Date In: 9/11/9-17:44	Jeb description	Date &Time Completed	Done b					
Ref No: Har N Cly 3/988 2724	SAS e-filing							
Veh No: SPHTATIE	E-mail (within Shrs, AIC 2)	urs)		- 10				
D.O.A: 9/11/5-171/	i-Motor Claim Form	M11070674-201	9/11/19 18	11				
	i-Motor W/O (Within: O							
TP / Reporting Only	i-Photo Uploaded							
200000	Assessment/Survey Rep	ort						
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp							
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	-1:00				
TP Particulars: Veh No: JH	AUGUMA IN	NC( )/Non-INC( )	57					
Owner / Driver: (		Tel:	)					
Policy No: ( )	Period: (	) Cover Type: (	)					
Confirmed by : (	Date:	Time:	)					
Insured/Driver Liability: ( %	) [Note-Est. Status (WO): N	: 0-20%; P: 21-79%. P: 30	-100%]					
Year of Registration: ( )	Warranty: YES ( )/NO	( )						
The state of the s	\$1,000 ( )/\$2,000 ( )							
	RP 1000							
( ) Walk-In Customer : Customer's		& Strictly NO refer of repairer						
( ) Total Loss Case : to e-mail Ins		); Towing Co: (	-	)				
Drive-In ( )/ Towed-In ( ); Invo	oice: YES ( ) / NO (	); towing co. (		, , , , , , , , , , , , , , , , , , ,				
Remarks: (INC hotline: 6788 6616	<b>a</b>	Date&Time Completed	Done	by				
1) Apply for Transport Allowance (	) / Courtesy Car ( )							
The state of the s								
2) OC Check / Post Repair Inspection	( )	CONTROL WOOD SHIP STORY OF STORY OF						
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost 2]								
3) Upload Resurvey Photo [Repair Cost								
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3) Upload Resurvey Photo [Repair Cost 2								
3) Upload Resurvey Photo [Repair Cost 2]  Injury:	> \$3000] ( )	Providen Checklist	Ant(ts)					
3) Upload Resurvey Photo [Repair Cost 2]  Injury:  Date/Time Actions:	> \$3000] ( )	e Preparation Checklist	Ant (S)					
3) Upload Resurvey Photo [Repair Cost 2]  Injury:  Date/Time Actions	> \$3000] ( ) Invoic	ocident Reporting (\$30);	2040 (B) 705 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1					
3) Upload Resurvey Photo [Repair Cost 2]  Injury:  Date/Time Actions  Laimant's Particulars:	Taveic	Accident Reporting (\$30); Demographic (\$100); INC	(\$80) \$40/\$45					
3) Upload Resurvey Photo [Repair Cost 2]  Injury:  Date/Time Actions  Laimant's Particulars:	Invoic   1) AR: A   2) DA: I   3) TF: T   4) FT: F	Accident Reporting (\$30); Demege Assessment (\$100); INC Deming Fee Dollow-Through Survey Dollow-Through Survey (Resurvey)	(\$80) (\$40/\$45 \$120 \$30					
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3) Upload Resurvey Photo [Repair Cost 2]  Injury:  Date/Time Actions:	Invoic   1) AR: A   2) DA: I   3) TF: T   4) FT: F   5) FT: F   Eq. q. le   6) TR: R   7) N1: Is   8) NTUC   OII*   *N5: G   *N6: F   *N8: I   TP (N	Cocident Reporting (\$30); Damage Assessment (\$100); INC Damage Ass	(\$80) \$40/\$45 \$120 \$30 \$005) \$75 \$160 \$25 \$30 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30					

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**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	09/11/2019 17:54
Date Of Accident	09/11/2019 17:15
Exact Location Of Accident	SLIP RD TAMPINES AVE 7 TWDS TPE (SLE)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFH5551E
Insured/Policyholder	
Name Of Registered Owner	NG YU BOON
NRIC No	S7524203D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82235551
Alternative Phone No	OFFICE-82235551
Vehicle Particulars	
Manufacturer	тоуота
Model	HARRIER PREMIUM STYLE MAUVE 2.0 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101129127-01
Cover Note Number	
Driver	
Name of Driver	NG YU BOON
NRIC No	S7524203D
Date Of Birth	13/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1999
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82235551
Fax Number	
Contact Number	OFFICE-82235551

NOEMAIL

**BLK 862 TAMPINES STREET 83** Address

#07-398

520862 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

Weather Conditions CLEAR Road Surface DRY

## Other Information

NO Was any foreign vehicle involved in this accident?

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

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

NO

1

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, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

## 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

SHA4664H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

Page 3 of 16

## 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.

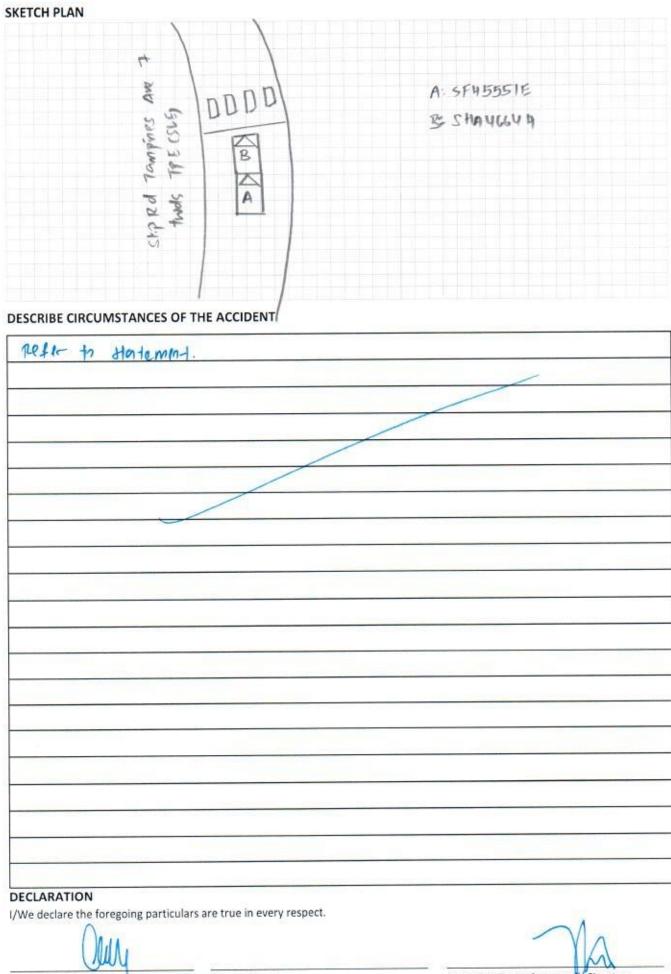
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No .:



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.:

eBaoTech		GeneralC									alClaim
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My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.	-			Date o	f Accident	1	09/11/2019 1	17:15	
	Vehicle	No.(For Motor)	SFH555	ilE .		Certific	cate Number	1			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101129127- 01		NG YU BOON	S7524203D	GPC	drivo PREMIUM	SFH55518	SFH5551E	06/06/2019	05/06/2020
					C	Continue					

Sequen	ce Date of Endorsem	nent	Endorseme	nt Type	Endorsement	Status	Endorsement Content
	ements						
) Insure	d Object: SFH5551E						
Unit No.		Relate Numb	ed Policy er	5101129127-01			
Address 4		Addre	ss Type	Singapore address		Post Code	520862
Address 1	BLK 862 #07-398	Addre	ss 2	TAMPINES STREET	83	Address 3	SINGAPORE 520862
▽ Policyl	older Mailing Address						
Certificate Info							
Open Policy Info							
insurance Flag	No						
Co-	West and the second sec						
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	6	GST Flag	Υ.	
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young/In	experience Driver Excess
Additional Excess	0	Premium	0				
Excess	ŭ	Excess			Excess	100	
Third Party	o o	Own damage	0		Windscreen	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	03/06/2019	Effective Date	06/06/201	9 00:00	Expiry Date	05/06/2020 23:5	9
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 862 #07-398 TAMPINES	STREET 83 SING	APORE 520	1862			
Certificate No.							
Policy No.	5101129127-01	Policyholder Name	NG YU BO	ON	Policyholder NRIC	S7524203D	

laim Handling								
cident MT/1070674								
icy No.	5101129127-01	Vehicle No.	SFH5551E		G	ST Registration No.		
rtificate No.								
icyholder Name	NG YU BOON				р	elicyholder NR3C		S7524203D
duct Code	PRIVATE CAR INSURANCE	Cover Type	privo PREM	JUM'	S.L.	oeding .		0
nact No.(Mobile)	82235551	Contact No. (Office)	0		C	ontact No.(Home)		0
sii Address		Special Remark				Code		- V
	⊕ No ○ Yes	TCA	® No ○Y	19		Code Reason		
D Protection	Yes	NCD Entitlement(%)	50			royate Hire		No.
Accident Details								
port Date	09/11/2019 18:13	Accident Report Within 24 hrs	Yes		E.A	codent Type		Collision - Head to Rear
te of Accident	09/11/2019	Time of Accident Inhomm	17:15		0	ountry of Accident		Singapore
porting Centre		Grange Force			t	CM No.		
cident Location	SLIP RD TAMPINES AVE 7 TWDS TPE (SUE)							
Total Excess Applicable								
cess Type	Per Accident	Windscreen Excess		100.00				
Standard Excess	0.00	TP Standard Excess		0.00				
D OD Excess	0.00	VIED TP Excess		0.00	D	briver is Covered?		Covered
ditional Excess	0							
tal OD Excess Applicable	0.00	Total TP Excess Applicable		0.00				
Benefits								
verage				1 Insured				
cessory			100					
cess Warver			999	99999.99				
GST Registered Informa	ition							
ST Registered	No			Registration Date				
IT Registration No.			GST	Status Venfied		Yes		
odification History								
Policyholder Mailing Ad		1 (A)(2)(1/4)	1250/20022	CONTRACTOR OF THE PARTY OF THE	775	CANAL ROLLY		Complete and a second
ddress 1	BLK 862 #07-398	Address 2		STREET 83		iddress 3		SINGAPORE 520862
odress 4		Address Type	Singapore			fost Code		520862
nit No.		Related Policy Number	510112912	7-01				
OI Driver Info								
nyer Name	NG YU BOON	Oriver Type	Main Driver					5.786730392417
nnamed driver Name		Driver NRIC	575242030	£		Inver DOB		13/08/1975
egister Date of Driver License	25/01/1999	Driver Age	44		1	Driving Expenence		20
ontact No.(Mobile)	82235561	Comact No.(Office)	0			Contact No.(Home)		0
Mress 1	BLK 862	Address 2	TAMPINES	STREET 83		Address 3		SINGAPORE 520862
ddress 4		Address Type	Singapore	eddress	9.3	Post Code		520862
ne No.	07-398							
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.			1	Criver Insurer Comp	arry	
ederation								
reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ®	No.				
odification History								
Claim 001 New								
am Type •	OB-MΩ ✓	Insured Name	NG YU BOX	ON .		roured NRIC		S7524203D
imact No.(Mobile)		Contact No.(Home)				Contact No. (Office)		
nail Address		OI Vehicle Number	SPHS551E			rP vehicle Number		SHA4664H
emant Type Claimant Type *	Please Select 💟	Type of Senetit *	Please Sel	ect 💌				
aimant Name +	>>	Claimant NRIC *						
siment Address								
aim Description	SPH5551E / SHA4664H ON 9 Nov 2019				1	Name of Preferred W	/arkshap	MY CAR CONSULTANT PTE LTD
eferred Workshop Contact	96888885	Insured Liability *	Fully at Fa	ult v				
o. equire Finalisation	Yes v	Preferered Repair Option	Preferred	Workshop (refer below)	V	SIA report		Received
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eport Taken By	Jackson				0.0	OD Excess Collected	by	
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codent No.	MT/1070674	Claim No.		001				
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