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Veli No: 21673 98 C	E-mail (within Shrs, AIC 2hrs)		
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	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OD TP ! Reporting Only	i-Photo Uploaded		The second secon
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (The state of the s	Tol: F	ax:)
TP Particulars: Veh No: 57	N957SL INC)/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est Status (WO): N: 0-	20%; P: 21-79%. F: 80-	100%]
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()		7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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2) QC Check / Post Repair Inspection	()	,	
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301 61

SINGAPORE ACCIDENT STATEMENT

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 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

ACCIDEN	11 8	IAI	

08/05/2018 15:32 Date Of Report 07/05/2018 17:30 Date Of Accident

PIE (TUAS) AFTER THOMSON RD EXIT Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SLF2368C Vehicle Registration Number

Insured/Policyholder

MICHAEL CAR FOR HIRE SERVICES Name Of Registered Owner

53338967D Co Reg No NOEMAIL Email Address

(LOCAL) +65-97451953 Mobile Phone No OFFICE-97451953 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

CITY 1.5L I-VTEC AUTO Model

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?

THIRD PARTY

If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5083309821-01 Policy Number

Cover Note Number

Driver

JOCELYN TAN SHI YUN Name of Driver

S8018294E NRIC No 26/06/1980 Date Of Birth INDOOR Occupation 26/07/1999 Date Of Driving Pass

18 YEARS AND 9 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-81825205 Mobile Number

Fax Number

OFFICE-81825205 Contact Number

NOEMAIL EMail Address

BLK 166B PUNGGOL CENTRAL #18-143

822166

Postcode

Was driver an employee of the Insured's Company NO

CHILDREN If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Address

Insurance Company of Driver's Own Vehicle

YES

NO

1

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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

NO Was the accident reported to the police?

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)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJM9575L

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC951U

Page 2 of 20

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

TAXI

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

GENDER:

Passenger 3

NAME:

GENDER:

Page 3 of 20

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.

Policyman paignature

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

ON STATED DATE AND TIME, I ATTACHED TO BRAKE MY VEHICLE AS VEHICLE INFRONT OF ME WAS STATIONARY STOPPED. VEHICLE B BRAKE HIS VEHICLE ACCORDINGLY. SUDDENLY VEHICLE C COULDN'T BRAKE HIS VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION. AFTER AN IMPACT, VEHICLE B MOVED FORWARD AND HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

	C CONTRACTOR OF THE MAN	۸) .
ACCID	DENT DATE: 7 18)(DD/MM/YYYY), TIME: 7 3)(HH:MA	
ACCID	That all - I by Exit	
LOCAT	ION: PIE (change) after Thomson Rd Exit	
LOCA		+8
1.	DETAILS OF VEHICLE	
8.5	- WELICLE MILMBER. JU - 3308	
H 1		
		71
	C)POLICY NUMBER: JOHN THIRD PARTY / THIRD PARTY FIRE &THEF	31
	THE PROPERTY OF THE PROPERTY AND TORKET MOTOR CITE OF THE PROPERTY OF THE PROP	
	THE PARTY OF THE P	**
	h)PURPOSE OF USING AT ACCIDENT TIME: Private MSE	
	h)PURPOSE OF USING AT ACCIDENT THAT	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	¥ 8
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2.	INSURED / POLICY HOLDER	70
		1
19	b)NRIC/FIN/PASSPORT: 53538967D CONTACT: 9743 193	A HO OF
	c) ADDRESS:	possenger
		. (Including d
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	(1)
3.	DRIVER TO CELLIN TOO Shi Yun (MALE / FEMALE)	
		· ·
	DINKIL /FIN/F ASSI ONI.	7
	CIADDRESS: BIK 1660 Punggal Contral \$18-193 (\$2000	
	1660	- B
	*d)DATE OF BIRTH: (26/6 / 1980)(DD/MM/YYYY)	
å	e)OCCUPATION: (INDOOR / OUTDOOR)	
	FIYEARS OF DRIVING EXPRERIENCE: 267 1999	0)
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! N	
	TE NO DELATIONSHIP OF THE DRIVER WITH INSURED.	
5.	g)WEATHER CONDITION: (CLEAR) RAINING / OTHERS	
	b)ROAD SURFACE: DRY / WET / OTHERS	
6.	WAS ANYBODY INJURED (YES / NO)	* *
7.	a) REPORTED TO POLICE (YES / NO)	•
	IF YES, PLEASE STATE WHICH POLICE STATION:	060
8.	THE PART ACTUALS	*No of passo
	a) VEHICLE NUMBER: JM 9575L MODEL:	
	b) DRIVER'S NAME:	— (Including dr
2	c) NRIC/FIN/PASSPORT:CONTACT:	-(1)
9.	THIRD PARTY VEHICLE	
	d) VEHICLE NUMBER: ST CYST V MODEL:	Ho of passi
1	el DRIVER'S NAME:	· (Including d
1	f) NRIC/FIN/PASSPORT:CONTACT::-	
		(Y.)· .
		(E)

email = jo-dyssey@hotmail.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8018294E





JOCELYN TAN SHI YUN

CHINESE Date of birth 26-06-1980 F

Country of birth SINGAPORE





4000027



MHIC NO. S8018294E

22-07-2010

APT BLK 166B PUNGGOL CENTRAL #18-143 SINGAPORE 822166

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Motor cars with unladen weight =< 3000kg with =< 7 26 Jul 1999 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601		The state of the s	The second section is not the second section in the second section in the second section is not the second section in the second section is not the second section in the second section in the second section is not the second section in the second section is not the second section in the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the second section is not the second section in the section is not the second section in the second section is not the second section in the second section is not the section in the section			Change Lan	guage ,	Change Passwo	ord + Log Out
My Desktop	Polic	cy Query								
Natice of Loss	Policy N	io,				Date of Acc	ident	07/05	2018 17:30	
	Vehicle	No (For Motor)	SLF2368C		-0					
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5083309821- 01	MICHAEL CAR FOR HIRE SERVICES	53338967D	GPC	drivo CLASSIC	SLF2368C	SLF2368C	04/10/2017	03/10/2018
					1	Continue				

Policy No.	5083309821-01	Policyholder Name	MICHAEL CA	AR FOR HIRE SERVIC	Policyholder NRIC	53338967D	
Address	BLK 166B #18-143 PUNGGOL CE	NTRAL SING	APORE 82216	6			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	12/09/2017	Effective Date	04/10/2017	00:00	Expiry Date	03/10/2018 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young)/Inexperience Driver Excess
Agent	INSPRO INS BROKERS (MOTOR	Agent Tel.	65383883		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
1010							
2002	holder Mailing Address						
	BLK 1668 #18-143	Addr	ess 2	PUNGGOL CENTRA		Address 3	SINGAPORE 822166
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Policyholder Name MIX Product Code PR Cointact No. (Mobile) 97 Email Address							
Policyholder Name MIX Product Code PR Contact No. (Mobile) 97 Email Address		Venicle No.	SLF2368C		ST Registration No.	S	33389670
voduct Code PR (ontact No. (Mobile) 97 (mail Address	83309821-01	Versue au.	SE ESTATE		alicyholder NRIC	57	33389670
ontact No.(Mobile) 97 mail Address	CHAEL CAR FOR HIRE SERVICES	Cover Type	drive CLASSIC		oading	0	
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	451953	Special Remark	177.1		Code		li V
		TCA	® No ○ Yes		Code Reason		
	No O Yes		20		rivate Hire	Ye	45.11
CD Protection No	te.	NCD Entitlement(%)	20				
Accident Details						ri c	hain Collision
eport Date 08	8/05/2018 19:12	Accident Report Within 24 hrs	Yes		codent Type		
uce of Accident 07	7/05/2018	Time of Accident nh:mm	17:30		country of Accident	Si	ngapore
eporting Centre		Grange Force		1	CM No.		
coident Location Pt	E (TUAS) AFTER THOMBON NO EXIT						
9 Benefits							
9 Excess							
own damage Excess	2,000.00	Additional Excess	0		Windscreen Excess	10	00.00
nnamed Driver Excess		Outside Singapore OD Excess		2,000.00			
hird Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00			
SSY Registered Informatio							
ST Requirered	Ves			gistration Date	07/05/2016		
ST Registration No.	53338967D		GST Sta	stus Verified	No		
Andification History							
Policyholder Mailing Addre	***						
Address 1 Bi	Lic 1665 #18-143	Address 2	PUNGGOL CEN		Address 3		SINGAPORE 822166
Address 4		Address Type	Singapore addr	ress	Post Code	8	122166
Unit No. II	8-143	Related Policy Number	5083309821-0	01			
O DI Driver Info							
Driver Name to	mnamed Driver	Driver Type	Unnamed Drive		er moreura an		
Unnamed driver Name 19	DCELYN TAN SHI YUN	Driver NRJC	SB018294E		Driver DOB		26/06/1980
Register Date of Driver License 2	26/07/1999	Driver Age	37		Driving Experience		18
Contact No.(Mobile) 5	1825205	Contact No.(Office)	0		Contact No. (Home)		0
Address L B	8.× 100ft	Address 2	PUNGGOL CEN	TRAL	Address 3		SINGAPORE 822166
Address 4		Address Type	Singapore add	ress	Post Code		822166
Unit No. 1	18-143						
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Compa	iny	
Declaration							
Breathalyser or Blood Test Reading?) mg	Any injury?	○ Yes ® No				
Modification History							
Claim 001 New							
	OD-MX	Insured Name	MECHAEL CAR	FOR HIRE SERVICE	Insured NRIC	-	533389670
	OD-MX	Contact No.(Home)			Contact No. (Office)	1	65877126
							CONT. LANC.
Cornact No.(Mobile)		Ol Vehicle Number	9LF2368C		TP Vehicle Number		5)M957SL
Contact No.(Mobile) Email Address	A CONTROL COMPANY ON 2 May 2018	O) Vehicle Number	SLF2368C				
Consact No. (Mobile) Email Address Claim Description	SLF2368C / S2M957SL DN 7 May 2018	NATIONAL PROPERTY OF THE PROPE	424000		TP Vehicle Number		
Corract No. (Mobile) Email Address Coam Description Preferred Workshop Contact No.		Insured Liability #	Not at Fault	V V	TP Vehicle Number Name of Preferred W	Vorkshop	53M967SL
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Consact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Kequire Finalisation Date Registered Report Taken By	ves	Insured Uablity * Preferend Repair Option	Not at Fault	orkshop, Name unknown	TP Vehicle Number Name of Preferred W GIA report	Vorkshep	S)M957SL Re(trived
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