	Jeb description		Date & Time Completed	Done	by
Date In: >3/6/18 / 13:31			- Sant to Land Sompario		
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Veh No: SUBIFYTH	E-mail (within 8	ihrs, AIC 2hrs)	-		•
D.O.A: 22/6/18-16-35	i-Motor Clair	n Form	MT/0999780 - 001	23/6/18/1	8:36
OD ! TP ! Reporting Only	I-Motor W/O	(Within: OD 2hr	s, TP 4brs)		
OD / IT / teporting only	i-Photo Uploa	aded			
Thi	Assessment/Sur	rvey Report			
TP Insurer:	Ass't Report by	Fax/Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: 5	7P78558	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	-
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (W	70): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
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General Remarks;-		70		Som Since	
() Walk-In Customer: Customer's	information strictly Con	fidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail In	surer URGENTLY.				
Drive-In ()/ Towed-In (); Inv	oice: YES () / N	0();1	owing Co: ()
Remarks: (INC hotline: 6788 6610	6):		Date&Time Completed	Done	by
) / Courtesy Car ()		2-37-14	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

EMail Address

Fax Number Contact Number

- 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 aforesaid.

Mean specific to this peace is defined in the county of	ACCIDENT STATEMENT
Date Of Report	23/06/2018 13:31
Date Of Accident	22/06/2018 16:35
Exact Location Of Accident	44 KALLANG PLACE GANTRY
Country/State of Loss	SINGAPORE
of the second se	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB1725H
Insured/Policyholder	
Name Of Registered Owner	GOLD8N
Co Reg No	53367993A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ACCENT (RB) 5DR 1.4 MT ABS D/AB 2WD
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	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	5093335815
Cover Note Number	
Driver	
Name of Driver	XU YUXUAN G M
NRIC No	S8520739C
Date Of Birth	17/07/1985
Occupation	INDOOR
Date Of Driving Pass	09/01/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	FEMALE

(LOCAL) +65-84440006

OFFICE-84440006

NOEMAIL

Address

BLK 9 GLOUCESTER ROAD

#06-15

Postcode

210009

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

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

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?

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)

2

Passenger 1

NAME:

: FEMALE GENDER:

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 EXITING 44 KALLANG PLACE APPROACHING GANTRY. THE GANTRY GATE DOESN'T OPEN, SO I REVERSED MY VEHICLE. SUDDENLY VEHICLE B MOVED FORWARD AND HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJP7855B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

SHE SHUZHONG, KELVIN

NRIC/Passport Number

S8301343E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

3

Passenger 2 NAME:

GENDER:

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 <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.
- 5. 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 the purpose of the collective of the purpose of the collective of the purpose of the collective of the purpose of the purpose of the collective of the purpose of the purpo
 - 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.

GOLD8N Co Reg No: 523870231

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.:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Policyholder's Signature

Date & Time:

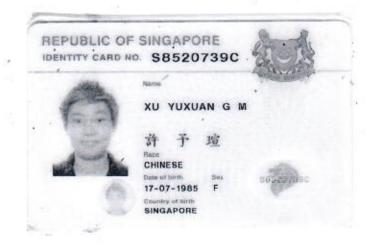
2

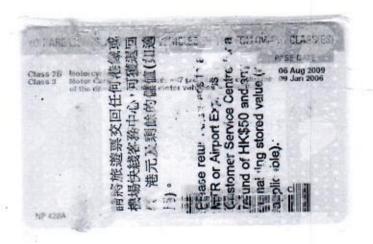
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UB1_80	0601		No. of Concessions		and the same of th	. (Change Lan	guage '	Change Passwor	rd • Log Out
My Desktop	Policy Query									
Notice of Loss	Policy N	0.				Date of Acc	ident	22/06/	2018 16:35	
	Vehicle	No.(For Motor)	SLB1725H							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093335815	GOLDSN	53367993A	GCV	Comprehensive	SLB1725H	SLB1725H	04/08/2017	29/09/2018
					- 1	Continue				

olicy No.	5093335815	Policyholder Name	GOLD8N		Policyholder NRIC	53367993A	
ddress	BLK 9 #06-15 GLOUCESTER RO		ARK GARD	ENS SINGAPORE 21	10009		
roduct lame	COMMERCIAL VEHICLE INSURA	i Plan			Group Policy Flag	N	
olicy ssue ate	10/08/2017	Effective Date	04/08/20	017 00:00	Expiry Date	29/09/2018	23:59
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cident MT/0999780					
Rey No.	5093335815	Vehicle No.	SLB1725H	GST Registration No.	
Reyholder Name	GOLDBN			Policyholder NRSC	53367993A
oduct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
		Contact No.(Office)	Q.	Contact No:(Home)	0
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sail Address	IT LANCE THE LINE OF CO.	Special Remark	(a.c.) a.c.)	eCode	Tat o
к	® No ○ Yes	TCA :	® No ○ Yes	eCode Reason	
D Protection	No	NCD Encolement(%)	10	Private Hire	Yes
Accident Details					
port Date	23/06/2018 18:34	Acodent Report Within 24 hrs	Yes	Acodem Type	Collision - Head to Rear
te of Accident.	22/06/2018	Time of Accident Microm	10:35	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	46 KALLANG PLACE GANTRY				
Benefits					
Excess					
	25.00				120.00
n damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
nd Party Excess	2,000.00	Outside Singapore TP Excess			
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	No	
offication History					
Policyholder Mailing Ad	dress				
frees 1	BLK 9 #06-15	Address 2	GLOUCESTER ROAD	Address 3	FARRER PARK GARDENS
dress 4	SINGAPORE 210009	Address Type	Singapore address	Post Code	210009
it Na.	06-15	Related Policy Number	5093335815		
OI Driver Info					
ver Name:	Unnamed Driver	Driver Type	Unnamed Oriver		
named driver Name	XU YUXUAN G M	Driver NRIC	\$8520739C	Driver DOB	17/07/1985
gister Date of Driver License		Driver Age	32	Driving Experience	12
mact No.(Mobile)	84440005	Contact No.(Office)	0	Contact No. (Home)	0
dress 3	BLK 9	Address 2	GLOUCESTER ROAD	Address 3	FARRER PARK GARDENS
dress 4	SINGAPORE 210009	Address Type	Singapore address	Post Code	210009
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Jarotien Sathalyser or Blood Test sathalys	0 mg OD-MX 84440006 SLB1725H / 52978558 QN 22 Jun 2018 Yes 23/06/2018 18:36	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Lability * Preferered Repair Option	GOLDBN SLB1725H Partially at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work	53367993A MRL 53P7855B
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	NAC_PAYA_UBI_BOOGGI(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 July 2018 18:17	Photos	Normal	Photos 2018-6-23	Edit
	NAC_PAYA_UBI_BC0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ju n 2018 18:37	Photoe	Normal	Photos 2018-6-23	Edit
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94	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ju n 2018 18:37	Photos	Normal	Photos 2018-6-23	Edit
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30	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 18:37	Photos	Normal	Photos 2018-6-23	Edit
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100	NAC PAYA UBI BOOGOT NATIONAL ASSESSMENT CENTRE SERVICES) on 23 lu n 2018 18:18	Photos	Normal	Process 2018-6-23	Edit
46	NAC_PAYA_UB _800601 NATIONAL ASSESSMENT CENTRE SERVICES) on 23 July 2015 18:38	Photos	Normal	Photos 2019-6-23	Edit
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71	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ju n 2018 18:38	Photos	Normal	Photos 2018-6-23	Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ju n 2018 18:38	Photos	Normal	Photos 2018-6-23	Edit
6	NAC_PAYA_LRIJ_R0060)(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 July 2018 18:39	Photos	Normal	Photos 2018-6-23	Edit
193	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 July n 2018 18:39	SAS	Normal	SAS 2018-6-21	Edit
25. N-	NAC_PAYA_UBL_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 lu n 2018 18:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-23	Edit
Attachment	Uploaded By/Date	Category	P Urgency	Description	Sent? Action (CO)