The first term of the control of the	Jeb description	Date & Time Completed	Done t	y
Date III. 23 / 6/20 14:16				
Ref Hi MA/ IMC 2000 6573/64	SAS c-filing			
Main No SJM 6.41E	E-mail (within thes, AIC 2hrs)	001		
23 [6 [20 11:45.	I-Motor Claim Form	MT(1095079-	23/6/20	12:27
OD - IP . Reporting Only	I-Motor W/O (Within; OD :	thrs, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Ex (thirtid)	Ass't Report by Fax / Han	d to Owner/Wksp -	*************	Section in the second
Profested Wksp / IMC Assign Wksp / GW: (Tel: j	Pack:)
Tr Particulars: Veh No: 51	C 7451 G. NC	(,)/Non-INC(),		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: () Cover Type: ()	
Confirmed by : (Dute:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-1	100%]	
Year of Registration: (') W	arranty: YES ()/NO ()		
Excess: (\$) Londing: \$1,000			The property law of the same	
General Kelija pia esta esta esta esta esta esta esta est		masangan paggara	1.04 P	
() Walk-In Customar : Customor's Inform				
() Total Loss Case : to e-mail Insurer	URGENTLY. ·	, na 1 ,)		
Drive-In ()/ Towad-In (); Invoice:	YES()/NO();	Towing Co: (· ')
ttemaeles : see (in embalhes e in locitor) Se		Briefer and Company	ZZENEGACE.	ý
1) Apply for Transport Allowance ()/ Cou		01.7.5 120.27 120.27 120.2 1 Part 155.4	Reliable reports	
2) QC Cheek / Past Repair Inspection	.(·) -			201-12-12-12-12-12-12-12-12-12-12-12-12-12
3) Upload Resurvey Photo [Repair Cost > \$300				
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Injury:	Canada Ca		Tryanger of Acres	OMERCIET
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MA 2	1) Alt: Asside 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming	at Reporting (\$30); p Assessment (\$100); INC (\$3; p Assessment (\$100); INC (\$5; Fee \$40; Through Survey -Through Survey (Resurvey) 2 against INC Only (wef 10 Jan 200)	3 0 0 10) 10545 5120 5310	A
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Dute Timus Aguang and a company to the company to t	1) AR: Acade 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimint 6) TR: Re-in: 7) N1: Idao D 5) NTUC Add QD: *N5: Courte *N6: Repair *N7: Fast R *N8: DV / 0	A + SMRT Survey Honey Continue (South Street (South Stree	3	A

+ + 500 x1 1.35

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

1000年1月10日日本日本日本日本日本日本日本	ACCIDENT STATEMENT
Date Of Report	23/06/2020 14:16
Date Of Accident	23/06/2020 11:45
Exact Location Of Accident	SERANGOON RD
Country/State of Loss	SINGAPORE
STATE OF THE CHARLES AND THE CO.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM6041E
Insured/Policyholder	
Name Of Registered Owner	LAU PHENG HWEE, JENSEN
NRIC No	SXXXX817J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97676454
Alternative Phone No	OFFICE-97676454
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5108485217
Cover Note Number	
Driver	
Name of Driver	LAU PHENG HWEE, JENSEN
NRIC No	SXXXX817J
Date Of Birth	09/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2001
Oriving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97676454
Fax Number	
Contact Number	OFFICE-97676454

NOEMAIL

Address BLK 306A PUNGGOL PLACE #06-39

Postcode 821306

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

*

3

NO

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

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 WITH DRIVER

Remarks/ Reasons:

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SLC7451C

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKZ8784B

PRIVATE CAR

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>.
- 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)

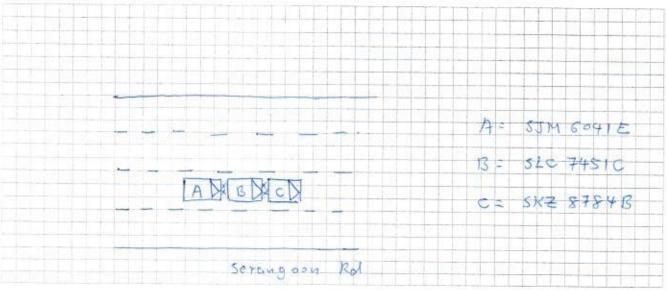
I understand, acknowledge, agree and consent that:

- (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:
 - (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.

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 .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I	was	tra	velling) (xlong	Ser	angool	n Rd	5	udde	41
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acci	dent.						1				

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.:

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			THE PERSON NAMED IN COLUMN NAMED IN	Y		• Chang	e Languag	- Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	tice of Loss Policy No.	io.				Date	of Accident		23/06/2020	13:16	
	Vehicle	No.(For Motor)	SJM60	41E		Certi	ficate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108485217		LAU PHENG HWEE, JENSEN	\$78298173	GPC	drivo CLASSIC	S3M6041E	SJM6041E	04/04/2019	11/07/2020
				3,01185532-0		Continue]				

ACCIDENT STATEMENT

100	CIDENT DATE: 23/6		. //	
100	CATION: Ser	trugoon Rel.		
	1. DETAILS OF VEHICLE			89
	a) VEHICLE NUMBER:	SJM 6041 E		
	b)INSURANCE COMP.		7	
	C)POLICY NUMBER:			
		PREHENSIVE / THIRD PA	A DTV / TUÍDO O A DTV EI	DE OTHEETI
		TOYOTA VI		KE GINEFIJ
		UPE / MPV /VAN / LOR		OTHERS
		Y: (PRIVATE / COMMERC		
		AT ACCIDENT TIME:		loca Parece
				4-1195
		UNDER YOUR OWN INS		
	. INSURED / POLICY HOL	THIRD PARTY CLAIM / I	KEPORTING ONLY)	
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	b) NRIC/FIN/PASSPORT			EMALE)
	CIADDRESS: BK 306		#06-79 SPORE 8	7701-
9 79 7	CIADURESS. 91 306	1 PUNCTUC FL	#40-59 TOKE 8	11300
	* CONTINUE TO 2 d IE I	DRIVER ALSO POLICY H	OIDED	
0 0P 3	. DRIVER	DRIVER ALSO POLICY H	OLDER	
o of bassander	a)NAME: As	Above	24.415.45	EN (A 1 E)
o of passenga aduling driver	b) NRIC/FIN/PASSPORT:		(MALE / F CONTACT:	
()	c) ADDRESS:		CONTACT	
	O/HODINESS.	0		
	*d)DATE OF BIRTH: (_/)(DD,	/MM/YYYYI :	
8	e)OCCUPATION: (INDO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
	f) YEARS OF DRIVING EX			
4.	WAS DRIVER AN EMP		ED'S COMPANYS (V	ES (NO)
5000	IF NO, RELATIONSHIP	OF THE DRIVER WIT	TH INCLIDED:	- 100
5.	a) WEATHER CONDITION	N. CLEAR / PAINING /	OTHERS	vuer.
	b)ROAD SURFACE: (DR			
6.	WAS ANYBODY INJURED	D (YES / NO)		
	a)REPORTED TO POLICE			
		VHICH POLICE STATION	j.	
. 8.	THIRD DARTY VEHICLE			
of passenger	a) VEHICLE NUMBER:	52C 7451C	MODEL: .	
Ludia dina				
method coursel.	CL NKIC / HN/PASSPOR	?T:	CONTACT	However the same
. 30	THIRD PARTY VEHICLE			
. 3/	THIND FARIT VEHICLE	51/2 CACE	3	
) 9.	d) VEHICLE NUMBER	DKT & TLA!	MODEL	
) 9.	d) VEHICLE NUMBER:_ e) DRIVER'S NAME	SKZ 87841	MODEL:	
) 9.	d) VEHICLE NUMBER:_ e) DRIVER'S NAME:_ f) NRIC/FIN/PASSPOR	2KZ & +F4 (MODEL:	

Cimail = jensenlar 78 @gmail com

VIDEO - Yes.

Claim Handling

Accident M1/1095079				
Policy No.	5108485217	Vehicle No.	SJM6041E	GST Registrat
Certificate No.				
Policyholder Name	LAU PHENG HWEE, JENSEN			Policyholder N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97676454	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▽ Accident Details				
Report Date	23/06/2020 15:20	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/06/2020	Time of Accident hh:mm	11:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SERANGOON RD			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2 000 00	TP Standard Excess	1 500 00	
YIED OD Excess	2,000.00	YIED TP Excess	1,500.00	
Additional Excess	0,00	1445 IT CAUCUS	0.00	Driver is Cover
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	
▼ Benefits	2000.00	total ir Excess Applicant	1,500.00	
GST Registered Informat	tion			
GST Registered	No		GST Registration Date	
GST Registration No.	110		GST Status Verified	Yes
Modification History				
Policyholder Mailing Add	ress			
Address 1	BLK 306A #06-39	Address 2	PUNGGOL PLACE	Address 3
Address 4	SINGAPORE 821306	Address Type	Singapore address	Post Code
Unit No.	06-39	Related Policy Number	5108485217	
OI Driver Info				
Driver Name	LAU PHENG HWEE JENSEN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	578298173	Driver DOB
Register Date of Driver License	09/07/2001	Driver Age	41	Driving Experis
Contact No.(Mobile)	97676454	Contact No.(Office)		Contact No.(Hr
Address 1	BLK 306A #06-39	Address 2	PUNGGOL PLACE	Address 3
Address 4	SINGAPORE 821306	Address Type	Singapore address	Post Code
Unit No.	06-39			
Does he own a Singapore Registered car?	Yes is No	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes m No	
NEANOTO				
Modification History				
Claim 001 New				
Claim Type *			For the second	Insured [
Claim Type *			OD-MX	Name (LA)
Contact No.(Mobile)				Contact No. (Home)
Email Address				OI Vehicle Number
Claim Description			SJM6041E / SI	LC7451C ON 23 Jun 2020
Preferred				
Workshop	Insured Liability Fully at	CIA PROPERTY	10	
Bentiet No. Yes	Repair Preferred Workshop Option	, Name unknown report Received		Claim
Date Registered	100 MONTO 6		23/06/2020 1	
Report Taken By			LIEW SHAN HU	
Print AK letter				

Save Submit



Display in New Window Scan and uploading