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Date In: 6/11/19-15:35	Jeb description		Date & Time Completed	Done	py.
Ref No: 44 14 C19 01966874	SAS e-filing		i		
Veh No: DW 12965	E-mail (within 8h	irs, AIC 2hrs)			
D.O.A : July - 23: To	i-Motor Claim	Form	m/107>264-201	blilia 1	6.49
	i-Motor W/O ((Within: OD 2hrs			U. 95623
OD (TP) Reporting Only	i-Photo Upload	ded			57
Th I	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand t	Owner/Wksp		in a second
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JUN7	562	. INC()/Non-INC()		100 Pag
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ()	Cover Type: ()	
Confirmed by : (Water Committee and the second	Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. F: 80	-100%]	
Year of Registration: () V	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00	00()/\$2,000()			
General Remarks;-		2917X75X			the second
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A STATE OF THE PARTY OF THE PAR			Date&Time Completed	Done	by
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	06/11/2019 15:35
Date Of Accident	05/11/2019 23:50
Exact Location Of Accident	JUNC BUKIT BATOK RD & BUKIT BATOK WEST AVE 7
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW1296S
Insured/Policyholder	
Name Of Registered Owner	HI-LUXE MOBILITY
Co Reg No	53358835M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96680373
Alternative Phone No	OFFICE-96680373
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 2.0 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	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	5096679805-01
Cover Note Number	
Driver	
Name of Driver	LEE HENRY

Name of Driver EE HENRY S1129540A NRIC No Date Of Birth 23/06/1955 OUTDOOR Occupation 24/02/1977 Date Of Driving Pass

Driving Experience 42 YEARS AND 8 MONTHS

Gender MALE

(LOCAL) +65-96680373 Mobile Number

Fax Number

OFFICE-96680373 Contact Number

NOEMAIL EMail Address

BLK 10E BRADDELL HILL Address

#08-17

579724 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

2

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

Passenger 2

NAME:

700

: FEMALE GENDER:

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. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR 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

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKN756Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

JONATHAN KOH Name of Driver

NRIC/Passport Number

Contact Number

90056056

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

NECK & SHOULDER Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

LEE HENRY

SJW1296S

YES

NO

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

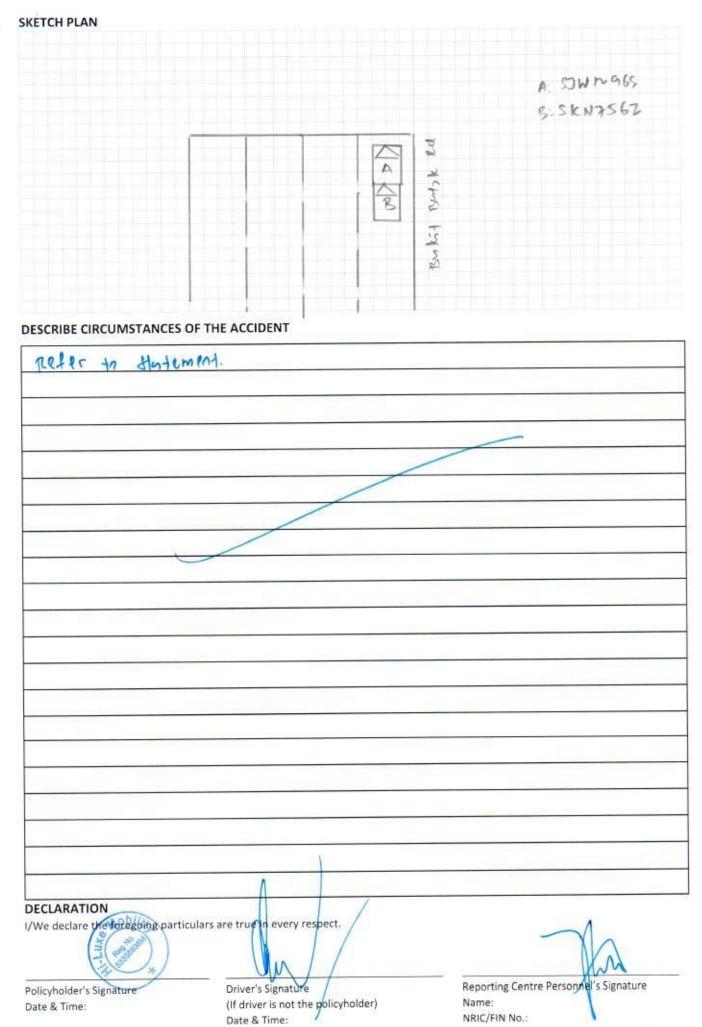
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



GIARMC SketchPlanForm, V2

2

eBaoTech								1956		Genera	alClaim
Hello, NAC_PAYA_UBI_800601			Change Language						ge Password	+ Log Ou	
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Date	of Accident		05/11/2019	16:50	
	Vehicle	No.(For Motor)	53W129	965		Certif	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Palicyhalder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096679805- 01		HI-LUXE MOBILITY	53358835M	GPC	drivo CLASSIC	SJW12969	SJW1296S	04/03/2019	03/03/2020
						Continue	1				

olicy No.	5096679805-01	Policyholder Name	HI-LUXE MO	BILITY	Policyholder NRIC	53358835M	
ertificate		100 PT 200 PT 20					
Address	10E BRADDELL HILL #08-17 B	RADDELL VIEW	SINGAPORE	579724			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	25/02/2019	Effective Date	04/03/2019	00:00	Expiry Date	03/03/2020 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	10E BRADDELL HILL	Addre	ss 2	#08-17 BRADDELL	VIEW	Address 3	SINGAPORE 579724
Address 4		Addre	ss Type	Singapore address		Post Code	579724
Unit No.	08-17	Relate Numb	ed Policy er	5096679805-01			
Insure	d Object: SJW12965						
□ Endors	ements						
Sequence Date of Endorsement		ent	Endorsement Type			Status	Endorsement Content

Accident MT/1070264								
Policy No.	5098679805-01	Venicle No.	51W12965		GST Registration	Na.		
artificate No.								
olicyholder Name	HI-LUKE MOBILITY				Policyholder NR3C	12	53358835M	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSII		Loading		0	
ntact No.(Mobile)	96580373	Contact No. (Office)	0		Contact No.(Home	e)	0	
nel Address		Special Remark			eCode		THE V	
K	® No ○ Yes	TCA	® No CYes		«Code Reason		3/2	
D Protection	No	NCD Entitlement(%)	10		Private Hire		755	
Accident Details		Has income a, w)	140		Private rine		Yes	
port Date :	06/11/2019 16:47							
		Accident Report Within 24 hrs.	yes		Acodem Type		Colletion - H	ead to Rear
te of Accident	05/11/2019	Time of Accident nh:mm	23:50		Country of Accide	nt	Singapore	
porting Centre		Orange Force			JCM No.			
odent Location	JUNC BURIT BATOK RD & BURIT BATOK WE	ST AVE 7						
F Excess								
m damage Excess	2,000.00	Additional Excess	0		Windscreen Exces	18	100.00	
named Driver Excess		Outside Singapore OD Excess		2,000.00				
nd Party Excess	1,500,00	Outside Singapore TP Excess		1,500.00				
Benefits								
GST Registered Informa	stion							
Registeres	No		CET 04	gistration Date:				
Registration No.	120				2025			
dification restory			651 51	atus Verified	Yes			
and don't remove								
Policyholder Mailing Ad	dress							
dress 1	10E BRADDELL HILL	Address 2						
Cress 4	The second second		#08-17 BRADI		Address 3		SINGAPORE	579724
	200	Address Type	Singapore add		Post Code		579724	
rt No.	08-17	Related Policy Number	5096679805-0	11				
OI Driver Info								
ver Name	Unnamed Driver	Driver Type	Unnamed Drivi	DF .				
harned driver Name	LEE HENRY	Driver NRIC	S1129540A		Driver 008		23/06/1995	
pater Date of Driver License	24/02/1977	Driver Age	64		Driving Experience		42	
stact No.(Mobile)	96580373	Contact No.(Office)	0		Contact No.(Home	0	0	
fress 1	LOE BRADDELL HILL	Address 2	BRADDELL VIE	w	Address 3		SINGAPORE	579774
								2/2/24
dress 4		Address Type	Singapore acto	ner.	Charle Carte			
	09.19	Address Type	Singapore add	ess	Post Code		579724	
et No.	08-17		Singapore add	ess	Post Code		579724	
nt No. oes he own a Singapore	08-17 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore add	855	Post Code Driver Insurer Con	mpany	579724	
ndress 4 nit No. pes he own a Singapore rigistered car?			Singapore add	ess		mparty	579724	
et No. oes he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		ess		трапу	579724	
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t No. Is he own a Singapore patered car? White ton Whatton Wha	○ Yes ® No	Driver Vehicle No. Any injury? Insured Name	® Yes ○ No		Driver Insurer Con	y	53358835M	
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