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Date In: 116119 - 11249	Jcb description	Date &Time Completed	Done by	
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	i-Motor W/O (Within: OD 2h)		6/6/19 12	
OD (TP) Reporting Only	i-Photo Uploaded			*3 1
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			ax:	
TP Particulars: Veh No: 347	97820 INC(	Allega Allega		-
Owner / Driver: (	-176-9	Tel:	· \	-
Policy No: ( ) P	eriod: (	Cover Type: (		-
Confirmed by : (	Date:	Time:		
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2		00%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	1	.070]	20.0
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Drive-In ( ) / Towed-In ( ); Invoice	e: YES( )/NO( );T	owing Co: (		)
Remarks;- (INC hotline: 6788 6616)			I WINDOWS WORLD	
	while standard and when a some state of the control	Date&Time Completed	Done by	150
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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.
- 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.
- 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 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.

575 VSS V 7	
	ACCIDENT STATEMENT
Date Of Report	06/06/2019 11:49
Date Of Accident	05/06/2019 12:05
Exact Location Of Accident	SLIP RD PIE TWDS KAKI BUKIT
Country/State of Loss	SINGAPORE
White Class and the Established and the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW9243S
Insured/Policyholder	
Name Of Registered Owner	EASY RENTAL CAR PTE LTE
Co Reg No	201613123E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS J AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5096583420-01
Cover Note Number	
Driver	
Name of Driver	CHUA SHEW KUN
NRIC No	S1277291B
Date Of Birth	27/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86088895
Fax Number	1, Turk 1, Kara (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
Contact Number	OFFICE-86088895

NOEMAIL

BLK 82A CIRCUIT ROAD Address

#09-74 371082

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

Postcode

OTHER - HIRER

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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 YES

NO

3

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

NAME:

GENDER: : MALE

Passenger 2

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?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGT9782D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver MUHD YUSSOF BIN ABDUL KAHAR

NRIC/Passport Number S7938105E

Contact Number

Address Postcode

Page 2 of 19

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Name CHUA SHEW KUN Approximate Age Injuries Sustain NECK & BACK Injured person in which vehicle? SJW9243S Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

## SKETCH PLAN

## IMPORTANT NOTICE

- 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: Oriver's Signature

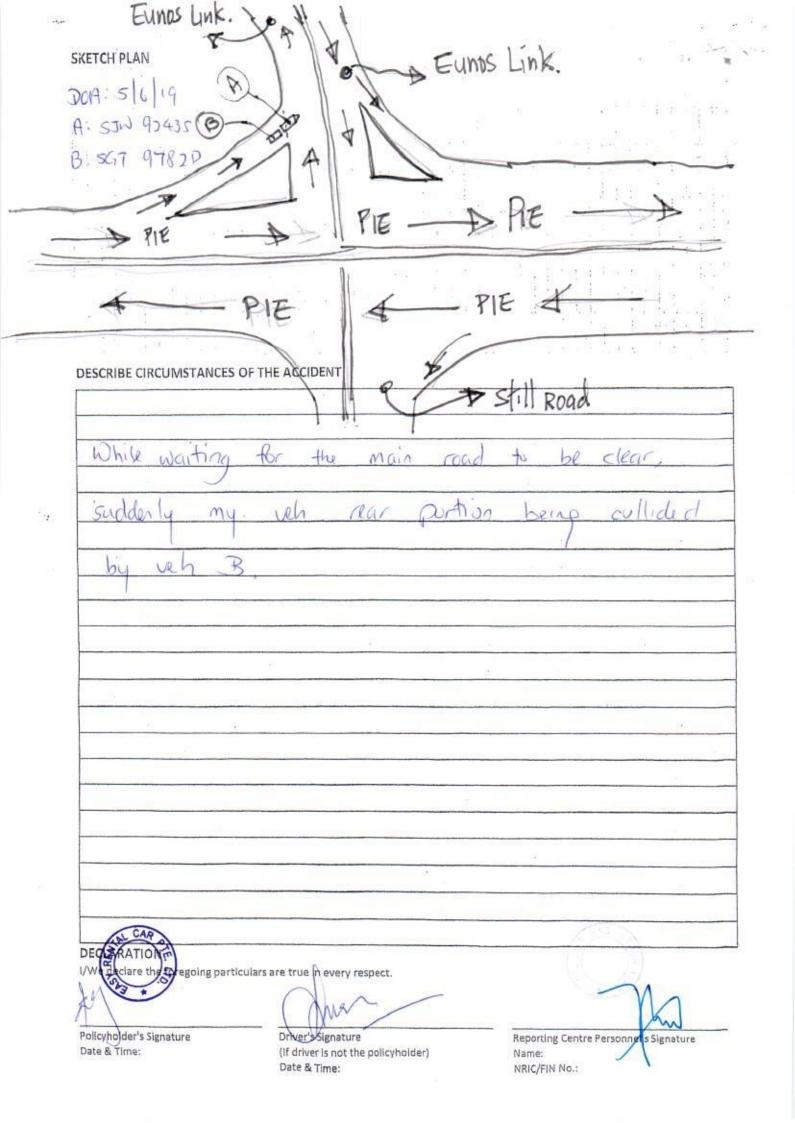
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



t :	Developed Service de de
	Personal Particulars
	Date of Accident: 5 6 9 Time of Accident: 12 05 pm
	Exact Location of Accident: Slip road of PIE towards Kati Bit
	Owner's Name: Facy Rental Car Pte Ltd NRIC No: HP No:
	Driver's Name: Chua Shew Kun NRIC No: 51277291BHP No: 8608889
	Date of Birth: 27 2 1957 Driving Licence Passing Date: 10 1 2017 Occupation: Indoor / Outdoor
	Address: 829 Circuit Rd #09-74 (371082)
	Relationship of Driver with Insured: HITE Email Address: 50965834-20 - 01
	Vehicle No: SJW 9243S Make & Model: Toyota
	Insurance Co: NTUC Coverage: Compathers Policy No: 509(58342-01
	*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
-	*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
-	*Weather Condition ?
	* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
4	A: 1+2 B- 1+3 C: D:
	*Was Anybody Injured ? (Yes / No) If yes,
	Name/NRIC/In Vehicle: Chua Shew Kun neck & back
	*Was The Accident Reported To The Police ?
	No O Yes, Which Police Station?
	*Does the Driver Own Any Other Vehicle?
	No O Yes, Vehicle Registration No: Insurer:
	*Was any foreign vehicle involved? (Yes /No) If yes, Vehicle No & Category:
	*Was there any video captured by Car Camera? (Yes/No)
	Third Party Driver's Particulars
	Vehicle & No: SGT 9782 ) Make & Model:
	Driver's Name: Muhd Yussef Bin Abdul Kahamric No: 37938105 EHP No:
	Vehicle C No: Make & Model:
	Driver's Name: NRIC No: HP No:
	Witness Particulars
	Name:: NRIC No: HP No:



CHUA SHEW KUN

27-02-1957 Country of hirth SINGAPORE

CHINESE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FULLOWING CLASSIES! EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 10 Jan 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

Licence No:S1277291B

NP 428A

For LKK/NAC Use Only

<b>eBao</b> Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80						• Chang	e Languag	e • Chan	ge Password	· Log Ou
Notice of Loss	Policy Query									,
Chemistra (ex. meses)	Policy No.				Date	of Accident		05/06/2019	12:05	
	Vehicle No.(For Motor)	SJW9	2435		Cert	ficate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	O 5096583420- 01		EASY RENTAL CAR PTE LTD	201613123E	GPC	drivo CLASSIC	5JW9243	5 SJW92435	29/04/2019	28/04/2020
				1	Continue	3				

Policy No.	5096583420-01	Policyholder Name	EASY RENT	TAL CAR PTE LTD	Policyholder	201613123E	
Certificate No.		Name			NRIC		
Address	BLK 80 #08-472 LORONG 4 T	OA PAYOH TOA	PAYOH PEAK	VIEW SINGAPORE	310080		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	18/03/2019	Effective Date	29/04/201	9 00:00	Expiry Date	28/04/2020 2	3:59
Excess Type		All Claims Excess					
Third		Own			12 Day (80 Day (80 Day)		
Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	SININS AGENCY PTE, LTD.	Agent Tel.	69503050		GST Flag	Υ	
Co- insurance Flag	No				200 1.00 T. T.		
Open Policy Info							
Certificate Info							
<ul><li>Policyl</li></ul>	holder Mailing Address						
Address 1	BLK 80 #08-472	Addre	55 2	LORONG 4 TOA P	АУОН	Address 3	TOA PAYOH PEAKVIEW
Address 4	SINGAPORE 310080		ss Type	Singapore address	s	Post Code	310080
Jnit No.	08-472	Relate	ed Policy er	5096583420-01			
D *	d Object: SJW92435						
D Insure							
□ Endors	sements						

Claim Handling Accident HT/1047746					
folicy No.	5096583420-01	Vehicle No.	\$3W92435	GST Registration No.	
ertificate No.					
Discyholder Name	EASY RENTAL CAR PTE LTD			Policyholder NRIC	201613123E
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ordact No. (Mobile)	0	Contact No. (Office)	0	Contact No.(Home)	0
meil Address		Special Remark	950	eCode	E V
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	To V
CD Protection	No	NCD Entitlement(%)	0		
Accident Details		ACD Emograph(10)	u	Private Hire	Yes
eport Date	06/06/2019 12:00	Paradas de la composición de la com-			
are of Acodem		Accident Report Within 24 hrs.		Accident Type	Collision - Head to Rear
	05/05/2019	Time of Accident nh:mm	12:09	Country of Accident	Singapore
sporting Centre	A SECULAR DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA	Orange Force		JCM No.	
scident Location	SLIP RD PIE TWOS KAKI BUKIT				
# Excess					
en damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Dublide Singapore OD Excess	2,000.00		
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa	ation				
T Registered	No.		GST Registration Date		
T Registration No.		150	GST Status Verified	Yes	
dification History	06/06/2019 12:02:13 Syst	em changed GST Status Verified fro		2000	
Policyholder Mailing Ad					
idress 1	BLK 80 #08-472	Address 2	LORIDING 4 TOA PAYOH	Address 3	TOA PAYOH PEAKVIEW
Sdress 4	SINGAPORE 310080	Address Type	Singapore address	Post Code	310080
Ht No.	08-472	Related Policy Number	5096583420-01		
OI Driver Info					
ver Name	Unnemed Driver	Driver Type	Unnamed Driver		
named driver Name	CHUA SHEW KUN	Driver NR3C	S12772918	Driver DOS	27/02/1957
gister Date of Driver License	10/01/2017	Driver Age	62	Driving Experience	2
ntact No.(Mobile)	sécesass	Contact No.(Office)	0	Contact No. (Home)	0
dress I	BLK 82A	Address 2	CIRCUIT ROAD	Address 3	MACPHERSON SPRING
dress 4	SINGAPORE 371082	Address Type	Singapore address	Post Code	
nt No.	09-74	(Carlos de Maso)	angapore and ess	Lost Cone	371082
ses he own a Singapore					
igistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
deration					
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ading?		Any injury?	® Yes ○ No		
dification History					
softcation regeory					
Claim 001 New					
im Type *	OD-MX 🔻	Insured Name	FASY BENTAL CAR HER LES	Manager Comme	THE PLANTS OF THE PARTY OF THE
ntact No.(Mobile)	NIL		EASY RENTAL CAR PTE LTD	Insured NRIC	2016131236
of Address		Contact No.(Home)	-	Contact No.(Office)	NIL
	-	OI vehicle Number	SIW9243S	TP Vehicle Number	SGT9782D
imant Type Claimant Type •	Please Select	Type of Benefit •	Please Select		
iment Name *	22	Claimant NRIC *			
mant Address					
im Description	SIW92435 / SGT97820 ON 5 Jun 2019		16	Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault	TENNING OF CO. TENNESS OF	
puire Finalisation	Yes 🔍	Preferered Repair Option		✓ GIA report	Received
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ident No.	MT/1047746	Claim No.	001		
t Doc. Received	Yes □ No	Upload Date	06/06/2019 12:04		
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