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OD TP Reporting Only		O (Within: OD 2hrs	TP 4hrs)		
	i-Photo Up	loaded			
TP Insurer:	Assessment/S	Survey Report			
	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax:	
TP Particulars: Veh No: (h)	10804	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Pe	eriod: ()	Cover Type: ()	***************************************
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20	%; P: 21-79%. F: 80-1	00%1	-
1/ 07	Warranty: YES (-
Excess: (\$) Loading: \$1,0					
General Remarks:	The source of the source of	PROGRAMMENT CONTRACTOR	Manager 15, 158 7, 17, 48 1, 510 7, 5	प्रमुक्त भूति स्थान	
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() Walk-In Customer's info	rmation strictly Co	onfidential & Stri	tly NO refer of repairer.		
() Total Loss Case : to e-mail Insure	er URGENTLY.	X			
Drive-In ()/ Towed-In (); Invoice	:: YES() / I	NO () ; To	wing Co: ()
Remarks: (INC harline: 6788 6616)					
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1) Apply for Transport Allowance ()/C	Courtesy Car ()	Date&Time Completed	Don	e 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.
- 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

	ACCIDENT STATEMENT	
Date Of Report	26/07/2019 17:06	
Date Of Accident	26/07/2019 09:45	
Exact Location Of Accident	OUTSIDE VERTEX BUILDING TWDS UBI AVE 3	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SMM4937Z		
Insured/Policyholder			
Name Of Registered Owner	JOHANN JASMAN SIM		
NRIC No	S7606440G		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-92217407		
Alternative Phone No	OFFICE-92217407		
Vehicle Particulars			

Manufacturer	SEAT
manulacturer	SEAT

odel	ARONA STYLE 1.0 TSI 116 7A	
2001	ARONA STILE I.U ISI	110/A

Exact Purpose t	for which	vehicle	was be	ing used	at	DDIVATE LICE
time of accident						PRIVATE USE

Are you claiming under your own insurance policy NO

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5110615387

Cover Note Number

Driver

Name of Driver JOHANN JASMAN SIM

NRIC No S7606440G Date Of Birth 29/02/1976 Occupation INDOOR Date Of Driving Pass 25/08/2000

Driving Experience 18 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92217407

Fax Number

Contact Number OFFICE-92217407

EMail Address NOEMAIL Address 10 HOUGANG STREET 32

#08-27

NO

NO

1

NO

NO

Postcode 534037

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 COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

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?

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)

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?

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 SGU8080Y

Vehicle Make/Model/Colour VOLKSWAGEN BEETLE

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
- 6) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: SKETCH PLAN

A-SMM49372

8-SGW80804

White Road 14

White Road 14

White Road 14

White Road 14

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Was travelling out of Yestex Building out onto Ulin Ave 3 and after making sure that the road is clear, I shifted my vehicle out to turn right and Suddenly, I saw yehicle B travelling on the wrong way of lane and collided onto the front portion of my rehicle.

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personne's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 traffic police department for investigation.

的言語的音話中的音音的形式	ACCIDENT DETAILS	是当年(1) 特代公司
Date of accident	26 July 2019	(DD/MM/YY)
Time of accident	9:45a.m	(HH:MM)
Exact location of accident	Outside Vertex Building Ubi Ave 3	

经生死的结束扩张	C	ETAILS OF	VEHICLE
Vehicle registration number	3HH493	72	
Vehicle make and model	Stat Orona		
Type of vehicle	Saloon Z	MPV =	CRV
Vehicle category	Private 🗹	Comm	ercial Motorcycle
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes Third part of	No Z.	if no, please select: Reporting only

中国的基本的工作的	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

INSURED / POLICY HOLDER			
Name	Johann Jasman Sim	Male,d	Female
NRIC / Fin / Passport number	37606440G		
Contact	92217407		
Address	10 Hongang St 32 #08-27 S(534087)		

DRIVER	SAME AS INSURED ABOVE (1) (SKIP TO D.O.B)	A DOMESTIC
Name	Male 🗆	Female
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	29 FLb 1976	
Occupation	Indoor Outdoor	
Driving date pass	25 Ana 2000	300

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No Z
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes 🗆 No 🗹
Weather condition	Clear Raining Others:
Road surface	Dry Z Wet 🗆
No of passenger	(Inclusive of driver)
Participation of the second	PASSENGER 1
Name	Jahann Jasman Sim
Gender	Male Female
A TOTAL CONTRACTOR OF THE PARTY	PASSENGER 2
Name	
Gender	Male D Female 2
Manufacture and the second	PASSENGER 3
Name	
Gender	Male D / Female D
	X
	PASSENGER 4
Name	
Gender	Male D Pemale D
/	
State of the state	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
	OTHER INFORMATION
Was anybody injured?	Yes D No Z
Was other vehicle damaged?	Yes No 🗆
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	, , , , , , , , , , , , , , , , , , , ,
Market Pelos Line vin Monte Line	WITNESS 1
Name	
	WITNESS 2
Name	
(\$1000000000000000000000000000000000000	

A SPECIAL VALUE OF WALL COME	TUIDD DARTY VELICLE 4
Vehicle registration	THIRD PARTY VEHICLE 1
Vehicle registration number Vehicle make model	Sausosom Variables and Butty
Name	Volkswagin Butic
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 2
Vahiala vasistustias avumbas	THIRD PARTY VEHICLE 2
Vehicle registration number Vehicle make model	
Name Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	TURN DARTAVEURIE
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
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Vehicle registration number Vehicle make model	
Name	X
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Contact	
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	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD PARTI VEHICLES
Vehicle make model	
Name	
NRIC / Fin / Passport number	/
Contact	
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Vehicle registration number	TIMO TANT VEINGE O
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The second secon	THIRD PARTY VEHICLE 7
Vehicle registration number	THIRD PARTI VEHICLE
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Name /	1
NRIC / Fin / Passport number	<u> </u>
Contact	
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the Property of the Property o	SIER CANDON	INIULIO	ED DEDCOMA
Name	新产品的	INJUK	ED PERSON 1
Injuries sustained	_		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	163 [NO D	
mospital by ambalance.			
THE RESIDENCE OF THE PARTY OF T	65 D. T. H. 1525		
Name		INJUK	ED PERSON 2
10001110	1		
Injuries sustained Which vehicle person in?	1		
Were seat belts worn?	Yes	NI	
Was injured conveyed to	Yes	No 🗆	
hospital by ambulance?	162 L	/ MO D	
nospital by ambulance:		1	
	NAME OF THE OWNER, OF THE OWNER,		
		INJUR	ED PERSON 3
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	X
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
THE RESERVE THE PARTY OF THE PA	AND DESCRIPTION OF THE PERSON OF	T THE PARTY NAMED IN	
A TRANSPORT OF THE PARTY OF THE	TENTON !	INJUR	D PERSON 4
Name	TENEDAL	INJUR	D PERSON 4
Injuries sustained	ne (Anyke)	INJUR	D PERSON 4
Injuries sustained Which vehicle person in?		\neq	D PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No o	D PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	\neq	D PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn?		No o	D PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No a	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No a	D PERSON 4
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No - INJURE	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No :: No :: No :: No :: No ::	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No :: No :: No :: No :: No ::	D PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No :: No :: No :: No :: No ::	D PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes 🗆	No :: No :: No :: No :: No ::	D PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No :: No :: No :: No :: No ::	D PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes Yes Yes Yes Yes Yes	No INJURE	D PERSON 5

REPUBLIC OF SINGAPORE



JOHANN JASMAN SIM

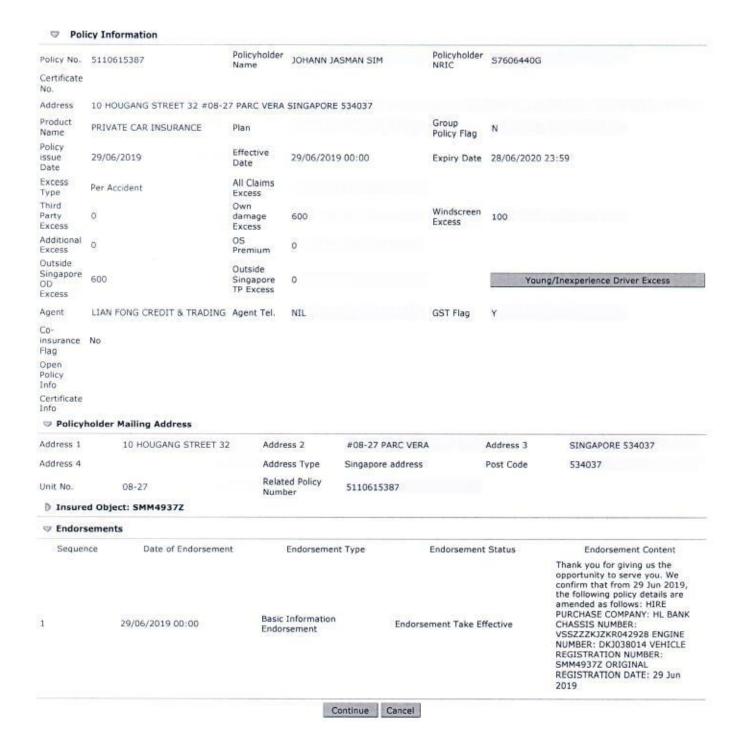




n Date 29 Feb 1976

YOU ARE LICENSED TO DRIVE VEHICLES IN THE POLLOWING CLASSIE For LKK/NAC USE Close Grand Motor Fractors the weight of 954 S7606440G 17-03-2003 10 HOUGANG STREET 32 #08-27 SINGAPORE 534037 NRIC No. \$76064406

eBao Tech			General					alClaim			
Hello, NAC_PAYA_UBI_80	0601			- Control of the Control			+ Chang	e Language	· Chang	e Password	Log Out
My Desktop	Poli	cy Query									32
Notice of Loss	Policy N	10.				Date of Accident 26/07				2019 09:45	
	Vehicle	No.(For Motor)	SMM4	937Z		Cert	ificate Numbe	- 1			
						Search	1				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110615387		JOHANN JASMAN SIM	S7606440G	GPC	drivo PREMIUM	SMM49372	SMM4937Z	29/06/2019	28/06/2020
					- 1	Continue					



Claim Handling					
Accident MT/1055214					
Policy No.	5110615387	Vehicle No.	SMM4937Z	GST Registration No.	
Certificate No.				200000000000000000000000000000000000000	
Policyholder Name	JOHANN JASMAN SIM			Policyholder NRIC	\$7606440G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	92217407	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	THE V
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	.07-17-22
NCD Protection	No	MCD Entitlement(%)	50	Private Hire	No.
Accident Details					
Report Date	26/07/2019 18:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	26/07/2019	Time of Accident hh:mm	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	35
Accident Location	OUTSIDE VERTEX BUILDING TWDS UBI	AVE 3			
Total Excess Applicable	C.				
xcess Type	Per Accident	Windscreen Excess	100.00		
30 Standard Excess	600.00	TP Standard Excess	0.00		
SED CO Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional fixcess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
⇒ Benefits	name t				
GST Registered Informa			PAT BARRANTA BA		
GST Registered GST Registration No.	No		GST Registration Date GST Status Ventiled	Yes	
Modification History			our states removed	142	
Policyholder Malling Ad	dress				
Address 1	10 HOUGANG STREET 32	Address 2	#08-27 PARC VERA	Address 3	SINGAPORE 534037
ddress 4		Address Type	Singapore address	Post Code	534037
init No.	08-27	Related Policy Number	5110615387		
♥ OI Driver Info					
Zriyer Name	JOHANN JASMAN SIM	Driver Type	Main Driver		
Innamed driver Name		Driver NRIC	\$7606440G	Driver DOB	29/02/1976
legister Date of Driver License	25/08/2000	Onver Age	43	Driving Expenence	18
Contact No.(Mobile)	92217407	Contact No.(Office)	0	Contact No.(Home)	0
odress 1	10 HOUGANG STREET 32	Address 2	PARC VERA	Address 3	SINGAPORE 534037
idoress 4		Address Type	Singapore address	Post Code	534037
ine No.	08-27				
Does he own a Singapore Registered car?	○ Yes (#: No	Driver Vehicle No.		Driver Insurer Company	
CONTRACTOR OF THE PROPERTY OF					
eclaration Invathalyser or Blood Test					
Reading?	0 mg	Any injury?	○ Yes ® No		
fodification History					
Claim 001 New					
Claim 001 New					
laim Type +	СО-МХ	Insured Name	JOHANN JASMAN SIM	Insured NRIC	57606440G
Daim Type * Contact No.(Mobile)	ор-мх 🔻	Contact No.(Home)		Contact No. (Office)	
Claim Type * Contact No.(Mobile) Cmail Address		Contact No.(Home) OI Vehicle Number	SMM49372		\$7608440G SGU8080Y
Carm Type * Contact No.(Mobile) mail Address Tamant Type Clamant Type *	Please Select	Contact No.(Home) OI Vehicle Number Type of Benedit *		Contact No. (Office)	
iam Type * ontact No (Mobile) mail Address tamant Type Clamant Type * termant Name *		Contact No.(Home) OI Vehicle Number	SMM49372	Contact No. (Office)	
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iam Type * ontact to (Mobile) mail Address lamant Type Clamant Type * lamant Name * lamant Address laim Description	Please Select	Contact No.(Home) OI vehicle Number Type of Benefit + Clayment NRJC +	SNM4937Z Please Select	Contact No. (Office)	
iam Type * sintact No. (Mobile) mail Address iamant Type Claimant Type * simant Name * simant Address aim Description referred Workshop Contact o	Please Select Same	Contact No.(Home) OI Vehicle Number Type of Benefit + Clayment NRJC + Insured Liability +	SNM4937Z Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SGU8080Y
Jaim Type * ontact No (Mobile) mail Address lamant Type Claimant Type * laimant Name * laimant Address laim Cescription referred Workshop Contact o equire Finalization	Please Select SEM4937Z / SGU8080V ON 26 Jul 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Clarmant NRIC * Insured Liability * Preferend Repair Option	SNM49372 Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGU8080Y
Jaim Type + contact No (Mobile) mail Address lamant Type Claimant Type + laimant Name + laimant Address laim Description referred Workshop Contact opurs Finalization ate Registered	Please Select SAM4937Z / SGU8080V ON 26 Jul 2019 Ves SAM07/2019 18:55	Contact No.(Home) OI Vehicle Number Type of Benefit + Clayment NRJC + Insured Liability +	SNM4937Z Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SGU8080Y
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