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TP Insurer:	Automatical Commendation (Automatical Comment	/ Hand to Owner/Wkan		
Profurred Wksp / INC Assign Wksp / QW: (Tol:	Faxt	
TP Particulars: Veh No.	-14 2420B	INC()/Non-INC().	
Owner / Driver: (DU SHORE.	Tel:)
Policy No: ()	Period: () Cover Type: ().
Confirmed by : (· Da	ter, Times)
Insured/Driver Liability: (%)	Note-Est Status (WO):	N: 0-20%; P: 21-79%.	P: 80-1009	(1)
Year of Registration; ()	Warranty: YES ()/	NO()		
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Seneral Relativities & Karnary Valley	And the control of th	NEW ALCOHOLOGY	5.12	
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1) Apply for Transport Allowance ()	/ Courtesy Car ()			
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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.

- 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 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	25/11/2019 14:58
Date Of Accident	14/11/2019 12:10
Exact Location Of Accident	BLK 233 SUMANG LANE CARPARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG5233X
Insured/Policyholder	
Name Of Registered Owner	UNITED AUTO LEASING PTE LTD
Co Reg No	201630548K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96309221
Alternative Phone No	OFFICE-83994299
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5106664345
Cover Note Number	

Driver

Name of Driver RICHARD LONG FOO YIN NRIC No S1712638E

 Date Of Birth
 01/04/1965

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/12/1984

Driving Experience 34 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96309221

Fax Number

Contact Number OTHERS-83994299

EMail Address NOEMAIL

Address

BLK 232C SUMANG LANE

#12-357

Postcode

823232

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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?

NO

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?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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

PLEASE REFER TO SKETCH PLAN

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

SJH2838B

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

- 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 withholding 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. 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.
- 7. 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)
 - (i) 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 callect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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.

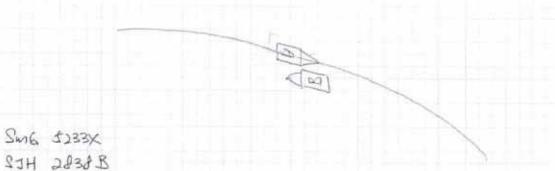
Policyholder's Date & Time:

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

NRIC/FIN No.

ting Centre Personnel's Bignatury WHORS
FIN No.: Cal L. WARRANS

BIK 233 Symboly Cour Golfock



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while & use find wounds of Fidure distribution
20 20 20 20 20 20 20 20 20 20 20 20 20 2
I was diving down along the multi stoney carporte dile vehicle B was diving upwards of I dove slightly taxade his lower homes collision.

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 Sgnatur

Name:

NRIC/FIN No.:

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: /4/1/19 Time: /2:10 (24 hr format)
Exact Location of Accident *	81×233 Shimang Lene Capale
NSURED / POLICY HOLDER / VEHICLE PARTICUL	ARS / DETAILS OF OWN VEHICLE
Vehicle Registration Number *	SING J233X Make & Type *:
Name of Registered Owner*	CLUTED AUTO LEASING PTE LTD
NRIC / FIN / Passport /Co Regn No. *	2016 30548 C
Contact Number *	9630 9221 Email/Fax No:
Exact <u>Purpose</u> for which vehicle was being used at Time of Accident	☐ Private Usage / ☐ Commercial or Company's Usage
Are you claiming under your own	Yes / No. Please state action to be taken
nsurance policy for repair to your vehicle?* NSURANCE COMPANY (OWN VEHICLE)	☐ Third Party Claim (SYH / Other workshop?) / ☐ Reporting Only
Name of Insurance Company *	China / EQ / Eliga / MSIG / Tokio Marine/ Great American WYU C
Type of Palicy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	5706664345
DRIVER	
Name of Driver *	RICHARD Louis Foo YIN Gender (Male) Female
NRIC / FIN / Passport Number *	\$7712638€
Date of Birth *	1 14 11965 (dd/mm/yyyy)
Occupation *	□ Indoor / □-Outdoor
Date of Driving Pass (Pass Date) *	20/12/1984
Contact Number *	8399 4199
Address	B/K 1326 Stemeng Lone #12-357 (6) 823232
Email Address / Fax Number *	Email: Fax:
Relationship of the Driver with the insured *	Owner / Employee / Spouse / Friend / Others: HIVEL
Does Driver Own any Vehicle, if YES pls indicate	Veh No: 1) 2) 3)
Vehicle Number & Insurance Company*	Ins Co: 1) 2) 3)
GENERAL INFORMATION OF THE ACCIDENT	Chair Calling 194 (S. A. L. Frank to Barre 10 lines
Type of Collision	Chain Collision / Side-Swipe / Front to Rear / Others:
Weather Conditions *	- I was a second and a second a
Road Surface * OTHER INFORMATION	Wet / ph) / Others:
Was anybody Injured in the accident? *	□No / □Yes (Palice Report required)
Was any injured conveyed to hospital	☑No / □Yes
by ambulance?	
Was any foreign vehicle involved in this accident? *	☑No / □Yes Veh No: Veh Category:
Number of vehicles involved in the accident	(2)
Was there any witness?	₽No / □Yes
Was any other VEHICLE / Property involve /damage?*	□No / ⊠Yes
Was there any video captured by Car Camera?	☑No / □Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	Mo / DYes If Yes, Please state which Police Station
Was Notice of Intended Prosecution given? *	No / Dyes if Yes, against whom?
Number of Passengers (Including DRIVER)?*	(()
HADINGS OF LOSCONDERS THE PROPERTY AND ASSESSED.	Language Language Control of the Con
Passengers	Name: Name:

DETAILS OF OTHER VEHICLE(S) / PROPI	ERTIES	100
Vehicle Registration Number *	1) SJH 2838B	(2)
Vehicle Make / Model / Colour		
Damage to Vehicle/Property? Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address	70-20-20-20-20-20-20-20-20-20-20-20-20-20	
Insurance Company Name		
DETAILS OF WITNESS		
Name		100 - 15 - MIRE
Contact No. / Email Address		

2 4

Claim Handling

Accident MT/1071549					
Policy No.	5106664345	Vehicle No.	5MG5233X		GST Registrat
Certificate No.					
Policyholder Name	UNITED AUTO LEASING PTE LTD				Policyholder N
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		Loading
Contact No.(Mobile)	NA.	Contact No.(Office)			Contact No.(H
Email Address		Special Remark			eCode
KFK	- No Yes	TCA.	No Yes		eCode Reason
NCD Protection	No	NCD Entitlement(%)	0		Private Hire
Accident Details			70		25174004 21074
Report Date	15/11/2019 15:28	Accident Report Within 24 firs	Yes		Appleans William
Date of Accident	14/11/2019	Time of Accident hhamm	12:00		Accident Type
Reporting Centre		Orange Force	12.50		Country of Acc
Accident Location	ALONG 2338 SUMANG LANE MULTI-STORE				ICM No.
▼ Excess					
Own damage Excess	0.00	Additional Excess	0		
Unnamed Driver Excess		Outside Singapore OD Excess		2.02	Windscreen Ex
Third Party Excess	1,500.00	Outside Singapore TP Excess		0.00	
→ Benefits	il-time.	Section 2019 Parties		1,500.00	
⇒ GST Registered Informa	tion				
GST Registered	No		WENT BUSINESS	LEGACT RELEGIC	
GST Registration No.	0.000		GST Registr GST Status		1800
Modification History			68) 3000	ecined.	Wes
	fress				
Address 1	210 TURF CLUB ROAD	Address 2	#LOT-538 THE GRAI	unctaen.	434000 W
Address 4		Address Type	Singapore address	NDS (AND	Address 3
Unit No.	LOT-B38	Related Policy Number	5114120487		Post Code
OI Driver Info			3114110461		
Driver Name		Driver Type			
Innamed driver Name		Driver NR3C			Bullion Born
Register Date of Driver License		Driver Age			Driver DOB
Contact No.(Mobile)		Contact No.(Office)			Driving Experi
Address 1		Address 2			Contact No.(H)
Address 4		Address Type	Foreign address		Address 3
Juit No.		WASSAGED MANAGE	1 10 10 10 10 10 10 10 10 10 10 10 10 10		Post Code
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Driver Insurer
fodification History					
Claim 002 New					
Claim Type •				PARTITION	• Insured Lin
				OD-MX	name.
Contact No. (Mobile)					Contact No.
					(Home)
mail Address					Vehicle SM Number
Saim Description				5MG5233X / SJH28388 (30700-000
Preferred Workshop	Insured Liability Not as 5				
tentier No. Yes	Profereced Preferred Workshop	CONTRACTOR OF GIA PROPERTY.			
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leport Taken illy				25/11/2019 15:36 ROSLI WAHAB	Close
Print AK letter				NOSEL WATER	
Track and settler					
			Save Submit		
Attachment					
v					
ocident No.	MT/1071549	Claim No.	00	2	
ast Doc. Received		Upload Date			

Claim Handling(Claim Task)

Path * Choose File No file chosen Choose File. No file chosen Choose File No file chosen Message Read

Uploaded By/Date

* Yes 160

Category * Confider Clear * NO Please Select Clear * NO Please Select Clear Please Select * NO Clear Please Select * NO Clear Please Select * NO Clear Please Select * NO

25/11/2019 15:42

77	At	tar	him	ant	List

Attachment	Uploaded By/Date	Category	9	Urgency	
60	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nav 2019 15:42	SAS		Normal	Si
	NAC_BUKIT_MERAH_BODG76(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Nov 2019 15:37	NRIC/ Driving License	Ÿ	Normal	NRIC/ Driv
19 80	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Nov 2019 15:37	NRIC/ Driving License	Y	Normal	NRIC/ Driv
- T	NAC_BUKIT_MERAH_800676{ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:37	Photos		Normal	Phi
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:36	Photos		Normal	Phi
3	NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 25 Nov 2019 15:36	Photos		Normal	Pho
B	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:36	Photos		Nigernal	Pho
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:36	Photos		Normal	Phe
*	NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 25 Nov 2019 15:36	Photos		Normal	Pho
Video List					

Folder Date

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File Name

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• eBaoTech						1	19.31	SHEET		Gener	alClaim
Hello, NAC_BUKIT_MERA My Desktop Notice of Loss	H_B00676 Policy Query					Change Language			ge • Change Password		' Log Ou
	Policy No. Vehicle No.(For Motor)		SMG5	233X		Date of Accident Certificate Number		er	14/11/2019 14:55		1
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name UNITED AUTO	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5106664345		LEASING PTE	201630548K	GPC	Third Party	SMG5233X	SMG5233X	27/12/2018	06/01/2020
						Continue					