	Services. [well Jamos] N	The state of the s	~ 1	
Date In: 1/2/19 - 17:31	Jeb description	Date & Time Completed	Done b	
Ref No: MAI INC 1800 2067 /24	SAS e-filing	İ		
Veh No: GREGIYED	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 31/1/18-19:45	i-Motor Claim Form	M/098567	1/2/18 18:1	46
	I-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
OD : TP : 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: (		Tel:	Fax:	
TP Particulars: Veh No: 7570	GIE INC	)/Non-INC( ).		
Owner / Driver: (	2	Tel:		
Policy No: ( ) Peri	od: ( )	Cover Type: (	).	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [N	ote-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-	100%]	-
Year of Registration: ( ) W	/arranty: YES ( ) / NO (	)	12 - 100 - 1	
Excess: (\$ ) Loading: \$1,00	0()/\$2,000()	W 1000 17 D 17 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	weet in man	
General Remarks			100°	
( ) Walk-In Customer: Customer's inform	mation strictly Confidential & S	trictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer		Same of the		envisor -
Drive-In ( )/Towed-In ( ); Invoice:		Towing Co: (		)
		Date&Time Completed	Done	y
Remarks: (INC hotline: 6788 6616)			87-37-14-1-17-	
1) Apply for Transport Allowance ( )/Co	ourtesy Car ( )	-	2	
2) QC Check / Post Repair Inspection	( )			(I-6-1)
3) Upload Resurvey Photo [Repair Cost > \$30	000] ( )			750000000000000000000000000000000000000
Injury:				
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Date/Time Actions			MANAGER CONTRACT	Control Park
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MAIPOOTI2 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	Invoice Pr  1) AR: Accide 2) DA: Dames 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-ius; 7) N1: Idae D. 3 8) NTUC Addi OD*  *N5: Courte *N6: Repair *N7: Fost R	nt Reporting (\$30); the Assessment (\$100); INC ( Fee S Through Survey Through Survey (Resurvey) through Survey (Resurvey) through Survey (Resurvey) through Survey through	\$80) 40/545 \$120 \$30 \$575 \$160	
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	Invoice Pr  1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-ius; 7) N1: Idae D. 3 8) NTUC Addi OD*  *N5: Courte *N6: Repair *N7: Fost R *N8: DV/C	nt Reporting (\$30);  E Assessment (\$100); INC ( Fee S  Through Survey Through Survey (Resurvey)  against INC Only (wef 10 Jan 20) section  A + SMRT Survey tional Services:-  sy Car / Tpt Allowanse  Co-ordination epair Inspection  Collect Excess Coordination  TP (N-in INC) against INC	\$50) 40/\$45 \$120 \$30  95) \$75 \$160  \$55 \$510 \$525 \$55 \$20 \$30	Amu(s)

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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.
- 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 ability.
- 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. 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 ladgement 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.

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Date Of Report

01/02/2018 17:31

Date Of Accident

31/01/2018 19:45

Exact Location Of Accident

AYE BEFORE ALEXANDRA RD EXIT

SINGAPORE Country/State of Loss

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBE9146D

Insured/Policyholder

Name Of Registered Owner

YEW HUP HONG GAS SUPPLIER & TRADING

53145654D Co Reg No

**Email Address** 

NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-89999999

#### **Vehicle Particulars**

Manufacturer

TOYOTA

Model

TOYOTA DYNA 150 MANUAL

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

COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5079348721-01

Cover Note Number

### Driver

Name of Driver

TAN YOKE LEONG

NRIC No

S1162341G

Date Of Birth

28/05/1956

Occupation

OUTDOOR

Date Of Driving Pass

17/02/1978

**Driving Experience** 

39 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-98399207

Fax Number

Contact Number

OFFICE-98399207

EMail Address

NOEMAIL

Page 1 of 11

Address

BLK 1D CANTONMENT ROAD

#16-41

Postcode

085401

Was driver an employee of the Insured's Company YES

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

SIDE SWIPE

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

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. 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG AYE LANE 3 BEFORE ALEXANDRA ROAD EXIT. VEHICLE B WAS TRAVELLING BEHIND OF MY VEHICLE ON THE SAME LANE. SUDDENLY VEHICLE B BIT ONTO MY VEHICLE REAR RIGHT PORTION.

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

SJE7062E

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)

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 withholding 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. 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 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)
  - (i) 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
- 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.
- 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.

YEW HUP HONG GAS SUPPLIER & TRADING

Policyholder's Signature Date & Time:

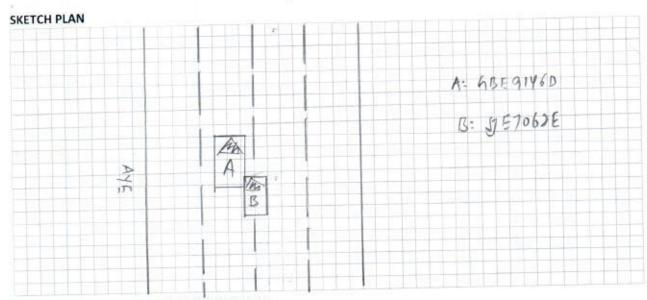
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



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# DECLARATION

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

YEW HUP HONG GAS SUPPLIER & TRADING
Driver's Signature
Driver's Signature

Policyholder's Signature

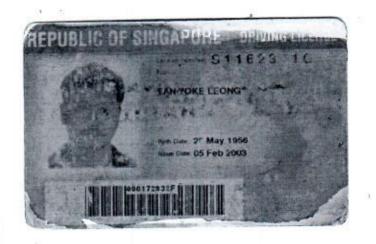
Date & Time:

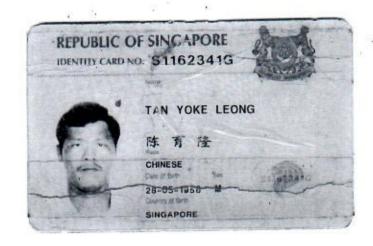
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:









								Gene	ralClaim
	THE REAL PROPERTY.	A SHIPPING			. (	Change Lan	guage ,	Change Passwor	rd · Log Out
olicy No.		GBE9146D		3	Date of Acci	dent	31/01/	2018 07:45	
elect F	Policy No.	Policyholder Name	Policyholder NRIC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O 50	79348721- 01	YEW HUP HONG GAS SUPPLIER & TRADING	53145654D	gcv	Comprehensive	GBE9146D	GBE9146D	26/04/2017	25/04/2018
	Policy (  policy No.  ehicle No.(	Policy Query  olicy No.  ehicle No.(For Motor)  select Policy No.  5079348721-	Policy Query  policy No.  ehicle No.(For Motor)  GBE9146D  GBE9146D  GBE9146D  GBE9146D  GBE9146D  GBE9146D  GBE9146D  GBE9146D	Policy Query  Dilcy No.  Sehicle No.(For Motor)  GBE9146D  GBE9146D  GBE9146D  Folicyholder Name NRIC  YEW HUP  HONG GAS  5079348721- 01  S079348721- 01  S079348721- 01  S07948721- 01  S07948721- 01  S07948721- 01  S07948721- 01	Policy Query  Dilcy No.  Sehicle No.(For Motor)  GBE9146D  GBE9146D  GBE9146D  Folicyholder Policyholder NRIC  VEW HUP  S079348721- HONG GAS SUPPLIER & S1145654D GCV	Policy Query  Date of Acci  Cover Type  Sorgal 48721-  O 11  Date of Acci  Cover Type  Policyholder NRIC  NRIC  YEW HUP  O 5079348721- O 11  Date of Acci  Search  Search  Search  Search  Search  Search  Search  O Cover Type  O Comprehensive	Policy Query  Dilcy No.  Change Lang  Date of Accident  Date of Accident  Search  Search  Search  Policyholder Name NRIC Product Cover Type No.  YEW HUP  O 5079348721- HONG GAS SUPPLIER & 53145654D GCV Comprehensive GBE9146D	Policy Query  Disco of Accident 31/01/  Search  Search  Search  Search  Search  One of Accident Accident S1/01/  Search  Search  Search  One of Accident S1/01/  Search  Search  Search  One of Accident S1/01/  Search  One of Accident S1/01/  Search  Search  One of Accident S1/01/  One o	Policy Query  Dilcy No.  Enicle No.(For Motor)  Date of Accident  Search  Search  Search  Search  Search  Search  O 5079348721- O 11  SUPPLIER & 53145654D  Change Passwork  Date of Accident  Search  Search  Search  Cower Type Vehicle Insured Commence No. Object Date  YEW HUP  O 5079348721- O 1 SUPPLIER & 53145654D  GCV Comprehensive GBE9146D GBE9146D  Change Passwork  Search  Commence No. Object Date  O 5079348721- O 1 SUPPLIER & 53145654D  GCV Comprehensive GBE9146D  Change Passwork  Search  Commence No. Object Date  O 5079348721- O 1 SUPPLIER & 53145654D  GCV Comprehensive GBE9146D  Comprehensive GBE9146D  Comprehensive GBE9146D  Comprehensive GBE9146D  Comprehensive GBE9146D

Policy	Information				
	5079348721-01	Policyholder Name	YEW HUP HONG GAS SUPPLIER	Policyholder NRIC	53145654D
ddress	BLK 1D #16-41 CANTONMENT R	OAD THE PIN	NACLE@DUXTON SINGAPORE 08:	5401	
Product Name	COMMERCIAL VEHICLE INSURAL	Plan		Group Policy Flag	N
Policy ssue Date	21/04/2017	Effective Date	26/04/2017 00:00	Expiry Date	25/04/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info Certificate Info			a.		
Policyh	nolder Mailing Address				
Address 1	BLK 1D #16-41	Address 2	CANTONMENT ROAD	Address 3	THE PINNACLE@DUXTON
Address 4	SINGAPORE 085401	Address Type	Singapore address	Post Code	085401
Unit No.	16-41	Related Policy Number	5079348721-01		
D Insure	d Object: GBE9146D		2		
	sements				
	ce Date of Endorsement	Carlow	sement Type Endorsem	ent Status	Endorsement Conten

ent MT/0980567	5079348721-01	Vahicle No.	G869146D	GST Registration No.	
	YEW HUP HONG GAS SUPPLIER & TRADING			Policyholder NR3C	53145654D
	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
	0	Contact No.(Office)	0	Contact No.(Home)	0
No.(Mobile) ddress		Special Remerk		eCode	NC V
000000	® No ○ Yes	TCA	® No ○ Yes	eCode Reislon	No
otection	No	NCD Entitlement(%)	0	Private Hire	No
ccident Details					
	01/02/2018 18:44	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
	31/01/2018	Time of Accident hh:mm	19:45	Country of Accident	Singapore
Accident	gatestante	Orange Force		ICM No.	
ng Centre	AYE BEFORE ALEXANDRA RD EXIT				
enefits	ATE OF OTHER DESIGNATION OF THE OTHER DESIGNAT				
enerna xcess					32.0
emage Excess	600,00	Additional Excess		Windscreen Excess	100.00
		Outside Singapore OD Excess			
ad Driver Excess	0,00	Outside Singapore TP Excess			
ST Registered Informa					
egistered	No		GST Registration Date	wor	
egistration No.			GST Status Verified	No	
ation History					
	1,000	*			
elicyholder Hailing Ad	Maria Company of the	Address 2	CANTONMENT ROAD	Address 3	THE PONNACLE BOUXTON
es 1	BLK 10 #15-41	Address Type	Singapore address	Post Code	085401
55.4	SINGAPORE 085401	Related Policy Number	5079348721-01		
No.	15-41	100000			
OI Driver Info	Unnamed Driver	Driver Type	Unnamed Driver	0.077835-033009	
ned driver Name	TAN YOKE LEONG	Driver NR3C	S1162341G	Driver DOS	28/05/1956
ned driver Name ter Date of Driver License		Driver Age	61	Driving Expenence	39
	98399207	Contact No.(Office)	٥	Contact No.(Home)	0
sct No.(Mobile)	BLK 1D	Address 2	CANTONMENT ROAD	Address 3	THE PINNACLE @ DUXTON
ess 1		Address Type	Singapore address	Post Code	085401
ress 4	SINGAPORE 085401 16-41	ge.	transmission of		
t No. is he own a Singapore jistered car?	○ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
seration eatheryser or Blood Test eding?	Omp	Any injury?	○ Yes ® No		
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
ethalyser or Blood Test iding?	0 mg	Any injury?	○ Yes ® No		
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enalyser or Blood Test drog?  Acation History laim 001 New m Type *		Insured Name &	○ YES ® No	Insured NR3C Contact No. (Office)	53145654D 66462745
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chayser or Blood Test drag?  Acation History  Initialization Memory  In Type *  Inact No (Mobile)  Bill Address.	OO-MX   V	Insured Name & Contact No.(Home)	YEW HUP HONG GAS SUPPLIER	Contact No.(Office)	66462745 S367062E
chalyser or Blood Test sing?  fication History  aim 003 New  Type * tact No (Mobile)  ail Address  m Description		Insured Name & Contact No. (Home) O3 Vehicle Number	YEW HUP HONG GAS SUPPLIER GBE91460	Contact No. (Office) TP vehicle Number	66462745 S367062E
chalyser or Blood Test leng?  Acation History  aim 001 New  Type *  tact No.(Mobile)  ii Address  in Description  erred Workshop Contact	GBE9146D / GJE70636 ON 31 Jan 2018	Insured Name & Contact No. (Home) O) Vehicle humber Insured Liebtifty *	YEW HUP HONG GAS SUPPLIFE GBE9146D  Not at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Work	66462745 S367062E
enalyser or Blood Test sing?  Acation History  In Type * tack No (Mobile)  Bit Address In Description  Ferred workshop Contact  Laire Finalisation	GBE9146D / SJE70636 ON 31 Jan 2018	Insured Name & Contact No. (Home) O) Vehicle Number Insured Liability * Preference Repair Option	YEW HUP HONG GAS SUPPLIER GBE91460	Contact No. (Office)  TP Vehicle Number  Name of Preferred Work	68462745 SJE7062E
chalyser or Blood Test sing?  Acation History  aim 001 New  Type *  tact No.(Mobile)  ail Address  m Description  ferred workshop Contact  usire Finalisation  e Registered	GBE9146D / SJE70636 ON 31 3an 2018  Ves   01/02/2018 18:46	Insured Name & Contact No. (Home) O) Vehicle humber Insured Liebtifty *	YEW HUP HONG GAS SUPPLIFE GBE9146D  Not at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Work  GIA report	66462745 SJE7062E Received
enalyser or Blood Test sing?  fication History  laim 001 New  m Type * tact No (Mobile) bit Address im Description herred workshop Contact quire Finalisation e Registered sors Taken By	GBE9146D / SJE70636 ON 31 Jan 2018	Insured Name & Contact No. (Home) O) Vehicle Number Insured Liability * Preference Repair Option	YEW HUP HONG GAS SUPPLIFE GBE9146D  Not at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Work  GIA report	66462745 SJE7062E Received
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