Herer
Accident captured by camera?	Yes D No.	TINEV
Weather condition	Clear Raining Others:	
Road surface	Dry D Wet a	
No of passenger	3	
Passenger 1		(Inclusive of driver
Name		
Gender	Male Female	
Gender Passenger 3	Male Female Femal	
Name		
Gender	Male Female	
Passenger 4		
Name		10-1-1-1-1
Gender	Male Female	
Passenger 5	Telade	
Name		

Passenger 6

Gender

Name		
Gender	Male Female	

Female 🗆

Male 🗆

Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes	No 🗆	
All all all and a second and a	/	- A 0.70 - Th	

Details of police action

Reported to police?	Yes 🗆	No	If yes please state which notice and
Police station name		_	If yes, please state which police station.

Third party vehicle 1 (Velacle 6)

Name	Putra Lumar A/L Samudram	
Contact number	and the state of t	
NRIC / Fin / Passport number	2161	
Vehicle registration number	XC 42107	
Vehicle make model		

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1	
Name	
Witness 2	
Name	
Injured person 1	
Name	Chew Teny whee
Injuries sustained	Neck & Back
Which vehicle person in?	833 C
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No.B
Injured person 2	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes No D
Injured person 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes No
Injured person 4	
Name	

Injuries sustained

Which vehicle person in? Were seat belts worn?

Was injured conveyed to

hospital by ambulance?

Yes 🗆

Yes 🗆

No 🗆

No 🗆

Hello, NAC_PAYA_UBI_80		200		SACHED FOR	100000000000000000000000000000000000000				Contract of the last	Gener	alClaim
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Notice of Loss	Poli	icy Query									
	Policy	No.	511523	8406		Date	of Accident	5	5/03/2020	7:10	
	Vehicle	No.(For Mator)	SFH163	8R		Certifi	cate Number	Ī			
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115238406	5115238406- 000012	CHANG PRIVAUTO	53366420M	GFM	Third Party		SFH1638R	13/02/2020	27/12/2020

Policy No.	5115238406	Policyholder Name	CHANG P	RIVAUTO	Policyholder NRIC	53366420M	
Certificate No.	5115238406-000012	LO CONTROL OF			WRIC	ALTERIAN S	
Address	BLK 526 #06-147 HOUGANG AV	ENUE 6 SING	APORE 530	526			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	29/12/2019	Effective Date	28/12/20	19 00:00	Expiry Date	27/12/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess		OS Premium	17139.45				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Agent	AA INTERNATIONAL INSURANCE	Agent Tel.	64646022		GST Flag	v	
Co-					Janes I I I I I I I I I I I I I I I I I I I		
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Plag Dpen Policy Info Certificate Info Policyho ddress 1 Indress 4 Init No. Insured Endorse Sequenc	Older Mailing Address BLK 526 #06-147 01-79 Object: 5115238406-000012	Address	Type Policy	Singapore address	Р		

## STATE ST	Claim Handling Accident HT/1089720					
Section Sect						
March Marc			Vehicle No.	SPH1638R	GST Registration No.	53366420M
Marcian REF MERCH MOUNTAIN Command Co						
### Part					Policyholder NRIC	53366420M
## STATE AND					Loading	
		0	Contact No.(Office)	0	Contact No. (Home)	0
March Second S		23	Special Remark		eCode	THE V
March Marc		® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
## Modern Flower Ministry Court Date of Account in man 10/10 Date of Account in man 10/		No	MCD Entitlement(%)	0		Yes
Description Section	♥ Accident Details					V17-0
The set A COUNTY OF A COUNTY O	Report Date	26/03/2020 18:51	Accident Report Within 24 hrs.	Yes	Kenta at Toron	
Part Community	Date of Accident	25/03/2020	Time of Accident blomm			Collision - Head to Rear
Total Price Age Part Accounts Part Accou	Reporting Centre			17:10		Singapore
## Print Pri	Accident Location	257 CHANGI ED TWDS GEVLAND ED	Charge Force		ICM No.	
## ACCOUNT OF TRAVERS 1,500.00 17 15 15 1,500.00 1,50	♥ Total Excess Applicable					
15 15 15 15 15 15 15 15			COMMON PORTON NATIONAL			
## 1.00 Control ## 1.00 Contr	100000000000000000000000000000000000000	Tat Accident	Windscreen Excess			
100 Outside 0.00 100 Texters Approaches 0.00 Texters Approache	D Standard Excess		TO Standard Corner	380007000		
Marche	IED OD Excess	9.00		1,500.00		
## Annotation ****	dditional Excess	5.40	TIED IP EXCESS		Driver is Covered?	
## Section 19	otal OO Excess Applicable	0.00				
## ST SECTION 10 10 10 10 10 10 10 1		0.00	Total TP Excess Applicable			
74 Appleted No		ation				
Targetracon (n)	Li contilina della					
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Moderate						
## 15 No.		SUK 525 #06-147	Address 2	HOUGANG AVENUE 6	Address 3	SINGAPORE 530526
## 15 Part P			Address Type	Singepore address	Post Code	
Direct Type		01-79	Related Policy Number	\$115238406		
Comment Name Comm		V- 0. 4 0	r rounder!			
Direct Date of Owner License 28/03/2014 Direct Age 1 Direct Page 1 Dir			Driver Type	Unnamed Driver		
Selection of Other Line 1			Driver NRIC	\$1000(833)	Driver DOB	08/07/1985
### Support ### S		28/03/2014	Driver Age	31	Driving Experience	
### ### #############################	ntact No.(Mobile)	90490300	Contact No. (Office)	0		0
## Address Type ## No ## Dower Insurer Company ## Pericode ## No ## Dower Insurer Company ## Pericode ## No ## Dower Insurer Company ## Pericode ## No ## Dower Insurer Company ## No ## Dower Insurer Company ## No	dress I	BLK 266	Address 2	YISHUN STREET 22		
### ### ##############################	dress 4					
## ## ## ## ## ## ## ## ## ## ## ## ##	it No.	10-168			Post Code	760266
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