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Ref No: NA/INCIROUSTZI/ZY	SAS e-filing		
WINE HE	E-mail (within Shrs, AIC 2hrs)	1	
Veh No: SF291TY	i-Motor Claim Form	uel annie	9/2/18 18:7
D.O.A: 6) 2/8-20:30		M1/098 1737	4P/18 10.7
OD TP Reporting Only	i-Motor W/O (Within: OD 2hi	rs, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report	to Oumer/When	
Preferred Wksp / INC Assign Wksp / QW: (	Ass't Report by Fax / Hand		Fax:
	177910 INC(		
TP Particulars: Veh No: St	ICTTYIR . INC.	Tel:	· )
Owner / Driver: ( Policy No: ( ) I	Period: ( )	Cover Type: (	<del></del>
Confirmed by : (	Date:	Time:	)
	[Note-Est. Status (WO): N: 0-2		100%]
		1. 21-7570. 1. 30-1	15070]
Year of Registration: ( )	Warranty: YES ( )/NO (	/	
Excess: (\$ ) Loading: \$1  General Remarks:			ACPET IN WASTER
		Owing Co. (	Done by
Cemarks:- : (INC hotline: 6788 6616)		Date& Time Completed	Done by
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2) QC Check / Post Repair Inspection	( )		* * * * * * * * * * * * * * * * * * * *
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Francisco Car

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	09/02/2018 18:14
Date Of Accident	06/02/2018 20:30
Exact Location Of Accident	BLK 78 BEDOK NORTH RD CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF2915Y
Insured/Policyholder	
Name Of Registered Owner	MORE COLOR FASHION
Co Reg No	43905200M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96354217
Alternative Phone No	OFFICE-96354217
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5
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
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	5092856066
Cover Note Number	
Driver	
Name of Driver	CHOO KIM YAW (ZHU JINYAO)
NRIC No	S7940958H
Date Of Birth	31/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92336009
Fax Number	
	10001 L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

OFFICE-92336009

NOEMAIL

7 SELETAR ROAD Address

#05-26 807014

Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

2 Number of vehicles involved in the accident YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

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)

Passenger 1

NAME:

GENDER: : FEMALE

**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? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

**Details of Witness 1** 

MIDCO TEE Name 90306117 Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKK7791R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver **HUI TING** 

NRIC/Passport Number

Contact Number

96235041

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

# **DETAILS OF INJURED PERSON 1**

CHOO KIM YAW (ZHU JINYAO) Name

Approximate Age

BODY Injuries Sustain Injured person in which vehicle? SJF2915Y Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

YES

NO

#### SKETCH PLAN

#### 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.
- 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.
- 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:
  - 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.

Managor

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 .:

TCH PLAN				
B1K 79			A = S3F G = SKK 7	
B1K 78	B J Reversed	8118	Bedok Marth	Rd carpai
CRIBE CIRCUMSTANC	CES OF THE ACCIDENT			
Please	Refer	to s	tatement	
111 000	7.6 407	, ,	(1000000)	
		// *10		
ECLARATION		G20010		65.03
Ve declare the foregoing	particulars are true in every resp	pect.	V	The
olicyholder's Signature	Driver's Signature	Annual Actives	Control Service and the	ersonnel's Signature
te & Time:	Manager (If driver is not the p	policyholder)	Name: NRIC/FIN No.:	

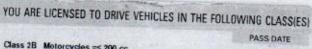
AS I WAS IN A STOP POSITION FOR WAITING VEH B TO MOVE OFF, SUDDENLY SHE MAKE A REVERSED WITHOUT CHECKING BEHIND AND HIT ONTO MY VEH FRONT PORTION DESPITE THAT I HORN AT HER.MY VEH FRONT PART IS BADLY DAMAGED, I HAVE AN EYE WITNESS WHICH WAS MY UBER PASSENGER ON BOARD.

# ACCIDENT STATEMENT

ACCID			DD/MM/YYY	), TIME: ( 20	: 30 (HH:MM)	
LOCATI	ON: BIK	78. Bedol	( North	Rol C	arpark.	
1	DETAILS OF VEHIC	-15			<i>d</i> c	
2.50			N - V	1.0	William .	
	a) VEHICLE NUM			Table State		
	b)INSURANCE CO		IMC			
	c)POLICY NUMBE	R:				
	d)POLICY TYPE: (	(1) ·		RTY / THIRD PA	RIY FIRE & I HEFT)	
	e)MAKE & MODE				OLE / OTHERS	
	f)TYPE:(SALOON /					
	g) VEHICLE CATEO h) PURPOSE OF US					
	i) ARE YOU CLAIM					
	IF NO, PLEASE ST					
2	INSURED / POLICY	The second secon	TI CEAWY K	LI OKIII O OI	- 17	20
	A)NAME: Mo	Contraction of the Contraction o	Fashian	IMA	ALE / FEMALE)	
	b) NRIC/FIN/PASSE					Š
	c) ADDRESS:					
	C/NOCKESS.			61 32 31	20	-
-	* CONTINUE TO 3.	d IF DRIVER ALS	O POLICY HO	DLDER		
THE of passenas.	DRIVER					
(111 1 1 1	a)NAME: Cho	o Kim Ya	W	(MA	LE / FEMALE)	
140	b)NRIC/FIN/PASSE			CONTACT:	9233 6009	_
( <u>4</u> 2)	c)ADDRESS:					*()(:
100			1/00/	0.0000		-
1.55	d)DATE OF BIRTH			MM/TTTT)	A	
	e)OCCUPATION:		-		980	
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	a) WEATHER COND					1
	)ROAD SURFACE	The state of the s				_)
	WAS ANYBODY IN				58	
7. 0	REPORTED TO PO	DLICE (YES / NO	5)	175		
	IF YES, PLEASE ST	ATE WHICH PO	LICE STATION	:		-
8. T	HIRD PARTY VEHIC		nun material annum			
	a) VEHICLE NUM			MODEL:		
Including driver)	b) DRIVER'S NAM	ME: Hw	Ting		24-2-5-4	
(1)	c) NRIC/FIN/PAS	SPORT:		CONTACT:	9623 5041	-
/ 1	HIRD PARTY VEHIC					
No of possionate	d) VEHICLE NUM		<u> </u>	MODEL:		3.00
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Class 2B Motorcycles =< 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

NP 428A



4515626 Date of Issue 25-01-2010 7 SELETAR ROAD #05-26 SINGAPORE 807014 NRIC No: \$7940958H Date: 25/09/2017

tello, NAC_PAYA_UBI_800	501			III N. Second			Change Lan	guage ,	Change Passwor	d • Log Ou
My Desktop	Polic	y Query								
Notice of Loss	Policy No.					Date of Acc	ident	06/02/	2018 16:50	
	Vehicle	No.(For Motor)	SJF2915Y							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	9	5092856066	MORE COLOR FASHION	43905200M	GPC	drivo CLASSIC	SJF2915Y	SJF2915Y	24/07/2017	26/05/2018

Policy No.	5092856066	Policyholder Name	MORE COLOR FASHION	Policyholder NRIC	43905200M
ddress	6 WHAMPOA DRIVE SINGAPORE	102018			
roduct lame	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	24/07/2017	Effective Date	24/07/2017 00:00	Expiry Date	26/05/2018 23:59
hird arty xcess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	BENEFIT AUTO INSURANCE AGE	Agent Tel.	68444161	GST Flag	Y
Co- Insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	nolder Mailing Address				
Address 1	6 WHAMPOA DRIVE	Address 2	SINGAPORE 327717	Address 3	
Address 4		Address Type	Singapore address	Post Code	327717
Unit No.	06-446	Related Policy Number	5093479992		
Insure	d Object: SJF2915Y				
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icyhalder Name	MORE COLOR FASHION	*****	drivo CLASSIC		oading	0	
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ntact No.(Mobile)	96354217	Contact No.(Office)	0			1	
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D Protection	No	NCD Entitlement(%)	0	Pr	rivate Hire	V	65
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		Accident Report Within 24 hrs	Yes	A	coident Type	0	amaged whitst parked
port Date	09/02/2018 18:34				ountry of Accident		ingapore
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sporting Centre		Orange Force		10	CM No.		
cident Location	BUK 78 BEDDIK NORTH RD CARPARK						
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F Excess							
wn damage Excess	2,000.00	Additional Excess	0.00	W	Vindscreen Excess		100.00
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married Driver Excess		Outside Singapore OO Excess					
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00				
GST Registered Informa	stion						
T Registered	No		GST Registration Date				
T Registration No.			GST Status Verified		No		
diffication History							
Policyholder Mailing Ad	dress						
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adness 4		Address Type	Singapore address	0	ost Code	1	127717
nit No.	06-446	Related Policy Number	5093479992				
OI Driver Info	00 440						
		Barrier Francis	Unnamed Oriver				
river Name	Unnamed Driver	Driver Type			priver DOB	19	11/12/1979
nnamed driver Name	OAVOI KIM YAW (ZHU JINYAO)	Driver NRIC	57940958H				
egister Date of Driver License	11/03/2000	Driver Age	38	D	briving Experience	1	17
ontact No.(Mobile)	92336009	Contact No. (Office)	0	C	Contact No.(Home)	0	
doress 1	7 SELETAR ROAD	Address 2	THE GREENWICH	A	oddress 3	5	SINGAPORE 807014
		Address Type	Singapore address		ost Code		907014
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