	Jeb description	Date &Time Completed	Done by	-
Ref No: NA NC 1902978 14	SAS e-filing			
Veh No. SV234VE	E-mail (within Shrs, AIC	thrs)		4
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	Assessment/Survey Re	port		
TP Insurer:	Ass't Report by Fax / I	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: &		NC()/Non-INC()	-	
Owner / Driver: (Tel:		-
Policy No: (Period: () Cover Type: (
Confirmed by : (Date)	_
Insured/Driver Liability: (%	(WO): Note-Est. Status (WO):	N: 0-20%; P: 21-79%. F: 30	0-160%]	-
Year of Registration: (Warranty: YES () / No	0()		
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()	CORD A STATE OF THE PARTY OF TH	Charge Comment	-
General Remarks;-				
() Walk-In Customer: Customer's		-	76	
() Total Loss Case : to e-mail In		> Touring Co. ()
Drive-In ()/ Towed-In (); Inv	roice: YES () / NO (); Towing Co: (_
Remarks:- (INC hofline: 6788 661	6)	Date&Time Completed	Done by	
1) Apply for Transport Allowance () / Courtesy Car ()	The state of the s		
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2) QC Check / Post Repair Inspection	()			
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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 27/11/2019 11:47

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.
- 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	27/11/2019 11:31
Date Of Accident	25/11/2019 18:30
Exact Location Of Accident	SYED ALWI RD
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ3042E
Insured/Policyholder	
Name Of Registered Owner	SARASWATHY D/OP NAGA RATHNAM
NRIC No	S8401104E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84404512
Alternative Phone No	OFFICE-84404512
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113181824
Cover Note Number	

-		
n	rivor	

 Name of Driver
 AARON AYOOP KHAN

 NRIC No
 \$7440784F

 Date Of Birth
 30/09/1974

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/02/2016

Driving Experience 3 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92471795

Fax Number

Contact Number OFFICE-92471795

EMail Address NOEMAIL

BLK 604B PUNGGOL ROAD Address

#02-750

822604 Postcode

Was driver an employee of the Insured's Company NO

SIBLING 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

2

YES

NO

2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME:

GENDER: : MALE

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, BEFORE I REVERSED MY VEHICLE I CHECKED MY BLINDSPOT AND TURN ON VEHICLE INDICATOR LIGHT. WHERE THERE WAS NO ONCOMING VEHICLES, I PROCEED REVERSED SLOWLY. VEHICLE B WAS QUITE SOME DISTANCE ALONG SYED ALWI RD AND HIT ONTO MY VEHICLE REAR RIGHT PORTION. I WISH TO STATE THAT HE SAW MY VEHICLE REVERSED INDICATOR LIGHT, HOWEVER HE ACCELERATE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

SLE2294L

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

JASON CHOO SOO BENG Name of Driver

S7034234J NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

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

(If driver is not the policyholder)

AARON

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN			
	Synd Alvi Red	Donkray	A: SL13047E 13: SLE 72 94L
Refer to statem			
DECLARATION I/We declare the foregoing part	ticulars are true in every respect		
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the polic		Reporting Centre Personnel's Signature Name:

Date & Time:

Date & Time:

NRIC/FIN No.:

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	→ Chan	ge Password	· Log Out
Notice of Loss	Polic	cy Query									
	Palicy N	lo.				Date o	f Accident	2	5/11/2019 1	8:30	
	Vehicle	No.(For Motor)	SLZ304	2E		Certificate Number		E			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113181824		SARASWATHY D/O NAGA RATHNAM	S8401104E	GPC	drivo CLASSIC	SLZ3042E	SLZ3042E	02/11/2019	01/11/2020
				RATHNAM		Continue					

Claim Handling										
Accident MT/1073190										
Policy No.	5113181824		Vehicle No.	51230426			GST Registration N	No.		
Certificate No.										
Policyholder Name	SARASWATHY D/O NAGA RATI	INAM					Poscyholder NRIC		58401104	
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLA	SSIC		Loading		0	
Contact No. (Mobile)	WOL		Contact No.(Office)				Contact No.[Home	4		
Email Address			Special Remark				eCode		THE V	
KPK	® No ⊜ Yes		TCA	® No ○	res		eCode Reason			
NCD Protection	No		MCD Entitlement(%)	· O			Private hire		Not availab	ie
Accident Details										
Report Date	27/11/2019 09:30		Accident Report Within 24 hrs	- Ves			Academt Type		Hit and rur	
Date of Accident	25/11/2019		Time of Acoident nnimm	18:25			Country of Acciden	P.0	Singapore	
Reporting Centre	100000000000000000000000000000000000000		Orange Force	1			JCM No.		arigapore	
Accident Location	SYED ALWI RD		Control of the Control				Just My.			
→ Total Excess Applicable										
Excess Type	Per Accident		Windscreen Excess		100.00					
Cathan type	PE ALLIGER		Williascreen Excess		100.00					
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Additional Excess		0			F-8290-02					
Total OD Excess Applicable	2000.0	0	Total TP Excess Applicable		1,500.00					
₩ Benefits										
□ GST Registered Inform										
GST Registered	No				T Registration Date					
GST Registration No.				G5	T Status Verified		Yes			
Modification History										
	JE1953)									
Policyholder Mailing Ac			100 - 22304							
Address 1	BLK 107 #03-683		Address 2	SERANGO	ON NORTH AVENUE I		Address 3		SINGAPOR	E 550107
Address 4			Address Type	Singapore	address		Post Code		550107	
Unit No.			Related Policy Number	51131818	24					
OI Driver Info										
Driver Name			Driver Type							
Unnamed driver Name			Driver NRIC				Driver DOS			
Register Date of Driver License			Driver Age				Driving Experience	E.		
Contact No. (Mobile)			Contact No.(Office)				Contact No.(Home			
Address 1			Address 2				Address 3	6		
Address 4			Address Type	Consider an	desta		Fost Code			
			Addition type	Foreign ad	21500		Post Code			
Unit No. Does he own a Singapore										
Registered car?	○ Yes ® No		Driver Vehicle No.				Driver Insurer Com	npany		
Modification History										
Sacrata Contract										
Claim 002 New										
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Claim Type *	00-MX	2	Insured Name		THY D/O NAGA RATHE		Insured NRIC		584011048	
Contact No.(Mobile)	82012584	4	Contact No.(Home)	64018477			Contact No. (Office)			
Email Address		3	OI Vehicle Number	SL23042E			TP Vehicle Number	ă.	SLE2294L	
Claimant Type Claimant Type *	Please Select V	1	Type of Benefit *	Please Sel	ect v					
Claiment Name *		22	Claimant NRIC +							
Claimant Address										
Claim Description	SLZ3042E / SLE2294L ON 25 F	lov 2019					Name of Preferred	Workshop		
Preferred Workshop Contact		1	Insured Liability +	Not at Pau	n v			ALTERNA S	St.	
No.	No.	1					WA 2 70777777		-	
Require Finalisation	Yes 🕒		Preferered Repair Option	Preferred	Workshop, Name unknown		GIA report		Received	V
Date Registered	27/11/2019 11:50		Claim Close Date				Date Received		27/11/201	00.00
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Attachment List										
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