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OD The Reporting Only	i-Motor W/O (Within: OD			
OD OF Reporting Only	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Repor	t		
	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	:(	Tel: F	ax:	
TP Particulars: Veh No:	40 bysr . INC	( )/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: (	) Cover Type: (		
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( 9,	%) [Note-Est. Status (WO): N: 0		00%]	
Year of Registration: (	) Warranty: YES ( )/NO (	)		
Excess: (S ) Loading:				_
General Remarks:	SEAST TAXABLE TOCKNOON PARAMENTAL NO	CARRENAL MARKETAN	188 × 177 × 171	-
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( ) Total Loss Case : to e-mail In	surer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Inv	roice: YES( )/NO( );	Towing Co: (		)
Remarks: (INC hotline: 6788 6616		Date Latine College Land	77357388775	
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 1. 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 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

Market State of the State of th	ACCIDENT STATEMENT
Date Of Report	29/07/2019 19:55
Date Of Accident	27/07/2019 15:30
Exact Location Of Accident	OPP JUNCTION 8 CARPARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV5090H
Insured/Policyholder	
Name Of Registered Owner	JAKE INTERIOR DECO
Co Reg No	48094300A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96306453
Alternative Phone No	OFFICE-96306453
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101045297-01
Cover Note Number	
Driver	
Name of Driver	PANG KIA TUANG
NRIC No	S1440692A
Date Of Birth	10/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1979
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE

(LOCAL) +65-96306453

OFFICE-96306453

NOEMAIL

BLK 119A RIVERVALE DRIVE Address

#14-308

Postcode 541119

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

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)

Passenger 1

NO

2

NO

NO

2

NAME: : NGO BUAY BUAY

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?

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

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

PRIVATE CAR

SGD643R Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 20

No. Of Passenger (Including Driver)

#### 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 truthful 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.
- 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:

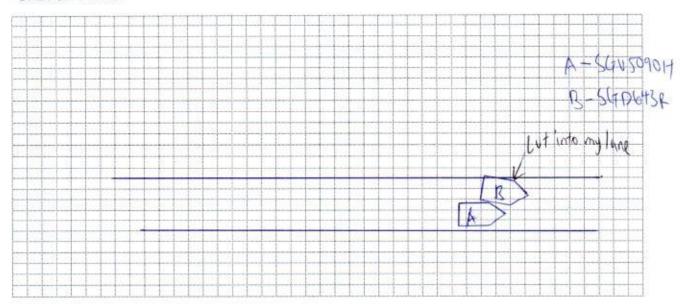
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - 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:

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

NRIC/FIN No.:

## SKETCH PLAN:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG OPPOSITE JUNCTION 8 CARPARK. VEHICLE B
ALIGHTED HIS PASSENGER, I SLOWLY DROVE PASS HIM. AFTER HE ALIGHTED
HIS PASSENGER HE JUST DROVE OFF WITHOUT CHECKING HIS BLIND SPOT,
CUTTING INTO MY LANE AND HIT ON TO THE FRONT LEFT SIDE OF MY VEHICLE.

## **DECLARATION**

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

Policyholder's Signature

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC / FIN No .:

# Accident Reporting Draft

VEHICLE NO: SGV5090H

MODEL: TOYOTA WISH 1-8A

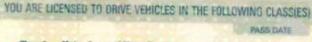
DATE OF ACCIDENT	27/7/19			
TIME OF ACCIDENT	1530HRS HRS AM/PM			
LOCATION OF ACCIDENT	OPPOSITE JUNCTION 8 CARPARK			
EXACT PURPOSE USE DURING ACCIDENT				
NAME OF OWNER	JAKE INTERIOR DECO			
CONTACT NO.	96306453			
NRIC	48094300A			
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P			
INSURANCE CO.	NTUC			
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT			
POLICY NO.				
NAME OF DRIVER	PANG KIA TUANG AS ABOVE / IF NO:			
NRIC	S1440692A ANY PASSENGER: 1			
DATE OF BIRTH	F: NGO BUAY BUAY			
OCCUPATION	OUTDOOR / INDOOR			
DATE OF DRIVING PASS				
GENDER	MALE / FEMALE			
CONTACT NO.	96306453 OFFICE: HOME:			
ADDRESS	APT BLK 119A RIVERVALE DRIVE #14-308 S(541119)			
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.			
RELATIONSHIP	EMPLOYEE/ IF(NO)			
WEATHER CONDITION	CLEAR / RAINY/OTHER: CLEAR			
ROAD SURFACE	DRY / WET/ OTHER: DRY			
ANY INJURIES	NO / IF YES:			
CONTACT NO.				
POLICE REPORT	NO / IF YES:			
VIDEO RECORDING	NO / YES			
VEHICLE B NO.	SGD643R ANY PASSENGER:			
NAME				
CONTACT NO.				
VEHICLE C NO.	ANY PASSENGER:			
VEHICLE D NO.	ANY PASSENGER:			
VEHICLE E NO.	ANY PASSENGER:			
VEHICLE F NO.	ANY PASSENGER:			
ANY WITNESS				
WITNESS CONTACT NO.				
PARTICULAR WORKSHOP				
MOBILE NO.	Dudou			
CONTACT PERSON	Ryder Auto Pte Ltd			
FAX NO.	2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub,			
	Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277			







SINGAPORE



Motor Care and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

15 Nov 1979 return to LTA

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description
02 TAXI VL

Issue Date 21/04/1994

For LKK/NAC Use Only

NF 428A







Address APT BLK 119A RIVERVALE DRIVE #14-308 SINGAPORE 541119



Policy No.	5101045297-01	Policyholder Name	JAKE INTER	IOR DECO	Policyholder NRIC	48094300A	
Certificate No.		1101110					
Address	BLK 119A #14-308 RIVERVALE I	DRIVE RIVERV	ALE GARDEN	S SINGAPORE 5411	19		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/05/2019	Effective Date	18/06/2019	00:00	Expiry Date	17/06/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own 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	CAR INNS INSURANCE AGENCY	Agent Tel.	64587787		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 119A #14-308	Addre	ess 2	RIVERVALE DRIVE		Address 3	RIVERVALE GARDENS
Address 4	SINGAPORE 541119	Addre	ess Type	Singapore address		Post Code	541119
Unit No.	14-308	Relate	ed Policy er	5101045297-01			
) Insure	d Object: SGV5090H				2.11		
	sements						
	nce Date of Endorsemer	es e	Endorsement	50445.11	Endorsement	NESSEL ICO	Endorsement Content

Claim Handling					
	5101045297-01	Vehicle No.	SGV5090H	GST Registration No.	
olicy No.	5101045297-01	Venicle No.	30/30/44	GST Negation ins	
ertificate No.				Porcyholder NRIC	4809430GA
Sicyholder Name	JAKE INTERIOR DECO	Owner wood	44.00		0
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
ontact No.(Mobile)	96306453	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No. V
K.	No ○ Yes	TCA	® No ○Yes	eCode Reason	
ID Protection	res	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
port Date	29/07/2019 21:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ite of Accident	27/07/2019	Time of Accident hh:mm	15:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
odent Lecation	OPP JUNCTION & CARPARK				
Total Excess Applicable					
сель Туре	Per Accident	Windscreen Excess	100,00		
STANDARD COMMO	S2 000 00	TO Change of Surger	1 500 00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00	Oriver is Covered?	
D OD Excess	500.00	YIED TP Excess		Sinver is Covered?	
ational Excess		Total TO			
tal OD Excess Applicable	2500.00	Total TP Excess Applicable			
P Benefits					
GST Registered Informa					
T Registered	No		GST Registration Date	gr	
T Registration No.			GST Status Verified	Yes	
dification History	29/07/2019 21:21:36 Syst	em changed GST Status Venfied fro	m No to Yes		
Policyholder Mailing Ad					
dress 1	BLK 119A #14-308	Address 2	RIVERVALE DRIVE	Address 3	RIVERVALE GARDENS
dress 4	SINGAPORE 541119	Address Type	Singapore address	Post Code	541119
it No.	54-308	Related Policy Number	5101045297-01		
OI Driver Info					
iver Name	Unriamed Driver	Driver Type	Unnamed Driver		
named driver Name	PANG KIA TUANG	Driver NRIC	\$1440692A	Driver DOB	10/01/1960
gister Date of Driver License	15/11/1979	Driver Age	59	Driving Expenence	39
ntect No.(Mobile)	96306453	Contact No. (Office)	0	Contact No.(Home)	0
dress I	BLK 1194	Address 2	RIVERVALE DRIVE	Address 3	RIVERVALE GARDENS
idress 4	SINGAPORE 541119	Address Type	Singapore address	Post Code	541119
ne No.	14-308			V/10-28/10:	100000
sex he own a Singapore opportunity	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration eachalyser or Blood Yest	0 mg	Any injury?	○ Yes  No		
adng?	O mg	and sidned.	Character.		
odification History					
100					
Claim 001 New	[00:400	Insured Name	TAKE INTERIOR DECO.	Injured NATC	48094300A
Claim 001 New	DO MX	Insured Name	SAKE INTENSOR DECO	Insured NRIC	48094300A
Claim 003 New Im Type * ntact No.(Motele)	CO-MX	Contact No.(Home)		Contact No.(Office)	96306453
Claims 001 New  Isim Type *  maid No. (Mothle)  maid Address.		Contact No.(Home) OI Vehide Number	SQV5090H		
im Type * mtast No.(Motile) all Address imant Type Clarmant Type *	Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit *		Contact No.(Office)	96306453
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