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Owner / Driver: ( Policy No: (	) Peri	od: (		Cover Type: (		
Confirmed by : (	, , , ,		Date:	Time:	)	
Insured/Driver Liability:	( %) N	ote-Est. Status (W		%; P: 21-79%. F: 3	0-100%]	
Year of Registration: (	) W	arranty: YES (	)/NO(	)		
Excess: (\$ )	Loading: \$1,00	0()/\$2,000(	)			
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### 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.
- 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 ladgement 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
Date Of Report	25/08/2018 14:14
Date Of Accident	20/08/2018 11:30
Exact Location Of Accident	( THE WATERINA ) 55 GEYLANG LOR 42
Country/State of Loss	SINGAPORE
Market and the second party of the second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA1531Z
Insured/Policyholder	
Name Of Registered Owner	TSA AIRCONDITIONING SERVICES
Co Reg No	52970922L
Email Address	YSTEOH3185@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94246299
Alternative Phone No	OFFICE-94246299
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used a time of accident	t WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093981291
Cover Note Number	
Driver	
Name of Driver	TEOH YAP SENG
NRIC No	S7187400A
Date Of Birth	02/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	02/01/1993
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94246299
Fax Number	
Contact Number	OTHERS-94246299
EMail Address	YSTEOH3185@GMAIL.COM
	Page 1 of 1

Address

BLK 134 LORONG AH SOO

#08-454

Postcode

530134

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

HIT BY FALLEN TREE / OTHER OBJECTS

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

ambulance?

20.50

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

I have been approached by unknown person(s soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

....

#### **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

PLS REFER TO THE ATTACHED 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

#### 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.
- 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:
  - 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

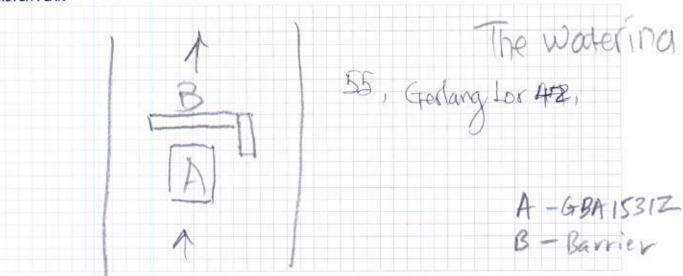
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	- 0	

DECLARATION

I/We declare the occaping particulars are true in every respect.

Policyholder

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Reported on 25/8/2018

## ACCIDENT STATEMENT

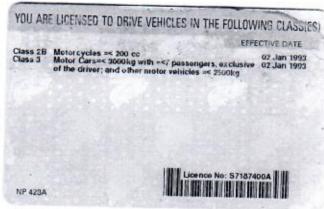
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	a)	VEHICLE NUMBER:	CARLIT	312		
	bl	INSURANCE COMPAN	Y:			
		POLICY NUMBER:				
	~/ ~/	POLICY TYPE: (COMPR	EUCKISIVE / THIRD P	APTY / THIPD PART	Y FIRE &THEFTI	
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		VEHICLE CATEGORY: (F		CIAL / MOTORCIN	200)	
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	2. IN	SURED / POLICY HOLD	ER			
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	b)	NRIC/FIN/PASSPORT:_		CONTACT:_		
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	IF	NO, RELATIONSHIP	OF THE DRIVER W	ITH INSURED:		_
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	bli	ROAD SURFACE: (DRY)	/ WET / OTHERS	4 .		)
		AS ANYBODY INJURED				
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		F YES, PLEASE STATE WI		N:		2
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email = 4steah 3185@gmasl.com fax = 4steah 3185@gmasl.com









eBaoTech						GeneralClaim					
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My Desktop	Polic	cy Query									Ε.
Natice of Loss	Policy N	lo.				Date o	f Accident	20	0/08/2018 1	1:30	
	Vehicle	No.(For Motor	) GBA	1531Z		Certific	ate Number				
					5	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093981291		TSA AIRCONDITIONING SERVICES	52970922L	GCV	Third Party, Fire & Theft	GBA1531Z	GBA1531Z	18/11/2017	07/09/2018
				Social Control (Social)	C	ontinue					

Sequenc	e Date of En	dorsement Endor	sement Type Endorse	ement Status	Endorsement Content
	ements				
) Insure	d Object: GBA153	1Z			
Jnit No.	08-454	Related Policy Number	5093981291		
Address 4		Address Type	Singapore address	Post Code	530134
Address 1	BLK 134 #08-454	Address 2	LORONG AH SOO	Address 3	SINGAPORE 530134
	older Mailing Add	ress			
Certificate Info					
Open Policy Info					
insurance Flag	No				
Co-	Lesson Contention LAUSA				
Agent	NEW TIMES MOTO	OR& INS AGY Agent Tel.	67478705	GST Flag	Y
Outside Singapore OD Excess		Outside Singapore TP Excess			
Additional Excess		OS Premium	0		
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Policy Issue Date	04/09/2017	Effective Date	18/11/2017 00:00	Expiry Date	07/09/2018 23:59
Product Name	COMMERCIAL VEH	ICLE INSURAL Plan		Group Policy Flag	N
Address	BLK 134 #08-454	LORONG AH SOO SINGA	PORE 530134		
Certificate No.		Heme		ilino.	
Policy No.	5093981291	Policyhold Name	TSA AIRCONDITIONING SER	VIC Policyholder NRIC	52970922L

Continue Cancel

Claim Handling Accident MT/1008809						
Policy No.	5093981291		Vehicle No.	GBA15312	GST Registration No.	
Certificate No.			31=37317	120000000000000000000000000000000000000	the state of the s	
Policyholder Name	TSA AIRCONDITIONI	MC SERVICES			Service March 1975	2000
Product Code	COMMERCIAL VEHIC		Cover Type	Third Party, Fire & Theft	Policyholder NRIC	5297
Contact No.(Mobile)	94246299	CE INSCION	Contact No.(Office)		Loading	0
Email Address	34540533			0	Contact No.(Home)	0
KFK	# No Was		Special Remark		eCode	No
NCD Protection	* No J Yes		TCA	● No ○ Yes	eCode Reason	925
	No		NCD Entitlement(%)	0	Private Hire	No
Accident Details	77			0.057		
Report Date	27/08/2018 10:04		Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	20/08/2018		Time of Accident hh:mm	11:30	Country of Accident	Singa
Reporting Centre			Orange Force		ICM No.	
Accident Location	( THE WATERINA ) \$	5 GEYLANG LOR 42				
♥ Excess						
Own damage Excess		0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess			Outside Singapore OD Excess			
Third Party Excess		0.00	Outside Singapore TP Excess			
□ Benefits						
GST Registered Informa	stion					
GST Registered	No			GST Registration Date		
GST Registration No.				GST Status Verified	No	
Modification History						
□ Policyholder Mailing Ad	dress					
Address 1	BLK 134 #08-454		Address 2	LORONG AH SOO	Address 3	SING
Address 4			Address Type	Singapore address	Post Code	5301
Unit No.	08-454		Related Policy Number	5093981291	E123(02532)	
OI Driver Info	202200		The state of the s	3093901291		
Driver Name	Unnamed Driver		Driver Type	Unarmed Daires		_
Unnamed driver Name	TECH YAP SENG		Driver NRJC	Unnamed Driver	B	0.000
Register Date of Driver License				S7187400A	Driver DOB	02/0
Contact No.(Mobile)	02/01/1993		Driver Age	46	Driving Experience	25
	94246299		Contact No.(Office)	0	Contact No.(Home)	Ð
Address 1 Address 4	BLK 134		Address 2	LORONG AH SOO	Address 3	
	2242264		Address Type	Singapore address	Post Code	5301
Unit No. Does he own a Singapore	±08-454					
Registered car?	Yes # No		Driver Vehicle No.		Driver Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	○ Yes ® No		
Madification Mistory						
Modification History						
Claim 001 OD-MX New	a					
Programme Members and the Control	201					
Claim Type *	OD-MX	~	Insured Name	TSA AIRCONDITIONING SERVID	Insured NRIC	5297
Contact No.(Mobile)	96834655		Contact No.(Home)		Contact No.(Office)	
Email Address			OI Vehicle Number	G8A1531Z	TP Vehicle Number	BARE
Claim Description	GBA1531Z / BARRIER	R ON 20 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.			Insured Liability *	Partially at Fault	E	10 VI
No. Require Finalisation	Yes	V	THE SECONDARY CONTRACTOR AND ADDRESS OF THE SECONDARY ADDRESS OF THE SECONDARY AND ADDRESS OF THE SECONDARY ADDRESS OF THE SECONDARY		CIA was a	In.
			Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Date Registered	27/08/2018 10:13		Claim Close Date		Date Received	27/0
Report Taken By	KRISHNASAMY	100	Workshop Repairer		Total Loss but Repaired	
Print AK letter						
Attachment			[	Save Submit		
30/80/2008/697						
Φ.						
Accident No.		MYLLOGOGOG		Children No.		

