Date In: 6/11/19-09:00	Jeb description	Date & Time Completed	Done	e o'i
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Veli No: YM2~18 P	E-mail (within 8hrs, AIC 2hrs)			
	i-Motor Claim Form	1001107000000	(1.1	
D.O.A : 411/14-17:70		100-0820 Follow	6/11/19	7:34
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2	nrs, 11 40rs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
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Preferred Wksp / INC Assign Wksp / QW: (DIC.		rax:	55-10
TP Particulars: Veh No: 30 W8K	inc inc			
Owner / Driver: (3.7	Tel:		
Policy No: () Perio	Date:	Cover Type: (<u> </u>
Confirmed by : (Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-		100%]	
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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.
- 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

And the state of t	ACCIDENT STATEMENT
Date Of Report	06/11/2019 09:00
Date Of Accident	05/11/2019 12:20
Exact Location Of Accident	BLK 279 BISHAN ST 24 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YM7218D
Insured/Policyholder	
Name Of Registered Owner	TIAN MA GROUP HOLDINGS PRIVATE LIMITED
Co Reg No	201627302C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91693762
Alternative Phone No	OFFICE-91693762
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
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	5096215810-02
Cover Note Number	
Driver	
Name of Driver	GOH POH HUAT
NRIC No	S1174092H

 Name of Driver
 GOH POH HUA

 NRIC No
 \$1174092H

 Date Of Birth
 08/11/1955

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/06/1981

Driving Experience 38 YEARS AND 4 MONTHS

Gender MALI

Mobile Number (LOCAL) +65-91061612

Fax Number

Contact Number OFFICE-91061612

EMail Address NOEMAIL

Address

BLK 18 JALAN SULTAN

#03-156

Postcode

190018

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 SIDE SWIPE Weather Conditions RAINING 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

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.

Number of Passengers (Including Driver)

NO 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

SLU8150U Vehicle Registration Number

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)

0

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 Personnells Signature Name:

NRIC/FIN No.:

Sonorsed.

A: YMZVISD B: JUNSBOY.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	statement.		
	-3			
		- 10 - 10		
e tile				
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	_			

Policyholder's Signature Date & Time: e true in every respec

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

NRIC/FIN No.:

Edition Supplement - 1

ON STATED DATE AND TIME, WHILE I REVERSED MY VEHICLE AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B FRONT RIGHT PORTION.

ACCIDENT STATEMENT

ACCID	ENT DATE: (5 / 11 / 19.) (DD/M	M/YYYY), TIME	10 00	HH:MM)
LGCAT	ion: Dic 279 Bishan	y w	open space	rarpar
$\langle 1_{\rm x} \rangle$	DETAILS OF VEHICLE GIVEHICLE NUMBER: YM7187	9.		
	DINSURANCE COMPANY: HTUC	2001		
	CIPOLICY NUMBER: 5046VIS813 -			711557
	dJPOLICY TYPE: (COMPRESSIVE / TH	IRD PARTY / TH	IRD PARTY FIRE 8	(IHEFI)
	e)MAKE & MODEL:	/LOBBY / LIG	TOBOVOLE (OTL	JEDC/
	g) VEHICLE CATEGORY: (PRIVATE / CO)			IERO)
	h)PURPOSE OF USING AT ACCIDENT			
	i) ARE YOU CLAIMING UNDER YOUR OV			
	IF NO, PLEASE STATE (THIRD PARTY CL)			
2.	INSURED / POLICY HOLDER	THE STATE	im Hed.	
	AINAME: Tion Ma Group Hold	nas Privati	MALE / FEM	ALE)
	b)NRIC/FIN/PASSPORT:	COL	NTACT: 91697	762.
13	c) ADDRESS:			
			+1=	
	* CONTINUE TO 3.d IF DRIVER ALSO PO	LICY HOLDER		
	DRIVER			
Induda do A	alname: ash Bh Hunt.		(MA)E/FEMA	
x 1 3	DINRIC/FIN/PASSPORT: SIJAY 09 VI		MACK 9106	101.
	STADDRESS. THE B UNITY (MIT	in \$132-15t	1 (190010)	
	d)DATE OF BIRTH: (_8_/11_/1955	VDD/MM/VV	VV1	
	OCCUPATION: (INDOOR / OUTDOOR		* 1	
	YEARS OF DRIVING EXPRERIENCE:	20/6/1981		
	WAS DRIVER AN EMPLOYEE OF THE		OMPANY? (YES	/ NO)
	F NO, RELATIONSHIP OF THE DRIVE			, ,,,,,
) WEATHER CONDITION: (CLEAR / RAIN	Prince and the second		
E)ROAD SURFACE: (DRY / WET-/ OTHER	3		
	VAS ANYBODY INJURED (YES / 100)			
7. c	i)REPORTED TO POLICE (YES / NO			
	IF YES, PLEASE STATE WHICH POLICE ST	ration:		
8. Ti	HIRD PARTY VEHICLE			
	a) VEHICLE NUMBER: SUBSOY.	MOD	DEL:	
	DRIVER'S NAME:			
	NRIC/FIN/PASSPORT:		NTACT:	
	HIRD PARTY VEHICLE		EI.	
	DRIVER'S NAME:			
	DRIVER'S NAME:	2001	IF A 200 FZ:	
1	/ HANG/HAYL AGOLORI:	COP	HACI:	

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Hello, NAC_PAYA_UBI_80	0601			100000000000000000000000000000000000000			· Change L	anguage) Chang	ge Password	· Log Out
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Notice of Lass	Policy 1	No.				Date	of Accident	05	/11/2019 1	2:20	
	Vehicle	No.(For Mator)	YM7218	SD.		Certif	icate Number				
					1	Search					
	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096215810- 02		TIAN MA GROUP HOLDINGS PRIVATE LIMITED	201627302C	GCV	Comprehensive	YM7218D		27/08/2019	26/08/2020
				LIMITED	C	Continue					

Address 1	2 LOYANG LANE	Addres	ss 2	±06-04		Address 3	SINGAPORE 508913
	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- Insurance Flag	No						
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ:	
Outside Singapore OD Excess		Outside Singapore TP Excess				Your	ng/Inexperience Driver Excess
Additional Excess		OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	05/08/2019	Effective Date	27/08/201	9 00:00	Expiry Date	26/08/2020	23:59
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
No. Address	2 LOYANG LANE #06-04 SINGA	PORE 508913					
Policy No. Certificate	5096215810-02	Policyholder Name	TIAN MA G	ROUP HOLDINGS PRI	Policyholder NRIC	2016273020	

Continue Cancel

Accident MT/1070280						
olicy No.	5096215810-02	Vehicle Np.	YH72160		GST Registration No.	
Certificate No.						
folicyholder Name	TIAN MA GROUP HOLDINGS PRIVATE LIMITE				Policyholder NRIC	2016273020
Product Code	DOMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		Loading	0
Contact No.(Mobile)	91693762	Contact No. (Office)	ů.		Contact No.(Home)	0
mail Address		Special Remark	R 340		eCode	
FK	® No ○ Yes	TEA	® No ⊜YES		eCode Reason	
CD Protection Accident Details	No	NCD Entitlement(%)	0		Private Hire	No
eport Date						
tte of Accident	06/11/2019 17:52	Accident Report Within 24 hrs			Accident Type	Side Swipe
porting Centre	DS/11/2019	Time of Accident his mm	12:20		Country of Academ	Singapore
rident Location	BLK 279 BISHAN ST 24 OPEN SPACE CARPAI	Orange Force			ICM No.	
7 Total Excess Applicable		· ·				
cess Type	Per Accident	Windscreen Excees	1,000	298		
	Par Passagem	William Except	100.00			
Standard Excess	600.00	TP Standard Excess	0.00	0		
D OD Excess	0.00	YIED TP Excess			Driver is Covered?	
ditional Excess						
al CD Excess Applicable	600.00	Total TP Excess Applicable				
Benefits						
GST Registered Informa	ation					
Registered	Yes		GST Registration Date		01/03/2018	
Registration No.	201627302C	NO. NO. NO. NO. LANCE OF CO. WILLIAM ST. W	GST Status Venfied		Yes	
dification History	Q6/11/2019 17:53:24 System	changed GST Registered from No.	om null to 201627302C			
Policyholder Mailing Ad		changed GST Registration Date t	yom nut to 01/03/2018			
dreas 3	2 LOYANG LANE	Add to S	V12221			
dress 4	2 TOTAGO DANE	Address 2	#06-04		Address 3	SINGAPORE 508913
t No.	06-07	Address Type	Singapore address		Post Code	508913
OI Driver Info	55-57	Related Policy Number	5096215810-02			
ver Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	GOH POH HUAT	Driver NRIC	51174092H		Driver DOS	08/11/1955
ester Date of Driver License	22/06/1981	Driver Age	63		Driving Expenence	38
stact No.(Mobile)	91061612	Contact No.(Office)	0		Contact No. (Home)	0
fress 1	86× 18	Address 2	JALAN SULTAN		Address 3	SINGAPORE 190018
ress 4		Address Type	Singapore address		Post Code	190018
t No.	03-156					10000
es he own a Singapore						
districted car?	☐ Yes ® No	Driver Vehicle No.			Driver Insurer Company	
gistered car?	□ Yes ® No	Driver Vehicle No.			Driver Insurer Company	
pistered car?	U Yes (€) No	Driver Vehicle No.			Driver Insurer Company	
pistered car? Variation athwiyser or Blood Test	○ Yes ⓒ No	Driver Vehicle No. Any injury?	○ vies No		Driver Insurer Company	
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