Date In: 1917120 - 19:01	Jeb description	Date & Time Completed	Done	ρλ.
Ref No: HA (4C 1200 T800) TH	SAS e-filing	i		
Veh Nosju povy	E-mail (within Shrs, AIC 2hrs)	1		
D.O.A : 7/4/12 1V:H	i-Motor Claim Form	m1109 1831-002	19/1/20 1	0.17
	i-Motor W/O (Within: OD 2hr	· ·		
OD / TP-/ Reporting Only	i-Photo Uploaded			-
TP Insurer:	Assessment/Survey Report			
Transdicta	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:	73.134 INC()/Non-INC()		
Owner / Driver: (4	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	(Note-Est. Status (WO): N: 0-2	0%: P: 21-79%. P: 30-	100%1	*****
Year of Registration: ()		1		
	1,000 ()/\$2,000 ()	/		
	1,000 () / 32,000 ()		পদ্ধ সাম সাল	
General Remarks:-		review and the last	SERVE STORY	
() Walk-In Customer: Customer's in	nformation strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	urer URGENTLY.			
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO(); T	owing Co: ()
and the state of t	(green and the contract of	1		C.
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	NIJONE,	ny
1) Apply for Transport Allowance ()	/ Courtesy Car ()			
2) OC Charle / Dans O mais Income the				
2) QC Check / Post Repair Inspection	()			
	\$3000] ()			nove to
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()	14.		
	\$3000] ()			22, 240, 5
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			7,74,9
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()		esse Carre	
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3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()		858 Ci. 37	W
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()		7638 CG. 35.	, 11. 2
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			\$ 'S, 2
Date/Time Actions			Ant (5)	93 30
Date/Time Actions	Invoice Pre	paration Checklist	Ant (5)	93 1 3/21
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Actions	Invoice Pre 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a	Reporting (\$30); Assessment (\$100); INC (\$40) Assessment (\$100); INC (\$40); INC (\$	19: Bill 80) 0/545 \$120 \$30	93 1 3/21
Actions	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$	19: Bill 80) 0/\$45 \$120 \$30 \$) \$75	93 1 3/37
Actions	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Fullow-T For claiming a 6) TR: Re-inspec 7) NI: Idao DA	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); ee S40 hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 2005) ction + SMRT Survey	19: Bill 80) 0/545 \$120 \$30	93 1 3/37
Alpoyer: nitact No: maged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Fullow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 3 8) NTUC Addition	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); ee \$40 hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 200); tion + SMRT Survey heal Services:-	58 Bill (80) 0/\$45 \$120 \$30 \$) \$75 \$160	93 1 3/37
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Date/Time Actions Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Fullow-T For elaiming a 6) TR: Re-inspec 7) N1: Idae DA 3 8) NTUC Additio OD.* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$60); Assessment (\$100); Assessment (\$	\$10 Bill \$10 \$120 \$120 \$120 \$130 \$150 \$150 \$150 \$150 \$150 \$150 \$150 \$15	93 1 3/20

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.
- 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.
- 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

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Date Of Report	19/05/2020 10:01
Date Of Accident	07/04/2020 12:10
Exact Location Of Accident	OWEN RD
Country/State of Loss	SINGAPORE
The second of th	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ7060Y
Insured/Policyholder	
Name Of Registered Owner	MIKE'S TRANSPORT
Co Reg No	5XXXX782W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96196800
Alternative Phone No	OFFICE-96196800
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 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
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097594730-01
Cover Note Number	
Driver	
Name of Driver	CHRISTOPHER SEE TOH PAK CHOY
NRIC No	SXXXX865F

r oney realineer	
Cover Note Number	
Driver	
Name of Driver	CHRISTOPHER SEE TOH PAK CHOY
NRIC No	SXXXX865F
Date Of Birth	15/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/10/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83283373
Fax Number	
Contact Number	OFFICE-83283373

NOEMAIL

Address 70A SING AVENUE

Postcode 217918

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 COLLIDED INTO PARKED VEHICLE

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)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)

YES

ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY: Police Station Address SINGAPORE

Police Station Contact TEL NO: 1800-3910000 - FAX NO: 63964900

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - E/20200407/7013.

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 SMJ3023H

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)

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:

- 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)
 - (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
- (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.

TRAN UEN-

Policyholder's Signature Date & Time:

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

Date & Time:

Signature Reporting Centre Personnel Name:

NRIC/FIN No .:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	police	repet.	

DECLARATION

I/We declare the do restrict 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 STATEMENT

	LOCATION: OWER Rd.
95	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SORT OGOY
	b)INSURANCE COMPANY: NTVC.
M 925	c)POLICY NUMBER:
- 1	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEF
	e)MAKE & MODEL:
	FITYPE: (SALOON / COUPE / MPV / VAN LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME: WU NIGHT WOODS
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
(1.)	2. INSURED / POLICY HOLDER
	A)NAME:(MALE / FEMALE)
NUMBER OF	b)NRIC/FIN/PASSPORT: CONTACT: 9619 6800
PACSANGER	c)ADDRESS:
INCLUDING DELVIER	
DIAM DETORIC	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
10	3. DRIVER
***	a)NAME:(MALE / FEMALE)
38	b)NRIC/FIN/PASSPORT: CONTACT: 8328335
-	c)ADDRESS:
e 0	
	*d) DATE OF BIRTH: () (DD/MM/YYYY)
14	e)OCCUPATION: (INDOOR / OUTDOOR)
	FIDATE OF DRIVING PASS 13 10 200
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED.
	5. a) WEATHER CONDITION: (OLE AR / RAINING / OTHERS
z	DIROAD SURFACE: (DRY / WET / OTHERS
**	6. WAS ANYBODY INJURED (YES / NO)
	7. a)REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
	8. THIRD PARTY VEHICLE
()	()
()	a) VEHICLE NUMBER: MODEL:
C)	a) VEHICLE NUMBER: STATE MODEL: MODEL:
	a) VEHICLE NUMBER:
PASSANGER .	a) VEHICLE NUMBER:
	a) VEHICLE NUMBER:
PASSANGER CLUDING DRIVER	a) VEHICLE NUMBER:
PASSANGER CLUDIUG DRIVER ()	a) VEHICLE NUMBER:
PASSANGER CLUDING DRIVER	a) VEHICLE NUMBER:
PASSANGER CLUDIUG DRIVER ()	a) VEHICLE NUMBER:
PASSANGER CLUDIUG DRIVER () NUMBER OF PASSANGER	a) VEHICLE NUMBER:

>) VIDEO !



E20200407...











POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000 Report No. E/20200407/7013

Date/Time Report Made 07/04/2020 13:17	Vide Re	port No.		Station Diary No	
Name Of Informant CHRISTOPHER SEE TOH PAK CHOY	Address 8 JALAN		#02-03 SINGAPO	ORE 249188	
ID Type / ID No. NRIC NO / S7212865F	Contact Home/C		Mobile: 83283373		
Nationality SINGAPORE CITIZEN	Email A		@gmail.com		
Occupation	Sex	Age	Date of Birth	Race	
Real estate agent	Male	47	15/04/1972	Chinese	
Institution/School Name	Languag	ge			
Date/Time Of Incident 07/04/2020 12:00	700000000000	Of Inciden	t #02-03 SINGAPO	ORE 249188	
Brief details.					

I accidentally had a minor accident and scratch a black car at car park near pek kip food centre. I drove off as i needed to park car urgently as i needed to go toilet asap. I am very sorry for any inconvenience caused. My car number is sjq7060y and i don't know the other car number.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/04/2020 13:17
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	









iello, NAC_PAYA_UBI_80	00601						· Change	Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	Policy Query									
Notice of Loss	Policy I	No.				Date o	of Accident	[C	7/04/2020	12:10	
	Vehicle	No.(For Motor)	SJQ706	OY		Certific	cate Number				
					10	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097594730- 01		MIKE'S TRANSPORT	53315782W	GPC	drivo CLASSIC			22/05/2019	21/05/2020

Accident MT/1091831					
Policy No.	PODERLISM DA				
Certificate No.	5097594730-01	Vehicle No.	81Q7060Y	GST Registration No.	
olicyholder Name	MIKE'S TRANSPORT			Policyholder NR3C	\$3315782W
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No (Mobile)	NA.	Contact No.(Office)		Contact No.(Home)	
nar Address		Special Remark		eCode	to V
K	No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Not available
Accident Details					
sport Date	24/04/2020 14:32	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
ite of Accident	07/04/2020	Time of Accident hh:mm	12:30	Country of Accident	Singapore
porting Centre		Drange Force		JCM No.	angapore.
xident Location	IN PRONT OF PEK KID MARKET PARKING LOT			30.71.000	
7 Excess		8			
en damage Excess	2,000.00	Additional Excess	0	***********	124000
named Driver Excess	2,000,00	Outside Singapore OD Excess		Windscreen Excess	100.00
rd Party Excess	1 Temperatus		2,000.00		
7 Benefits	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Informa					
T Registered	No		GST Registration Date		
iT Registration No. Idification History			GST Status Verified	Yes	
ancarion mistory					
Policyholder Hailing Ad	dress				
dress 1	BLK 763 #06-236	Address 2	PASIR AUS STREET 71	Admin N	en dans en en en
idress 4	THE PROPERTY OF THE PARTY OF TH	Address Type		Address 3	SINGAPORE 510763
it No.	06-236		Singapore address	Post Code	510763
P QI Driver Info	06-236	Related Policy Number	5095109171-02		
iver Name		Driver Type			
named driver Name		Driver NRIC		F	
gister Date of Driver License				Driver DOB	
		Driver Age		Driving Experience	
ntact No. (Mobile)		Contact No.(Office)		Contact No.(Home)	
ovess 1		Address 2		Address 3	
dyess 4		Address Type	Foreign address	Post Code	
ift No.					
oes he own a Singapore egistered car? odification History	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
gistered car? dification History Claim 002 New:		Driver Vehicle No.		Driver Insurer Company	
gistered car? dification History Claim 002 New	○ Yes ® No OD-MX	Driver Vehicle No.	MIKE'S TRANSPORT	Driver Insurer Company Insured NRIC	53315782W
gistered car? dification History			MIKE'S TRANSPORT		\$3315782W
gistered car? Sification History Claim 002 New Im Type * Mact No.(Mobile)	Ор-мк	Insured Name	MIKE'S TRANSPORT	Insured NR3C	\$3315762W \$M03023H
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stification History Chaim 002 New Im Type * Mict No. (Mobile) In Address Imant Type Claimant Type * Imant Address Imant Address Imant Address Im Description	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SIQ7060Y Mease Select	Insured NR3C Contact No.(Office)	
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stification History Stainn 002 New Im Type * Mick No. (Mobile) Ne' Address Imant Type Claimant Type * Imant Name * Imant Address Im Description ferred Workshop Contact Jure Finalssation	Ob-MX 96196800 Please Select ≥≥ SUQ7060Y / SM03023H ON 7 Apr 2020 Ves.	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	SIQ7060Y Mease Select	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred Workshop SIA report.	SMU3023H Received
stification History Chaim 002 Maw Im Type * Mict No. (Mobile) In Address Imant Type Claimant Type * Imant Address Imant Address Im Description Ferred Workshop Contact Igung Finansation Ist Registered	Ob-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SIQ7060Y	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SM03023H
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in Type * mact No. (Mobile) aim Address iman Type Clement Type * iman Type Clement Type * iman Type Clement Type * iman Address iman Ad	Ob-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SIQ7060Y	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred Workshop SIA report.	SMUSO23H Received
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