NATIONAL Assessment Centre Services. | WELL JAMOSI MANOUTED Date &Time Completed Date In: 22/5/20-14:44 Done by Job description Ref No: SAS e-filing MAINCASTER /2 E-mail (within Shrs, AIC 2hrs) Veli No: Jugosopo i-Motor Claim Form M7 1092018-002 22/5/20 14:53 D.O.A : i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP / Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: (Tel: Veh No: INC ()/Non-INC (TP Particulars:) Tel: Owner / Driver: (Cover Type: () Period: (Policy No: (Time: Date: Confirmed by: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/ Towed-In (); Invoice: YES () / NO (); Towing Co: (Date&Time Completed Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Aml(3) Ant (S) Invoice Preparation Checklist fit Bill Add Bill HA2202983 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idac DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 *N5: Courtesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors' Comments :-+N8: DV / Collect Excess Coordination 35 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idae Mobile Pee Charges Invoice dated Cat. 2 / 3: Fee Charged Involce dated

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Contact Number EMail Address

Fax Number

Gender

- 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.

aloresaid.	
为这种特别的特别的特别的	ACCIDENT STATEMENT
Date Of Report	22/05/2020 14:44
Date Of Accident	16/03/2020 12:10
Exact Location Of Accident	COMMUNITY HOSPITAL BASEMENT CARPARK GANTRY
Country/State of Loss	SINGAPORE
Merchanism and Selection C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT6806P
Insured/Policyholder	
Name Of Registered Owner	SEAH KWEI HIOK
NRIC No	SXXXX647C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96846570
Alternative Phone No	OFFICE-96846570
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5090143691-02
Cover Note Number	
Driver	
Name of Driver	SEAH KWEI HIOK
NRIC No	SXXXX647C
Date Of Birth	30/10/1947
Occupation	INDOOR
Date Of Driving Pass	08/07/1965
Driving Experience	54 YEARS AND 8 MONTHS

MALE

NOEMAIL

(LOCAL) +65-96846570

OFFICE-96846570

26 SENNETT LANE Address 466918 Postcode 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 COLLIDED INTO PROPERTY Type Of Accident Weather Conditions CLEAR DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 1 involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **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

YES

NO Was there any video captured by Car Camera?

Are accident photos available for attachment?

REFER TO STATEMENT.

Attachment(s)

Was there any audio recorded?

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>.
- 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.
- 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

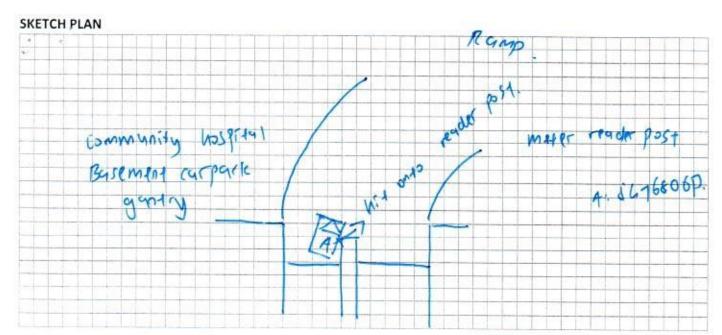
(If driver is not the policyholder)

Date & Time:

Reporting Centre Persophel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on stated date and time, I was exiting the gartry of
Community hospital basement carpark. It deducted money
from the cash card, the gantry barrier was open, I then
proceed to exit. I accidentally hit onto the reader post.
my vehicle side micron was blocked my view:

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.:

Date & Time.

ACCIDENT STATEMENT

ACCII		The second second	IME:(1 2 : 13 -) (HH:)	
LOCA	TION: (2mmyn; ty h	supital Base	ment carparla	garti
1	DETAILS OF VEHICLE	- A - W	125 7,	
1.		110018	# R R	
	a) VEHICLE NUMBER: SU	68001		
ea ea	b)INSURANCE COMPANY:_	Miloo		
	c)POLICY NUMBER:			
	d)POLICY TYPE: (COMPREHE	ENSIVE / THIRD PARTY	/ THIRD PARTY FIRE &TH	EFT)
	e)MAKE & MODEL:			
	f)TYPE:(SALOON / COUPE /	MPV /VAN / LORRY /	MOTORCYCLE / OTHER	S)
	g) VEHICLE CATEGORY: (PRIV	ATE / COMMERCIAL	/ MOTORCYCLE)	
	h) PURPOSE OF USING AT AC	CIDENT TIME:P	hugten	
	I) ARE YOU CLAIMING UNDER	R YOUR OWN INSURAI	NCE (YESAND)	
	IF NO, PLEASE STATE (THIRD	PARTY CLAIM / REPO	ORTING ONLY)	131
2.	INSURED / POLICY HOLDER		Sec. S	
	ANAME: SPUL KWET	Hiok	(MALE / FEMALE	
	b) NRIC/FIN/PASSPORT:	Name of the State	CONTACT: 96846	570.
	c)ADDRESS:		SCORE WILLIAM STATE THE PERSON OF	
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	* CONTINUE TO 3.d IF DRIVER	R ALSO POLICY HOLD	ER	
\$ Ho of person a3.	DRIVER			
The of passengs. (Including driver)	a)NAME:		(MALE / FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT:		CONTACT:	
$(\underline{1\cdot})$	c)ADDRESS:			157
	*d)DATE OF BIRTH: (/_	/ 1(DD/MM	I/YYYY)	
30	e)OCCUPATION: (INDOOR /			-
	f) YEARS OF DRIVING EXPRER		** N	
4	WAS DRIVER AN EMPLOYE		S COMPANY? (YES / N	(6)
24.0	IF NO, RELATIONSHIP OF			9"
5	a) WEATHER CONDITION: (CI)
0.	b)ROAD SURFACE: (DRY / W		The same and the s	
6	WAS ANYBODY INJURED (YES		(8)	
	a) REPORTED TO POLICE (YES			
	IF YES, PLEASE STATE WHICH	1.0	9	379
8	THIRD PARTY VEHICLE			
the of passenger	a) VEHICLE NUMBER:	, A	MODEL:	
	b) DRIVER'S NAME:			
	c) NRIC/FIN/PASSPORT:		CONTACT:	
(_) 9	THIRD PARTY VEHICLE			
	d) VEHICLE NUMBER:		MODEL:	
4 No of passenger	OL DRIVER'S NAME			Sales and
(Induding driver)	f) NRIC/FIN/PASSPORT:		CONTACT	
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eBao Tech		E STATE OF								Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date o	f Accident	1	6/03/2020 1	2:10	
	Vehicle	No.(For Motor)	SGT680	6P		Certific	cate Number			17.1	
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090143691- 02		SEAH KWEI HIOK	S0235647C	GPC	Third Party, Fire & Theft	SGT6806P	SGT6806P	20/04/2019	19/04/2020
		0000		71 22 2	C	ontinue					

Accident MT/1092018										
Policy No.	5090143691-02	Vehicle No.	SGT6806F		GST Registration	No.				
Certificate No.										
Policyholder Name	SEAH KWEI HIOK				Palicyholder NRI	C		\$02356470		
Product Code PRINATE CAR INSURANCE Contact No.(Mobile) Nii. Email Address KFR ● No ○ Yes NCO Profection Yes		Cover Type	Third Party	, fire & Theft	Loading			0		
		Contact No. (Office)			Contact No.(Hor	ne)		_		
		Special Remark	1922/5/15/22/05		eCode			Not averable		
		TCA	® No ○Y	es	eCode Reason					
		NCO Entitlement(%)	50		Private Hire					
Accident Details		Accident Report Within 24 hrs	-		Acceptant Trans			Collided into		
Report Date	29/04/2020 14:01		Yes		Accident Type	W. 65			2 Property	
Date of Accident	16/03/2020	Time of Accident hh:mm	00:00		Country of Acad	lent		Singapore		
Reporting Centre		Orange Force			ICM No.					
Accident Location	OO4 83 Exit, Outram Community Hospital									
▼ Total Excess Applicable										
xcess Type	Per Accident	Windscreen Excess		0.00						
DD Standard Excess	0.00	TP Standard Excess		0.00						
TED OD Excess		YIED TP Excess			Driver is Covere	d?		Not Applica	ble	
Additional Excess										
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00						
♥ Benefits										
☑ GST Registered Informa	tion									
ST Registered	No			Registration Date						
35T Registration No.			GST	Status Verified	Yes					
Modification History										
	SPACIAL SPACIA									
Policyholder Mailing Add		Address 1	CHARACT	464016	Address 2					
Address 1	26 SENNÉTT LANE	Address 2	SINGAPOR		Address 3					
Address 4		Address Type	Singapore i		Post Code			466918		
Unit No.		Related Policy Number	509014369	1-03						
OI Driver Info		Driver Type								
Unnamed driver Name		Driver NRIC			Driver DOB					
Register Date of Driver License		Driver Age			Driving Expener	vce:				
Contact No.(Mobile)		Contact No.(Office)			Contact No. (Hor	ne)				
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Address 4			Foreign add	ovess						
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