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SINGAPORE ACCIDENT STATEMENT

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 <u>truthful and 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.
- 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 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.

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Date Of Report 02/05/2019 13:06
Date Of Accident 01/05/2019 11:00

Exact Location Of Accident JUNC OF WOODLANDS CENTRAL ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGU7288Y

Insured/Policyholder

Name Of Registered Owner SG VEHICLE RENTAL PRIVATE LIMITED

 Co Reg No
 201136198R

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-91506176

 Alternative Phone No
 OFFICE-91506176

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

Exact Purpose for which vehicle was being used at

time of accident

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 PRIVATE HIRE

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 5096484753-01

Cover Note Number

Driver

 Name of Driver
 LIM CHYE SENG

 NRIC No
 \$6923748G

 Date Of Birth
 12/07/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 28/11/1991

Driving Experience 27 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91506176

Fax Number

Contact Number OTHERS-91506176

EMail Address NOEMAIL

Address

BLK 454 FAJAR ROAD

#05-570

Postcode

670454

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

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?

NO

Number of vehicles (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

NO 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLL1487S

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

ZAILAN BIN YUSOF

NRIC/Passport Number

S1716553D

Contact Number

96251207

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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.

Sold learness

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

1

Name:

NRIC/FIN No.:

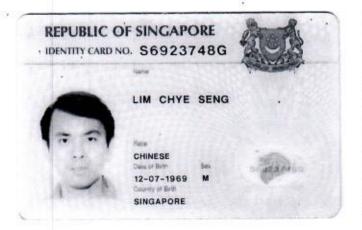
June of Woodlands central Road. A-SGU72884 B-SLL 14875 SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Juneton duvin nutice was side and was DECLARATION I/We declare the the think the true in every respect. Policyholder's Signati Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name:

RECEIVED 02/05/2019 12:44

GIARMC SketdsPlanForm_V3

Date & Time:

NRIC/FIN No.:









eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 01/05/2019 11:00 Vehicle No.(For Motor) SGU7288Y Certificate Number Search Policyholder NRIC Certificate Policyholder Select Policy No. Vehicle Insured Object Commence Date Product Cover Type Number Expiry Date SG VEHICLE Third Party, 5096484753-RENTAL PRIVATE LIMITED 201136198R GPC Fire & Theft SGU7288Y SGU7288Y 06/12/2018 05/12/2019

Continue

Policy Information

Policyholder Policyholder Policy No. 5096484753-01 SG VEHICLE RENTAL PRIVATE LI 201136198R Name NRIC Certificate No. Address 170 UPPER BUKIT TIMAH ROAD #03-19 BUKIT TIMAH SHOPPING CENTRE SINGAPORE 588179 Product Group PRIVATE CAR INSURANCE Plan Name Policy Flag Policy Effective issue 23/11/2018 06/12/2018 00:00 Expiry Date 05/12/2019 23:59 Date Date Third Own Windscreen Party 1500 damage 0 Excess Excess Excess Additional os 0 Excess Premium Outside Outside Singapore Singapore 1500 OD TP Excess Excess Agent TONG HIN INSURANCE AGENCY Agent Tel. 65155333 GST Flag Coinsurance Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 170 UPPER BUKIT TIMAH ROAD Address 2 #03-19 BUKIT TIMAH SHOPPING Address 3 SINGAPORE 588179 Address Address 4 Singapore address Post Code 588179 Type Related Unit No. Policy 5095945935-01 Number Insured Object: SGU7288Y Sequence Date of Endorsement **Endorsement Type Endorsement Status Endorsement Content**

Continue Cancel

Claim Handling Accident MT/1042729

Policy No.	5096484753-01	Vehicle No.	ECH2200V			
Certificate No.			5GU7288Y		GST Reg	istration i
Policyholder Name	SG VEHICLE RENTAL PRIVATE LIMITED					
Product Code	PRIVATE CAR INSURANCE	Cover Type			Policyhol	lder NRIC
Contact No.(Mobile)	91506176		Third Party, Fire	& Theft	Loading	
Email Address	N. C.	Contact No.(Office)	0		Contact	No.(Home
KFK	No Yes	Special Remark			eCode	
NCD Protection	No	TCA	No Yes		eCode R	eason
Accident Details	140	NCD Entitlement(%)	0		Private H	fire
Report Date	1024 DECEMBER 100 DECEMBER 1					
Date of Accident	03/05/2019 10:48	Accident Report Within 24 hrs	Yes		Accident	Type
	01/05/2019	Time of Accident hh:mm	11:00			of Accider
Reporting Centre		Orange Force			ICM No.	
Accident Location	JUNC OF WOODLANDS CENTRAL ROAD					
♥ Excess						
Own damage Excess	0.00	Additional Excess	0		Windser	en Exces
Unnamed Driver Excess		Outside Singapore OD Excess		0.00	Williastie	en exces
Third Party Excess	1,500.00	Outside Singapore TP Excess				
				1,500.00		
GST Registered Informa	tion					
GST Registered	No		CCYP	Carrier B. C.		
GST Registration No.				distration Date		
Modification History	03/05/2019 10:51:24 Syste	em auto update fail: time-out	031 30	cus vermed		No
Policyholder Mailing Add	iress					
Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TI	MALL ELICIPATE		
Address 4		Address Type			Address 3	
Unit No.		Related Policy Number	Singapore addres	5	Post Code	
▼ OI Driver Info		Kelated Policy Number	5095945935-01			
Driver Name	Unnamed Driver	Driver Time				
Unnamed driver Name	LIM CHYE SENG	Driver Type Driver NRIC	Unnamed Driver			
Register Date of Driver License	28/11/1991		S6923748G		Driver DO	В
Contact No.(Mobile)	91506176	Driver Age	49		Driving Ex	perience
Address 1	BLK 454 #	Contact No.(Office)	0		Contact N	o.(Home)
Address 4	SINGAPORE 670454	Address 2	FAJAR ROAD		Address 3	
Unit No.	SINGAPORE BYD434	Address Type	Singapore addres	5	Post Code	
Does he own a Singapore	7.W					
Registered car?	Yes • No	Driver Vehicle No.			Driver Ins	urer Com
Destruction						
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
			ACCEPTAGE TO LEGA			
Modification History						
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Claim 001 OD-MX New	1					
900 G-00 - 90						
Claim Type *				OD-MX	▼ Insured	ec ven
Contact No.(Mobile)					Name	SG VEH
contact rea.(Plobile)					Contact No.	
Email Address				()	(Home)	
					Vehicle	SGU728
Claim Description					Number	
9000 900 mgs				SGU7288Y / SLL1487S	ON 1 May 2019	
Preferred Workshop	Insured Liability					
Bonust No. Yes	Preferered Preferred Workshop, Nar	GIA	, 100 P			
Date Registered	Option Option	me unknown report Received	•	Participant	Claim	
				03/05/2019 10:57	Close	
Report Taken By					Workshop	
Water suprement					Repairer	
Print AK letter						

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Accident No.	MT/1042729	and someth				
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