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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder anti/or the Authorised Driver.
- 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.

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.
- 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.

ACCIL	10.1	SIA	CIVIE	444
-111000				

Date Of Report

08/03/2018 17:08

Date Of Accident

07/03/2018 09:10

Exact Location Of Accident

ALONG CTE TOWARDS CITY

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLJ6422G

Insured/Policyholder

Name Of Registered Owner

HUANG SHE THONG

NRIC No

\$77892241

Email Address

XU.XIAOJUAN1979@GMAIL.COM

Mobile Phone No

(LOCAL) +65-96446487

Alternative Phone No.

OTHERS-96446487

Vehicle Particulars

Manufacturer

TOYOTA

Model

ESTIMA

Exact Purpose for which vehicle was being used at

time of accident

SENDING CHILDREN TO SCHOOL

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

5086760166-01

Cover Note Number

Driver

Name of Driver NRIC No

Date Of Birth

YANNI HUANG

S8086491D 31/07/1980

Occupation

Date Of Driving Pass

INDOOR 25/04/2011

Driving Experience

6 YEARS AND 10 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-96446487

Fax Number

Contact Number

OTHERS-96446487

EMail Address

XU.XIAOJUAN1979@GMAIL.COM

Address

329 RIVER VALLEY ROAD

#20-01

Postcode

238361

SPOUSE

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 involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

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)

3

Passenger 1

NAME:

: SON

GENDER:

: MALE

Passenger 2

NAME:

: HELPER

GENDER:

: FEMALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

YES

Was there any video captured by Car Camera?

Are accident photos available for attachment?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

FBC7950Y

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

LIM SONG KUAN

NRIC/Passport Number

S8416790H

Contact Number

91197918

Address

Postcode

Page 2 of 15

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Page 3 of 15

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.
- 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 ladgment 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:
 - (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
- (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: 8/3/2016

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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 MT/0985346					
Policy No.	raservese vowier c		1000000		
Policyholder Name	5086760166-01	Vehicle No.	SLJ6472G	GST Registration No.	
Product Code	HUANG SHE THONG PRIVATE CAR INSURANCE	2004244		Policyholder NRIC	
Contact No (Mobile)	96446487	Cover Type	drive CLASSIC	Loading	
Email Address	Section 11	Contact No. (Office)		Contact No.(Home)	
KFK	G No F Yes	Special Harnark TCA	**************************************	eCode	C#1
NCD Protection	Yes	NCD Emitlement(%)	© No ∩ Yes	wCode Reason	
* Accident Details		ACC Extragalative Act	40	Private Hire	No
Report Date	09/03/2018 09:53	Accident Report Wilhin 24 hrs	Yes	Accident Type	HAMMOOOM
Date of Accident	07/03/2018	Time of Accident Income	09:10	en naviena en articolo.	Cathsian - He
Reporting Centre		Grange Force		Country of Accident JCM No.	Singapore
Accident Location	ALONG CTE TOWARDS CITY			July Mac	
♥ Benefits					
Coverage			Sum Insured		
Excuss Wawer			999999999		
♥ Excess					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Ullnamed Driver Excess	500.00	Outside Singapore QD Excess	0.00		
Third Party Excess	0,00	Outside Singspore TP Excess	0.00		
♥ GST Registered Inform. GST Registered	37,770				
GST Registration No.	740		GST Registration Date		
Madification History			GST Status Verified	Yes	
Policyholder Mailing Ad	drass				
Address 1	329 RIVER VALLEY ROAD	Address 2	#20-01 YONG AN PARK	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	20-01	Related Holicy Number	5086760166-01		
G OI Briver Info					
Driver Name	Unnamed Driver	Drawer Type	Unnamed Driver		
Unnamed driver hame	YANNI HUANG	Driver WREC	\$80864910	Driver DOB	
Register Date of Driver License	25/04/2011	Driver Age	37	Orlving Experience	
Contact No.(Mobile)	AND THE STATE OF T	Contact No. (Office)		Contact No.(Home)	
Address 1 Address 4	329 HIVER VALLEY ROAD	Address 2	#20-01 YONG AN PARK	Address 3	
Unit No.	20-01	Address Type	Foreign address	Fost Code	
Does he own a Singapore					
Registered car?	€ Yes ∰ No	Driver Vehicle fag.	5U6422G	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	û mg	WANT BELLEVIE	100 C		
Reading?		Any hijury?	Yes @ No		
and a second					
Modification History					
Claim 001 New					
Claim Type *	OD-MX +	Insured Name	HUANG SHE THONG	45576.59436	
Contact No. (Mobile)	83183141	Contact No.(Hame)	PIUMOS SHE FRUNG	Disured NRIC	
Email Address		DI Vanicia Number	SL16422G	Contact No. (Office)	
Claim Description	SLJ6422G / FBC7950V ON 7 Mar 2018	THE CONTRACTOR OF THE CONTRACT	SOURCE	TP Vehicle Number	
Preferred Workshop Contact No.		Insured Liability •	Not at Pault •	Name of Preferred Workshop	
Require Finalisation	Yes		CONTRACTOR OF THE STREET	11.627	
Date Registered	09/03/2018 09:57	Preferend Repair Option Claim Clase Date	Preferred Workshop, Name unknown •	GIA report	
Report Taken By	ROSEI WAHAB	Carl Villa Control		Date Received	
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			Committee and committee of		
Attachment			Save Submit		
Attachment					
*					
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Last Doc. Received	₩ Yes © No	Claim No.	001		
	- 100	Upload Date	09/03/2018 09:59		

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			Browse	Ciest	Please Select		NO.	-	Normal
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		IATIONAL ASSESSMENT CENTRE SURVICES (BUI H)) on 09 Mar 2018 09:58		Photos		Normal			- PH
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	NAC_BUKIT_MERAH_B00676/ N IT MERA	NATIONAL ASSESSMENT CENTRE SERVICES (BUR H)) on 09 May 2018 09:57		Photos		Normal			P
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AGCIDENT STATEMEN	T* . **
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	-
LOCATION: CTE CITY HIGH WAY	
(a. *)	V 51
1. DETAILS OF VEHICLE	. 11
O) VEHICLE NUMBER: SSLTG422 G	- National Co
BINSURANCE COMPANY - NTUC	51
DIPOLICY NUMBER: GOMPREHENSIVE / THIRD PARTY	THIRD PARTY FIRE ATHEFT
dipolicy type: (COMPREHENIVE / ICHA	2000000
BIMARE & MODELLE LUPY IV AN ILORRY /	MOTORCYCLE, / OTHERS
LINIAGOSE OF USING AT ACCIDENT TIME: 2015	
VOIL ALL LINING LINDER YOUR OWN INSUKA	WOR (Trotton)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REP.C	ORTING ONLY)
- UNITED A POLICY HOLDER	Tage () and (
A)NAME: HUANG SHE THONG	MALE / FEMALE 487
1. boy BINRIC/FIN/PASSPORTI S 7789224 1	CONTACT! 46 TITE T
I girl CIADORESSI 329 RIVER VALLEY IN	V
130 -01 325 35 100 -01 325 35 35	DER
ONTINUE TO 3, d IF DRIVER ALSO POLICY HOL	
15 No of parsongs DRIVER VANIAL HUANG	IMALE / FEMALE)
GINAME: THOUSE	CONTACT: 9644648/
Charles No Pharacher Agground	V
(2) CIADORESSI 10-01 5238361	
ODATE OF BIRTH: (3 U 07) 19 SO (DD/N	(YYYY\M.
- LOCAL BATION INDOOR OUTCOM	
IDATE OF DRIVING PASS - THE INSURE	D'S COMPANY? (YES / 10)
4. WAS DRIVER AN EMPLOYEE OF THE INSURE	HINSUREDI LUITE
IF NO, RELATIONSHIP OF THE DRIVER WITH	OTHERS
5, OWEATHER CONDITION: (CLEAR) RAINING /	1 1
DIROAD SURFACE: DRY/WET / OTHERS	
IF YES, PLEASE STATE WHICH	15
1 PTV VIEW C 2	MODELL MOTOR CYCLE
I I I I I I I I I I I I I I I I I I I	TANK TO THE PARTY OF THE PARTY
	H_CONTACTI_9119 7410
(Induding driver) of MRIC/FIN/PASSPORTI_ 58416790	e e e e e e e e e e e e e e e e e e e
() o THIRD PARTY VEHICLE	MODEL:
d) VEHICLE NUMBER:	
(Including delver) 1) DRIVER'S NAME:	CONTACTI
(Including delver) 1) NRIC/FIN/PASSPORT!	
(_)	190 II II II III III II II II II II II II
300 N	* (4) %
	juan 1979 @ gmail. com
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fax = 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8086491D





Name

YANNI HUANG @ROYANI



Race
CHINESE
Date of birth
31-07-1980
Country/Place of birth
INDONESIA

Sex



9367101



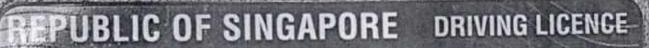
NRIC No. S8086491D



Nationality
INDONESIAN
Date of issue
22-09-2015

Address

329 RIVER VALLEY ROAD #20-01 SINGAPORE 238361





Licence Number: S8086491D

Name:

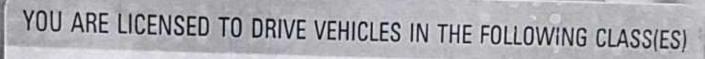
@ ROYANI

Birth Date: 31 Jul 1980

Issue Date: 23 Nov 2015



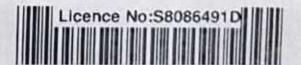
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EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 25 Apr 2011 of the driver; and other motor vehicles =< 2500kg

NP 428A



eBaoTech					Depa-			THE RESERVE	Sciii	eralClaim
Hello, NAC_BUKIT_MERAH	_800676					,	Change La	nguage	Change Passwo	ord • Log Ou
My Desktop	Polic	y Query								
Notice of Loss	Policy N	o.				Date of Acc	ident	07/03/	2018 14:48	
	Vehicle	No.(For Motor)	5L26422G							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5086760166-01	HUANG SHE THONG	577892241	GPC	drivo CLASSIC	5L)6422G	SL)6422G	20/12/2017	19/12/2018