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Il Particulars: Veh Nut SM	N 3772H.	, INC()/Non-INC(Ú.,		
Owner/Driver: (Tel:)	
Policy No. () Perio	d: ()	Cover Type: ()	
Confirmed by 2 (Date:	Thur)	
Insured/Driver Liability: (%) [No	te-Est. Status (V	70): N: 0-20	%; P: 21-79%. P:	80-100%	[0]	
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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 <u>truthful and accurate</u> 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.

生物的现在分词是一种性的性态。	ACCIDENT STATEMENT
Date Of Report	16/11/2019 13:37
Date Of Accident	15/11/2019 19:35
Exact Location Of Accident	MBS CONVENTION CENTRE DROP OFF POINT
Country/State of Loss	SINGAPORE
property of the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ9581Z
Insured/Policyholder	
Name Of Registered Owner	SUPER STAR LIMO & CAR RENTAL
Co Reg No	53359119L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96233308
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	NOAH HYBRID
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108614334
Cover Note Number	
Driver	
Name of Driver	SIN LI-WEN JASMINE
NRIC No	S7932239C
Date Of Birth	28/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	09/09/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90733886
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 123 HOUGANG AVE 1 #11-1420

Postcode

530123

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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?

Was any other material or property damaged?

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

YES NO

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

I DROP OFF MY PASSENGER AT MARINA BAY SAND CONVENTION CENTER, AFTER I DROP OFF MY PASSENGER, I MOVING OUT FROM THE STATIONARY POSITION, SUDDENLY VEHICLE B COME FROM BEHIND TRY TO SQUEEZE THROUGH MY VEHICLE FROM THE RIGHT AND HIT ONTO MY VEHICLE RIGHT 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

SMN3772H

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)

SKETCH PLAN

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.
- 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.

SUPER STAR LIMO & CAR RENTAL Reg. No.: 53359119L

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.:

SKETCH PLAN						
Ma	rina bay	Saved	Compentio			
			\			1N 3772
DESCRIBE CIRCUMSTANC	ES OF THE ACCI	DENT				
Please	Refe	r	+o	Statem	ent	
DECLARATION I/We declare the foregoing particle of the start LIMO & CAR RENTARES. No.: 53359119L	Contract to the second	every respe	ct.		Jul .	
Policyholder's Signature Date & Time:	Driver's (If drive	es not the pol	licyholder)	Reporting (Name:	Centre Personne	el's Signature

eBaoTech **GeneralClaim** Hello, NAC_PAYA_UBI_800601 · Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. 5108614334 Date of Accident 15/11/2019 13:33 Vehicle No.(For Motor) SM)9581Z Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Select Policy No. Product Cover Type Expiry Date SUPER STAR 5108614334-000009 drivo CLASSIC LIMO & CAR RENTAL GFM SMJ9581Z SMJ9581Z 12/04/2019 11/04/2020 5108614334 53359119L Continue

Claim Handling										
The premium on this policy has in Accident MT/1071687	of Deen collected,									
Policy No.	5108614334		Vehicle No.	5M39561Z		CST Can	istration No.			
Certificate No.	5108614334-00000	10	activity (40).	31/3/3/912		SOI NO	estration No.			
Policyholder Name	SUPER STAR LIMO 8									
Product Code							Ider NRIC		3591190	
Contact No.(Mobile)	FLEET MASTER INS 96233308	URANCE	Cover Type	drive CLASSIC		Loading		0		
Email Address	96233308		Contact No.(Office)				No.(Home)	-	-	
KIK	Sin Year		Special Remark	0.00000000		eCode		No	•	
	= No Yes		TCA	= No Yes		eCode R				
NCD Protection	No		NCD Entitlement(%)	0		Private H	tire	Yes		
Report Date	16/11/2019 16:58		Accident Report Within 24 his	Yes		Accident	Туре	Sip	e Swipe	
Date of Acodent	15/11/2019		Time of Accident hh:mm	19:35		Country	of Accident	Sin	gapore	
Reporting Centre			Orange Force			ICM No.				
Accident Location	MBS CONVENTION	CENTRE DROP OFF POINT								
Excess Type	Per Accident		Windscreen Excess		100.00					
OD Standard Excess		2,000.00	TF Standard Excess		1,500.00					
YIED OD Excess		0.00	VIED TP Excess		0.00	Driver is	Covered?	Cov	vered	
Additional Excess		0								
Total OD Excess Applicable		2000.00	Total TP Excess Applicable		1,500.00					
₩ Benefits										
	tion									
GST Registered		10		GST Regi	stration Date					
GST Registration No.					us Verified		Yes			
Modification History							ocen.			
	Iress									
Address 1	BLK 576 #12-500		Address 2	WOODLANDS DRI	ur va	Address		500	250.00.00	
Address 4	MEN 376 #12-300		Address Type						GAPORE 730	576
Unit No.				Singapore address		Post Cod	6	730	1576	
OI Driver Info	12-500		Related Policy Number	5108614334						
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver						
Unnamed driver Name	SIN LI-WEN JASMIN	4	Driver NRIC	57932239C		Driver Di		28/	10/1979	
Register Date of Driver License	09/89/2003		Driver Age	40		Driving E	xperience	16		
Contact No.(Mobile)	90733886		Contact No.(Office)			Contact (No.(Home)			
Address 1	BLK 123 #11-1420		Address 2	HOUGANG AVENU	E1	Address	3	SIN	GAPORE 5301	123
Address 4			Address Type	Singapore address		Post Cod	e	530	123	
Unit No.	11-1420									
Does he own a Singapore Registered car?	Yes - No		Driver Vehicle No.			Driver In	surer Compa	iny		
Declaration										
Breathalyser or Blood Test	ð mg		Any injury?	Yes + No						
Reading?										
Modification History										
And the second second										
Claim 001 New										
Claim Type +					ОО-МХ	▼ Insured Name	CLOSED CT		Insured	FRANCE
Canal God					OU-MX			AR LIMO & CAR RE	145.00	53359:
Contact No.(Mobile)						Contact No.	MIL		No.	4
						(Home)			(Office)	311/2
Email Address						Vehicle			Vehicle	SMN37
						Numbe	E. VCE.SVS-8004-67 T		Number Name of	
Claim Description					5MJ95B1Z / 5MN3772H C	ON 15 Nov 2019			Preferred Workshop	2 10
Preferred		and Liability							THUT KOTTO	
Workshop 0 Seguing No. Vos	Profesera	red Liability Partially at	Fault F GIA Contract		1					
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Date Registered	57030				16/11/2019 17:02	Close			Received	16/11/
Report Taken By					LIEW SHAN HUI	-				
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Attachment										
No. Company										
¥										
Accident No.	MT/1071687		Claim No.		001					
Last Doc. Received			Upload Date							
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Message Read										
 Attachment List 										

11.10/2015	Olam Haranga and Aranga and Arang							
Attachment	Uploaded	By/Date	Category	9	Urgency	Description	н	
40	NAC_PAYA_UB1_B00601(NATIONAL 16 Nov 20	ASSESSMENT CENTRE SERVICES) o 19 17:03	NRIC/ Driving License	٧	Normal	NRIC/ Driving License 2019-11-16		
103	NAC_PAYA_UBI_B00801(NATIONAL 16 Nov 20		SAS		Normal	SAS 2019-11-16		
	NAC_PAYA_USI_800603(NATIONAL 16 Nov 20	ASSESSMENT CENTRE SERVICES) 0	Photos		Normal	Photos 2019-11-16		
505		ASSESSMENT CENTRE SERVICES) o (19 17:03	Photos		Normal	Photos 2019-11-16		
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5	NAC_PAYA_UBI_800601(NATIONAL 16 Nov 2	ASSESSMENT CENTRE SERVICES) p 119 17:03	Photos		Normal	Photos 2019-11-16		
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