1311119-1116	Jcb descriptio		Date & Time Completed	Done	by:		
Date In: (3) 11/19-11:16			15ate to raise completed	2011			
Rei No: HAJIHCI9-2012/14	SAS e-filing						
Veh No: SL DIYX8 M	E-mail (withi	a Shrs, AIC 2hrs)					
D.O.A: 1/1/19-10:30	i-Motor Cla	im Form	10c-1911Eellur	13/11/19	11:50		
OD . TP ! Reporting Only	i-Motor W/	i-Motor W/O (Within: OD 2hrs, TP 4brs)					
	i-Photo Upl	oaded					
TP Insurer:		urvey Report	<u>i</u>				
	Ass't Report	by <u>Fax / Hand</u> t	o Owner/Wksp	AF DESCRIPTION OF THE PARTY OF			
Preferred Wksp / INC Assign Wksp / QW: (Tal: F	ax:			
TP Particulars: Veh No: 4	390657	, INC()/Non-INC()		100,000		
Owner / Driver: (Tel:)			
	Period: ()	Cover Type: ()			
Confirmed by : (Date:	Time:)			
			0%; P: 21-79%. F: 80-1	100%]			
Year of Registration: ()	Warranty: YES ()/NO()				
	1,000 ()/\$2,000)()					
General Remarks;-				San Sirie	- Y		
() Walk-In Customer: Customer's in	formation strictly Co	nfidential & Str	ictly NO refer of repairer.				
() Total Loss Case : to e-mail Insu	irer URGENTLY.						
Drive-In ()/ Towed-In (); Invoi	ice: YES () / I	NO(); To	owing Co: ()		
Remarks: (INC hotline: 6788 6616)	N 2011		Date&Time Completed	Done	by		
	Courtesy Car ()	1	5.193 f.A.	-		
2) QC Check / Post Repair Inspection	()					
	\$30001 ()			-230		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()					
	\$3000] ()					
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		neselective			
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()		nesto ou	· · · · · · · · · · · · · · · · · · ·		
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3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] (33830 AC 81			
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	\$3000] ()		4			
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions	\$3000] (Invoice Prep	aration Checklist	Ani: (5)	Amt (3)		
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	\$3000] (1) AR : Accident I	Reporting (\$30);	Anit (S)			
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MA 90816 > sumant's Particulars:-	\$3000] (1) AR : Accident I 2) DA : Damage A	Reporting (\$30); assessment (\$100); INC (\$8	Anit (S)			
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	\$3000] (1) AR : Accident I 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th	Reporting (\$30); ssessment (\$100); INC (\$8 e \$40 rough Survey	Ant (S) fit Bill 0) /545 5120			
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MA 90816 > sumant's Particulars:-	\$3000] (1) AR : Accident I 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	Reporting (\$30); assessment (\$100); INC (\$8 a \$40 rough Survey rough Survey (Resurvey)	Anit (\$) fit Bill 0) 0/545 5120 530			
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MA 908160 aimant's Particulars:- iver/Owner: intact No:	\$3000] (1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect	Reporting (\$30); INC (\$8 E S40 Fough Survey Fough Survey (Resurvey) Ainst INC Only (wef 10 Jan 2005) Fough Survey (Resurvey)	Anit (\$) fit Bill (0) /\$45 \$120 \$30) \$75			
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MA 908160 atimant's Particulars:- iver/Owner:	\$3000] (1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as	Reporting (\$30); INC (\$8 e \$40 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005 ion SMRT Survey	Ant'(\$) fat Bill 7 0) 7545 5120 530			
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	3	1) AR : Accident I 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspect 7) N1 : Idac DA + 8) NTUC Addition QD*	Reporting (\$30); ISSESSMENT (\$100); INC (\$8 FOUGH SURVEY FOUGH SURVEY (RESURVEY) AINST JNC Only (wef 10 Jan 2005) ION SMRT SURVEY All Services:-	Anit (\$) fit Bill (0) /\$45 \$120 \$30) \$75 \$160			
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MA 908160 aimant's Particulars:- iver/Owner: intact No:	\$3000] (1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: idao DA + 8) NTUC Addition OD* *N5: Courtesy (Reporting (\$30); Assessment (\$100); INC (\$8 e \$40 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) ion SMRT Survey (al Services:-	Anit (\$) fit Bill (0) /\$45 \$120 \$30) \$75			
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	\$3000] (1) AR : Accident I 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspect 7) N1 : Idac DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair	Reporting (\$30); ISSESSMENT (\$100); INC (\$8 FOUGH SURVEY FOUGH SURVEY (RESURVEY) AINST INC Only (Wef 10 Jan 2005) INC SMRT SURVEY FOUGH SURVEY FOUG	Anit (\$) fit Bill (0) /\$45 \$120 \$30) \$75 \$160 \$5 \$10 \$25			
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	\$3000] (1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); Assessment (\$100); INC (\$8 Frough Survey (Resurvey) Ainst INC Only (wef 10 Jan 2005) Ainst Survey All Services: Car / Tpt Allowance Ardination Ard	Amit (\$) fit Bill 0) /545 \$120 \$30) \$75 \$160 \$51 \$55 \$55 \$55			
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	\$3000] (1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); ISSESSMENT (\$100); INC (\$8 FOUGH SURVEY FOUGH SURVEY (RESURVEY) AINST JNC Only (wef 10 Jan 2005) FOUGH SURVEY FOUGH SURVE	Ant'(\$) fat Bill 0) /\$45 \$120 \$30) \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$			

SINGAPORE ACCIDENT STATEMENT

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 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 consideresaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/11/2019 11:18
Date Of Accident	12/11/2019 10:30
Exact Location Of Accident	SLIP RD UPP BUKIT TIMAH RD TWDS OLD JURONG RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD3438M
Insured/Policyholder	
Name Of Registered Owner	H&H AUTO SERVICING
Co Reg No	53293425C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63847231
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY 2.4 A
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	5091781453-02
Cover Note Number	
Driver	
Name of Driver	KONG KOK WEI
NRIC No	\$84662901

25/02/1984 Date Of Birth OUTDOOR Occupation 23/03/2016 Date Of Driving Pass 3 YEARS AND 7 MONTHS Driving Experience

Gender MALE

(LOCAL) +65-82658352 Mobile Number

Fax Number

OFFICE-82658352 Contact Number

NOEMAIL EMail Address

BLK 678C JURONG WEST STREET 64 Address

#03-335

2

NO

643678 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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) 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

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)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SGJ9065T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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 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

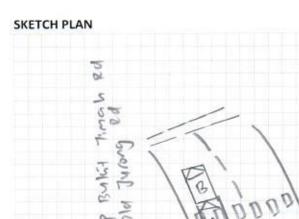
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



A: SID3438M B: SAJ9065T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hutement.	
75 - 279 - 4 - 250 - C	

DECLARATION

I/We declare to for soing particulars are true in every respect.

Policyholder's Signatur Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

- Da - Tarah			- AURIB	1000						Genera	IClaim
eBaoTech	0601		29000				+ Chang	e Language	e + Chang	e Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident		12/11/2019 1	0:30	
	Vehicle No. (For Motor)		SLD3438M			Certificate Number		[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091781453- 02		H&H AUTO SERVICING	53293425C	GPC	drivo CLASSIC	SLD3438M	SLD3438M	10/08/2019	09/08/2020
					9	Continue					

Policy No.	5091781453-02	Policyholder Name	H&H AUTO	SERVICING	Policyholder NRIC	53293425C	
Certificate							
Address	25 KAKI BUKIT ROAD 4 #07-47	SYNERGY @ I	KB SINGAPO	RE 417800			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	02/08/2019	Effective Date	10/08/2019	00:00	Expiry Date	09/08/2020 2	3:59
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			Young	g/Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	25 KAKI BUKIT ROAD 4	Addre	ess 2	#07-47 SYNERGY (э кв	Address 3	SINGAPORE 417800
Address 4		Addre	ess Type	Singapore address		Post Code	417800
	07-47	Relati	ed Policy per	5091781453-02			
Unit No.	07:47						
necessary serves	d Object: SLD3438M						
necessary serves	d Object: SLD3438M	1.7 50 0.0.1					

Claim Handling					
Accident MT/1071161					
Pakcy Na.	5091781453-02	Vehicle No.	SL03438 ^A	GST Registration No.	
Certificate No.					93293425C
Policyholder Name	H&H AUTO SERVICING		1051023020	Policyhalder NR3C	335434590
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	63847231	Contact No.(Home)	
Email Address		Special Remark	6.0 C	eCode	TYM
KPK	® No ∵Yes	TCA	® No ○Yes	eCode Reason	Cares
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	13/11/2019 11:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/11/2019	Time of Accident hh:mm	10.30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	SLIP RD UPP BUKIT TIMAH RD TWDS OLD JU	RONGRO			
Total Excess Applicable	Q.,,,,,,,,,,,,,				
ocess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
TED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0	(1) Anna (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	3500		
otal DD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
	544.00	The state of the state of			
Benefits GST Registered Inform	ation				
ST Registered Inform	Yes		GST Registration Date	01/03/2018	
of Registeres ST Registration No.	M90372141P		GST Status Verified	Yes:	
fodification History	13/11/2019 11:50:10 System	n changed GST Registered from N	o to Yes		
SAME TO SERVICE STATE OF THE S	13/11/2019 11:50:10 System 13/11/2019 11:50:10 System	n changed GST Registration No. for n changed GST Registration Date (om null to M90372141P from null to 01/03/2018		
Policyholder Hailing Ad					
Address 1	25 KAKI BUKIT ROAD 4	Address 2	#07-47 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Jne No.	07-47	Related Policy Number	5091781453-02		
○ OI Driver Info					
Driver Name	KONG KOX WEI	Driver Type	Named Driver		
Innamed driver Name		Driver NRIC	584662901	Driver DOB	25/02/1984
Register Date of Driver License	23/03/2016	Driver Age	35	Driving Experience	30
Contact No.(Mobile)	82658352	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 678C	Address 2	JURIONG WEST STREET 64	Address 3	EDELWEISS@JURONG
Address 4	SINGAPORE 643678	Address Type	Singapore address	Post Code	643678
Unit No.	03-335	30.000.000.000	•		
Does he own a Singapore	□ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	- FORTHER				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ® No		
100000					
Hodrication History					
Anna and an and an					
Claim 001 New					
Diam Type *	ор-мх 💌	Insured Name	HBH AUTO SERVICING	Insured NR3C	53293425C
Contact No. (Mobile)	96373533	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		Of Vehicle Number	SLD3438M	TP Vehicle Number	SG19065T
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Selact		
Claimant Name .*	22	Claimant NR3C *			
Claimant Address					
Claim Description	SLD3436M / SG39065T ON 12 Nov 2019			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability +	Fully at Fault.		
No. Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/11/2019 11:50	Claim Close Oate		Date Received	13/11/2019 00:00
Report Taken By	Jackson	5. S.	The second secon		
Print AK letter	September 1				
S Stute we writer					
			Save Submit		
Attachment					
9					
Accident No.	MT/1071161	Claim No.	001		
Last Occ. Received	Yes ○ No	Upload Date	13/11/2019 11:52		
	Pach *		Category *	Confidential Urger	cy * Description *
		Browse	Dear Please Select	V Normal	V
		Browse	Clear Please Select	V Normal	V
		Browse		V Normal	U
		Browse	A second free control of	V Normal	•
		Browse		v № V Normal	
		Didwar			

