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I'l Particulars: Veh No:	SLJ 4668 C.	INC()/Non-INC ()	7		
Owner / Driver: (Tel:)		
Policy No: () Perio	od: () (Cover Type: ()		
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Insured/Driver Liability: (%) [No	ote-Est. Status (WO)): N: 0-20%	6; P: 21-79%.	P; 80-100	Ve]	once out to	
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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.
- 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.

aloresaid.		
10024 - CO - C - C - C - C - C - C - C - C -	ACCIDENT STATEMENT	
Date Of Report	23/09/2019 10:30	
Date Of Accident	21/09/2019 10:20	
Exact Location Of Accident	DUNEARN RD	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM1189X	
Insured/Policyholder		
Name Of Registered Owner	VASRO RENTALS	
Co Reg No	53367446L	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-88008866	
Vehicle Particulars		
Manufacturer	HONDA	
Model	CROSSROAD	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL	
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	
Fleet Policy	NO	*
Policy Number	5110677583-01	
Cover Note Number		

Driver

 Name of Driver
 LAM WENG HWA

 NRIC No
 \$8417863B

 Date Of Birth
 04/07/1984

 Occupation
 OUTDOOR

 Date Of Driving Pass
 31/05/2016

Driving Experience 3 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81134747

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 38A BENDEMEER RD #14-816

Postcode 331038

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

Was any body injured in the Accident?

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)

Passenger 1

NAME: : UNKNOWN

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?

If Yes, against whom?

NO

NO

Circumstances of Accident

I WAS TRAVELLING ALONG DUNEARN RD ON THE SECOND LANE WHILE APPROADHING A TRAFFIC JUNC, I STOP MY VEH DUE TO RED LIGHT, WHEN THE LIGHT TURN GREEN, SUDDENLY VEH B COME OUT FROM THE BARKER RD CUT ACROSS TWO LANE AND WENT INTO MY LANE, AS THE RESULT, VEH B HIT ONTO MY VEH LEFT FRONT PORTION. I WISH TO STATE THE LANE MARK ON MY LEFT IS A DOUBLE WHITE LINE. VEH B SHOULD NOT CUT ACROSS THE DOUBLE WHILE LINE AND WENT INTO MY LANE.

Attachment(s)

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

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLJ4668C

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.
- 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:
 - 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

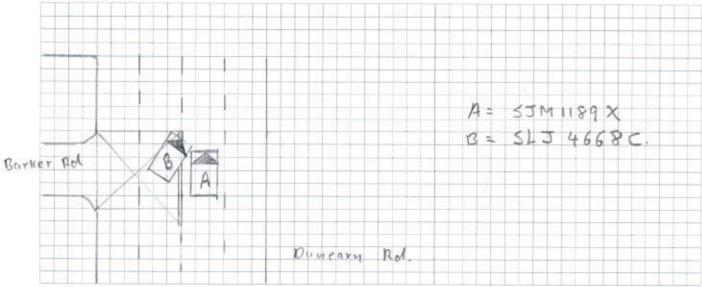
ii) for compaying with requirements under any regulations, laws or court orders.

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	nefer +. statement

DECLARATION

I/We declare the foregoing 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: NRIC/FIN No.:

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language Change Password · Log Out My Desktop **Policy Query** Notice of Loss 21/09/2019 10:28 Policy No. 5110677583-01 Date of Accident Certificate Number Vehicle No.(For Motor) SJM1189X Search Certificate Number Policyholder NRIC Policyholder Name Vehicle Insured Commence Date Expiry Date Policy No. Product Cover Type Select No. Object 5110677583-01-000008 VASRO RENTALS 5110677583-01 GFM Third Party SJM1189X SJM1189X 07/08/2019 06/08/2020 53367446L Continue

Claim Handling

Accident HT/1063574	ot been collected.				
Policy No.	5110677583-01	Vehicle No.	SJM1189X	GST Registration No.	
Certificate No.	5110677583-01-000008			ed works all a personal contra	
Policyholder Name	VASRO RENTALS			Policyholder NR3C	53367446L
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	88008866	Contact No.(Office)		Contact No.(Home)	
Email Address KFK	■ No () Yes	Special Remark TCA	a No S Yes	eCode eCode Reason	No T
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	23/09/2019 14:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross I
Date of Accident	21/09/2019	Time of Accident hhamm	10:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DUNEARN RD				
♥ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0,00	Total TP Excess Applicable	1,500.00		
♥ Benefits	CONTROL CONTRO	\$11.00 ACR (\$1.00 C) \$1.00 C \$2.00 C \$			
	tion				
GST Registered	No		GST Registration Date		
GST Registration No. Modification History			GST Status Verified	Yes	
→ Policyholder Hailing Add Address 1	BLK 272 #03-22	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520272
Address 4	734 516 7 85 85	Address Type	Singapore address	Post Code	520272
Unit No.	03-22	Related Policy Number	5112130690		
♥ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LAM WENG HWA	Driver NRJC	\$84178638	Driver DOB	04/07/1984
Register Date of Driver License	31/05/2016	Driver Age	35	Driving Experience	3
Contact No.(Hobile)	81134747	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 38A #14-816	Address 2	BENDEMEER ROAD	Address 3	THE RIVER VISTA @ KALLA
Address 4	SINGAPORE 33103B	Address Type	Singapore address	Post Code	331038
Unit No. Does he own a Singapore	14-816				
Registered car?	Yes * No	Driver Vehicle No.		Driver Insurer Company	
Declaration		wearto-to-to-to-	2 TO Aug 100 100		
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊕ Yes ⊛ No		
Modification History					
Claim 001 New					
				Insured	Insured [cases
Claim Type *			OD-MX	Name VASRO RENTALS	NRJC 53367-
Contact No.(Hobile)			90187349	Contact No. (Home)	Contact No. (Office)
2787279837777				01	TP
Email Address				Vehicle SJM1189X Number	Vehicle SL3466 Number
Claim Description			S3M1189X / SL34	668C ON 21 Sept 2019	Preferred 0 Workshop
Preferred Workshop 0	Preference Liability Not a	rt Fault T GIA F			
Englished No. Yes	Repair Preferred Worksh	nop, Name unknown Teport Receive		Claim	Date Samo
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Report Taken By			LIEW SHAN HUI		
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Attachment					
Accident No.	MT/1063574	Claim No.	001		
Last Doc. Received	₩ Yes W No	Upload Date	23/09/2019 14:48		
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Attachment Uploaded By/Date Category Urgency Description NAC_PAYA_UBL_B00601 (NATIONAL ASSESSMENT CENTRE SERVICES) NAIC/ Driving License V Normal NAIC/ Driving License 2019-9-23								
NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-48 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-48 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-48 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-48 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019 14-47 NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Sep 2019	Attachment	Uploa	aded By/Date	Category	9	Urgency	Description	
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