MIDIO MITT	Jcb description	Date &Time Completed	D1
Date In: 73/10/19-15:53		Date & Time Completed	Done by
NA/14/10193/88/2/14	SAS e-filing		
777597	E-mail (within Shrs, AIC Shrs)		
D.O.A: 13/p/19-1445	i-Motor Claim Form	10 6822-001	23/0/19 16.V
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4brs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
Preferred Wksp / INC Assign Wksp / QW: (Ass't Report by Fax / Hand t	0 Owner/Wksp	
			ax:
Owner / Driver: (Mob . INC()/Non-INC()	S
	criod: (Tel:)
Confirmed by : (Cover Type: ()
	Date:	Time:)
	[Note-Est. Status (WO): N: 0-20	%; P: 21-79%. F: 80-1	00%]
	Warranty: YES ()/NO()	
Excess: (\$) Loading: \$1,0	000()/\$2,000()		
General Remarks			Sec. 15.
() Walk-In Customer: Customer's info	ormation strictly Confidential & Stri	ctly NO rafer of repairer.	
() Total Loss Case : to e-mail Insure	er URGENTLY.		
, , , , , , , , , , , , , , , , , , ,	e: YES () / NO () ; To	wing Co: ()
Remarks:- (INC hotline) 6788 6616)	STATE TO SECOND	Dates Time Completed	Doneby
1) Apply for Transport Allowance ()/C			200
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2) QC Check / Post Repair Inspection	()		
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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.
- 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.

aroresaid.	ACCIDENT STATEMENT
Date Of Report	23/10/2019 15:53
Date Of Accident	23/10/2019 14:55
Exact Location Of Accident	BLK 253 SERANGOON CENTRAL DR OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Appetitive stranger converse visit and a converse visit and a	states on California and American
Vehicle Registration Number	GV9464L
Insured/Policyholder	
Name Of Registered Owner	H O H MIXIM S.A
Co Reg No	52976298J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91071711
Alternative Phone No	OFFICE-91071711
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE 4DRM
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	THIRD PARTY
Fleet Policy	NO
Policy Number	0082335829-15
Cover Note Number	
Driver	
Name of Driver	TAN BOON SEONG
NRIC No	S2145602J
Date Of Birth	01/01/1946
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1964
Driving Experience	55 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91071711
Fax Number	World Control of Contr
Contact Number	OFFICE-91071711
www.twinewi	

NOEMAIL

BLK 125 ALJUNIED ROAD Address

#20-01

Postcode 380125

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 SIDE SWIPE 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?

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.

NO

Number of Passengers (Including Driver)

1

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, AS I SAW AN EMPTY CARPARK LOT, I CHECK MIRROR REVERSED MY VEHICLE ONTO CARPARK LOT, VEHICLE B WAS REVERSING THE SAME CARPARK LOT, MY VEHICLE REAR RIGHT PORTION INTACT WITH VEHICLE B LEFT PORTION.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLH2120P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR KARAN WAI KIM Name of Driver

S7608872A 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 complying 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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to slutem	end.
EVAN 77 OMACM	V) !*
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w.y.lw	

DECLARATION S. 4

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

Policyholder's Signature Date & time: nager

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						Change	Languag	e + Cha	nge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	Va.				Date o	f Accident		23/10/2019	14:55	
	Vehicle	No.(For Motor)	GV9464	GV9464L		Certificate Number					
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	0082335829- 15		H O H MIXIM S.A	52976298)	GCV	Third Party	GV9464L	GV9464L	08/01/2019	07/01/2020
		-11-47			C	ontinue					

Policy No.	0082335829-15	Policyholder Name			Policyholder NRIC	529762983		
Certificate No.								
Address	BLK 125 #20-01 ALJUNIED ROA	SINGAPORE	380125					
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N		
Policy ssue Date	17/12/2018	Effective Date	08/01/201	9 00:00	Expiry Date	07/01/2020 2	3:59	
Excess Type		All Claims Excess						
Third Party Excess	0.0	Own damage Excess	0.0		Windscreen Excess	0.0		
Additional Excess		OS Premium	0					
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess	
Agent	INCOME-CUSTOMER RELATIONS	Agent Tel.	NIL		GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyh	nolder Mailing Address							
Address 1	BLK 125 #20-01	Addre	ss 2	ALJUNIED ROAD		Address 3	SINGAPORE 380125	
Address 4		Addre	ss Type	Singapore address		Post Code	380125	
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rtificate No.										
Cyholder Name	H O H MIXIM S.A						Policyholder NR3C		52976298	1
Just Code	COMMERCIAL VEHICLE IN	NSURA	Cover Type	Third Party			Loading		0	
tact No.(Mobile)	91071711		Contact No.(Office)	0			Contact No. (Home)		0	
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	10.50				450		Private Hire		No	
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Accident Details										
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Benefits										
GST Registered Informa	etion									
Registered	No			GST	Registration Date					
Registration No.				GST	Status Verified		Yes			
fication History	23/10/20	19 16:22:04 Sys	em changed GST Status Venfied fro	m No to Yes						
Policyholder Mailing Ad	dress									
ess 1	BLK 125 #20-01		Address 2	ALJUNIED S	ROAD		Address 3		SINGAPOR	E 380125
ess 4			Address Type	Singapore a	ddress		Post Code		380125	
No.			Related Policy Number	008233582			7:27:33		38201/32	
			Course Carry addition							
OI Driver Info			72000202	1 Marian Co.						
er Name	Unnamed Driver		Oriver Type	Unnamed D	nver					
amed driver Name	TAN BOON SEONG		Driver NRIC	521456023			Driver DOB		01/01/194	.0
ster Date of Driver License	18/02/1964		Driver Age	73			Driving Expenence		55	
tact No.(Mobile)	91071711		Contact No.(Office)	0			Contact No.(Home)		0	
ress 1	BUK 125		Address 2	ALJUNIED I	RDAD		Address 3		SINGAPOR	E 380125
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