Date In: 17/9/19 - 14:03	Jeb description	Date &Time	Completed	Don	e py
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Veh No: 4768892V	E-mail (within Shrs, A	(IC 3hrs)	<u>-</u>		
D.O.A: 16/6/19-09:3	i-Motor Claim Fo	i	K	19/4/19	
2	i-Motor W/O (with	6. 11.0077	01 - 02 ~	7/9/9	9:96
OD / TP / Reporting Only	i-Photo Uploaded				
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TP Insurer:		/Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax		-
TP Particulars: Veh No: SM		INC ()/Non-INC			
Owner / Driver: (2	Tel:)	
Policy No: ()	Period: () Cover Type:)	-
Confirmed by : (Dat	te: Tim	e:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-79%	6. P: 30-100)%]	7
Year of Registration: ()	Warranty: YES ()/1	NO()			
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()		T EVENINE	No.
General Remarks:	PARTICIPATION NO CONTRACTOR		Carper my	C 17. T.	-
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() Walk-In Customer : Customer's in		tial & Strictly NO refer o	f repairer.		
() Total Loss Case : to e-mail Insu	irer URGENTLY.				
Drive-In ()/ Towed-In (); Invoi	ice: YES () / NO (); Towing Co: (")
Remarks: (INC hotline: 6788 6616)	North Company	Date&Time Co	mule: della	Done	hv
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	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	17/09/2019 14:03
Date Of Accident	16/09/2019 09:30
Exact Location Of Accident	ALONG DUNEARN RD OUTSIDE ESSO
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG8592U
Insured/Policyholder	
Name Of Registered Owner	TSF INTEGRATED PTE LTD
Co Reg No	201833264E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105488994
Cover Note Number	
Driver	
Name of Driver	LIZHI
Passport No/FIN	G7066476W
Date Of Birth	14/08/1979
Occupation	INDOOR
Date Of Driving Pass	22/08/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96435255
Fax Number	
Contact Number	OFFICE-96435255
	NOTIVAL

NOEMAIL

BLK 274 TAMPINES STREET 22 Address

#03-118

520274 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

3

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1 NAME:

> : MALE GENDER:

Passenger 2

NAME: .

: MALE GENDER:

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

SME5019J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- This form most served as a truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 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.
- 1acts may allow the part of the insurance companies is not an admission of policy liability on the part of the insurance

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 The report will be forwarded by the insurers and that copies of this report will for a fee be made available upon application by Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, My insurer, my workshop and the data/personal information set out in this [form] and any other personal information disclose and/or process my personal data/personal information "Personal Information") and disclose a personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such provided by me or possessed by any who have insured vehicle(s) involved in this accident (all insurer(s) who have insured Personal Information to all insurer(s) who have insured recisional innovation to an allow style insurers and the second style insurers. It is a second in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the venicle(s) involved in this acceptance and any relevant government agency/authority (such as the police), for the purpose(s) Monetary Authority of Singapore and any relevant government agency/authority (such as the police),
 - (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.

Policyholde

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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ACCIDENT STATEMENT

ACCIDENT DATE: (16) 09 , 2019 (DD/MM/YYY), TIME: () : 30)(HHEMM)
HOLLE DIMERYN ROAD, ON STOLL ELLO
0
1. DETAILS OF VEHICLE GRA 8593U
OIVEHICLE NUMBER
DINSURANCE COMPANY: NICO
CIPOLICY NUMBER: THIRD PARTY / THIRD PARTY FIRE &THEFT) DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
eJMAKE & MODEL: MOTORCYCLE./ OTHERS)
F)TYPE: (SALOON / COUPE / MPV / VAN / LORKT / MOTORCYCLE) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) WOYK
HIPURPOSE OF USING AT ACCIDENT TIME: WOYK
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
I) ARE YOU CLAIMING UNDER YOUR OWN II SOUTH ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
NF WICHIGHT TO
CONTRACTOR OF THE PROPERTY OF
b)NRIC/FIN/PASSPORT: 7010 3 570 TE CONTROL
c)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
A CONTRACTOR OF THE PROPERTY O
11 761
(Indudina driver) CONTACT: 10753037
(03) male c) ADDRESS: 274 (ampiles 31 22, 403-118 8 (1) 2021 4
*d)DATE OF BIRTH: (14 / 08 / 1979)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
f)YEARS OF DRIVING EXPRERIENCE:
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
IF NO, RELATIONSHIP OF THE DRIVER WITH THERS
5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
A TURN DARW VEHICLE
THE of passenger of VEHICLE NUMBER: SMEGOIG J MODEL:
(lad de desar b) DRIVER'S NAME:
CONTACT:
1 10Mg CTHIRD PARTY VEHICLE
MODEL!
ON OF PASSENGE OF DRIVER'S NAME.
(Induding driver) f) NRIC/FIN/PASSPORT:CONTACT:
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	Vehicle	No.(For Motor)	GBG85	BG8592U Certificate Number			1				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105488994		TSF INTEGRATED PTE LTD	201833264E	GCV	Preferred Workshop Plan	GBG8592U	GBG8592U	17/11/2018	23/11/2019
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cident MT/1062765								
Hey No.	5105488994	Vehicle No.	GBG8592U		GST Registration No.			
rtificate No.								
	TSF INTEGRATED PTE LTD				Policyholder NRIC		2018332648	
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Accident Details	100							
	V-22-2-2-2-2	Academt Report Within 24 hrs	Yes		Accident Type	93	Others	
port Date	17/09/2019 13:37				Country of Accident		Singapore	
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ident Location	ALONG DUNEARN ROAD OUTSIDE ESSO							
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n damage Excess	600.00	Additional Excess			Windscreen Excess		100.00	
named Driver Excess		Outside Singapore OD Excess						
rd Party Escens	0.00	Outside Singapore TP Excess						
Benefits								
GST Registered Informa	tion							
F Registered	No			tegistration Date	(9240)			
T Registration No.			GST S	Ratus Verified	Yes			
dification History								
Policyholder Halling Add	frees							
ALCO TO THE RESERVE T	2 KALLANG PUDDING ROAD	Address 2	#07-04 MAC	TECH BUILDING	Address 3		SINGAPORE	349307
dress 1	a recomme reported frame	Address Type	Singapore ad		Past Code		349307	
dress 4	12000	Related Policy Number	5105488994		SWEETS		550000	
n No.	07-04	Related Policy Number	5105488994					
OI Driver Info								
ver Name		Driver Type			Driver DOB			
named driver Name		Driver NRJC						
gister Date of Dinver License		Driver Age			Driving Experience			
mact No.(Mobile)		Contact No.(Office)			Contact No.(Home)			
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Video List								
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