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the tale and the	I-Photo Uplo	nded			
10.10	Assessment/Su	rvey Report		53 5	
19 hours	Ass't Report b	y Fax / Hand to	Owner/Wkap		
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Il Particulars: Veh No: 5	JG 53517	. INC(	)/Non-INC( )		
Owner / Driver: (	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Tel:	)	
Policy No: ( ) Perio	od: (	)	Cover Type: (	)	
Confirmed by : (		Datei	Timar	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (V	70): N: 0-20	%; P: 21-79%. F: 8	0-100%]	
	arranty: YES (	)/NO( )			
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General Kembristers & Street Manual Company	CHECOALIGA	THE MANAGEMENT OF THE PARTY OF	HENERALINA F.A. 7.	ASSESSED FOR	v ,
/ Wante-19 Customer : Gustomors inform	lation strictly Cor	ifidential & Stric	tly NO refer of repolit	эг.	
( ) Total Loss Case : to e-mail Insurer			<u>,                                    </u>		
Drive-In ( )/Towed-In ( ); Invoice:		O(); To	wing Co: ( - , '		)
Convicts:- (USE nothies 6709) corons			Breetmestric	E Alle Ellion	Sty .
1) Apply for Transfort Allowance ( )/ Cou	irtesy Car (			10 0	
2) QC Check / Post Repair Inspection	( -)				
<ol> <li>QC Check / Post Repair Inspection</li> <li>Upload Resurvey Photo [Repair Cost &gt; \$300]</li> </ol>	( -)				
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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.
- 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

型線起發性 · 中国对于中央的公司	ACCIDENT STATEMENT
Date Of Report	15/10/2019 13:33
Date Of Accident	14/10/2019 14:45
Exact Location Of Accident	UBI RD 1
Country/State of Loss	SINGAPORE
Manager Wilder Co. Co. Co.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU7729U
Insured/Policyholder	
Name Of Registered Owner	ON-TIME 2017 TRADING
Co Reg No	53367582X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96662254
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093152174-01
Cover Note Number	
Driver	
Name of Driver	TAN CHAI HUAT
NRIC No	S1645098G
Date Of Birth	06/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1981
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96662254
Fax Number	
Contact Number	

NOEMAIL

Address

BLK 31 BALAM RD #03-103

Postcode

370031

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

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

Was any body injured in the Accident?

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)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

**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?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJG5351Z

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)

2

Page 2 of 17

Passenger 1

: NNKNOMN

: BMAN

GENDER: : WALE

## 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 complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ETCH PLAN		
oi Ave 2.	A: SKU 7729	o
B	0b; Rd 1	7
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Please	Refer to Statement	
CLARATION e declare the foregoing particu	ars are true in every respect.	

Policyholder's Strature
Date & Time:

GIARMC SketchPlanForm\_V3

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

NRIC/FIN No.:

I WAS DRIVING ALONG UBI RD 1, I SLIGHTLY TOUCH ONTO VEH B REAR PORTION, I COME DOWN FROM MY VEH AND CHECK ON OUR VEH, NO SERIOUS DAMAGE ON OUR BOTH VEH. THE PASSENGER ON THE VEH B MENTIONED TO ME HE IS OKAY. AFTER ONE HOUR LATER, THE DRIVER B CALL ME, HE SAY CANNOT PRIVATE SETTLE DUE TO HIS PASSENGER SAY HE WAS INJURED.

# ACCIDENT STATEMENT

ACCIDENT DATE: 14 10	/ 19 .)(DD/MM/YYYY), TIME:(14:45.)(HH:MM)
LOCATION: Ub:	Rd 1
I DETAILS OF LEVEL	
I. DETAILS OF VEHICLE	77200
a) VEHICLE NUMBER:_	SKU 7729U
b)INSURANCE COMPA	NY: INC
C)POLICY NUMBER:	
a)POLICY TYPE: (COMI	PREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
, and a model.	_ 2
TITYPE:(SALOON / COU	IPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	IN NIVALE / L. UMMERICIAL / MOTOROVOLES
THE OWN COLUMN A	A ACCIDENT TIME CAMALIANA CAM
TAKE TOU CLAIMING U	NDER YOUR OWN INCIDENCE WESTER
" INO, PLEASE STATE (I	HIRD PARTY CLAIM / PEPOPTING ONLY
Z. MOOKED / POLICY HOLL	DER
A)NAME: On - Tiv	ne 2017 Trading (MALE / FEMALE)
DINKIC/FIN/PASSPORT:	CONTACT: 9666 2254
c)ADDRESS:	
* CONTINUE TO 2 AUT TO	
THE of passange DRIVER	RIVER ALSO POLICY HOLDER
( ) and I was a CINAME.	3 V
(Including driver) alNAME: Tan o	(MALE / FEMALE)
(2) bJNRIC/FIN/PASSPORT:_cJADDRESS:	S 16450986. CONTACT:
/	
*d)DATE OF BIRTH: (	/
e)OCCUPATION: (INDOC	OB (OUTDOOR)
f)YEARS OF DRIVING EXP	PEDIENCE:
4. WAS DRIVER AN EMPLO	OYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP	OF THE DRIVER WITH INSURED: Owner.
STITE CONDITION:	(CLEAR / RAINING / OTLIEDE
DINOAD SURFACE: (DRY)	WET / OTHERS
o. WAS ANYBODY INJURED	(YES / NO)
/. a)REPORTED TO POLICE (	YES / NO)
IF YES, PLEASE STATE WH	ICH POLICE STATION:
O. THIRD PARTY VEHICLE	
a) VEHICLE NUMBER:	5JG 53512. MODEL: .
- 1 SINGLE CHIEST ) OF DRIVER 3 NAME:	
C) NRIC/FIN/PASSPORT:	CONTACT:
THE PARTY OF THE P	Section 1
d) VEHICLE NUMBER:	MODEL:
Industing driver) FL NPIC/FIN/PASSPORT	
Industing driver   f) DRIVER'S NAME:	CONTACT:
1	
Form	9
	900 MG 4000
email email	= 091
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fax	=
a nac a	E 177
VIDEO	400

									Genera	alClaim
0601						· Chang	je Languag	e • Chan	ge Password	· Log Ou
Poli	cy Query									
Policy N	√o.				Date	of Accident		14/10/2019	11:13	
Vehicle	No.(For Motor)	SKU77	290		Cert	ificate Numbe	er			
					Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5093152174- 01		ON-TIME 2017 TRADING	53367582X	GPC	drivo CLASSIC	SKU7729U	ALL STREET, STREET,	13/02/2019	12/02/2020
	Policy f Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor)  Select Policy No. 5093152174-	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  5093152174-	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No. Certificate Number Name  5093152174- 01  On-TIME 2017	Policy Query  Policy No.  Vehicle No.(For Motor)  SELUTTZ9U  Select Policy No. Certificate Name Name NRIC  S093152174-  ON-TIME	Policy Query           Policy No.         Date           Vehicle No. (For Motor)         SKU7729U         Cert           Select         Policy No.         Search           Select         Policy No.         Policyholder Name         Policyholder NRIC           5093152174-         ON-TIME         2017         53367582X         GPC	Policy Query  Policy No.  Date of Accident Certificate Number  Select Policy No.  Certificate Policyholder Name Number Name ON-TIME 2017 53367582X GPC CLASSIS	Policy Query  Policy No.  Date of Accident  Certificate Number  Select Policy No.  Certificate Number  Select Policy No.  Certificate Number  Name Name NRIC  ON-TIME 2017  S3367582X  GPC  GPC  GRASSIC SKU7729U  Certificate Number  ON-TIME 2017  S3367582X  GPC  CHASSIC SKU7729U  Certificate Number  Search  Select Policy No.  Select Policy No.  Search  Select Policy No.  Select Policy No.  Search  Search  Select Policy No.  Search  Select Policy No.  Search  Select Policy No.  Search  Select Policy No.  Search  S	Policy Query  Policy No. Date of Accident 14/10/2019  Vehicle No.(For Motor) SKU7729U Certificate Number  Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. Object On-TIME 2017 53367582X GPC CHASSIG SKU7729U SKU7729U	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  Policyholder Name NRIC  Number  Name NRIC  ON-TIME  ON-TIME  O1  Product Cover Type Vehicle No. SKU7729U SKU7729U 13/02/2019  Commence No. Object Date  ON-TIME  ON-TI

Claim Handling

Policy No.								
	5093152174-01	Vehicle No.	SKU7729U		GST Ban	istration No.	9550000000	
Certificate No.					dai keg	extraction rep.	53367582X	
Policyholder Name	ON-TIME 2017 TRADING				Policyhol	der NRIC	53367582X	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading	DEF PARIL	53367582X	
Contact No.(Mobile)	96562254	Contact No.(Office)				No.(Home)	*	
Email Address		Special Remark			eCode		No *	
KFK	» No Yes	TCA	■ No ○ Yes		eCode Re	ason		
NCD Protection	No	NCD Entitlement(%)	40		Private H		Yes	
▼ Accident Details	W. 4 - 20.5 to 10.0 to							
Report Date	15/10/2019 14:49	Accident Report Within 24 hrs	Yes		Accident	Туре	Collision - Head	to Rear
Date of Accident	14/10/2019	Time of Accident hh:mm	14:45		Country o	of Accident	Singapore	
Reporting Centre  Accident Excation	Service 1	Orange Force			ICM No.			
♥ Excess	UBI RO 1							
Own damage Excess		and an artist the same						
Unnamed Driver Excess	2,000,00	Additional Excess	0		Windscre	en Excess	100.00	
Third Party Excess	1,500.00	Outside Singapore OD Excess		2,000.00				
<b>▽</b> Benefits	2,300,00	Outside Singapore TP Excess		1,500.00				
♥ GST Registered Informa	tion							
GST Registered	No		CST David					
GST Registration No.	750		GST Registi GST Status					
Modification History	15/10/2019 14:51:05 Sy	stem changed GST Registered from Yes to	No	remes		Yes		
	15/10/2019 14:51:05 Sv	vatem changed GST Registration No. from 5 vatem changed GST Registration Date from	The ed VCG2TATE					
Policyholder Mailing Add	iress							
Address 1	BLK 31 #03-103	Address 2	BALAM ROAD		Address 3		BALAM GARDEN	ue.
Address 4	SINGAPORE 370031	Address Type	Singapore address		Post Code		370031	-
Unit No.	03-103	Related Policy Number	5093152174-01				200000	
♥ OI Driver Info								
Driver Name Unnamed driver Name	TAN CHAI HUAT	Driver Type	Hain Driver					
Register Date of Driver License	13/14/1000	Driver NRIC	S1645098G		Driver DO	В	06/06/1964	
Contact No.(Mobile)	13/11/1981 96662254	Driver Age	55		Driving Ex	perience	37	
Address 1	BLK 31 #03-103	Contact No.(Office) Address 2			Contact N			
Address 4	SINGAPORE 370031	Address Type	BALAM ROAD		Address 3		BALAM GARDEN	s
Unit No.	03-103	moress type	Singapore address		Post Code		370031	
Does he own a Singapore Registered car?	Yes • No	Driver Vehicle No.			F1200c04200			
registered cary		CHIPCH VEHICLE NO.			Driver Ins	urer Company		
	0 mg	Any injury?	⊕ Yes ⊕ No					
Declaration Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊕ Yes ⊕ No					
Declaration Breathalyser or Blood Test Reading? Modification History	0 mg	Any injury?	Yes + No.	Гоо-их	■ Insured	CALTIME 2017 TOU	Date: Insured	France
Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *	0 mg	Any injury?	Yes + No.	СО-НХ	Insured Name	ON-TIME 2017 TRAI	NRIC	53367
Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *	0 mg	Any injury?	Yes + No.	OD-HX NIL	Contact No.	ON-TIME 2017 TRAI	NRIC Contact No.	53367
Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001  Mew  Claim 7ype *  Contact No.(Mobile)	0 mg	Any injury?	Yes # No.		Contact No. (Home)		NRIC Contact No. (Office)	B3367
Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 Mew  Claim 7ype *  Contact No.(Mobile)	0 mg	Any injury?	Yes # No.		Contact No. (Home)	ON-TIME 2017 TRAI SKU7729U	Contact No. (Office)	S1G53
Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001  New  Claim Type *  Contact No.(Mobile)  Email Address	0 mg	Any injury?	TOTAL SPECTAL SPACE	MIL.	Contact No. (Home) OI Vehicle Number		NRIC Contact No. (Office) TP Vehicle Number Name of	S3G535
Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim 7ype *  Contact No.(Mobile)  Email Address  Claim Description			TOTAL SPECTAL SPACE		Contact No. (Home) OI Vehicle Number		NRIC Contact No. (Office) TP Vehicle Number	S3G538
Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 901 New  Claim 1ype *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop  Bookske No. (No.)	Insured Liability Fully at I	Fault 7 GIA	TOTAL SPECTORS	MIL.	Contact No. (Home) OI Vehicle Number		NRIC Contact No. (Office) TP Vehicle Number of Preferre	S3G538
Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim 1ype *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop 5044486 No. Freilanding No. Frei	Insured Liability	Fault •	•	SKU7729U / \$365351Z (	Contact No. (Home) OI Vehicle Number ON 14 Oct 2019		NRIC Contact No. (Office) TP Vehicle Number Name of Preferre Worksho	\$336.7 \$3G534
Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim 5ype *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Bookiet No. Ficalisation  Ves  Date Registered	Insured Liability Fully at 1 Preferred Preferred Workshoo.	Fault 7 GIA	•	SKU7729U / 53G5351Z (	Contact No. (Home) OI Vehicle Number		NRIC Contact No. (Office) TP Vehicle Number of Preferre	S3G538
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