Date In: 21 10/19 - 15: 03	Jeb description		&Time Completed	Do	ne by
Ref No: Ma INC 190188 96 24	SAS e-filing				
Veh No: Shynnak	E-mail (within 8hrs, AIC 2	hrs			
D.O.A: 13/0/19-11:15	i-Motor Claim Form		154-		-
	i-Motor W/O (Within:	12.14	12 68 457 - 201	24/10/19	12: 27
OD : (P) ! Reporting Only	i-Photo Uploaded	JD Zhrs, TP 4brs)		
	Assessment/Survey Rep				
TP Insurer:	Ass't Report by Fax / I		AVken		
Preferred Wksp / INC Assign Wksp / QW: (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tel:		ax:	
TP Particulars: Veh No: Sh	18890T.		on-INC()		
Owner / Driver: (Tels	7.)	
Policy No: () P	Period: (Турс: (
Confirmed by : (Date:		Time:)	
Insured/Driver Liability: (%)	[Note-Est, Status (WO); N	: 0-20%; P:	21-79%. F: S0-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO				
Excess: (\$) Loading: \$1,	The state of the s				
General Remarks:		973	188 50 00 00 00 00	1985 P. 17	
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() Walk-In Customer: Customer's info		& Strictly No	refer of repairer.		
() Total Loss Case : to e-mail Insur			4,4		
Drive-In ()/ Towed-In (); Invoice	e: YES () / NO ()	; Towin (io: (i'	,)
Remarks: (INC hotline: 6788 6616)	Section 19 19 19 19 19 19 19 19 19 19 19 19 19				
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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

ACCIDENT STATEMENT
24/10/2019 15:03
23/10/2019 21:10
BALESTIER RD TWDS CTE (AYE)
SINGAPORE
ETAILS OF OWN VEHICLE
SGG2127K
RELIABLE CARZ PTE LTD
201612430M
NOEMAIL
OFFICE-89999999
MAZDA
MAZDA 3 LUX
PRIVATE USE
NO
THIRD PARTY
COMMERCIAL VEHICLE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
THIRD PARTY
NO
5095660188-01
ONG JUN XIANG
S9030249C
21/08/1990
INDOOR
05/08/2015
4 YEARS AND 2 MONTHS
MALE
+65-87779974

OFFICE-87779974

NOEMAIL

BLK 46 JALAN BUKIT HO SWEE Address

#08-878

160046 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions DRIZZLING

Road Surface WET

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?

YES Was any other material or property damaged?

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

NO 1

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED LIGHT. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SBJ8890T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

LIM TAU YONG JEREMY (LIN DAOXIONG) Name of Driver

S8837899G 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.

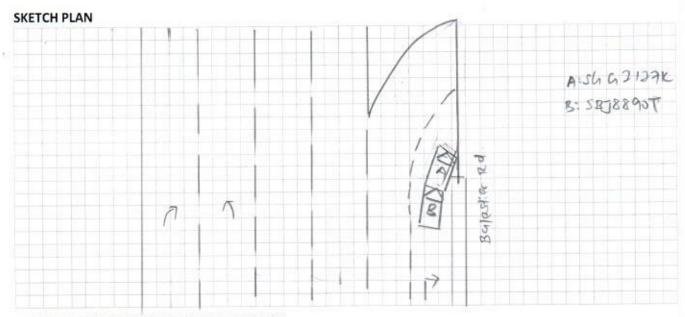
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	13		
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			ili.

I/We declare the long 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:

Name: NRIC/FIN No.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

with whom you submitted the Original Report.

ADDENDUM

	ADDENL	OIVI
RTICULARSOFPE	RSON MAKING THE AMENDMENT	rs:
iginal Report No	MNA119141224	Vehicle Registration No: SGG2127K
me(as shown in NRIC) :	RELIABLE CARZ PTE LTD	NRIC/FIN/Passport No: 201612430M
Vehicle Driver / Ve	hicle Owner) (*) Please delete as a	appropriate
dress	(<u> </u>	Singapore(
ntact (Tel)		Mobile No. :
nail Address	:	
te of Accident	23/10/2019	Time of Accident : 21:10
ace of Accident	BALESTIER RD TWDS CTE ((AYE)
	NTUC Income Insurance Co	
	•	
~		Reporting Centre Personnel's Signature
olic ate:		yholder / Driver's Signature

NRIC/FIN No.:

Date:

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My Desktop		cy Query									
Notice of Loss	Policy !	No.	509	5660188-01			Date of	Accident	23/10/2019	21:10	
	Vehicle	No.(For Motor)					Certifica	ate Numb	er		
						Se	arch				
	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095660188- 01		RELIABLE CARZ PTE LTD	201612430M	GMT	Third Party		ONG JEUN MIN (WAN JUNMING)/S79406093_0 JUN XIANG/S9030249	NG 07/11/2018	06/11/201

Policy No.	5095660188-01	Policyholder Name	RELIABLE (CARZ PTE LTD	Policyholder NRIC	201612430M	
Certificate No.					00/00CF0.		
Address	NIL						
Product Name	MOTOR TRADE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	29/10/2018	Effective Date	07/11/2018	8 00:00	Expiry Date	06/11/2019 23	1:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	CAR INNS INSURANCE AGENCY	Agent Tel.	64587787		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	nolder Mailing Address						
Address 1	NIL	Addre	ss 2			Address 3	
Address 4		Addre	ss Type	Singapore address		Post Code	999999
Unit No.	05-50	Relate Numb	ed Policy er	5095660188-01			
	Object: ONG JEUN MIN (WAI	NG JUNMING)/5794060	9J_ONG JUN XIAN	G/59030249	С	
1 Insured							
♪ Insured	ements						

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elicy Ne.	5095660188-01		Vehicle No.			GST Registration No			
ertificate No.									
boyholder Name	RELIABLE CARZ PTE LTD					Policyholder NR3C		201612430M	
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for Trade Plate No.	5GG2127K		Motor Trade Driver Name	OWG JUN X	ANG	Motor Trade Driver?	MRIC	S9030249C	
ntact No. (Mobile)	0.		Contact No.(Office)	0		Contact No.(Home)		0	
ail Address			Special Remark			eCode		1.0	
к	® No ○ Yes		TCA	® No.○Y	HE	eCode Reason			
D Protection	No		NCD Entitlement(%)	15		Private Hire		No	
Accident Details									
port Date	24/10/2019 15:22		Accident Report Within 24 h	rs Yes		Accident Type		Collision - Hea	d to Rear
te of Accident	23/10/2019		Time of Accident hh:mm	21:10		Country of Accident		Singapore	
porting Centre			Orange Force			ICM No.			
cident Location	BALESTIER RD TWDS CTE	(AYE)							
Excess									
in damage Excess		0.00	Additional Excess			Windscreen Excess			
named Driver Excess			Outside Singapore OD Exces	16					
ird Party Excess		0.00	Outside Singapore TP Excess						
Benefits									
GST Registered Informa	tion								
Registered	No				Registration Date				
Registration No.	200000000000000000000000000000000000000	2 72 He 100 m			Status Verified	Yes			
dification History	24/10/201	9 15:24:16 Syst	em changed GST Status Verified !	rrom No to Yes					
Policyholder Hailing Ad									
dress 1	NIL		Address 2			Address 3			
			Address Type	Singapore a	ddress	Post Code		999999	
ed No.	05-50		Related Policy Number	509566018		8940000000		0.515.00	
The state of the s	05-50		Related Policy Number	509560016	9-91				
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named driver Name	CHE 2011 NOTHO		Driver NRIC	\$90302490		Driver DDB		21/08/1990	
gister Date of Driver License	05/08/2015		Driver Age	29		Driving Experience		48	
ntact No. (Mobile)	87779974		Contact No. (Office)	0		Contact No.(Home)		0	
dress 1	BLK 40		Address 2		IT HO SWEE	Address 3		THE BED CRE	SCENT
	SINGAPORE 160046			41001100					
			Address Type	Singapore :	drivess	Post Code		160046	
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nit No.	08-878			Singapore	ddress		pany	160046	
nit No. oes he own a Singapore			Address Type Driver Vehicle No.	Singapore	ddress:	Post Code Briver Insurer Com;	pany	160048	
nit No. oes he own a Singapore egistered car?	08-878			Singapore i	ddress		pany	160046	
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