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Veh No: GBD 12966	E-mail (within the Avecuary		
D.O.A: 5/0/19-19:72	i-Motor Claim Form	m1066208-020	20/10/19 12/17
CONTROL MOTOR CO. C. SAMOO	i-Motor W/O (wisher of):		1: 19 18 -1
OD / TP-/ Reporting Only	i-Photo Uploaded		7
TP Insurer:	Assessment Survey Report		
	ss't Report by Pax / 1	d to Owner "Vkap	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax;
TP Particulars: Veh No: SU	N4660C	(,)/Non-D'C().	8
Owner / Driver: (7-12)
	Period: (Cover Type: ()
Confirmed by: (Deta	Time:)
	[Note-Est. Status 7777 % Note-	20%; P: 21-79%. F: 80-1	00%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

- 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.
- 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
Date Of Report	25/10/2019 11:24
Date Of Accident	05/10/2019 10:30
Exact Location Of Accident	AMK AVE 5 TWDS AMK AVE 8
Country/State of Loss	SINGAPORE
CACACACACACACACACACACACACACACACACACACA	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD1296L
Insured/Policyholder	
Name Of Registered Owner	SF INVESTMENT HOLDING PTE LTD
Co Reg No	200923298G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109549489
Cover Note Number	
Driver	
Name of Driver	LEOW HOO SER
NRIC No	S1773413Z
Date Of Birth	17/09/1966
	OLITE COD

OUTDOOR

29/09/1986

MALE

NOEMAIL

33 YEARS AND 0 MONTHS

(LOCAL) +65-82622121

OFFICE-82622121

Address

BLK 986A BUANGKOK CRESCENT

#07-32

Postcode

531986

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

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 2

Was any body injured in the Accident?

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)

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLN4660C

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 withholding 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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.
- Consent under the Personal Data Protection Act (PDPA)

l 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:
 - (i) 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
- 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.
- 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.
- (a) 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.

SEINVESTMENT HOLDING PTE LTD

17B KAKI BUKIT ROAD 3. EAST POINT TERRACE SINGAPORE 415882

TEL: 6509 0777 FAX: 6634 0777

Policyholder's Signature Date & Time:

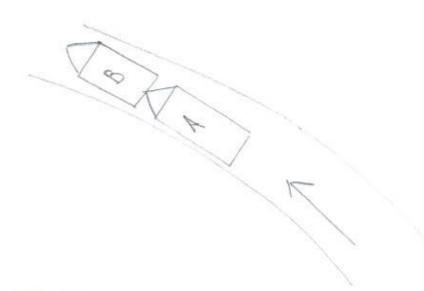
HAT 10/10/2019

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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17B KAKI BUKIT ROAD 3 PAST POINT TERRACE STATE APPORE 415882

TEL: 6509 0777 FAX: 6634 0777

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

VEHICLE NO: GBD 1296 MAKE & MODEL : Toyota Hive 05/10/2019 DATE OF ACCIDENT AMY PM TIME OF ACCIDENT 1030 Ang Me lie Avenue 5 & 8 LOCATION OF ACCIDENT Exact Purpose use during accident NAME OF OWNER CITY RELIGIOUS HOLDING PLATING TELP NO 201728272R NRIC Reporting Only CLAIM TYPE THIRD PARTY OD YES (NO)2 PRIVATE HIRE AVA JANJAMICS NTJU INSURANCE CO. Comprehensive Third Party / Third Party Fire & Theft TYRE OF COVERAGE POLICY NO. CVI GA365435 As above / If No: NOW HOO 52R -NAME OF DRIVER SITTAHINE / Any passengers: -/ NRIC DATE OF BIRTH 17/09/1866, OCCUPATION Outdoor Indoor DATE OF DRIVING PASS 29 / 09 /1986./ GENDER Male) / Female / 8262 2121 Office: / CONTACT NO. Home: ADDRESS BIK SPAN BURNGKOK CRECTION #OF-32 SINGAPORE 5319AC NO / If yes : Reg No : DRIVER HAVE ANY OWN VEHICLE Employee Hirer / Spouse / Parent / Friend / If No : RELATIONSHIP Clear / Raining / Dizzling / Other: WEATHER CONDITION Dry / Wet / Other: ROAD SURFACE NO fryes: Who? ANY INJURIES CONTACT NO. NO/ If yes; Where? POLICE REPORT Any passengers: OI (Dought. SIN HULL C VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO VEHICLE D NO. VEHICLE E NO. Any passengers: VEHICLE F NO. Any passengers: ANY WITNESS Have you been approach by unknown person soliciting (s)/ Refering accident claims assistance? YES (NO PARTICULAR WORKSHOP Focus Auto Pte Ltd TELP NO. 1 Kaki Bukit Avenue 6 Autobay @ kaki bukit CONTACT PERSON #02-48/50 Singapore 417883 FAX NO. Tel: 6886 9097 Fax: 6844 4625

eBao Tech	General						Claim				
Hello, NAC_PAYA_UBI_800	601						+ Change L	anguage	• Change	e Password	· Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy N	io.				Date	of Accident	05	10/2019 10	:30	
	Vehicle No.(For Motor)		GBD12	GBD1296L		Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109549489		SF INVESTMENT HOLDING PTE, LTD.	200923298G	GCV	Comprehensive	GBD1296L	GBD1296L	27/06/2019	26/06/2020

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