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	i-Motor W/O (Within: OD 2hrs, 71		K/5/19 1745
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- 0.000 p.00000	Assessment/Surv			
TP Insurer:	Ass't Report by I		wner/When	
Preferred Wksp / INC Assign Wksp / QW: (Fax:
TP Particulars: Veh No: 802 74	1935			rax;
Owner / Driver: (1 1/2	, INC ()/Non-INC(). Tel:	-
Policy No: () Peri	iod: () (over Type: (
Confirmed by : (Date:	Time:	
Insured/Driver Liability: (%) IN		The state of the s	P: 21-79%. P: 80-	1000/1
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

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 truthful and accurate 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	15/05/2019 15:40
Date Of Accident	14/05/2019 15:00
Exact Location Of Accident	LOR 20 GEYLANG
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GV8917D
Insured/Policyholder	
Name Of Registered Owner	WIN WIN CONSTRUCTION PTE LTD
Co Reg No	199600562R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 D
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	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	5086543512-02
Cover Note Number	
Driver	
Name of Driver	POH SENG KOON
NRIC No	S0816262Z
Date Of Birth	15/11/1947
Occupation	INDOOR
Date Of Driving Pass	06/10/1967
Driving Experience	51 YEARS AND 7 MONTHS

MALE

NOEMAIL

(LOCAL) +65-93627270

OFFICE-93627270

Address 16 KERIS DRIVE

Postcode 456979

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

0

Number of Passengers (Including Driver)

Details of Police Action

NO

Was the accident reported to the police? If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLZ2993S

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

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC4605T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJV3272C

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

No. Of Passenger (Including Driver)

0

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:
 - 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:

CONSTA

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Véhicle A & V8917D

Whicle B: SL72993S

Véhicle C & HC 4605T

Véhicle D 3JV 3272C

:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	I I	was	01+	home	when	I	Ye	eived	a	(11)
tom	тц	neigh	nbour	tuat	my	veh	cle	was	invol	red
in a	chair	1 (01	lision	. when	I	arriv	red	at	tne	7,=230
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vehicu	`B',	51729	935,	tuen	acce	lerat	ed	and	1 16	Mided
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my v	ehicu	10	. hit	vehice	, 'D'	ÇQ.				

CONSTRUCTOR

e sare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 05/	2019/DD/MM	/YYYY), TIME:(_	15:00 HHH:MM
LOCATION: LOTONG 70	beylang		
1. DETAILS OF VEHICLE	1		100
a) VEHICLE NUMBER:	6V891	70	
DINSURANCE COMPAN	Y: NTU	C C	
CIPOUCY NUMBER:	50865435	12-03.	3.0
d)POLICY TYPE: (COMPR	- Annahis and the second		PARTY FIRE &THEFT)
e)MAKE & MODEL:	Toyota ou	ina.	
f)TYPE:(SALOON / COUP	E / MPV /VAN / I	ORRY / MOTO	RCYCLE / OTHERS)
g)VEHICLE CATEGORY: (F	RIVATE / COM	PRCIAL / MOT	ORCYCLE)
h)PURPOSE OF USING AT	ACCIDENT TIME	-	
I) ARE YOU CLAIMING UN	DER YOUR OWN	INSURANCE (Y	ES/NO)
IF NO, PLEASE STATE (TH			
2. INSURED / POLICY HOLDE	R	0.	
AINAME: WIN WIN	Construction	1 8/1	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	99600561R	CONTA	ACT:
CIADDRESS: 16 KE	vis Drive	3(456979)	
			1.0
* CONTINUE TO 3.d IF DRI	VER ALSO POLIC	YHOLDER	
Silly of concer is DRIVER			
Chad die 1 3 a) NAME: POH SE	ng toon		MALE / FEMALE
(Induding driver) ONAME: 1077	50816:	607 CONTA	CT: 93627570
(U) c)ADDRESS: 16	keris Drive	8 (45.6	(949)
	1. 10112		
*d) DATE OF BIRTH: (_12)		DD/MM/YYYY)	4
e)OCCUPATION: (INDOOR		*	
f) YEARS OF DRIVING EXPR	ERIENCE:	 (
4. WAS DRIVER AN EMPLO	YEE OF THE INS	URED'S COM	PANY? (YES / NO)
IF NO, RELATIONSHIP O	F THE DRIVER I	WITH INSURE	D: Owner
5. a) WEATHER CONDITION; (3 / OTHERS	
b)ROAD SURFACE: (ORY /			
6. WAS ANYBODY INJURED (242 214	
 a) REPORTED TO POLICE (Y IF YES, PLEASE STATE WHITE 		ON	
	CH FOLICE SIA!	6	CANAL TO STATE
8. THIRD PARTY VEHICLE	S17 29935	MODEL:	
of passenger a) VEHICLE NUMBER:		MODEL.	
Induding driver) b) DRIVER'S NAME:		CONTA	CT:
(01) 9. THIRD PARTY VEHICLE		6 CONIA	CI
	StIC 4605T	MODEL:	
No of passenger all DRIVER'S NAME	0.70 1005 1	MODEL:	2 1
O DRIVER STANKE		CONTA	CT::
		CONTA	··
(01)	87 V 3272 C	0	
	(o pas	senger)	1
100 M	62 820	(A)	1 March 25
		5	W. 56
(Phon 5)			

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0816262Z





35 -

Name

POH SENG KOON

傅 成 坤

CHINESE

Date of birth

Sex

15-11-1947

M

Country of birth

SINGAPORE





4050458





NRIC No. S0816262Z

Date of issue 01-06-2007

Address
16 KERIS DRIVE
SINGAPORE 456979

REPUBLIC OF SINGAPORE DRIVING LICENO Dience Number S 0 8 1 6 2 6 2 Z

POH SENG KOON

Birth Date: 15 Nov 1947

texus Date: 30 Jul 2003

ON ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

DACC DATE

06 Oct 1967

Chem 3 Mator cars =< 3000 kg with =< 7 passengers, exclusive of the driver, and motor tractors/vehicles =< 2500 kg

S/No. 9000159245

Johns No. S0816262Z

eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			S. Desiles of the St.		· Change I	anguage	• Chang	e Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date o	f Accident	1-	4/05/2019 1	5:00	
	Vehicle No.(For Motor)	GV89:	17D		Certific	cate Number				
				9	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5086543512- 02		WIN WIN CONSTRUCTION PTE LTD	199600562R	GCV	Third Party, Fire & Theft	GV8917D	GV8917D	01/05/2019	30/04/2020
				C	ontinue	(

Policy No.	5086543512-02	Policyholder Name	WIN WIN C	ONSTRUCTION PTE L	Policyholder NRIC	199600562R	
Certificate No.					mac		
Address	16 KERIS DRIVE CATHAY GARDE	NS SINGAPO	RE 456979				
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy Issue Date	28/03/2019	Effective Date	01/05/2019	00:00	Expiry Date	30/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	16 KERIS DRIVE	Addre	ess 2	CATHAY GARDENS		Address 3	SINGAPORE 456979
Address 4		Addre	ess Type	Singapore address		Post Code	456979
Jnit No.		Relat Numi	ed Policy ber	5086543512-02			
) Insure	d Object: GV8917D						
□ Endors	sements						
Sequer	nce Date of Endorsemen		Endorsemen	· Toma	Endorsement	Chabus	Endorsement Content

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	Not at Fault	Name of Preferred Workshop	
THE WAY		Name of Preferred Workshop	
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ment NR3C *			
e of Benefit *	Please Select	ar venice Number	SLZ2993S
Vehicle Number	GV8917D	Contact No.(Office) TP Vehicle Number	68441363
dact No.(Home)	WAY WIN CONSTRUCTION PTE I	Insured NRIC Contact No.(Office)	199600562R
ured Name	WIN WIN CONSTRUCTION PTE 1	Internal NETS	1004000000
injury?	○ Yes ® No		
	1820 - 18		
ver Vehicle No.		Driver Insurer Company	
Iress Type	Singapore address	Post Code	456979
tress 2	CATHAY GARDENS	Address 3	SINGAPORE 456979
ntact No.(Office)	0	Contact No. (Home)	0
ver Age	n	Driving Experience	51
ver Type ver NRIC	Unhamed Driver 90816262Z	Driver DOB	15/11/1947
ver Tues	University But have		
ated Policy Number	5086543512-02		
dress Type	Singapore address	Post Code	456979
dress 2	CATHAY GARDENS	Address 3	SINGAPORE 456979
ged GST Registered from Ye ged GST Registration No. fro ged GST Registration Date fi	om M289226273 to null		
	GST Status Venfied	Yes	
	GST Registration Date		
al TP Excess Applicable			
and the second second		Sinver is Covered?	
otangaro excess D TP Excess	0.00	Driver is Covered?	
Standard Excess	00000		
ndscreen Excess	0.00		
ange Force		JCM No.	
ne of Accident hh:mm	15:00	Country of Accident	Singapore
odent Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
888		- India	
D Entitlement(%)	20	Private Hire	No
A	® No ⊜Yes	eCode eCode Resson	In v
edal Remark	0	Contact No.(Home)	0
ver Type ntact No.(Office)	Third Party, Fire & Theft	Loading	0.
12/02/00		Policyholder NRIC	199600562R
hide No.	GV89170	GST Registration No.	M289226273
ve	er Type	ar Type Third Party, Fire & Theft	Policyholder NRIC er Type Third Party, Fire & Theft Loading

