NATIONAL Assessment Centre	e Services	lines , namost Wi	VA119 070020	1		
Date In: 79/0/19-15:59	Job description		Date &Time		Doi	ie by
Rel No: NA JINC 1903955474	SAS e-filin	g				
Veh No: dia 89 M	E-mail (with	ia Shrs, AIC 2hrs)				
D.O.A: 28 1/19-18:15	i-Motor Cl		M-110467	62-201	20/0/10	2-21 41
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- Reporting Only	i-Photo Up	loaded				,
TP Insurer:	Assessment/	Survey Report	İ			
	Ass't Report	by Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fau	C	
TP Particulars: Veh No: Oka 6	423 A .	. INC()/Non-INC	().	77	
Owner / Driver: (1000		Tel:)	
Policy No: () Peri	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time)	
Insured/Driver Liability: (%) [N	ote-Est. Status	(WO): N: 0-20	%; P: 21-79%	F: 80-100	0%1	
	arranty: YES (-	
Excess: (\$) Loading: \$1,00	0()/\$2,00					
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() Walk-In Customer : Customer's inform	nation strictly C	ontidential & Stri	ctly NO refer of	repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.	3.0	·	4	4	
Drive-In ()/ Towed-In (); Invoice:	YES()/	NO();To	wing Co: (,	1
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Apply for Transport Allowance () / Co QC Check / Post Repair Inspection	urtesy Car ()		inple!sd	Done) by
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SINGAPORE ACCIDENT STATEMENT

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.
- 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	29/05/2019 15:59
Date Of Accident	28/05/2019 18:15
Exact Location Of Accident	AYE (TUAS) NEAR EXIT 8
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ8912X
Insured/Policyholder	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	THE PARTY OF THE P
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5103424803
Cover Note Number	

-				
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Name of Driver YIP YEW KIONG NRIC No S1585890G Date Of Birth 09/10/1963 Occupation **OUTDOOR** Date Of Driving Pass 30/10/2009 Driving Experience

9 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91778139

Fax Number

Contact Number OFFICE-91778139

EMail Address NOEMAIL Address BLK 63 KALLANG BAHRU

#08-439 330063

....

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

Vehicle

AND THE RESIDENCE OF THE PARTY
.

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

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?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NO

2

YES

NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

and the second s

If Yes, against whom?

NO

NO

Circumstances of Accident

ON STATED DATE AND TIME, VEHICLE B STOPPED ALONG THE STATED VENUE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKZ6452Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YAMAMOTO SHOMA

NRIC/Passport Number

G3458457K

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN A. StJ892X B. SKZ64534

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

lefer to	Hatement.		

DECLARATION TO.

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

Policyholder's Signature Date & Time:

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

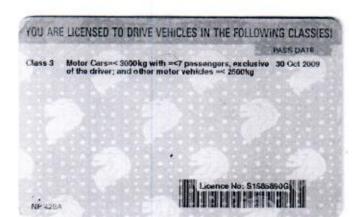
Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature





For LKK/NAC Use Only





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Hello, NAC_PAYA_UBI_80	00601						· Change La	nguage	Change P	assword	Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date of A	Accident	28/0	5/2019 18:15	5 B	
	Vehicle	No.(For Motor)	SL)8912	2X		Certificat	te Number			1	
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103424803		NEO AUTO LEASING PTE LTD	201814915N	GFT	Third Party, Fire & Theft	SU8912X	SL)8912X	25/09/2018	
					Cor	ntinue					

Policy No.	5103424803	Policyholder Name	NEO AUT	TO LEASING PTE LTD	Policyholder NRIC	201814915	N
Certificate No.							
Address	BLK 31 #17-204 EUNOS CRESCI	NT EUNOS C	OURT SIN	GAPORE 400031			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	30/08/2018	Effective Date	25/09/20	018 00:00	Expiry Date	24/09/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500.00	Own damage Excess	0.00		Windscreen Excess	0.00	
Additional Excess	0	OS Premium	5152.55				
Outside Singapore	0.00	Outside Singapore	1500.00			Vou	ng/Inexperience Driver Excess
OD Excess	E-SE	TP Excess	1300.00			100	ng/Inexperience Driver Excess
Agent Co- insurance Flag Open Policy Info Certificate Info	ANIKA INS BROKERS & CONSUL No	Agent Tel,	6672998	88	GST Flag	Y	
22m 3	holder Mailing Address						
Address 1	BLK 31 #17-204	Addre	ss 2	EUNOS CRESCENT		Address 3	EUNOS COURT
Address 4	SINGAPORE 400031		ss Type	Singapore address		Post Code	400031
Init No.	17-204	Numb	ed Policy er	5104798553			
) Insure	d Object: SLJ8912X						
▽ Endors	sements						
A STANKS OF THE	Site Ludgeren ().						

cident HT/1046767	not been collected.					
	not been tidlected.					
kcy No.	5103424803		Vehicle No.	\$1,1891.2×	GST Registration No.	
TIFICATE No.					Total Control Salinary	
kcyholder Name	NEO AUTO LEASING PTE I	TO			Policyholder NRIC	201814915N
oduct Code	PLEET INSURANCE		Cover Type	Third Party, Fire & Theft	Loading	0
ntact No.(Mobile)	91449265		Contact No. (Office)	0	Contact No.(Home)	0
ail Address			Special Remark		eCode	N ₁ V
C C C C C C C C C C C C C C C C C C C	® No ○ Yes		TCA	8		100
				® No ○ Yes	eCode Reason	
D Protection	No		NCD Entitlement(%)	0	Private Hire	Yes
Accident Details						
oort Date	29/05/2019 20:01		Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	28/05/2019		Time of Accident hhomm	18:15	Country of Academ	Singapore
porting Centre			Orange Force		ICM No.	200
ident Location	AYE (TUAS) NEAR EXIT B					
Excess						
n damage Excess		0.00	Additional Excess	0	Marketon Co.	902
named Driver Excess		0.00			Windscreen Excess	0.00
rd Party Excess	- 2	22/22/0	Outside Singapore OD Excess	0.00		
Benefits	1,0	500.00	Cutside Singapore TP Excess	1,500.00		
GST Registered Inform						
Registered	No			GST Registration Date		
Registration No.				GST Status Verified	Yes	
ification History						
	DVCCCC					
Policyholder Mailing Ad						
iness 1	BUX 31 #17-204		Address 2	EUNOS CRESCENT	Address 3	EUNOS COURT
iress 4	SINGAPORE 400031		Address Type	Singapore address	Post Code	400031
t No.	17-204		Related Policy Number	5104798553	H-1013010	18 304000
OI Driver Info			THE PARTY OF THE P			
ver Name	Unnamed Driver		Oniver Type	Unnamed Driver		
named driver Name	YIP YEW KIONG		Driver NRIC	\$1585890G	Driver DOS	09/10/1963
ester Date of Oriver License			Driver Age	55		09/10/1963
rtact No.(Motive)	91778139		Contact No. (Office)	0	Onling Experience	
iress 1					Contact No.(Home)	0
	BLK 63		Address 2	KALLANG BAHRU	Address 3	KALLANG BAHRU VILLE
dress 4	SINGAPORE 330063		Address Type	Singapore address	Post Code	330063
it No.	08-439					
es he own a Singapore	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
stered car?						
satered car?						
laration						
laration	0 mg		Any injury?	○ Yes ® No		
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aration athlysis or Blood Test ding? fication History laim 001 New	0 mg	V	Any injury? Insured Name	○ Yes ® No.	Insured NRIC	201814915N
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