NATIONAL Assessment Ce.	WITE DET FICES		NANUOYYET		
Date In: 5 1/20 - 09:11	Job description	1	Date &Time Complet	ed E	Done by:
Ref No: 40 1H(120)555074	SAS e-filing				
Vch No: SCLI8203m	E-mail (within	Shrs, AIC 2hrs)			40
D.O.A: 45775-15:45	i-Motor Clai	im Form	M7 109294001	15/1720	09:23
KANDONING WISHING WISHING	i-Motor W/C	O (Within: OD 2hr	s, TP 4hrs)		
OD / TP-/ Reporting Only	i-Photo Uplo	paded	1		
Thi	Assessment/S	urvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No:	DIOWR	INC ()/Non-INC()	4 4	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	(Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 9	0-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: 5	\$1,000 ()/\$2,000	()			
General Remarks:		1 - XYAY		STATE OF	
() Walk-In Customer: Customer's	information strictly Co		11111111111111111111111111111111111111		
() Total Loss Case : to e-mail In:			S		
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Remarks: (INC hotline: 6788 6616) / Courtesy Car ()		4* /5 / /1	Jone by
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Remarks: (INC hotline: 6788 6616 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :) / Courtesy Car ()		1	Jone by
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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.

atoresaid.	
地方的人工可能是如此的人的企作。	ACCIDENT STATEMENT
Date Of Report	05/05/2020 09:11
Date Of Accident	04/05/2020 15:40
Exact Location Of Accident	BIDEFORD RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN8203M
Insured/Policyholder	
Name Of Registered Owner	GIAM CHOON HUAT
NRIC No	SXXXX020H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96757737
Alternative Phone No	OFFICE-96757737
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180K
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	5115706516
Cover Note Number	

Driver

Name of Driver GIAM YUE LING DESSA

 NRIC No
 SXXXX196I

 Date Of Birth
 31/07/1999

 Occupation
 INDOOR

 Date Of Driving Pass
 19/10/2019

Driving Experience 0 YEAR AND 6 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-93388016

Fax Number

Contact Number OFFICE-93388016

EMail Address NOEMAIL

Address

BLK 325 ANG MO KIO AVENUE 3

#11-1904

Postcode

560325

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

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?

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)

2

Passenger 1

NAME:

£.,

GENDER: : MALE

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

SDD5020R

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

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 truthful 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.
- 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.

(Des gran

- (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 .:

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We h	: cl e	Ŋ	lag	onfo	ny	vehicle	ΛS	lof j	ngin			

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)

Welshim

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No .:

45/2030 15/40PM 15/40PM

A: SUNBLOSM A: UDDSODOR

Bideford Rd

ACCIDENT STATEMENT

AC	CIDENT DATE: (4. 1)	DD/MM/YYYY), TIME:(13 : 1) (HH:MA
LO	CATION: Bidebrd Rd.	
	1. DETAILS OF VEHICLE	
		2010
	a) VEHICLE NUMBER: SUIS	
		1700
	C)POLICY NUMBER: 51107	
	d)POLICY TYPE: (COMPREHENSIVE	E / THIRD PARTY / THIRD PARTY FIRE &THEFT
	fJTYPE: (SALOON / COUPE / MPV /	VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / h) PURPOSE OF USING AT ACCIDEN	COMMERCIAL / MOTORCYCLE)
	i) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PARTY	JP OWN INSURANCE (YES/NO)
2	2. INSURED / POLICY HOLDER	· Serially Ker Significan Significant
	A)NAME: Giam Chaon It	91 (MAJE / FEMALE)
	to be the control of	CONTACT: 967577
	c)ADDRESS:	CONTACT:
88 10		
	* CONTINUE TO 3.d IF DRIVER ALSO	2 BOLICY HOLDER
* No of passon a 3	, DRIVER	D POLICI HOLDER
Ho of passenger (Including driver	a)NAME:	
Uncluding driver) bindic/ein/passport	(MALE / FEMILE)
(2)		CONTACT:S388 01
	c)ADDRESS:	
imale.	*dIDATE OF BIRTH!	
8	*d)DATE OF BIRTH: (// e)OCCUPATION: (INDOOR / OUTDO	
	f) YEARS OF DRIVING EXPRERIENCE:	(OOR)
×		
7.	TE NO DELATION CUITO OF THE DA	THE INSURED'S COMPANY? (YES / NO)
5		RIVER WITH INSURED: Childre
٥,	a) WEATHER CONDITION: (CLEAR / I	RAINING / OTHERS
SW6	bJROAD SURFACE: (DR) / WET / OT	
0.	WAS ANYBODY INJURED (YES / NO	
/.	a) REPORTED TO POLICE (YES / NO)	
120	IF YES, PLEASE STATE WHICH POLICE	CE STATION:
8.	THIRD PARTY VEHICLE	
no of passenger	a) VEHICLE NUMBER: SPO 502	OR . MODEL:
Induding driver)	b) DRIVER'S NAME:	
(01)	c) NRIC/FIN/PASSPORT:	CONTACT:
7.	THIRD PARTY VEHICLE	
No of passenger	e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	MODEL:
Ind. to Lie	e) DRIVER'S NAME:	A Commence of the Commence of
including driver) f) NRIC/FIN/PASSPORT:	CONTACT
	55	
	141 (63	5

email =

fax =

VIDEO =X





THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M90372806G

Policy Number : 5115706516 The Policyholder : GIAM CHOON HUAT BLK 325 #11-1904 ANG MO KIO AVENUE 3 ANG MO KIO 31

SINGAPORE 560325

Period of Insurance : 22 Jan 2020 To 14 Dec 2020

Sum Insured : Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST) : \$\$666.15

Interest Insured

Cover Type : drivo CLASSIC Primary Driver : GIAM CHOON HUAT

Named Driver (1) : N/A Named Driver (2) : N/A Make/Model

: MERCEDES BENZ/C180 Capacity : 1600cc KOMPRESSOR

Registration Number : SLN8203M Registration Year : 2010 Chassis Number : WDD2040452A478857 Off-peak Car : No

Repair at Owner's Preferred Workshop: No Insure with COE : Yes Excess (Section 1) : \$\$600 NCD Entitlement : 50% Excess (Section 2) : N/A NCD Protection : Yes Windscreen Excess : \$\$100 Loyalty Discount : 5%

Additional Excess : N/A

Unnamed Driver Excess : Please refer to Terms and Conditions

Hire Purchase Company : N/A

Optional Cover

Transport Allowance : No Excess Waiver : No

Memo A: N/A

Endorsement Operative: M4

Agency : ASSURE PTE. LTD. (00000572842)

Date of Issue : 22 Jan 2020 13:33 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Hello, NAC_PAYA_UBI_80	0601						• Chang	e Language	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	40.				Date	of Accident	8	04/05/2020 1	5:40	
	Vehicle	No.(For Motor)	SLN82	03M		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	5115706516		GIAM CHOON HUAT	51514020H	GPC	drivo CLASSIC	SLN9203M	SLN8203M	22/01/2020	14/12/2020

olicy No.	5115706516	Policyholder Name	GIAM CHOC	N HUAT	Policyholder NRIC	S1514020H		
Certificate No.								
Address	BLK 325 #11-1904 ANG MO K	IO AVENUE 3 SI	NGAPORE 56	0325				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	22/01/2020	Effective Date	22/01/2020	00:00	Expiry Date	14/12/2020 2	3:59	
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	ASSURE PTE, LTD.	Agent Tel.	68489119		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
	holder Mailing Address							
Address 1	BLK 325 #11-1904	Addre	ess 2	ANG MO KIO AVE	NUE 3	Address 3	ANG MO KIO 31	
Address 4	SINGAPORE 560325	Addre	ss Type	Singapore address	9	Post Code	560325	
Unit No.	11-1904	Relate Numb	ed Policy er	5115706516				
▶ Insure	ed Object: SLN8203M	-00000	NTSA-1					
	sements							
□ Endors	Sequence Date of Endorsement		Endorsement Type				Endorsement Content	

Claim Handling					
ocident MT/1092191	1.00 miles		180 0.0740		
olicy No.	5115706516	Vehicle No.	SLN8209M	GST Registration No.	
rtificate No.					
licyholder Name	GIAM CHOON HUAT			Policyholder NRIC	51514020H
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
react No.(Mobile)	96757737	Contact No.(Office)	0	Contact No.(Home)	0
tail Address		Special Remark		eCode	No. V
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					SWE
port Date:	05/05/2020 09:21	Accident Report Within 24 hrs.	Yes	Acodent Type	Collision - Change / Cross lane
te of Accident	04/05/2020	Time of Accident hh:mm	15:40		
porting Centre	-1-11-11-11-11-11-11-11-11-11-11-11-11-		13.40	Country of Accident	Singapore
odent Location	BIDEFORD RD	Orange Force		JCM No.	
F Total Excess Applicable					
		#2020000000000000000000000000000000000			
ess Type	Per Accident	Windscreen Excest	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D OD Excest	2500.00	YIED TP Excess	0.00	71#000000 # 01010 W T	
Honal Excess		TIED IF EXCESS		Driver is Covered?	
	0				
al OD Excess Applicable	3100.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa					
Registered	No		GST Registration Date		
Registration No. Discation History			GST Status Vented	Yes	
incation majory					
Policyholder Hailing Ad	Mana				
dress 1		579250004	11.14(1)31.00(2)35(2)4(1)37		
	BLK 325 #11-1904	Address 2	ANG MO KID AVENUE 3	Adoress 3	ANG MO KIO 31
Iress 4	SINGAPORE 560325	Address Type	Singapore address	Post Code	560325
t No.	11-1904	Related Policy Number	\$115706516		
Ol Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	GIAM YUE LING DESSA	Driver NR3C	2XXXX1361	Driver DOB	31/07/1999
ister Date of Driver License		Driver Age	30	Driving Experience	0
tact No. (Mobile)	93388016	Contact No. (Office)	0	Contact No.(Home)	0
Iress 1	BLK 325	Address 2	ANG MO KIO AVENUE 3	Address 3	ANG MO KIO 31
iress 4	SINGAPORE 560325	Address Type	Singapore address	Post Code	560325
t No.	11-1904				
es he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Less of the Control o				(2012) (0.100/00/00/00/00/00/00/00/00/00/00/00/00/	
laration					
athalyser or Blood Test liding?	0 mg	Any injury?	○ Yes ® No		
ruthy		645 PEC-8500 A (C)	17.000 TOOL		
diffication History					
Claim 001 New					
N Bernell					
m Type •	00-MX	Insured Name	GIAM CHOON HUAT	Insured NRIC	\$1514020H
tact No.(Mobile)	96757737	Contact No.(Home)	ND.	Contact No.(Office)	
ni Address	chgiam@hotmail.com	OI Vehicle Number	SLN8203M	TP Vehicle Number	S005020R
mant Type Calmant Type •	Please Select	Type of Benefit *	Please Select		
marc Name *	22	Claimant NRIC *			
mant Address		nine de la company	The same of the sa		
m Description	SLN8203M / SDD5020R ON 4 May 2020			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Edly w Suit		
the Charge	Vac		Fully at Fault	To a second second	
uire Finalisation Registered	Ves □5/05/2020 09:23	Preferend Repair Option	Preferred Workshop, Name unknown	Maria Cara Cara Cara Cara Cara Cara Cara	Received
		Claim Cose Date		Date Received	05/05/2020 00 00
ort Taken By	Dackson				
Print AK letter					
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ttachment		1			
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dent No.	MT/1092191	Claim No.	004		
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Doc. Received	● Yes ○ No	Upload Date	05/05/2020 09:27		
	Path *		Category *	Confidential Urgen	ry * Description
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		Browse	Dear Please Select	Normal V Normal	
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