NATIONAL Assessment C		Date & Time Completed	Done by						
Date In: 1912 15-11:3~	Jeb description	Date & Time Completed	Dougle						
Ref No: Hally C19-18469/24	SAS e-filing								
Veh No: JUA NITE	E-mail (within Shrs, AIC 2	hrs)							
D.O.A: \$7 19-16:43	i-Motor Claim Form	M7/1067467 001	19/10/19 17:16						
OD TP ! Reporting Only	i-Motor W/O (Within: C	i-Motor W/O (Within: OD 2hrs, TP 4hrs)							
OB 117 Reporting Only	i-Photo Uploaded								
TP Insurer:	Assessment/Survey Rep	ort							
II moute.	Ass't Report by Fax / H	and to Owner/Wksp							
Preferred Wksp / INC Assign Wksp / QW	l: (Tol:	Fax:)						
TP Particulars: Veh No:	MJ 1064. IN	NC()/Non-INC().							
Owner / Driver: (Tel:)						
Policy No: ()	Period: () Cover Type: ()						
Confirmed by : (Date:	Time:)						
Insured/Driver Liability: (%) [Note-Est. Status (WO): N	: 0-20%; P: 21-79%. P: 30-	100%]						
Year of Registration: () Warranty: YES ()/NO	()							
	\$1,000()/\$2,000()								
General Remarks:-		THE PROPERTY OF THE PARTY OF TH							
() Walk-In Customer: Customer:									
() Total Loss Case : to e-mail In									
); Towing Co: (· 						
) , Towing Co. (
Remarks: (INC hoffine: 6788 661	16)	Date&Time Completed	Done by						
1) Apply for Transport Allowance ()/Courtesy Car ()								
2) QC Check / Post Repair Inspection	()		×						
3) Upload Resurvey Photo [Repair Cost	t>\$3000] ()								
Injurý:	W 2								
Date/Time Actions			RESERVATION OF THE PERSON OF T						
in the Donate	Inveice	Preparation Checklist	Amit (S) Amit (S) Tit Bill Add Bill						
MAI 5070 M :. aimant's Particulars :-		cident Reporting (\$30);							
		mage Assessment (\$100); INC (\$	80)						
iver/Owner:		ow-Through Survey	\$120						
ntact No:		ow-Through Survey (Resurvey) ning against INC Only (wef 10 Jan 200	530						
	6) TR : Re-		\$75						
maged Portion:	7) N1 : Ida	DA + SMRT Survey	\$160						
	8) NTUC A	ddilional Services:-							
Checked by (Engr-In-Charge):	*N5: Co	urlesy Car / Tpt Allowance	\$5						
S WORK SEEL THE RANGE WAS A SECOND OF THE		pair Co-ordination It Repair Inspection	\$10 \$25						
iditors' Comments :=	*N8: DV	/ Collect Excess Coordination	35						
1:	TP (N11 9) N12: Ide): TP (N::n INC) against INC	30						
2/3;	Invoice det		Shippy and						
	1 Programme 2000	ed Fee Charged	SECTION .						

3 - ph et 1 m

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

	ACCIDENT STATEMENT
Date Of Report	19/10/2019 11:32
Date Of Accident	18/10/2019 16:40
Exact Location Of Accident	NANYANG DR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGA2115B
Insured/Policyholder	
Name Of Registered Owner	EUNOS CAR RENTAL PTE LTD
Co Reg No	201917810W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98472283
Alternative Phone No	OFFICE-98472283
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X A
Exact Purpose for which vehicle was being used a time of accident	t working
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110140152
Cover Note Number	
Driver	
Name of Driver	WONG CHIA CHOON (HUANG JIAJUN)
NRIC No	S8139489Z
Date Of Birth	24/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2005
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92323871
Fax Number	

OFFICE-92323871

NOEMAIL

Address BLK 247 YISHUN AVENUE 9

#09-169

Postcode 760247

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 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

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)

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B OVERTAKE MY VEHICLE FROM BEHIND OF MY VEHICLE AND HIT ONTO MY VEHICLE FRONT RIGHT 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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMJ106Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

DAVEY CURTIS ALEXANDER

NRIC/Passport Number

G5768956R

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

WONG CHIA CHOON (HUANG JIAJUN)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGA2115B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN A. SUADIISB DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to statement. DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Policyholder's Signature Driver's Signature (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Date & Time:

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fello, NAC_PAYA_UBI_8006	501						· Chang	e Language	e + Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	ło.				Date	of Accident	[18/10/2019 1	6:40	
	Vehicle	No.(For Motor)	SGA21	15B		Certif	icate Number	[
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110140152		EUNOS CAR RENTAL PTE LTD	201917810W	GPC	drivo CLASSIC	SGA2115B	SGA2115B	10/06/2019	09/06/2020

	ements						
) Insure	d Object: SGA2115B	- 1111					
Jnit No.	01-64	Relate Number	d Policy er	5110140152			
Address 4			s Type	Singapore address		Post Code	417883
Address 1	1 KAKI BUKIT AVENUE 6	Addres	is 2	#01-64 AUTOBAY	KAKI BUKI	Address 3	SINGAPORE 417883
→ Policyh	older Mailing Address						
Certificate nfo							
Open Policy Info							
nsurance lag	No						
Agent Co-	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	1	
OD Excess		TP Excess				Toung/I	mexperience Driver excess
Outside Singapore	2000	Outside Singapore	1500			Young/Inexperience Driver Excess	
Additional Excess	0	OS Premium	0				
Excess	1500	damage Excess	2000		Excess	100	
Third Party		Own			Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	10/06/2019	Effective Date	10/06/201	9 00:00	Expiry Date	09/06/2020 23:	59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	1 KAKI BUKIT AVENUE 6 AUTO	BAY @ KAKI BU	@ KAKI BUKIT SINGAPORE 417883				
Certificate No.							
Policy No.	5110140152	Policyholder Name	EUNOS CA	R RENTAL PTE LTD	Policyholder NRIC	201917810W	

Claim Handling						
ccident MT/1067567			District and		***	
olicy No. ertificate No.	5110140152		Vehicle No.	SGA21158	GST Registration No.	
Nicyholder Name	EUNOS CAR RENTAL PI	TRITO			Dalla Maider MANO	2010170100
oduct Code	PRIVATE CAR INSURAR		*****		Policyholder NR3C	201917810W
		VCE	Cover Type	drive CLASSIC	Loading	0
entact No.(Mobile)	98472283		Contact No. (Office)	0	Contact No.(Home)	0
mail Address			Special Remark		eCode	nc 🗸
PK Characters	No ○ Yes		TCA	No ○ Yes	eCode Reason	
20 Protection	No		NCD Entitlement(%)	0	Private Hire	Yes
Accident Details						
eport Date	19/10/2019 12:14		Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Change / Cross lane
ate of Accident	18/10/2019		Time of Accident hh:mm	16:40	Country of Academt	Singapore
eporting Centre			Drange Force		ICM No.	
cident Location	NANYANG DR		AND THE PERSON NAMED AND THE P		100,000	
P Total Excess Applicable						
сеня Туре	Per Accident		Windscreen Excess	100.00		
				Section 1		
Standard Excess		2,000.00	TP Standard Excess	1,500.00		
ID OO Excess		500.00	YIED TP Excess		Driver is Covered?	
ditional Excess		0				
tal OD Excess Applicable		2500.00	Total TP Excess Applicable			
Benefits		10000000				
GST Registered Informa	ation					
T Registered	No .			GST Registration Date		
T Registration No.	749.5			GST Status Venfied	Yes	
dification History	19/10/	2019 12:16:17 Syste	em changed GST Status verified fro		les	
	0.50.20			X 100 X		
P Policyholder Mailing Ad	dress					
idress 1	1 KAKI BUKIT AVENUE	6	Address 2	#01-64 AUTOBAY @ KAKI BUKI	Address 3	SINGAPORE 417883
dress 4	I sand bonds avenue					
			Address Type	Singapore address	Post Code	417883
it No.	01-64		Related Policy Number	5110140152		
OI Driver Info						
ver Name	Unnamed Driver		Driver Type	Unnamed Driver		
named driver Name	WONG CHIA CHOON (F	NUANG II	Driver NR3C	58139489Z	Driver DOB	24/11/1981
pister Date of Driver License	30/06/2005		Driver Age	37	Driving Experience	14
ntact No.(Mobile)	92323871		Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 247		Address 2	YISHUN AVENUE 9	Address 3	YESHUN SUNSHINE
dress 4	SINGAPORE 760247		Address Type	Singapore address	Post Code	760247
it No.	09-169		hanaranata and		(E77) (E77)	52223
es he own a Singapore	○ Yes ® No		CALCO CONTROL OF CONTR		40000410001420000	
gistered car?	O Yes @ No		Driver Vehicle No.		Driver Insurer Company	
daration						
eathalyser or Blood Test	Dollar		A DIVINGEOUNCE	0.200.002000		
ading?	Omg		Any injury?	® Yes ○ No		
dification History						
DEC. N						
Claim 001 New						
im Type *	OD-MX	~	Insured Name	EUNOS CAR RENTAL PTE LTD	Insured NRIC	201917810W
ntact No.(Mobile)	Sec. (1)		Contact No.(Home)	NIL.	Contact No.(Office)	
						EMPLOSIA.
all Address	Bloom C. C.	100	OI Vehicle Number	SGA21158	TP Vehicle Number	SM3106Y
	Please Select	V	Type of Benefit *	Please Select		
mant Name *		22	Claimant NRIC *			
mant Address			A STATE OF THE PARTY OF THE PARTY.			
m Description	SGA21158 / SM0106Y	ON 18 Oct 2019	700-1	Atting the other sections and the section of the se	Name of Preferred Workshop	
ferred Workshop Contact	<u> </u>	100	Insured Liability *	Not at Fault		
juire Finalisation	Yes	~	Preferend Repair Option	Preferred Workshop, Name unknown	▼ GIA report	Received
e Registered	19/10/2019 12:16		Claim Close Date		Date Received	19/10/2019 00:00
ort Taken By	Jackson		and the second s			
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tt Doc, Received	® Yes ○ No		Upload Date	19/10/2019 12:17		
	P	rath •	24,000	Category *	Confidential Urge	ncy • Description
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