Date In: 68/19-17:~4			1919103366		
The state of the s	Job descripti	ion	Date &Time Complete	Do	ne by
Res No: Na) INC 190124	SAS e-filir	g			
Veh No: SUB 17 x	E-mail (wit	hia Shrs, AIC 2hrs)			
D.O.A: 6/8/19-145	i-Motor C	laim Form	105 6752-201	6/8/14	DIVN
OD / TP Reporting Only	i-Motor W	O (Within: OD 2hrs	The state of the s	1 15112	14:4:
ob the forming only	i-Photo Up	loaded	1		
TP Insurer:	Assessment	Survey Report			
	Ass't Repor	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: DD	33	. INC()/Non-INC()		
Owner / Driver: (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%. P: 80	100%]	
Year of Registration: () W	arranty: YES (7)		
Excess: (\$) Loading: \$1,000	0()/\$2,00	0()			
General Remarks:		4. 0. 2002012	18-18-18-18-18-18-18-18-18-18-18-18-18-1	PRINCE OF THE	
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() Total Loss Case : to e-mail Insurer	URGENTLY.	. +			
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Remarks: (INC hotline: 6788 6616)	625		Date&Time Completed	Don	e hv
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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.

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available	
Manufacture and the same	ACCIDENT STATEMENT	
Date Of Report	06/08/2019 17:29	
Date Of Accident	06/08/2019 14:50	
Exact Location Of Accident	BEDOK NORTH AVE 1	
Country/State of Loss	SINGAPORE	
Ze show his test and and	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB27X	
Insured/Policyholder		
Name Of Registered Owner	EHB LIMOUSINE PTE LTD	
Co Reg No	201536531R	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	

Vehicle Particulars

Manufacturer	TOYOTA
Manufacturer	IUIUIA

Model **VELLFIRE 2.5Z A**

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 COMPREHENSIVE

Fleet Policy YES

Policy Number 5075309111-03

Cover Note Number

Driver

Name of Driver HUZAIFAH BIN MOHAMED ISA

NRIC No S7731657D Date Of Birth 21/10/1977 Occupation OUTDOOR Date Of Driving Pass 25/09/1995

Driving Experience 23 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96603269

Fax Number

Contact Number OFFICE-96603269

EMail Address NOEMAIL

BLK 13 EUNOS CRSCENT Address

#02-2807

Postcode 400013

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

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

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?

Passenger 1

NO

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)

NO 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?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SJD5287S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KIMURA YASUHIRO

NRIC/Passport Number

S2759308I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HUZAIFAH BIN MOHAMED ISA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

SHOULDER

SLB27X

YES

NO

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</u> and <u>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 Singippore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the longment 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)

Lunderstand, 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.

Policybalder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name.

NRIC/FIN No.:

		œ	3	>			
-	-	_	-	-	-	-	_

A: SLB27X B: SJD5287S

DESCRIBE	CIRCU	MSTANCES	OF	THE	ACCIDENT
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as	the	tra	ffic	light	showe	ed rea	d.	Out	of	suc	dden,	1 felt
an	impo	act_	from	my	rear.	When	1	ali	ghte	d,	1 rea	lized
that	re	hīd	e B	colli	ded o	onto.	my	vet	ricle		The second	
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		27-1-1-				-Westernan						
MHI												
ECLAR	ATION							1000				

Date & Time:

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

Date & Time:

Reporting Centre Personne's Signature

Name:

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. 4

Date of accident	OG/08/2019	(DD/MM/YY)
	06/08/2017	
Time of accident	1450	(HH:MM)
Exact location of accident	Along Bedok North Ave 1	

	DETAILS OF VEHICLE
Vehicle registration number	SLB 27×
Vehicle make and model	Toyota Vellfire
Type of vehicle	Saloon
Vehicle category	Private Commercial Motorcycle Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No if no, please select: Third part claim Reporting only □

THE RESERVE OF THE PARTY OF THE	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only

	INSURED / POLICY HOLDER		
Name	EHB LIMOUSINE PTE LTD	Male 🗆	Female 🗆
NRIC / Fin / Passport number	201536531R		
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Huzaifah Bin Mohamed Isa Malez Female -
NRIC / Fin / Passport number	S77 31657 D
Contact	9660 3269
Address	BIK 13 Euros Crescent #02-2807 S(400013)
Email address	
Date of birth	21/10/1977
Occupation	Indoor Outdoor
Driving date pass	25/09/1995

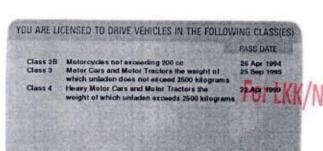
	SENERAL IN	FORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	Noo		
the insured's company?	If no, rela	tionship of t	he driver and insured:	Hirer
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear	Raining	Others:	
Road surface	Drye	Wet □		
No of passenger	2			(Inclusive of driver)
A SECOND OF THE PARTY OF THE PA		PASSENG	ER1	
Name				AND SELECTION OF THE SE
Gender	Male 🗆	Female	,	
	DAL DAME	PASSENG	FR 2	
Name				STATE OF THE PARTY
Gender	Male 🗆	Female		
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		PASSENG	ER 6	
Name				
Gender	Male 🗆	Female 🗆		
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	The second second second second	THER INFOR	MATION	
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
		AILS OF POL		
Reported to police?	Yes 🗆	No Z II	fyes, please state which	ch police station.
Police station name		1.57 × 1.50 × 1.		
		WITNES	S 1	
Name				
		WITNES	5 2	
Nama				MINISTER OF THE PROPERTY OF TH

	THIRD PARTY VEHICLE 1
Vehicle registration number	SJD 52875
Vehicle make model	300 32 67 3
Name	Kimura Yasuhiro
NRIC / Fin / Passport number	\$27593081
Contact	3 - 7 5 9 3 0 8 1
Contact	
NAME OF STREET	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VERICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number/	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Vehicle make model Name	

	INJURED PERSON 1
Name	Huzaifah Bin Mohamed Isa
Injuries sustained	Shoulder
Which vehicle person in?	SLB 27X
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes 🗆 No 🗅
hospital by ambulance?	
	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	163 0 110 0









eBao Tech									(SeneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change Lan	guage	· Change P	assword	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date of Accident 06		06/0	06/08/2019 14:50		
	Vehicle	No.(For Motor)	SLB27X			Certifica	ste Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5075309111- 03		EHB LIMOUSINE PTE LTD	201536531R	GFT	drivo CLASSIC	SLB27X	SLB27X	01/11/2018	
					Cor	ntinue					

Policy No.	5075309111-03	Policyholder Name	EHB LIM	OUSINE PTE LTD	Policyholder NRIC	201536531	R
Certificate No.		Home			WALC		
Address	70 UBI CRESCENT #01-12 SI	NGAPORE 4085	70				
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	31/10/2018	Effective Date	01/11/20	018 00:00	Expiry Date	31/10/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	3500.00	Own damage Excess	1000.00		Windscreen Excess	0.00	
Additional Excess	0	OS Premium	36218.9	1			
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	3500.00			You	ng/Inexperience Driver Excess
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	632776	87	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No						
Policyl	holder Mailing Address						
Address 1	70 UBI CRESCENT	Addre	ess 2	#01-12	EITE	Address 3	SINGAPORE 408570
Address 4		Addre	ess Type	Singapore address		Post Code	408570
Unit No.	01-12	Relat Numi	ed Policy per	5074680813-03			
D Insure	ed Object: SLB27X						
Endors	sements						
Sequer	Date of Endorsement	Endorseme		Endorsement Number	V. (070383240	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We
1	12/11/2018 00:00	Basic Informa Endorsement	ition	000001286941953	Endorseme Effective	ent Take	confirm that from 12 Nov 2018, the Vehicle Number SKW4471X is amended as follows: VEHICLE REGISTRATION NUMBER: SLJ12X
							Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s
1	12/03/2019 00:00	Basic Informa Endorsement		000001287025042	Endorseme Effective	ent Take	

cident MT/1056752	not been collected.				
	HOLDERY CONSCION				
olicy No.	5075309111-03	Vehicle No.	SLB27X	GST Registration No.	2015365318
ort-Ficate No.	757			Sol regulation no.	201330333H
olicyholder Name	EHB LIMOUSINE PTE LTD			Total Anna Para	201525510
		1241200	0.0000000000	Policyholder NR3C	201536531R
roduct Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No. (Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No. V
rk	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Engitlement(%)	0	Private Hire	444
Accident Details	A Second	HED EMBORIES (N)		Private mile	Yes
eport Dace	05/06/2019 17:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Acodem	06/08/2019	Time of Accident hh:mm	14:50	Country of Accident	Singapore
parting Centre		Grange Force		JCM No.	
codent Location	BEDOK NORTH AVE 1				
Excess					
wn damagé Excess	1,000.00	Additional Excess	0	Andrew Control	
	1,000.00			Windscreen Excess	0.00
nnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
and Party Excess	3,500.00	Outside Singapore TP Excess	3,500,00		
F Benefits					
GST Registered Inform	ation				
T Registered	Yes		GST Registration Date	01/06/2017	
T Registration No.	201536531R		GST Status Vented	Yes	
diffication History					
Policyholder Mailing Ad	Adress				
dress I	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
idrecc a		Address Type	Singapore address		
	ON THE CO.			Post Code	408570
nit No	01-12	Related Policy Number	5074680813-03		
OI Driver Info					
iver Name	Unhamed Driver	Driver Type	Unnamed Driver		
named driver Name	HUZAIFAH BIN MOHAMED ISA	Driver NRIC	\$7731657D	Driver DOS	21/10/1977
gister Date of Driver License	25/09/1995	Driver Age	41	Driving Experience	23
intact No.(Mobile)	96603269	Contact No.(Office)	0	Contact No.(Home)	0
idress 1	8UK 13	Address 2	EUNOS CRESCENT		SINGAPORE 400013
	300 19			Address 3	
ddress 4		Address Type	Singapore address	Post Code	400013
	02-2907				
nt No.					
ses he own a Singapore	○ Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company	
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