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D.O.A: 29/10/19-10:00	i-Motor Claim Form	M71106846-001	24/10/19 15:3°
OD / TP:/ Reporting Only	i-Motor W/O (Winnin: O)		24/1/14 13: 2
OB 7 17 Freporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repo	ort	
	Ass't Report by Fax / Th	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tet	Fax:
TP Particulars: Veh No: 517	vigs IN	C(,)/Non-INC().	
Owner / Driver: (Tel:)
	iod: () Cover Type: () .
Confirmed by : (Date:	Time:)
		0-20%; P: 21-79%. F: 80-	100%]
	Varranty: YTS ()/NO ()	
() Walk-In Customer: Customer's information () Total Loss Case : to e-mail Insurer	URGENTLY.		
Drive-In ()/ Towed-In (); Invoice:	YES () / NO ()	; Towing Cor (- ')
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30	()		
Injury:			
Date/Time Actions	The second secon	100 Day 100 Da	
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	invoice I	coparation Chroklist	Ant (5)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

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.	
	ACCIDENT STATEMENT
Date Of Report	24/10/2019 13:56
Date Of Accident	24/10/2019 12:00
Exact Location Of Accident	UBI AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM7720Y
Insured/Policyholder	
Name Of Registered Owner	AUTOVALE EMPIRE
Co Reg No	53360959C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91999690
Alternative Phone No	OFFICE-91999690
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA ALTIS 1.6 AUTO
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	5104355030
Cover Note Number	
Driver	
Name of Driver	SHEE YAU LEONG
Passport No/FIN	G8239045L
Date Of Birth	18/08/1988
Occupation	OUTDOOR
Date Of Driving Pass	07/05/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98511063

OFFICE-98511063

NOEMAIL

BLK 541 HOUGANG AVENUE 8 Address

#11-1201

Postcode 530541

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

COLLISION - MAJOR/MINOR RD Type Of Accident

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

1

NO

NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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?

Circumstances of Accident

ON STATED DATE AND TIME, I EXIT FROM THE CARPARK OF FRONTIER TWDS UBI AVE 3, I CHECK MY BLINDSPOT AND TURN ON MY VEHICLE INDICATOR LIGHT BEFORE I CAN PROCEED. WHEN I TURN RIGHT TOWARDS UBI AVE 3. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B WAS TRAVELLING ALONG UBI AVE 3. HE WAS SPEEDING AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SLT2219B Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

VIJAYARENGAN S/O VISVALINGAM Name of Driver

S1701373D NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

NALE EAST OF S3360959C PM

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 A: 50 m 7 7 2 9 5 9 5 9 7 7 2 2 1 9 8

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Appeter Select Instruction		
Reter to	Hatement.	
-		

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.:

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Language	• Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									29
Notice of Loss	Policy N	va.				Date o	Accident		24/10/2019 1	2:00	
	Vehicle	No.(For Motor)	SJM772	QΥ		Certific	cate Number	[
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104355030		AUTOVALE EMPIRE	53360959C	GPC	Third Party	SJM77201	S3M7720Y	10/10/2018	14/01/2020
				PARTICIONE.	C	Continue					

Unit No. Insure Endors Sequen		ent	Endorsemer	t Type	Endorsement	Status	Endorsement Content Thank you for giving us the
♪ Insure	ements	ent	-ndorsemer	t Tyne	Endorsement	Status	Endorsement Content
) Insure							
7.133.TV 0.9CT/01	d Object: SJM7720Y						
Jnit No.							
	04-6587	Relate	d Policy er	5104354944-01			
Address 4		Addre	ss Type	Singapore addres	5	Post Code	609966
Address 1	18 BOON LAY WAY	Addre	ss 2	#10-165 TRADER	IUB 21	Address 3	SINGAPORE 609966
	nolder Mailing Address						
Certificate Info							
Open Policy Info							
insurance Flag	No						
Co-							
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112		GST Flag	Y	
Dutside Singapore OD Excess	0	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	damage Excess	0		Windscreen Excess	0	
Туре		Excess					
issue Date Excess	10/10/2018	Date All Claims	10/10/201	8 00:00	Expiry Date	14/01/2020	23:59
Name Policy	PRIVATE CAR INSURANCE	Plan Effective			Policy Flag	N	
Address Product	18 BOON LAY WAY #10-165 T	RADEHUB 21 SI	NGAPORE 6	09966	Group		
Certificate No.	5104355030	Policyholder Name	AUTOVALE	EMPIRE	Policyholder NRIC	53360959C	

ccident MT/1068406									
licy No.	5104355030		Vehicle No.	S3M7720Y		GST Registration No	900		
ertificate No.									
Hcynolder Name	AUTOVALE EMPIRE					Policyholder NR3C	10	53360959C	
oduct Code	PRIVATE CAR INSURANCE		Cover Type	Third Party		Loading		0	
nhact No.(Mobile)	91999690		Contact No.(Office)	0		Contact No.(Home)		0	
ad Address			Special Remark			eCode	1	11. 4	
¢ .	® No ⊜Yes		TCA	® No ○Ye		eCode Reason			
D Protection	No		NCD Entitlement(%)	D		Private Hire	83	No	
Accident Details									
port Date	24/10/2019 15:30		Accident Report Within 24 hrs.	Yes		Accident Type	- 53	Collision - Majo	r Minor Road
te of Accident	24/10/2019		Time of Accident hh:mm	12:00		Country of Accident	- 1	Singapore	
	24/10/2015		Orange Force	32,00		ICM No.			
porting Centre	CERTED		unange rorce			A 44.2			
odent Location	UB1 AVE 3								
Excess				53			00	100	
n damage Excess		0.00	Additional Excess	0	727.2217	Windscreen Excess	9.9	0.00	
named Driver Excess			Outside Singapore OD Excess		0.00				
rd Party Excess	200	500.00	Outside Singapore TP Excess		1,500.00				
Benefits									
GST Registered Informa	tion								
F Registered	No				Registration Date	32,45			
Filegistration No.			100		Status Verified	Yes			
Incation History	24/10/20	19 15:31:24 Syst	em changed GST Status Verified fro	m No to Yes					
Policyholder Hailing Add	dress								
dress I	18 BOON LAY WAY		Address 2	#10-165 TE	ADEHUB 21	Address 3		SINGAPORE 6	09966
dress 4			Address Type	Singapore a	ddress	Post Code		609966	
rt No.	04-6587		Related Policy Number	510435494	+-01				
OI Driver Info									
iver Name	Unnamed Driver		Driver Type	Unnamed D	nver				
named driver Name	SHEE YAU LEONG		Driver NR3C	G8239045L		Driver DOS		18/08/1988	
gister Date of Driver License	07/05/2019		Oriver Age	31		Driving Experience		0	
ntact No.(Mobile)	98511063		Contact No. (Office)	0		Contact No.(Home)		0	
dress 1	BLK 541		Address 2	HOUGANS	AVENUE 8	Address 3		SINGAPORE 5	30541
dress 4			Address Type	Singapore a		Post Code		530541	
it No.	11-1201		(1800) 1800 (1800)	CONTRACTOR OF	Charles Co.	100.00 TO 15		19/20/20	
ses he own a Singapore			Deluga (Autoria No			Driver Insurer Com	pany		
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claration									
reathalyser or Blood Test	0 mg		Any injury?	○ Yes ⊕ N	10				
eclaration reathalyser or Blood Test leading?	0 mg		Any injury?	○ Yes ④ N	0				
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