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TP Insurer:	Ass't Report l	y Fax/Hand to	Owner/Wksp		
Proformd Wicsp / INC Assign Wicsp / QW: (1	Tol:	Fax:)
TP Particulars: Veh No:	SGW 9231L.	. INC(.)/Non-INC().		
Owner / Driver: (Tcl:)	
Policy No: () Pc	riod: ()	Cover Type: (<u>)</u>	
Confirmed by : (Date:	Time:)	
			%; P: 21-79%. P: 80.	-100%]	
	Warranty: YES ()/NO(<u>) </u>		
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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 <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	22/08/2019 10:35
Date Of Accident	20/08/2019 17:45
Exact Location Of Accident	MCE TWDS ECP
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG6062X
Insured/Policyholder	
Name Of Registered Owner	S&R SVC EXPRESS
Co Reg No	53207663W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82437703
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	GO BACK HOME
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	NO
Policy Number	5103627395
Cover Note Number	•
Driver	
Name of Driver	MOHD AMIN BIN BAKAR
NRIC No	S1638614F
Date Of Birth	16/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	06/01/2000
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82437703
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 39 CHAI CHEE AVE #05-225

Postcode

461039

Was driver an employee of the Insured's Company YES

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

NO

Other Information

Was any foreign vehicle involved in this accident?

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?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE 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

SGW9231L

Vehicle Make/Model/Colour

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

- 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 <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>.
- 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. 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.
- 7. 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:
 - (i) 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:

Driver's Signature

(If driver is not the policyholder)

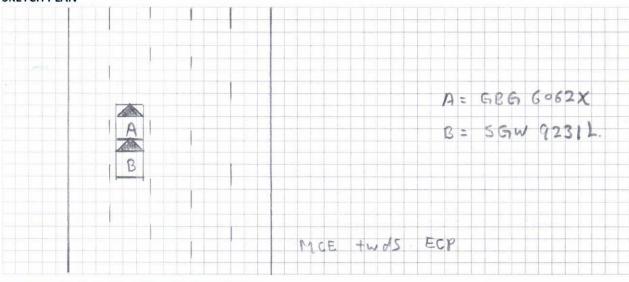
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SK	FΤ	СН	ы	ΔN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	to	Statement	
1				
2				
W =				
1				

DECLARATION

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

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

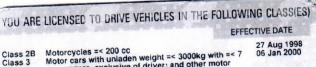
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I WAS TRAVELLING ALONG MCE TWDS ECP, ALL OF A SUDDEN, I FELT AN STRONG IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B HIT ONTO MY VEH REAR PORTION.

ACCIDENT STATEMENT

OJVENICLE NUMBER: GOG 6.62 X DINSURANCE COMPANY: CIPOLICY NUMBER: DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF BIMAKE & MODEL: TITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) GIVENICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h PURPOSE OF USING AT ACCIDENT TIME WORKY & 30 & ack h. I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: SO A SUC Express (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: CONTACT: \$243 770 C) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: CONTACT: \$243 770 C) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: CONTACT: \$243 770 C) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: CONTACT: \$243 770 C) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: CONTACT: \$243 770 C) ADDRESS: * CONTINUE TO 3.d IF DRIVER WITH INSURED: HOLDER D)NRIC/FIN/PASSPORT: CONTACT: HOLDER D) COULDATION: (INDOOR / OUTDOOR) D) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HOLDER D) ROAD SURFACE: (DRY / WET / OTHERS D)ROAD SURFACE: (DRY / WET / OTHERS D)ROAD SURFACE: (DRY / WET / OTHERS D)ROAD SURFACE: (DRY / WET / OTHERS D) ROAD SURFACE: (DRY / WET / OTHERS D) ROAD SURFACE: (DRY / WET / OTHERS D) RIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: D) PHICLE NUMBER: MODEL: D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: T) HIRD PARTY VEHICLE D) RIVER'S NAME: D) RI		1. DETAILS OF VEHICLE	
C POLICY NUMBER: d POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THEF e MAKE & MODEL: f TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h PURPOSE OF USING AT ACCIDENT TIME: WORKEY & SO BACK & POLICY HOLDER h PURPOSE OF USING AT ACCIDENT TIME: WORKEY & SO BACK & POLICY HOLDER l ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: S A SUC Express (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: C ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER c NAME: Moto Amin & Bakkay (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: \$243 779 c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D NRIC/FIN/PASSPORT: CONTACT: \$243 779 c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D NRIC/FIN/PASSPORT: CONTACT: \$243 779 c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D NRIC/FIN/PASSPORT: CONTACT: \$243 779 c)ADDRESS: **CONTINUE TO 3.d IF DRIVER WITH INSURED D NRIC/FIN/PASSPORT: CONTACT: WES / NO) IF YEARS OF DRIVING EXPRERIENCE: D NRIC/FIN/PASSPORT: CONTACT: D NRIC/FIN/PASSPORT: CONTACT D NRIC/FIN/PASSPORT: CONTACT			
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A)NAME: S N SUC Express (MALE/FEMALE) b)NRIC/FIN/PASSPORT:		2. INSURED / POLICY HOLDER	•
CONTACT: C) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER G) NAME: Mohol Amin Bin Bakar (MALE / FEMALE) b) NRIC / FIN / PASSPORT: CONTACT: \$243 770 c) ADDRESS: * d) DATE OF BIRTH: (/ /) (DD / MM / YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. Q) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. Q) REPORTED TO POLICE (YES / NO) 1. FYES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE C) VEHICLE NUMBER: SGW 9231 L. MODEL: b) DRIVER'S NAME: c) NRIC / FIN / PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: f) NRIC / FIN / PASSPORT: CONTACT: 1. ONTACT: 1. ONTACT: CONTACT:		AINAME: SER SUC ES	CAPESS (NAME / FENAME)
C)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER G)NAME: Mond Amin Bin Bakap (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: \$243 770 c)ADDRESS: *d)DATE OF BIRTH: (/ /)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) 8. THIRD PARTY VEHICLE G) VEHICLE NUMBER: SGW 923 L MODEL: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT: CONTACT: 1. CONTACT:		b)NRIC/FIN/PASSPORT:	CONTACT:
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Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg



407240 28-06-2007 APT BLK 39 CHAI CHEE AVENUE #05-225 SINGAPORE 461039 Date: 31/01/2017

NP 428A

Class 4

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 20/08/2019 11:09 Vehicle No.(For Motor) GBG6062X Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Insured Object Commence Date Vehicle Select Policy No. Product Cover Type Expiry Date No. S&R SVC EXPRESS 5103627395 53207663W **GCV** Comprehensive GBG6062X GBG6062X 08/09/2018 07/09/2019 Continue

Claim Handling Accident MT/1058921 5103627395 Vehicle No. GBG6062X GST Registration No. Certificate No. Policyholder Name S&R SVC EXPRESS Policyholder NRIC 53207663W Product Code COMMERCIAL VEHICLE INSURAL Cover Type Loading Comprehensive Contact No.(Mobile) 82437703 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No T No Yes TCA No Yes eCode Reason NCD Protection No NCD Entitlement(%) Private Hire Accident Details Report Date 22/08/2019 13:27 Accident Report Within 24 hrs Accident Type Collision - Head to Rear Date of Accident 20/08/2019 Time of Accident hh:mm 17:45 Country of Accident Orange Force Reporting Centre ICM No. Accident Location MCE TWDS ECP **▽** Excess Own damage Excess 600.00 Additional Excess Windscreen Excess 100.00 Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess 0.00 Outside Singapore TP Excess **▽** Benefits GST Registered GST Registration Date GST Registration No. **GST Status Verified** Yes Modification History 22/08/2019 13:30:33 System changed GST Status Verified from No to Yes Address 1 #07-09 GORDON INDUSTRIAL E 113 EUNOS AVENUE 3 Address 2 Address 3 SINGAPORE 409838 Address 4 Address Type Singapore address Post Code 409838 07-09 Related Policy Number 5103627395 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name MOHD AMIN BIN BAKAR Driver NRIC S1638614F Driver DOB 16/11/1964 Register Date of Driver License 06/01/2000 Driver Age Driving Experience 19 Contact No.(Mobile) 82437703 Contact No.(Home) Contact No.(Office) Address 1 BLK 39 #05-225 Address 2 CHAI CHEE AVENUE Address 3 SINGAPORE 461039 Address 4 Address Type Singapore address Post Code 461039 Unit No. 05-225 Does he own a Singapore Registered car? Yes . No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? Yes No Modification History Claim 001 New Claim Type * ▼ Insured Name Insured OD-MX S&R SVC EXPRESS 53207663W Contact Contact No. (Office) Contact No.(Mobile) 90990266 98788168 No. (Home) TP Vehicle Number Email Address GBG6062X SGW9231L Name of Preferred Workshop Claim Description GBG6062X / SGW9231L ON 20 Aug 2019 0 Insured Liability Not at Fault Preferered Repair Option Preferred Workshor Workshop Contact No. Finalisation Yes GIA Received Preferred Workshop, Name unknow Claim Close Date Date Registered Date Received 22/08/2019 00 22/08/2019 13:32 Report Taken By LIEW SHAN HUI Print AK letter Save Submit Attachment Accident No. MT/1058921 Claim No. 001 Last Doc. Received Yes No Upload Date 22/08/2019 13:33 Path * Category * Confidential Urgency * Description Choose File No file chosen ▼ NO Clear Please Select ▼ Normal . Choose File No file chosen Clear Please Select • NO ▼ Normal • Choose File No file chosen Clear Please Select • NO ▼ Normal • Choose File No file chosen Clear Please Select ▼ NO Normal • Choose File No file chosen Clear ▼ NO ▼ Normal Please Select •

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