NATIONAL Assessment Cen			A CONTRACTOR OF THE PARTY OF TH	T-	L
Date In: 16 16:00	Jeb description		Date &Time Completed	Done	pi.
Re[No: NA]14(23009536)24	SAS e-filing		i		
Veh No: S12 9186 D.	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 20/8/20-17:00	i-Motor Clai	m Form	M1101301-001	21/9/20	16:76
	i-Motor W/C	(Within: OD 2hrs	s, TP 4hrs)		
OD / Tr / Reporting Only	i-Photo Uplo	aded			
TD !	Assessment/St	irvey Report			
TP Insurer:	Ass't Report b	y <u>Fax / Hand</u> t	o Owner/Wksp	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:	25 19 100	, INC ()/Non-INC()		
Owner / Driver: (The state of the s		Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$		()			
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() Total Loss Case : to e-mail Ins	urer URGENTLY.	1			
Drive-In ()/ Towed-In (); Invo	oice: YES () / N	NO();T	owing Co: ()
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Apply for Transport Allowance ()	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	())			
Upload Resurvey Photo [Repair Cost >	\$3000] ()			
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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.

- 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.

	ACCIDENT STATEMENT
Date Of Report	26/08/2020 16:22
Date Of Accident	25/08/2020 17:00
Exact Location Of Accident	UPP SERANGOON RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ9286D
Insured/Policyholder	
Name Of Registered Owner	GOH CHIK HANG
NRIC No	SXXXX749J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90615343
Alternative Phone No	OFFICE-90615343
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6 VTI CVT
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	5100647724-02
Cover Note Number	
Driver	
Name of Driver	GOH CHIK HANG
NRIC No	SXXXX749J
Date Of Birth	04/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1998
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90615343
Fax Number	
Contact Number	OFFICE-90615343

NOEMAIL

Address

BLK 442 HOUGANG AVENUE 8

#03-1577

OWNER

Postcode

530442

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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?

Was any other material or property damaged?

YES

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?

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

ES1919J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MR LEE

NRIC/Passport Number

Contact Number

91088820

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) 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.
- 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.
- 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:
 - (I) 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: A: \$\siz 9286 D \\
B: \bar{\text{ES}} 9797

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along upper Serangoon Road as the traffic

light was red at that point of time. Out of sudden, I felt an

impact from my rear. When I went down to check, I realised that

Vehicle B had collided onto the rear portion of my vehicle.

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.

医侧侧原物 医二克巴耳氏试验检尿	ACCIDENT DETAILS	计算机的设计算机的设计
Date of accident	35/08/3020	(DD/MM/YY)
Time of accident	1700	(HH:MM)
Exact location of accident	Along Upper Serangoon Road	100

对是我们还是有一种的企业	DETAILS OF VEHICLE
Vehicle registration number	SLZ 9286 D
Vehicle make and model	Honda Civic
Type of vehicle	Saloon D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim ✓ Reporting only □

	INSURANCE IN	FORMATION	2000年11月1日
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft 🗆	TP only □

INSURED / POLICY HOLDER
Goh Chik Hang Malet Female
S2562749J
9061 5343
BIK 442 Hougang Ave 8 #03-1577 8(530 442)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male Female	e 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	04/07/1959	
Occupation	Indoor D Outdoor	
Driving date pass	23/09/1998	

	GENERAL INFORMATION OF THE ACCIDENT	起動物
Was driver an employee of	Yes D No Z	ACCRECATION AND ADDRESS OF THE PARTY OF THE
the insured's company?	If no, relationship of the driver and insured:Owner	
Accident captured by camera?	Yes D No Z	
Weather condition	Clear Raining Others:	
Road surface	Dry Wet 🗆	
No of passenger	01 (Inclusive of da	river)
7		
维护 法国 (从1000年) 1100年 (1000年)	PASSENGER 1	
Name		STREET, STREET
Gender	Male Female	
SHE WENT TO THE STATE OF THE ST	PASSENGER 2	is the
Name		0.00
Gender	Male Female	
Gender	Wale D Telliale D	
		SHEED AND
基度和控制性的主义的	PASSENGER 3	7-10-2
Name	N. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Gender	Male Female	
	DASCENCED A	
	PASSENGER 4	4
Name	Mala - Family -	
Gender	Male Female	
		SECONDARY.
	PASSENGER 5	A CONTRACTOR
Name	AND	
Gender	Male Female	
	PASSENGER 6	
Name		
Gender	Male Female	
Z.3		
SOLD STATE OF THE SECOND 	OTHER INFORMATION	建 车级
Was anybody injured?	Yes No p	
Was other vehicle damaged?	Yes P No a	
	DETAILS OF POLICE STATION ACTION	Williams
Reported to police?	Yes No No If yes, please state which police station.	
Police station name		
Charles Charle	WITNESS 1	With the
Name		
0.5475.65.T0		
The Late Congress with the Congress of the Con	WITNESS 2	
Name		

	THIRD PARTY VEHICLE 1
Vehicle registration number	ES 1919 J
Vehicle make model	Mercedes E200
Name	Mr Lee
NRIC / Fin / Passport number	
Contact	9108 8820
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
MEN AND A TRANSPORT OF THE PARTY.	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
和中国的 经产品的	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Manufacture Steel State (1987)	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	

建 管理程序 经基础证据 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10		INJURED	PERSON 1	and the second second second
Name			A SECOND COMMENTS OF THE PROPERTY OF THE PARTY OF THE PAR	The second secon
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				/
		Wildle-reserving		
中国		INJURED	PERSON 2	据编号 (1821年) 2013 (1821年)
Name		ACCEPTANT SERVICE		
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No □		
hospital by ambulance?				
			/-	
		INJURED	PERSON 3	是公司的国际的时代
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?	l.	100000	/	
Name		INJURED	PERSON 4	
Ivaille				
Injuries sustained				
Injuries sustained Which vehicle person in?				
Which vehicle person in?	Ves n	No D		
Which vehicle person in? Were seat belts worn?	Yes D	No D		
Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No o		
Which vehicle person in? Were seat belts worn?	100000000000000000000000000000000000000			
Which vehicle person in? Were seat belts worn? Was injured conveyed to	100000000000000000000000000000000000000	No 🗆	PERSON 5	
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Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	100000000000000000000000000000000000000	No 🗆	PERSON 5	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	100000000000000000000000000000000000000	No 🗆	PERSON 5	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	100000000000000000000000000000000000000	No 🗆	PERSON 5	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No 🗆	PERSON 5	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆	PERSON 5	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆	PERSON 5	
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Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No - No - No -		
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes 🗆	No - No - No -		
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No - No - No - No -		
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No - No - No -		
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes Yes Yes	No - No - No - No -		