Date In: 13/1/19 - 10:00	Jeb description		Date &Time Completed	Don	e by
Rel'No: UA INCIG 220 09 V/V	SAS e-filing				
Veh No: Sta 7839M	E-mail (within 8h	rs AfC 2b-c)	i	i -	
D.O.A: 17/11/19-0875	i-Motor Claim		lanti n	21.	
	i-Motor W/O (107 107 173 -00 1	13)11/19	D VI
OD TB Reporting Only	i-Photo Upload		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Assessment/Surv			-	
TP Insurer:	Ass't Report by		Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	With States
TP Particulars: Veh No: Jk-	7. BOVEP	INC ()/Non-INC()	V.	
Owner / Driver: (0 0-1-1		Tel:)	
Policy No: ()	Period: ()	Cover Type: (-
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WC): N: 0-20	%; P: 21-79%. F: 80-	100%]	10-
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()			
General Remarks:	FCT-CRUMPONIONS	20.556.526	Carl Production Company		
() Walk-In Customer : Customer's in	formation strictly Confi				
() Total Loss Case : to e-mail Insu		70 million de Curi	out 110 Tales of Tapolicis		
		=			
Drive-In ()/ Towed-In (); Invoi	ice: YES () / NO	(); To	wing Co: ()
Remarks: (INC horline: 6788 6616)		100000000000000000000000000000000000000	Date&Time Completed	Done	by
Apply for Transport Allowance ()	Courtesy Car ()		, ,		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > :					
	\$3000] ()		A CONTRACTOR SECOND PROPERTY.	AVE 5/10/20 AVE 5/10/20	
ALCO CONTROL C	\$3000] ()				
Injury:	\$3000] ()		1		
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Injury :	1	voice Prep	aration Checklist	Anit (S)	
Injury: Date/Time Actions	-1 In	AR : Accident R	eporting (\$30);	fitBill	
Injury: Date/Time Actions Actions Algorithms Algorithms Algorithms Actions	1 In 1)	AR : Accident R DA : Damage A	eporting (\$30); ssessment (\$100); INC (\$	fitBill	
Injury: Date/Time Actions Actions Actions Limant's Particulars:	1 In (1) (2) (3) (4) (4)	AR: Accident R DA: Damage A IF: Towing Fee FT: Follow-Thr	eporting (\$30); ssessment (\$100); INC (\$ \$4	751 Bill 80) 0/\$45 \$120	
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Injury: Date/Time Actions Actions da 1908655 atimant's Particulars:- iver/Owner: ntact No:	1) (1) (2) (3) (4) (5) (4) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	AR: Accident R DA: Damege A TF: Towing Fee FT: Follow-Thr FT: Follow-Thr For claiming ago TR: Re-inspecti	eporting (\$30); ssessment (\$100); INC (\$ 54 bough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 200) on	7st Bill 80) 0/\$45 \$120 \$30 5) \$75	
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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 aforesaid.

aforesaid,	
SHOULD BE THE SECOND STREET	ACCIDENT STATEMENT
Date Of Report	13/11/2019 10:00
Date Of Accident	12/11/2019 08:15
Exact Location Of Accident	PUNGGOL RD BEFORE TPE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD7839M
Insured/Policyholder	
Name Of Registered Owner	YAP SOONG YOONG
NRIC No	S8380330D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83837839
Alternative Phone No	OFFICE-83837839
Vehicle Particulars	
Manufacturer	тоуота
Model	ALPHARD 8-SEATER 2.5X 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?	NO
If No, Please state action to be taken	THIRD PARTY
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	5112270886
Cover Note Number	
Driver	
Name of Driver	YAP SOONG YOONG

 Name of Driver
 YAP SOONG YOONG

 NRIC No
 \$8380330D

 Date Of Birth
 20/03/1983

 Occupation
 INDOOR

 Date Of Driving Pass
 16/04/2011

 Driving Experience
 8 YEARS AND 6 MONTHS

 Gender
 MALE

 Mobile Number
 (LOCAL) +65-83837839

Fax Number

Contact Number OFFICE-83837839

EMail Address NOEMAIL

Address BLK 163A PUNGGOL CENTRAL

#14-175

Postcode 821163

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 Registration Number of Driver's Own

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

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

YES

NO

NO

NO

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

Was any other material or property damaged?

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

1

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY STOPPED. 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? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ6045P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KHAIRUL ADLI BIN MD ISA

NRIC/Passport Number S8019466H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

YAP SOONG YOONG

Approximate Age

Injuries Sustain

Name

BODY

Injured person in which vehicle?

SLD7839M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

NO

Address

Postcode

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
 - (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.

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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

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.:

HARMIC SkerchPlanForm, Vo.

Hello, NAC_PAYA_UBI_80	0601					0.15	• Chang	e Languag	e • Chan	ge Password	· Log Ou
My Desktop	Policy Query										
Notice of Lass	Policy N	io.				Date	of Accident	- 1	12/11/2019 0	08:15	
	Vehicle No.(For Motor)		SLD7839M			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	5112270886		YAP SOONG YOONG	S8380330D	GPC	drivo CLASSIC	SLD7839M	SLD7839M	02/09/2019	01/09/2020

Policy No.	5112270886	Policyholder Name	YAP SOON	G YOONG	Policyholder NRIC	S8380330D	
Certificate No.		Home			INC		
Address	BLK 163A #14-175 PUNGGOL C	ENTRAL SING	APORE 8211	63			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	29/08/2019	Effective Date	02/09/2019	9 00:00	Expiry Date	01/09/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate							
Info							
	holder Mailing Address						
□ Policyl	holder Mailing Address BLK 163A #14-175	Addre	ss 2	PUNGGOL CENTRAL	. ,	Address 3	SINGAPORE 821163
♥ Policyh	2011 10 20 11 12 20 10 10 10 10 10 10 10 10 10 10 10 10 10		ss 2 ss Type	PUNGGOL CENTRAL Singapore address		Address 3	SINGAPORE 821163 821163
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Address 1 Address 4 Unit No. Insure	BLK 163A #14-175 d Object: SLD7839M sements	Addre Relate Numb	ss Type	Singapore address 5112270886		Post Code	Chicago Characa
Policyh Address 1 Address 4 Unit No. Insure Endors	BLK 163A #14-175 d Object: SLD7839M sements	Addre Relate Numb	ss Type od Policy er	Singapore address 5112270886		Post Code Status	821163

Continue Cancel

Claim Handling											
cident MT/1071133											
icy No.	5112270886		Vehicle No.	50	D7839M			GST Registration No.			
tificate No.											
icyholder Name	YAP SOONG YOONG							Policyholder NRIC		563803300	
oduct Code	PRIVATE CAR INSURANCE	ee .	Court Total	40	vo CLASSIC						
		1	Cover Type		No CEASSIC			Loading		0	
mact No.(Mobile)	83837839		Contact No.(Office)	0				Contact No.(Home)		0	
ail Address			Special Remark					eCode		0.4	
K.	® No ○Yes		TCA	(9)	No Oyes			eCode Reason			
D Protection	Yes		NCD Entitlement(%)	50				Private Hire.		No	
Accident Details										(FE6)	
port Date											
ALCO CONTRACTOR OF THE PROPERTY OF THE PROPERT	13/11/2019 10:19		Accident Report Within 2	24 hrs Yes				Accident Type		Collision - Head t	o Rear
te of Accident	12/11/2019		Time of Acoders filtimm	1 08	15			Country of Accident		Singapore	
porting Centre			Orange Force					JCM No.			
cident Location	PUNGGOL RD BEFORE TO	PE									
Total Excess Applicable											
ess Type	Per Accident		Windscreen Excess			100.00					
Standard Excess		600.00	TP Standard Excess			0.00					
D OD Excess		0.00	VIED TP Excess			0.00		Driver is Covered?		Covered	
			THEO P. LANGE			0.00		Diget of Covered.		Covered	
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al OD Excess Applicable		600.00	Total TP Excess Applicab	ol Ni		0.00					
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700											
Policyholder Hailing Ad	dress										
fress 1	BLK 163A #14-175		Address 2	201	NGGOL CENTRA	i.		Address 3		SINGAPORE 821	167
dress 4											100
			Address Type		gapore address			Post Code		021163	
t No.			Related Policy Number	511	12270886						
OI Driver Info											
ver Name	YAP SOONG YOONG		Oriver Type	Hai	n Driver						
named driver Name			Driver NR3C	58	3803300			Driver DDS		20/03/1983	
jeter Date of Driver License	16/04/2011		Driver Age	36				Onving Experience			
ntact No.(Mobile)	83837839		Contact No. (Dffice)	0				Contact No.(Home)		0	
dress 1	BLK 163A		Address 2	PLI	NGGOL CENTRA	L.		Address 3		SINGAPORE 821	163
dress 4			Address Type	569	gapore address			Post Code		821163	
it No.	14-175										
es he own a Singapore	Yes (I) No		Driver Vehicle No.								
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dification History											
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all Address	With the same of t	-	OI Vehicle Number		07839M			TP Vehicle Number		SKZ6045P	
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mant Name *		>>	Claimant NRIC +								
ment Address											
im Description	SLD7839M / SKZ6045P 0	ON 12 Nov 2019						Name of Preferred Wo	orkshop		
ferred Workshop Contact			Insured Liability +	lucio.	t at Fault	~	- 1		100		
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uire Finalisation	Yes	Y	Preferened Repair Option	Pre	ferred Worksho	p, Name unknown	Y	GIA report		Received	
e Registered	13/11/2019 10:21		Claim Close Date					Date Received		13/11/2019 00:0	0
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ident No.	MT/1071133		Claim No.		0	01					
Doc. Received	▼ Yes ○ No		Upload Date	6	1	3/11/2019 10:23					
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7	NAC_PAYA_UBI_800601[NAT CES) on 1.	TIONAL ASSESSMENT CENTRE SERVI 3 Nov 2019 10:21	Photos		Normal	Photos 20	119-11-13	
9	NAC_PAYA_UB1_800601(NAT CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 3 Nov 2019 10: 21	Photos		Normal	Photos 20	119-11-13	
	NAC_PAYA_UBL_800601(NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVE 3 Nov 2019 10-21	Photos		Normal	Photos 20	019-11-13	
	NAC_PAYA_UB)_800601(NA CES) on 1	TIONAL ASSESSMENT CENTRE SERV) 3 Nov 2019 10:23	Photos		Normal	Photos 2	019-11-13	
	NAC_PAYA_UB1_800601(NA CE5) on 1	TIONAL ASSESSMENT CENTRE SERVI 3 Nov 2019 10:23	Photos		Normal	Photos 2	019-11-13	
	NAC_PAYA_UBI_600601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 37 Nov 2019 10:23		Photos		Normal	Photos 2	019-11-13	
	NAC_PAYA_UB1_BD0601(NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 3 Nov 2019 10:23	Photos		Normal	Photos 2	019-11-13	
9	NAC_PAVA_UBI_800601(NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 3 Nov 2019 10: 23	SAS		Normal	SAS 20	19-11-13	
100	NAC_PAYA_UBI_800601 NA CES) on 1	TTIONAL ASSESSMENT CENTRE SERVE 3 Nov 2019 10:21	NRJC/ Driving License	Ÿ	Normal	ARTC/ Driving Li	conse 2019-11-13	(00)
chment	Upto	wded By/Date	Category	Ŷ	Urgency	Desc	ription	Msg Sent? (CO)