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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	THE SECTION
TP Particulars: Veh No:	20 5063	INC ()/Non-INC()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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 aforested.

the state of the same property and the same of the same	ACCIDENT STATEMENT
Date Of Report	12/06/2018 17:11
Date Of Accident	12/06/2018 10:30
Exact Location Of Accident	226D AMK AVE 1 KEBUN BARU MARKET
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL8629C
Insured/Policyholder	
Name Of Registered Owner	HYCARZ GROUP
Co Reg No	53316295E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90460046
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA 5D 1.5R AWD AT
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	5080540455-01
Cover Note Number	
Driver	
Name of Driver	GOH YIN LEI
NRIC No	S8719219I
Date Of Birth	01/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92717696
Fax Number	
Contact Number	
EMail Address	CHRISTINE.GOHYL@GMAIL.COM

Address

87 TAMPINES AVE 1 #05-30

Postcode

528688

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

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE TOO LARGE FAIL TO UPLOAD

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBB506Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LEE KENG GUAN

NRIC/Passport Number

S1677273I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

GOH YIN LEI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

SJL8629C

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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) 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

CV	CT	CLI	DI	ΔN
31			~	AIN

226 0 Lebun Barul narket & Food Centre	
226C A B A B A B A B A B A B A B A B A B A	A = SJL 8629 C B = GBB 5.6 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

01				
Please	Refer	+0	Statement	
			1	
		/		

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: 12/1/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

12-35pm

I WAS PICKING MY PASSENGER AT THE 226D AMK AVE 1, KEBUN BARU MARKET, AFTER REACHING MY DESTINATION, I TURN ON MY HAZZARD LIGHT AND STOP AT THE ROAD SIDE WHILE WAITING A BMW MOVING OFF FROM THE CARPARK, AFTER THE BMW MOVE OFF, I SLOWLY INCHED FORWARD TO THE MARKET CARPARK, SUDDENLY VEH B (BEARING NO GBB506Z) OVERTAKE MY VEH FROM BEHIND AND MAKE A SHARP LEFT TURN INTO THE MARKET CARPARK AND HIT ONTO MY VEH RIGHT FRONT PORTION.

ACCIDENT STATEMENT

	CATION: 2260 AMK Ave 2 - Kebun Baru market
12	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: 531 8629 C.
	DINSURANCE COMPANY: MITUC
12	c)POLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME:
	i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IE NO PLEASE STATE (THIRD BARTY CLAIM (DESCRIPTION)
2	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER
7	
	A)NAME: Hycarz Group (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 9046 0046
	CIADDRESS:CONTACT:_
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
of passon 13.	DRIVER a) NAME: Soh Yin Lei (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 92717696.
1 1 ssenger	GINAME: Sob You Les MANE (FEMALE)
dualing driver	b) NRIC/FIN/PASSPORT:CONTACT: 92717696.
-1)	CIADDRESS:
20	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)
	f) YEARS OF DRIVING EXPRERIENCE:
	I) TEAKS OF DRIVING EXPRERIENCE:
4.	
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS DIROAD SURFACE: (DRY / WET / OTHERS
5. 6.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS DIROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO)
5. 6.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS DIROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO)
5. 6.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS DIROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) DIREPORTED TO POLICE (YES / NO)
5. 6. 7.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS DIROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO)
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5. 6. 7. 8. 24 passenger	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIFFICULTY OF TH
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5. 6. 7. 8. of passenger uding driver)	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIFFICULTY OF TH
5. 6. 7. 8. pl passenger uding driver) 9.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIVERTHER CONDITION: (CLEAR / RAINING / OTHERS DIROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) OIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE OI VEHICLE NUMBER: DI DRIVER'S NAME: OINRIC/FIN/PASSPORT: S1677273 I CONTACT: THIRD PARTY VEHICLE
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5. 6. 7. 8. 4 passenger ding driver) 9. ef passenger	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WHEN THE CONDITION: (CLEAR / RAINING / OTHERS D)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) O)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE O) VEHICLE NUMBER: GBB 506 2 MODEL: D) DRIVER'S NAME: Lee Keng Guay C) NRIC/FIN/PASSPORT: S1677273 I CONTACT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: D) DRIVER'S NAME: I) NRIC/FIN/PASSPORT: CONTACT: SYNCE SNO 2010 CAMERA: Yes.
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$87192191



GOH YIN LEI



01-07-1987 Country/Place of birth SINGAPORE





5658095



22-09-2016

87 TAMPINES AVENUE 1 #05-30 SINGAPORE 528688

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 pessengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

NP 428A



eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601			Control of Sections			Change Lar	guage	· Change Passwo	ord • Log Ou
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	vo.				Date of Acc	ident	12/06	5/2018 12:06	
	Vehicle	No.(For Motor)	S)L8629C					2,470,000		
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5080540455- 01	HYCARZ GROUP	53316295E	GCV	Comprehensive	S)L8629C	SJL8629C	15/06/2017	14/06/2018
			72 884			Continue				

Claim Handling

ccident MT/0998466								
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olicy No.	5080540455-01	Vehicle No.	5JL8629C		SST Registration No.		53316295	-
olicyholder Name	HYCARZ GROUP				CATALON STREET, CONTRACTOR OF THE PARTY OF T			-
roduct Code	COMMERCIAL VEHICLE INSURA!	Cover Type	Comprehensive		oading .		0	
ontact No.(Mobile)	90460046	Contact No.(Office)			Contact No.(Home)			
mail Address		Special Remark			Code		No *	
FK	* No Yes	TCA	# No Yes		Code Reason			
CD Protection	No	NCD Entitlement(%)	10		Private Hire		Yes	
Accident Details								
eport Date	13/06/2018 09:08	Accident Report Within 24 hrs	Yes	,	Accident Type		Side Swipe	e
late of Accident	12/06/2018	Time of Accident hh:mm	10:30		Country of Accident		Singapore	
	12,000,2000	Orange Force			CM No.			
eporting Centre	the state of the s	Grange roice			201620			
ecident Location	226D AMK AVE 1 KEBUN BARU MARKET							
▽ Benefits								
♥ Excess							Vicuolius or	
wn damage Excess	2,000.00	Additional Excess		,	Windscreen Excess		100.00	
Innamed Driver Excess		Outside Singapore OD Excess						
hird Party Excess	2,000.00	Outside Singapore TP Excess						
→ GST Registered Information	etion							
ST Registered	No		GST Registration Date					
ST Registration No.			GST Status Verified		Yes			
odification History								
Policyholder Mailing Ad	dress							
ddress 1	95 TAMPINES AVENUE I	Address 2	#09-48 WATERVIEW		Address 3		SINGAPO	RE 528692
Address 4		Address Type	Singapore address		Post Code		528692	
Init No:	09:48	Related Policy Number	5080540455-01					
♥ OI Driver Info	43740		51575543337F033					
	Unnamed Driver	Driver Type	Unnamed Driver					
Oriver Name Unnamed driver Name		Driver NRIC	587192191		Driver DOB		01/07/19	87
	GOH YIN LEI	Driver Age	30		Driving Experience		5	
Register Date of Driver License			30		Contact No.(Home)			
Contact No.(Mobile)	92717696	Contact No.(Office)			Address 3		EMICARO	RE 528688
Address 1	87 TAMPINES AVENUE 1	Address 2	#05-30 WATERVIEW					KE 328088
Address 4		Address Type	Singapore address		Post Code		528688	
Unit No.	05-30							
	Yes + No	Delvine Habiele No.			Daluer Inches Comes			
Does he own a Singapore Registered car?	168 + 180	Driver Vehicle No.			Driver Insurer Compa	any		
Does he own a Singapore Registered car?	163 4 60	Driver venicle No.			Driver Insurer Compa	any		
Registered car?	163 4 40	priver venicle No.			briver Insurer Compa	any		
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tachment		Uploaded By/Date	Category	9	Urgency	Description
T NOTE Are: Age:	NAC_PAYA_UB1_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2018 09:19	NRJC/ Driving License	25	Normal	NRIC/ Driving License 2018-6-1
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