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TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp						
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TP Particulars: Veh No:	SLN GIGH.	, INC (.)/Non-INC()			
Owner / Driver: (Tel:)		
Policy No: () Per	iod: ()	Cover Type: ()		
Confirmed by : (Dater	Time:)		
Insured/Driver Liability: (%) [N	lote-Est. Status (WO): N: 0-20	%; P: 21-79%.	P: 80-10	0%]		
Year of Registration: () W	/arranty; YES ()/NO()				
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3) Upload Resurvey Photo [Repair Cost > \$30)	-		77.3		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	18/03/2019 08:51
Date Of Accident	14/03/2019 18:15
Exact Location Of Accident	UPP THOMSON RD JUNC WITH MARYMOUNT LN
Country/State of Loss	SINGAPORE
the state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU2306L
Insured/Policyholder	
Name Of Registered Owner	STEAMMAPLEH
Co Reg No	53321445M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96968147
Alternative Phone No	OFFICE-96968147
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	5100067093
Cover Note Number	
Driver	
Name of Driver	TONY YAU SUN ANN
NRIC No	S7285188I
Date Of Birth	12/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1995
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96968147
Fax Number	State of the State
Contact Number	

NOEMAIL

Address BLK 274A COMPASSVALE BOW #12-535

Postcode 541274

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

38

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

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)

2

Passenger 1

NAME:

: UNKNOWN

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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLN616H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 22

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TONY YAU SUN ANN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SGU2306L Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name GRAB PASSENGER

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SGU2306L Were seat belts worn? YES Was this injured conveyed to hospital by NO

ambulance? Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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:
 - (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.

STEAMMAPLEH

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 .:

GIARMESKHERMERNURA VI

Date & Time:

Name:

NRIC/FIN No.:

I WAS TRAVELLING ALONG UPP THOMSON RD WHILE APPROACHING TRAFFIC JUNC OF MARYMOUNT LANE, THE TRAFFIC LIGHT WAS ON MY FAVOR, I PROCEED TO CROSS THE JUNCTION. SUDDENLY VEH B (BEARING NO SLN616H) FROM OPPOSITE DIRECTION MAKE A RIGHT TURN, AS THE RESULT, MY VEH CANNOT STOP IN TIME AND HIT ONTO THE VEH LEFT FRONT PORTION.

STEAMMAPLEH

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE O] VEHICLE NUMBER: D) INSURANCE COMPANY: D) INSURE & MODEL: D) INSURE & MODEL: D) INTYER (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) D) MAKE & MODEL: D) INTYER (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) G] VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) D) INTYER (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) G] VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) D) INTYER (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) D) INTYER (SALOON IN SUR AT A COLORN TIME / COMMERCIAL / MOTORCYCLE / OTHERS) D) INTYER SALOON (INDO ON OUTDOOR) D) INTYER (SALOON INDOOR / OUTDOOR) D) OR OUTDOOR / OUTDOOR / OUTDOOR / D) OCCUPATION: (NODOR / OUTDOOR) D) OR OUTDOOR / OUTDOOR / D) OR OUTDOOR		OCATION: Upp thomson Rd June with manyoned
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IJABE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: Steammapleh. (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 9(946 F147 C)ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ORIVER ONLY YOU SUM AMM. (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: (1) O'DAME: Tony You Sum Amm. (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: (1) O'DOCCUPATION: (INDOOR / OUIDOOR) I)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: O'MEATHER CONDITION: (CLEAR / RAINING / OTHERS) D)ROAD SURFACE: (DRY / WET / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE of PASSENGET OF VEHICLE WHICH POLICE STATION: 9. THIRD PARTY VEHICLE 10. VEHICLE NUMBER: SLM 616 H. MODEL: 11. VEHICLE NUMBER: MODEL: 12. VEHICLE NUMBER: MODEL: 13. VEHICLE NUMBER: MODEL: 14. VEHICLE NUMBER: MODEL: 14. VEHICLE NUMBER: MODEL: 15. VENEZIONAME: 16. VEHICLE NUMBER: MODEL: 17. VEHICLE NUMBER: MODEL: 18. THIRD PARTY VEHICLE 19. DRIVER'S NAME: 20. DRIVER'S NAME: 21. NRIC/FIN/PASSPORT: CONTACT: 22. THIRD PARTY VEHICLE 23. VEHICLE NUMBER: MODEL: 24. VEHICLE NUMBER: MODEL: 24. VEHICLE NUMBER: MODEL: 25. DRIVER'S NAME: 26. DRIVER'S NAME: 27. NRIC/FIN/PASSPORT: CONTACT: 28. THIRD PARTY VEHICLE 29. DRIVER'S NAME: 20. DRIVER'S NAME: 20. DRIVER'S NAME: 21. NRIC/FIN/PASSPORT: CONTACT: 24. PASSENGET CONTACT: 25. PASSENGET CONTACT: 26. PASSENGET CONTACT: 27. NRIC/FIN/PASSPORT: CONTACT: 28. THIRD PARTY VEHICLE 29. PRIVER'S NAME: 20. DRIVER'S NAME: 20. DRIVER'S NAME: 21. NRIC/FIN/PASSPORT: CONTACT: 24. PASSENGET CONTACT: 25. PASSENGET CONTACT: 26. PASSENGET CONTACT: 27. PASSENGET CONTACT: 28. THIRD PARTY VEHICLE 29. PRIVER MADEL: 29. DRIVER NAME: 29. DRIVER MADEL: 20. PRIVER MADEL: 20. PRIVER MADEL: 20. PRIVER MADEL: 21. PRIVER MADEL: 22. PRIVER MADEL: 23. PRIVER MADEL: 24. PRIVER MADEL: 25. PRIVER MADEL: 26. PRIVER MADEL: 27. PRIVER MA		STATISTIC CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE)
JARK TO CLAMMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: Steammap/ch. (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 96966 P197 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER ONAME: Tony You Sun Ann. (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: C)ADDRESS: CONTACT: d)DATE OF BIRTH: (/ / J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) I)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OUTEY. 5. C)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY / WET / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 6. THIRD PARTY VEHICLE OF PASSENGET O) VEHICLE NUMBER: SLM 616 H. MODEL: c) PRINC/FIN/PASSPORT: CONTACT: O) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: DRIVER'S NAME: O) DRIV		THE COMME
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		VIDEO - Yes.





VOCATIONAL LICENCE

Licence No : S7285188I Name : TONY YAU SUN ANN

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

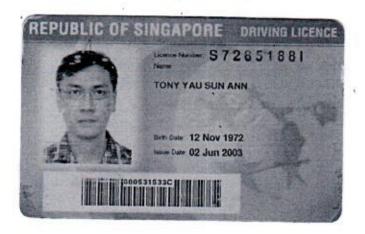
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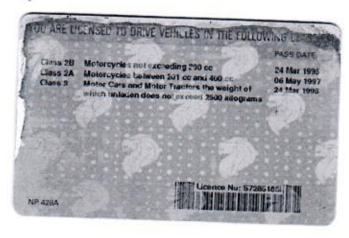
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3/18/2019 Claim Handling Accident MT/1036230 GST Registration No. SGU2306L Policy No. 5100067093 Vehicle No. Certificate No. Policyholder NR3C 53321 STEAMMAPLEH Policyholder Name ò Loading Product Code PRIVATE CAR INSURANCE Cover Type drive CLASSIC Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 96968147 eCode No T Special Remark Email Address eCode Reason TCA . No Yes KFK No Yes Private Hire Ves NCD Entitlement(%) NCD Protection Yes Accident Details Collisio Accident Type Accident Report Within 24 hrs. Report Date 18/03/2019 10:59 Yes Country of Accident Singap Time of Accident hh:mm 18:15 Date of Accident 14/03/2019 ICM No. Orange Force Reporting Centre UPP THOMSON RD JUNC WITH MARYMOUNT LN Accident Location T Excess Windscreen Excess 100.00 Own damage Excess 2,000.00 2,000.00 Outside Singapore OD Excess Unnamed Driver Excess Outside Singapore TP Excess 1,500.00 Third Party Excess 1,500.00 Benefits GST Registered Information GST Registration Date **GST Registered** GST Status Verified GST Registration No. Modification History Policyholder Mailing Address BLK 274A #12-535 Address 2 COMPASSVALE BOW Address 3 COMPA Address 1 Address 4 SINGAPORE \$41274 Address Type Singapore address Post Code 54127 Unit No: 12-535 Related Policy Number 5100067093 OI Driver Info Unnamed Driver Driver Name Unnamed Driver Driver Type Driver DOB 12/11/ Unnamed driver Name TONY YAU SUN ANN Driver NRIC \$72851881 Driving Experience 23 Register Date of Driver License 24/03/1995 Driver Age 46 Contact No.(Home) Contact No.(Office) Contact No./Mobile) 96968147 BLK 274A #12-535 Address 2 COMPASSVALE BOW Address 3 COMPA Address 1 Address 4 SINGAPORE 541274 Address Type Singapore address Post Code 541274 Unit No. 12-535 Does he own a Singapore Registered car? Yes + No Driver Vehicle No. **Driver Insurer Company** Breathalyser or Blood Test Reading? Any injury? w Yes No 0 mg Medification History Claim 001 New ▼ Insured Name STEAMMAPLEH OD-MX Claim Type * Contact No. (Home) Contact No.(Mobile) 96968147 OI Vehicle Email Address TONYZUKO@GMAIL.COM SGU2306L Number Claim Description SGU2306L / SLN616H ON 14 Mar 2019 Preferred Preferered Repair Preferred Workshop, Name unknown GIA report Received Consider No. Yes 18/03/2019 11:02 Close Date Registered LIEW SHAN HUI Report Taken By Print AK letter Save Submit

Claim No.

MT/1036230

Attachment

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