NATIONAL Assessment Centre Services. [met 1 Janvos] MUAIVUSY16 Done by Date &Time Completed Job description Date In: 24/6/2 -16:23 Ref No: NA / HC2200 638/2 SAS e-filing E-mail (within Shrs, AIC 2hrs) Vch No: JKDKJGL 24/6/20 16:34 i-Motor Claim Form m 109524-01 D.O.A 23620-15:20 I-Motor W/O (Within: OD 2hrs, TP 4hrs) ! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: 40 13046 TP Particulars: Tel: Owner / Driver: () Cover Type: (Period: (Policy No: (Time: Date: Confirmed by : (N: 0-20%; P: 21-79%. P: 80-100%] %) [Note-Est. Status (WO): Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (Loading: \$1,000 (Excess: (\$ General Remarks) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.) / NO (); Towing Co: ()/ Towed-in (); Invoice: YES (Drive-In (Date&Time Completed Done by Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Amt (1) Invoice Preparation Checklist Add Bill fit Bill HAW 03347 " 1) AR : Accident Reporting (530); INC (\$80) Claimant's Particulars :-2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005) Contact No: 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. \$5 QC Checked by (Engr-In-Charge): * NS: Courtesy Car / Tpt Allowence 510 *N6: Repair Co-ordination \$25 * N7: Fost Repair Inspection *N8: DV / Collect Excess Coordination Auditors' Comments :-55 \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idac Mobile Fee Chargea Invoice dated at. 2/3: Fee Charged Invoice dated

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

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.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.

Mark School Sharp second deal three works	ACCIDENT STATEMENT
Date Of Report	24/06/2020 16:23
Date Of Accident	23/06/2020 15:20
Exact Location Of Accident	SOUTH WOODLANDS DR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD1859G
Insured/Policyholder	
Name Of Registered Owner	CHAN WAH MOON
NRIC No	SXXXX567G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91377628
Alternative Phone No	OFFICE-91377628
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250 CGI A
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
If No, Please state action to be taken	THIRD PARTY
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	5115627716
Cover Note Number	
Driver	
Name of Driver	CHAN WAH MOON
NRIC No	SXXXX567G
Date Of Birth	24/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	26/02/1992
Driving Experience	28 YEARS AND 3 MONTHS
20 January 19 January 10 T & Charles 19 January 19 Janu	100000 AND

MALE

NOEMAIL

(LOCAL) +65-91377628

OFFICE-91377628

BLK 348 WOODLANDS AVE 3 Address

#10-67

730348 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 - MAJOR/MINOR RD 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)

involved in the accident

2 NO

NO

NO

NO

1

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

YP1304L

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

CHEN JIAN Name of Driver GXXXX677X NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- (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.

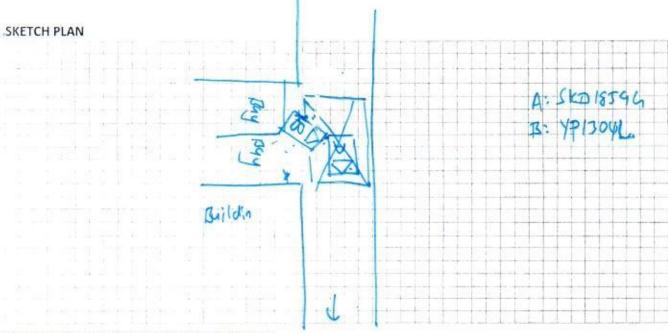
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



ESCRIBE CIRCO	UMSTANCES	F THE ACCIDENT				
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mbading	bay and	d hit eggin	st to my	vehi cle	rear righ	po Hion
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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 .:

ACCIDENT STATEMENT

b)NRIC/FIN/PASSPORT:CONTAC c)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER PRISSION 4.3. DRIVER	ASS E 2 50 YCLE / OTHERS) CYCLE)
1. DETAILS OF VEHICLE a) VEHICLE NUMBER:	ASS E 2 50 YCLE / OTHERS) CYCLE)
b)INSURANCE COMPANY: C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / COMMERCIAL / MOTOR OF A COMMERCIAL / MOT	ASS E 2 50 YCLE / OTHERS) CYCLE)
C POLICY NUMBER: d POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD F e)MAKE & MODEL: LUER COES BENZ f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORO g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORO h)PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING OF 2. INSURED / POLICY HOLDER A)NAME: b)NRIC/FIN/PASSPORT: c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G)NAME: b)NRIC/FIN/PASSPORT: c)ADDRESS: **d)DATE OF BIRTH: (ASS E 2 50 YCLE / OTHERS) CYCLE)
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD E) MAKE & MODEL: MERCEOES BENZ f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTOR OF G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTOR OF DIVER OF USING AT ACCIDENT TIME: USING ACCIDENT TIME: USING ACCIDENT TIME: USING AT ACCIDENT TIME: USING ACCIDENT TI	ASS E 2 50 YCLE / OTHERS) CYCLE)
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A) NAME:	PER STATE OF THE S
b)NRIC/FIN/PASSPORT:	ALE / FEMALE)
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME:	U 0137 7628
DRIVER ajNAME: b)NRIC/FIN/PASSPORT: c)ADDRESS: *d)DATE OF BIRTH: (
DRIVER ajNAME: b)NRIC/FIN/PASSPORT: c)ADDRESS: *d)DATE OF BIRTH: (
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*d)DATE OF BIRTH: (/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPLIE NO, RELATIONSHIP OF THE DRIVER WITH INSURED 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO)	ALE / FEMALE)
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IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (ORY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)	
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6. WAS ANYBODY INJURED (YES / NO.	1
7. a) REPORTED TO POLICE (YES / NO	
IF TES, PLEASE STATE WHICH POLICE STATION.	
8. THIRD PARTY VEHICLE	
UNANG CERTIFICATION CONTROL OF C	
(Including driver) b) DRIVER'S NAME: (hen Jigh	
9. THIRD PARTY VEHICLE	
O DRIVER'S NAME:	
(Including driver) f) NRIC/FIN/PASSPORT:CONTAC	T:
9. THIRD PARTY VEHICLE	

Email = j cgenesis24@ yahoo.com

eBao Tech			A DINESES							Genera	alClaim
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My Desktop	Poli	cy Query									70
Notice of Loss	Policy N	۷a.				Date	of Accident	-	23/06/2020 1	5:20	
	Vehicle	No.(For Motor)	SKD18	59G		Certif	icate Number	- 1			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115627716		CHAN WAH	\$2656567G	GPC	drivo CLASSIC	SKD1859G	SKD1859G	17/01/2020	16/01/2021

Sequence Date of Endorsement		ent	Endorsement	Туре	Endorsement	Status	Endorsement Content
□ Endors	ements						
▶ Insured	d Object: SKD1859G						
Jnit No.		Relate Numb	ed Policy er	5115627716			
Address 4			ss Type	Singapore addres	s	Post Code 730348	
Address 1	BLK 348 #10-67	Addre	ss 2	WOODLANDS AV	ENUE 3	Address 3	SINGAPORE 730348
	older Mailing Address	1,170				1.0000000000000000000000000000000000000	what was a control to the control to
Certificate Info							
Open Policy Info							
Co- Insurance Flag	No						
Agent	IMOTOR INSURE	Agent Tel.	68411279		GS1 Flag		
Singapore OD Excess	2000	Singapore TP Excess	1500		GST Flag	Young	J/Inexperience Driver Excess
Excess	0	Premium Outside	0				
Additional	52.0	Excess			Excess		
Third Party	1500	Own damage	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	17/01/2020	Effective Date	17/01/2020	00:00	Expiry Date	16/01/2021 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 348 #10-67 WOODLANDS	AVENUE 3 SIN	GAPORE 730	348			
Certificate No.							
Policy No.	5115627716	Policyholder Name	CHAN WAH	MOON	Policyholder NRIC	S2656567G	

Claim Handling										
cident MT/1095224										
ilicy No:	5115627716	Vehicle No.	SKD1859G			GST Registration No	Ď			
ertificate No.										
okcyholder Name	CHAN WAH MOON					Policyholder NRIC		\$2656567G		
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC			Loading		0		
ontact No.(Mobile)	91377628	Contact No.(Office)	0			Contact No.(Home)		0 No. 🗸		
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PK .	® No ○Yes	TCA	® No ○Y	es		eCode Reason				
ICD Protection	No	NCD Entitlement(%)	20			Private Hire		Yes		
♥ Accident Details										
eport Date	24/05/2020 16:33	Acodent Report Within 24 hrs	Yes			Acadent Type	Collision - Major Minor Road			
ace of Accident	23/06/2020	Time of Accident hh:mm	15:20			Country of Accident		Singapore		
	23/00/2020		15.20					angapare		
eporting Centre		Orange Force				ICM No.				
coident Location	SOUTH WOODLANDS DR.									
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Policyholder Mailing Ad	idress									
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ddress 1	BLK 348 #10-67									
ddress 4		Address Type	Singapore a			Post Code		730348		
nt Ne.		Related Policy Number	511562771	6						
© OI Driver Info		1.50.000	C19015-C100							
river Name	CHAN WAH MOON	Oriver Type	Main Driver			HOUSE MANY		* CONTRACTOR OF THE PARTY OF TH		
nnamed driver Name		Driver NR3C	526565670			Driver DOB		24/09/1967		
egister Date of Driver License		Oriver Age	52			Driving Experience		25		
ontact No.(Mobile)			0			Contact No.(Home)		0		
ress 1 BLK 348 Address 2		Address 2	WOODLAND	DS AVENUE 3		Address 3		SINGAPORE 730348		
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ontact No.(Mobile)	91377628	Contact No.(Home)				Contact No.(Office)				
mail Address		Of Vehicle Number	SKD1859G			TP Vehicle Number		YP1304L		
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laiment Name *	28	Claimant NR3C *								
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aim Description	SKD1859G / YP1304L ON 23 Jun 2020					Name of Preferred V	Vorkshop			
referred Workshop Contact		Insured Liability *	Not at Faul	· ·						
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	24/06/2020 16:34	Claim Close Date		The second second		Date Received		24/06/2020 00:00		
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	Path *		1 species	Category *		Confidential	Urgeno			
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