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| Date In: 19 16 16 76 | Jeb description | 1 | Date & Time Completed | Done | py. |
| Ref No: 14 14(22)36464 14 | SAS e-filing | | | | |
| Veh No: SUDTVITE. | E-mail (within | Shrs, AIC 2hrs) | | STANDARD MILES | |
| D.O.A: 8972-18300 | i-Motor Clai | m Form | m 7/1094804-001 | 14) 6120 H | (v:) |
| | i-Motor W/C | (Within: OD 2hrs | Charles March 1988 Control of the | P. C. Branch | |
| OD / The / Reporting Only | i-Photo Uplo | aded | | | Signal S |
| | Assessment/St | irvey Report | | | |
| TP Insurer: | Ass't Report b | y Fax / Hand t | Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: | |
| TP Particulars: Veh No: JA | n78850). | . INC(|)/Non-INC(). | El . | |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: (| Period: (|) | Cover Type: (|) | |
| Confirmed by : (| | Date: | Time: |) | |
| Insured/Driver Liability: (%) | [Note-Est. Status (\ | WO): N: 0-20 | 0%; P: 21-79%. P: 80- | -100%] | |
| Year of Registration: () | Warranty: YES (|)/NO(|) | | |
| Excess: (\$) Loading: \$ | | | | | |
| General Remarks:- | SAPETER ASSECTACE VALUE OF | NEC 25 33 A A S 2 A A | A PROPERTY CONTRACTOR | शक्र के जि | |
| 10 COLUMN D. C. COLUMN DESCRIPTION CONTROL CON | for the control of the Con- | -Cdti-Le Ct- | table NO refer of repairer | | |
| () Walk-In Customer: Customer's in | | ntidential & St | ictly NO 13let of repailet | | |
| () Total Loss Case : to e-mail Insu | urer URGENTLY. | | 17.00 | | |
| Drive-In ()/ Towed-In (); Invo | ice: YES () / N | NO(); T | owing Co: ('' | * |) |
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| 3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions | | Invoice Pre | naration Checklist | Ant (\$) | |
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| JA100326\. Injury: Date/Time Actions MA100326\. Inimant's Particulars: | | Invoice Pre | Reporting (\$30); Assessment (\$100); INC (se | 76: Bill \$80) 40/\$45 \$120 | |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

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.

| 建设 公司的国际公司 50 亿 60 60 60 60 60 60 60 60 60 60 60 60 60 | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 19/06/2020 16:54 |
| Date Of Accident | 18/06/2020 18:00 |
| Exact Location Of Accident | BEDOK NORTH RD |
| Country/State of Loss | SINGAPORE |
| The second of the second of the second | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLD5257E |
| Insured/Policyholder | |
| Name Of Registered Owner | CHANG MENG HSIA |
| NRIC No | SXXXX774D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90038360 |
| Alternative Phone No | OFFICE-90038360 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | GOLF 1.2 TSI AT 5G12BZ |
| 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 | 5091633774-02 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHANG MENG HSIA |
| NRIC No | SXXXX774D |
| Date Of Birth | 08/02/1960 |
| Occupation | INDOOR |
| Date Of Driving Pass | 09/05/1978 |
| | MONEY DO AND A MONTH |

42 YEARS AND 1 MONTH

(LOCAL) +65-90038360

OFFICE-90038360

FEMALE

NOEMAIL

BLK 9 SELEGIE ROAD Address

#18-32

180009 Postcode

Was driver an employee of the Insured's Company

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

COLLISION - HEAD TO REAR Type Of Accident

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

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

Was any other material or property damaged?

NO

Number of Passengers (Including Driver)

1

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?

YES

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMJ8850D

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

PRIVATE CAR Vehicle Category

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 <u>correctly</u> on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Date / time:

Driver's signature

(if driver is not policy holder)

Date / time:

reporting centre personnel's Signature Date / time:

Page 5

| | DESCR | RIBE CIF | RCUMST | ANCES OF | THE ACCIDE | NT | | | | |
|------|-------|----------|----------|----------|------------|--------------|-------|------------|------------|-------------|
| I | was. | travel | ling Str | aidt al | one Bedol | c North Road | Where | Suddenly | Igot | rear ended |
| by | Veh (| s' W | e than | exchange | a numbers | and agreed | to pr | occed to f | lile Insur | mue report. |
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature 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 | PART STATE OF THE PART OF |
|-------------------|---------------------------|
| 18-06-2010 | (DD/MM/YY) |
| 1800HRS | (HH:MM) |
| Redale North Road | (nn.iviivi) |
| | 18-06-2010 |

| and the house of the state of t | DETAILS OF VEHICLE | |
|--|--|--|
| Vehicle registration number | SLD5257E | |
| Vehicle make and model | Valkswagan Czolf | |
| Type of vehicle | Saloon MPV CRV Van Lorry Bus Motorcycle Others: | |
| Vehicle category | Private Commercial Motorcycle | |
| Purpose of using at said time | The total of the t | |
| Are you claiming under your own insurance company? | Yes □ No □ if no, please select: Third part claim ☑ Reporting only □ | |

| Toronta e la Callina de la | INSURANCE INI | FORMATION | MATERIAL MA |
|----------------------------|---------------|--------------------------|---|
| Insurance company | NTUC | | A SECULIAR DE LA COMPANION DE |
| Policy number | 509163377402 | | |
| Type of policy | Comprehensive | Third party fire & theft | TP only |

| the full value on the same business and the | INSURED / POLICY HOLDER | System He | 电线点输送 信 |
|---|--|-----------|----------------|
| Name | Chang Meng Hsia | Male 🗆 | Female |
| NRIC / Fin / Passport number | 521767740 | Water D | i cinale |
| Contact | 90038360 | | |
| Address | APT BIK 9 Schesic Road #18-32 (5) 180009 | | |

| DRIVER | SAME AS INSURED ABOVE (SKIP TO D.O.B) |
|------------------------------|---------------------------------------|
| Name | Male Female |
| NRIC / Fin / Passport number | Mac 2 Tentale 2 |
| Contact | |
| Address | |
| Email address | |
| Date of birth | 08-02-1960 |
| Occupation | Indoor Outdoor |
| Driving date pass | 09-05-1978 |

| | GENERAL | INFORMATIO | N OF THE ACCIDEN | r banda salah salah salah | haraster to the train |
|--|---|-------------|--|---------------------------------------|--|
| Was driver an employee of | Yes 🗆 | No 🗹 | N OF THE ACCIDEN | · · · · · · · · · · · · · · · · · · · | |
| the insured's company? | 11.63550 000 | | e driver and insure | d. Owner | |
| Accident captured by camera? | Yes | No 🗆 | | u | |
| Weather condition | Clear | Raining | Others: | | |
| Road surface | Dry 🗗 | Wet □ | The state of the s | | |
| No of passenger | ol | | | (Inclu | sive of driver) |
| | | | | (meio | sive of drivery |
| 华开始全体/ 生于多种的人民的党员 | 10 Eller 16 | PASSENG | FR 1 | | |
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| Gender | Male 🗆 | Female | | | |
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| Gender | Male 🗆 | Female | | | |
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| Gender | Male 🗆 | Female | | | |
| Control | iviale 🗆 | remale 🗆 | | | |
| PARTY TRANSPORTER AND SERVICE | | OTHER INCOR | | | |
| Was anybody injured? | Yes 🗆 | OTHER INFOR | MATION | | |
| Was other vehicle damaged? | 1000 | No | | | |
| was other vehicle damaged? | Yes | No 🗆 | | | |
| | DETAILS | | | | |
| Poportod to police? | | | TATION ACTION | | Project Control |
| Reported to police? Police station name | Yes 🗆 | No p If y | es, please state wh | ich police station. | |
| Police station name | | | | | |
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| Name | EXECUTE OF | WITNESS | 1 | 19年1年1月1日日 | 以外 对 |
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| Name | | | | | |

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| Vehicle registration number | SM3 4850D |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| STATEMENT OF STREET | TUIDD DARTH VELUCI CO |
| Vehicle registration number | THIRD PARTY VEHICLE 2 |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| Contact | |
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| | THIRD PARTY VEHICLE 3 |
| Vehicle registration number | |
| Vehicle make model | |
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| VIGHT STATE OF THE PROPERTY OF | |
| The second second second second | THIRD PARTY VEHICLE 4 |
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| 2008年1月1日 日本語の自己語文書 | THIRD PARTY VEHICLE 5 |
| Vehicle registration number | |
| /ehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
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| NRIC / Fin / Passport number / | |
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| The service of the se | THIRD DADTY VEHICLE |
| Vehicle registration number | THIRD PARTY VEHICLE 7 |
| /ehicle make model | |
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| NRIC / Fin / Passport number | |
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| 这位是一个种种规定。 " | AND WEST AND THE | INJURED PERSON 1 | Selection of the select |
|--|------------------|--|--|
| Name | | | |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | | | |
| | | INJURED PERSON 2 | |
| Name | WALL THE WARREN | INJURED PERSON 2 | |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No p | |
| hospital by ambulance? | 163 [| Neu | |
| a modification | | | |
| 建筑和文学和基本的 | | INJURED PERSON 3 | Property and the second |
| Name | | | |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No p | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | | | |
| | | | |
| Name | | INJURED PERSON 4 | |
| Injuries sustained | | | |
| Which vehicle person in? | | | 5-10-5-21-35-7 |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | ies u | / NO L | |
| | | | |
| | 型 | INJURED PERSON 5 | The second second |
| Name | | | |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
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| SWAND COMMENT OF STREET | | | |
| Name | RESTORE S | INJURED PERSON 6 | 全部研究 |
| Injuries sustained | -4 | | |
| | | | |
| Which vehicle person in? | | Market State of the State of th | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to nospital by ambulance? | Yes 🗆 | No 🗆 | |



| Policy No. | 5091633774-02 | Policyholder Name | CHANG ME | NG HSIA | Policyholder NRIC | S2178774D | |
|--|---|-----------------------------------|-----------------|------------------|----------------------|------------------------|------------------------------|
| Certificate lo. | | W798467678 | | | 27,000 | | |
| Address | 29A TOH TUCK ROAD #03-20 | NOTTINGHILL S | UITES SING | APORE 596195 | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 11/06/2019 | Effective Date | 21/06/2019 | 00:00 | Expiry Date | 20/06/2020 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 | g/Inexperience Driver Excess |
| Agent | TENG WEI KHAI | Agent Tel. | 92274131 | | GST Flag | Y | |
| Co- insurance Flag | No | | | | | | |
| - 0 0 C 1 PO | | | | | | | |
| | | | | | | | |
| Policy Info Certificate | | | | | | | |
| Policy Info Certificate Info | nolder Mailing Address | | | | | | |
| Policy Info Certificate Info Policy | nolder Mailing Address 29A TOH TUCK ROAD | Addre | is 2 | #03-20 NOTTING | SHILL SUITES | Address 3 | SINGAPORE 596195 |
| Open Policy Info Certificate Info Policy Address 1 Address 4 | | | ss 2 ss Type | #03-20 NOTTING | | Address 3 Post Code | SINGAPORE 596195 596195 |
| Policy Info Certificate Info Policy Address 1 Address 4 | | Addre | ss Type | | | | |
| Policy Info Certificate Info Policy Address 1 Address 4 Unit No. | | Addre Relate | ss Type | Singapore addres | | | |
| Policy Info Certificate Info Policy Address 1 Address 4 Unit No. | 29A TOH TUCK ROAD d Object: SLD5257E | Addre Relate | ss Type | Singapore addres | | | |

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| Second France Second Fran | Second Manages | | | | | | IDUM | | Loading | | 0 | | | |
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| Marchant | Description Section | Address | | Special Remark | | | | | eCode | | NO. | | | |
| Marchand | ## Audolet Nation **Profit Clay 100 (2020 17 105 Audolet Nation Nation Nation **Profit Clay 100 (2020 17 105 Audolet Nation **Profit Clay 100 (| | No ○ Yes | TCA | | ® No ○Y | ** | | eCode Reason | | | | | |
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| They of Accorded 18,000 (2010) | March According 18,000 19,000 | sccident Details | | | | | | | | | | | | |
| Control Science Control Sc | Comparison Control | Date | 19/06/2020 17:05 | Accident Report With | hin 24 hrs | Yes | | | Accident Type | | Collisi | on - Head to F | lear | |
| STATE Train Trai | Part | f Accident | 18/06/2020 | Time of Accident his | mm | 18:00 | | | Country of Acaden | ıt. | Singa | open. | | |
| Part | The Receive Applicable 100 00 | sing Centire | | Orange Force | | | | | ICM No. | | | | | |
| Second Colors | Shorter of Cross 600.00 17 Statement Excess 0.05 | nt Location | BEDOK NORTH RD | | | | | | | | | | | |
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| Company Comp | CO OF Excess | | | | | | | | | | | | | |
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| March Marc | ## Contract Application Contract Application Contract Application Delies | OD Excess | 0.00 | YIED TP Excess | | | 0.00 | | Driver is Covered? | | Cover | ed | | |
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| P OF ENTIRE THREE PRINCE TO CHARGE FIGH. | ## PAPER CANAGE HENGE HELD ## PAPER CANAGE H | | | | | | | | Post Code | | 59619 | 596195 | | |
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