Date In: 27/8/19 - 18:26	Jeb description		Date & Time Completed	Done	py.
	SAS e-filing				
Veh No: Sh 198666	E-mail (within 8	thrs. AfC 2hrs)	i i		•
	i-Motor Clair		M7/10597 63-001	27/8/19 1	8:16
D.O.A: 26/8/19-16/TO	i-Motor W/O				
OD / TP) / Reporting Only	i-Photo Uplo:		1		
	Assessment/Su				
TP Insurer:			o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ف معند الم			Fax:	
TP Particulars: Veh No: Skp 16	88 ¹ 4	. INC ()/Non-INC()	18	
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () V	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00	00 ()/\$2,000	()			
General Remarks				Scott Silver	
() Walk-In Customer : Customer's infor		The state of the state of the	Marketter IV. division	LOGO STATE OF THE	
	AND DESCRIPTION OF PERSONS ASSESSMENT	inderidar d oc	7		
() Total Loss Case : to e-mail Insure		10 / \ T	ouring Co. ()
Drive-In ()/ Towed-In (); Invoice	: YES() / N	0();1	owing Co: (/
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allewance ()/C	Sauratague Com (The state of the s	10	
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5 . pr. 11 + 32

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.
- 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.
- 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	27/08/2019 18:26
Date Of Accident	26/08/2019 16:50
Exact Location Of Accident	WOODLANDS AVE 2 TWDS WOODLANDS AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGR9866G
Insured/Policyholder	
Name Of Registered Owner	SHARING WELL PTE LTD
Co Reg No	201617903C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO

Policy Number 5088106875-02

Cover Note Number

Driver

Name of Driver RENNIE SOH WEE TIONG

 NRIC No
 \$7606223D

 Date Of Birth
 03/03/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/10/2000

Driving Experience 18 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96906460

Fax Number

Contact Number OFFICE-96906460

EMail Address NOEMAIL

BLK 166A TECK WHYE CRESCENT Address

#12-355

Postcode 681166

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

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

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?

YES

Was any injured conveyed to hospital by

NO

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

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

SKD1688H

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBC4723G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

GY6234M

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

RENNIE SOH WEE TIONG

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SGR9866G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly 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>.
- 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 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.

X

Policy holder's signature Date / time:

201617903C

DWS

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I travelling woodlands May moodland Ave towards 2 AVE the 1 00 lone. the traffic ad vehicu was conductely All Stationary. siddur huge impact vellicle rar portion.

DECLARATION

Date & time:

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

X Policy holder's signature

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel'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.

	ACC	CIDENT	DETA	ILS	1000	The second second
Date of accident	26/08/	2019	S.C.			(DD/MM/YY)
Time of accident	4:5	o pm				(HH:MM)
Exact location of accident	woodlords	Ave	2	towards	Ave 1	,

	DETAILS OF VEHICLE
Vehicle registration number	SGR 9866 G
Vehicle make and model	Mitsubishi Lancer
Type of vehicle	Saloon MPV CRV Van Carry Bus Motorcycle Others:
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 Reporting only

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

	INSU	RED / P	OLICY HO	LDER			Maria Para
Name	sharing	wel	1 PTE	LTO		Male 🗆	Female
NRIC / Fin / Passport number		7					
Contact							
Address	25	Kak'ı	Bukit	Roal	4	#06-30	5141780

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)						
Name	Rennie Soh wer Tiong	Male 🗆	Female				
NRIC / Fin / Passport number	576062230						
Contact	9690 6460						
Address	BIK 166A Tech Whye crescent S(681166)	#12-355					
Email address	3 3 4 1 1 0 8 /	-					
Date of birth	03/03/1976						
Occupation	Indoor □ Outdoor Ø						
Driving date pass	20/10/2000						

	GENERAL	INFORMATIO	N OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No p		et street
the insured's company?	If no, rel	ationship of th	ne driver and insured:	Hirer
Accident captured by camera?	Yes 🗆	No 🐷		
Weather condition	Clear 🗷	Raining	Others:	
Road surface	Dry p	Wet		
No of passenger	1			(Inclusive of drive
MINISTER STATE OF THE PARTY TO A	Market Company	PASSENO	GER 1	The Real Property lies
Name				
Gender	Male 🗆	Female 🗆		
to the second second second second second				
Charles and the second	SEAT COM	PASSENC	GER 2	THE PERSON NAMED IN
Name				
Gender	Male 🗆	Female 🗆		
		PASSENC	GER 3	No Real Property lives
Name			773, 34P	
Gender	Male 🗆	Female 🗆		
				and the Control of th
	e (e yanta s	PASSENC	GER 4	The Market Street
Name				
Gender	Male 🗆	Female 🗆		
40 m (2) 2 m (PASSENC	SER 5	II. COLUMN TO SERVICE
Name		11.7		
Gender	Male 🗆	Female		
Maria de la companio	Wille V	PASSENG	SER 6	Con III Park III TO A CONTROL OF THE PARK IN THE PARK
Name				
Gender	Male 🗆	Female 🗆		
desired and the second				
Mark the state of the state of		OTHER INFOR	RMATION	
Was anybody injured?	Yes 🗹	No 🗆		
Was other vehicle damaged?	Yes 🔀	No 🗆		
	DETAIL	S OF POLICE S	TATION ACTION	TO LOS BURNES
Reported to police?	Yes 🗆		yes, please state which	police station.
Police station name				
Marie Control of the Control		WITNES	\$1	A PROPERTY OF
Name				
	1000	WITNES	S 2	THE RESERVE OF THE PERSON NAMED IN
Name				

Vehicle registration number	THIRD PARTY VEHICLE 1	- Carried States
Vehicle make model	SKD1688H	
Name		
NRIC / Fin / Passport number		
Contact		
Contact		
	THIRD PARTY VEHICLE 2	
Vehicle registration number	GBC 4723 G	
Vehicle make model	0 0 0 11 11 0 0	
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 3	STATE OF THE STATE
Vehicle registration number	646234M	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Vehicle registration number	THIRD PARTY VEHICLE 4	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Contact		
	THIRD PARTY VEHICLE 5	-
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
A STATE OF THE STA		
	THIRD PARTY VEHICLE 6	A THE PARTY OF
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	TIMES DARRY IN THE STATE OF THE	
	THIRD PARTY VEHICLE 7	
/ohislo registration number		
Vehicle registration number		
Vehicle registration number Vehicle make model Name		

Contact

		INJURED PERSON 1
Name		Rennie son wer Tiony
Injuries sustained		Nec(c)
Which vehicle person in? Were seat belts worn?	V	SGR 98'66 G
	Yes 🗷	No o
Was injured conveyed to hospital by ambulance?	Yes 🗆	No d
nospital by ambulancer		
Name		INJURED PERSON 2
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No 🗆
hospital by ambulance?	res 🗆	NO D
nospital by ambulance:		
		INITIDED DEDCOM 2
Name		INJURED PERSON 3
Injuries sustained	+	
Which vehicle person in?	_	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No 🗆
hospital by ambulance?	163 [Noti
mospital by ambalance.		
STATE OF THE PARTY	THE REAL PROPERTY.	INJURED PERSON 4
Name		INJUNED PERSON 4
Injuries sustained	1	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		See Section 1
张京的 中国1910年 - 1860年 -	SERVICE OF	INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	, and the same of	
	The latest	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?	SONT PROPERTY.	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7606223D





RENNIE SOH WEE TIONG

CHINESE

976062220

03-03-1976 M SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Mater cars with unladen weight #< 3000kg with #< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight #< 2500kg

For LKK/NAC Use Only

NP 428A

3902766.

NAC Use Only

07-07-2006

APT BLK 166A TECK WHYE CRESCENT #12-355 SINGAPORE 581166 \$76062230

eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					Change	e Languag	e Chang	ge Password	· Log Ou
My Desktop	Policy Query									,
Notice of Loss	Policy No.				Date	of Accident		26/08/2019 1	6:50	
	Vehicle No.(For Motor)	5GR98	66G		Cert	ificate Number				
					Search	l				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5088106875- 02		SHARING WELL PTE LTD	201617903C	GPC	Third Party, Fire & Theft	SGR98660	SGR9866G	28/02/2019	27/02/2020
				1	Continue					

Policy No.	5088106875-02	Policyholder Name	SHARING	WELL PTE LTD	Policyholder NRIC	201617903C	
Certificate No.					MAIC		
Address	25 KAKI BUKIT ROAD 4 #06-30	SYNERGY @ I	KB SINGAPO	ORE 417800			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	25/02/2019	Effective Date	28/02/201	9 00:00	Expiry Date	27/02/2020 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
Address 1	25 KAKI BUKIT ROAD 4	Addre	ss 2	#06-30 SYNERGY	@ КВ	Address 3	SINGAPORE 417800
Address 4		Addre	ss Type	Singapore address		Post Code	417800
Jnit No.	06-30	Relate Numb	ed Policy er	5104237715-01			
) Insure	d Object: SGR9866G						
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12-355			Address 2	TECK WHYE C	IESCENT	Address 3	TECK WHYE CREST
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