Date In: 16/6/19 - 15:38	Jcb descripti	ion	Date &Time Completed	Don	e by
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OD: 17' Reporting Only	i-Photo Up		1		
TP Insurer:	Assessment/	Survey Report			
Tr insurer.	Ass't Repor	t by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tol: F	ax:	
TP Particulars: Veh No: JH	160067	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(Note-Est. Status	(WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	31,000 ()/\$2,00	0()			
General Remarks;-	44			Zan Sala	
() Walk-In Customer : Customer's i	information strictly C	onfidential & Stri	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins					
			wing Co: (· .	
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Remarks: (INC hotline: 6788 6616	 A Martine of the Control of the Contro				
	software street process seems to recognize	and the same	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()	Date & Time Completed	Done	by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date & Firms Completed	Done	by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ())	Date & Time Completed	Done	by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date & Firms Completed	Done	by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()			
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date & Time Completed		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ACCIDENT STATEMENT
Date Of Report	16/09/2019 10:38
Date Of Accident	14/09/2019 16:40
Exact Location Of Accident	EAST COAST RD BEFORE TEMBELING RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW9541G
Insured/Policyholder	
Name Of Registered Owner	CHAN'S
Co Reg No	53341185L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97613933
Alternative Phone No	OFFICE-97613933
Vehicle Particulars	
Manufacturer	тоуота
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5111177564
Cover Note Number	
Driver	
Name of Driver	OW AIK ANN
NRIC No	S1739695A
Date Of Birth	04/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1994
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90668788
Fax Number	

OFFICE-90668788

NOEMAIL

Address BLK 205 TOA PAYOH NORTH

#07-1189

Postcode 310205

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

-

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

NO

NO

NO

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) 2

Passenger 1

NAME: : -

GENDER: : MALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NC

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC6006J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver SIM CHEE LAM NRIC/Passport Number S1319442D

Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME: :

GENDER: :

3

Passenger 2 NAME: :

GENDER: :

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 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.
- 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:
 - (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

533411851

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN A: SWOTSUIL B: SHC 60065 B: SHC 60065

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PESCRIBE CIRCUNST	ANCES OF THE ACCIDENT	
Refer to stu	toment.	
	180 3/	

DECLARATION

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

* (53341185L)

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature Name:

NRIC/FIN No.:



Policy No.	5111177564	Policyholder Name	CHAN'S		Policyholder NRIC	53341185L	
Certificate No.	5111177564-000004						
Address	52 UBI AVENUE 3 #02-33 FRO	NTIER SINGAPO	ORE 408867	THE PARTY			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	15/07/2019	Effective Date	16/07/201	9 00:00	Expiry Date	15/07/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENC)) Agent Tel.	63392592		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate							
Info							
	holder Mailing Address						
	holder Mailing Address 52 UBI AVENUE 3	Addre	ss 2	#02-33 FRONTIER		Address 3	SINGAPORE 408867
Policyl		13.700.00	ss 2	#02-33 FRONTIER Singapore address		Address 3 Post Code	SINGAPORE 408867 408867
Info Policy Address 1 Address 4 Unit No.		Addre	ss Type ed Policy	3/27/47/3/3/3/5/5/3/3/3/3/3/3/3/3/3/3/3/3/3/3/			
Policyl Address 1 Address 4 Unit No.	52 UBI AVENUE 3	Addre Relate Numb	ss Type ed Policy	Singapore address			
Policyl Address 1 Address 4 Unit No.	52 UBI AVENUE 3 02-33 od Object: 5111177564-00000	Addre Relate Numb	ss Type ed Policy	Singapore address			
Policyt Address 1 Address 4 Unit No. Insure	52 UBI AVENUE 3 02-33 d Object: 5111177564-00000	Addre Relate Numb	ess Type ed Policy er	Singapore address			
Policyl Address 1 Address 4 Unit No. Insure Endors Sequer	52 UBI AVENUE 3 02-33 d Object: 5111177564-00000	Addre Relate Numb	ess Type ed Policy er	Singapore address 5111177028		Post Code	408867

laim Handling					
ocident MT/1062512					
olicy No.	5111177564	Vehicle No.	57W9541G	GST Registration No.	
ertificate No.	5111177564-000004 -				
olicyholder Name	CHANS			Policyholder NRIC	53341185L
oduct Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
ritact No.(Mobile)	97613933	Contact No.(Office)	0	Contact No.(Home)	0
nall Address		Special Remark		eCode	N: V
κ.	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	16/09/2019 10:56	Academ Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
		Time of Accident hh:mm			
te of Accident	14/09/2019		16:40	Country of Accident ICM No.	Singapore
porting Centre		Orange Force		JCM No.	
odent Location	EAST COAST RD BEFORE TEMBELING RD				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess			
Constant Constant		TP Standard Excess	1,500.00		
Standard Excess	4.74		1,550.00	District in Council	
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
ditional Excess	0	7 C 65 A 12 C 25 C C C C C C C C C C C C C C C C C			
tal OD Excess Applicable	0.00	Total TP Excess Applicable			
7 Benefits					
GST Registered Informa	Market Committee		222 250 100000 2000		
T Registered	No		GST Registration Date GST Status Verified	Man	
T Registration No.			GST Status verified	Yes	
dification History					
Policyholder Hailing Ad					
idness 1	52 UBC AVENUE 3	Address 2	#02-33 PRONTIER	Address 3	5INGAPORE 408867
dress 4		Address Type	Singapore address	Post Code	408867
it No.	02-33	Related Policy Number	5111177026		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	OW AIK ANN	Driver NRIC	S1739695A	Driver DOB	04/12/1966
gister Date of Driver License	19/12/1994	Driver Age	52	Driving Experience	24
ntact No.(Mobile)	90658788	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 205	Address 2	TOA PAYOH NORTH	Address 3	TOA PAYOH NORTH
idress 4	SINGAPORE 310205	Address Type	Singapore address	Post Code	310205
nit No.	07-1189				
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?	28.000.0000				
claration					
eathalyser or Blood Test	0.00	Ame interest	○ Yes ® No		
eding?	0 mg	Any injury?	CIEGRO		
odification History					
CONTRACTOR INC.					
Claim 001 New					
aim Type *	ор-мх	Insured Name	CHANS	Sneured NRIC	53341185.
ntact No.(Mobile)	97613993	Contact No.(Home)		Contact No. (Office)	NIL
nail Address	CONTRACTOR OF STREET	Of Vehicle Number	S3W9541G	TP Vehicle Number	SHC60063
simant Type Claimant Type *	Please Select.	Type of Benefit *	Please Select		
aimant Name +	22	Claimant NRIC *			
aimant Address	722				
	SJW9541G / SHC6006J ON 14 Sept 2019			Name of Preferred Workshop	
sim Description eferred Workshop Contact	Manager of Statement on 14 page 2019	nyas niceppegamus	European Ind	The state of the s	
i, :	8	Insured Liability *	Fully at Fault	****	
quire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ste Registered	16/09/2019 10:58	Claim Close Date		Date Received	16/09/2019 00:00
port Taken By	Jackson				
Print AK letter					
			end enam		
00-00 Nac			Save Submit		
Attachment					
9					
St.	***********	g2001090	***		
cident No.	MT/1062512	Claim No.	901		
st Doc. Received	● Yes ○ No	Upload Date	16/09/2019 10:58		
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