NATIONAL Assessment Centre	e Services.	[we! 1 Jan'05] M	HANGILMOY	
Date In: 9/1/19-19:35	Jeb description	n	Date &Time Completed	Done by
Ref No: Halucigon676 hy	SAS e-filing			
Veh No: SULFYED.	E-mail (within	Shrs, AIC 2hrs)		
D.O.A: 9/1/19-12:20	i-Motor Cla	im Form	M7/1074964-201	9/10/19/19:14
OD (TP) Reporting Only	i-Motor W/0	O (Within: OD 2hr		
OB . (1) reporting only	i-Photo Uplo	paded	1	
TP Insurer:	Assessment/S	urvey Report		
	Ass't Report l	y Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (			Tol: F	Fax:
TP Particulars: Veh No: 11 39	OB.	, INC(	)/Non-INC()	
Owner / Driver: (		#	Tel:	)
Policy No: ( ) Per	iod: (	)	Cover Type: (	)
Confirmed by : (		Date:	Time:	)
	Note-Est. Status (\	WO): N: 0-20	0%; P: 21-79%. F: 30-1	(00%]
The second secon	Varranty: YES (	)/NO(	)	ASTRICANO PRO ESSENCIA
Excess: (\$ ) Loading: \$1,00	00()/\$2,000	( )		
General Remarks:-				Con Section
( ) Walk-In Customer: Customer's inform	mation strictly Co			
( ) Total Loss Case : to e-mail Insurer	r URGENTLY.		4 14 2 2	- 1
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/N	NO( ); To	owing Co: (	. )
Remarks:- (INC hotline: 6788 6616)			5 5	Done by
	ourtesy Car (	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date&Time Completed	isone by
2) QC Check / Post Repair Inspection	ouriesy Car (	,	-	
3) Upload Resurvey Photo [Repair Cost > \$30	0001	\	-	
and the same of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Injury:				
Date/Time Actions		15		San San San San
				11
	4			
•	- July			AND
NA 129182 .		Invoice Prep	aration Checklist	Ant (\$) Amt (\$)
laimant's Particulars :-		1) AR : Accident		
		2) DA : Damage A 3) TF : Towing Fe	ssessment (\$100); INC (\$8	0) /\$45
river/Owner:	Harry Transport	4) FT : Follow-Th	rough Survey	\$120
ontact No:	88		rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005	330
maged Portion:		6) TR : Re-inspect	ion	\$75
and a fortion.		7) N1 : Idao DA + 8) NTUC Addition	War and the same of the same o	\$160
Checked by (Engr-In-Charge):		OD:		
- Cuseuco Di (Bugi-tu-Cuarge):	- 1	*N5: Courtesy ( *N6: Repair Co	Car / Tpt Allowence	\$5 \$10
rditors' Comments :-	74 18 4 To 18 4 18 5	*N7: Post Repai	r Inspection	\$25
1:			Non INC) against INC	\$3 \$20
	15	9) N12: Idea Mobi	le	30
2/3;		Invoice dated	Pee Charged Fee Charged	
	)	Invoice dated	ree Charges	PERSONAL PROPERTY.

e apart to

#### 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.

	ACCIDENT STATEMENT
Date Of Report	09/12/2019 19:35
Date Of Accident	09/12/2019 12:20
Exact Location Of Accident	KALLANG RD TWDS GEYLANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL6749D
nsured/Policyholder	
Name Of Registered Owner	YANG WENYI
NRIC No	S2748558H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90286192
Alternative Phone No	OFFICE-90286192
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at ime of accident	t PRIVATE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088324435-02
Cover Note Number	
Driver	
Name of Driver	YANG WENYI

 Name of Driver
 YANG WENY

 NRIC No
 \$2748558H

 Date Of Birth
 27/10/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 12/08/2003

Driving Experience 16 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90286192

Fax Number

Contact Number OFFICE-90286192

EMail Address NOEMAIL

**BLK 184 EDGEFIELD PLAINS** Address

#12-280

Postcode 820184

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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 YN7904B

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category SELVARAJU SURESH Name of Driver

NRIC/Passport Number G8406964M 67852726 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

### 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.
- 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.

Policypolder's Signature

Date & Time:

Diver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN				(	DSUL 6749
				1	3) XN7904B
	→ B D	LA DE			
OPP ICH B	OF THE ACCID	) KALLI DENT	MY RD 7	WOS	GEYLANG
AS I WAS TO	PAVELLING	STRAIC	INT TOWARD	or GE	YUANG ALONG
CALCIANG ROAD					
RED SUDDANLY	VEHICLE	B BA	VGED ONTO	MYR	EAR.
			-		
ECLARATION  We declare the foregoing partic	ulars are true in e	every respect.	_		
licyholder's Signature te & Time:	Driver's Sig (if driver is Date & Tim	not the policyhol	der)	Reporting Cen Name: NRIC/FIN No.:	tre Personnel's Signature



# HS AUTOMOTIVES PTE LTD

BIK 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: SL	L 6749D	MAKE/MODEL:	- HONDA	V622E	
DATE OF ACCIDENT	DAY/MONTH/YEAR	TIME 16	HR 20	) MIN	AM/ PM
LOCATION OF ACCIDENT	KORIC ANG	RD TOWF	ards Gey	LANG	
EXACT PURPOSE USE DU	RING ACCIDENT (	M THE M	ay to ranc	H	- 12
CAR OWNER					
NAME OF CAR OWNER	YANG WEN	t YI			
CONTACT NO	9028 6192				
NRIC	22748958H		/		
CLAIM TYPE		OD	THIRD PARTY	RE	PORTING ONLY
INSURANCE COMPANY	Druc	<b></b> 1757 12		I NE	OKTING ONET
TYPE OF COVERAGE		COMPREHENSIVE	THIRD PARTY	, Птн	RD PARTY FIRE & THEFT
POLICY NO	5088324435-				NO PARTIFIRE & INCH
ACCIDENT DRIVER		AS ABOVE	JE NOT- KIND	LY FILL IN BELO	W
NAME OF DRIVER	YANG WENT)	X.		CI FICE IN BEEO	
NRIC	48228 ATC2		NO OF PASSENGE	p/s	
DATE OF BIRTH	27.10-1962		The difference	140	
OCCUPATION	CONTRACTOR		OUTDOOR	INF	OOR
DATE OF DRIVING PASS	12/08/03		CO1000K	LV JINE	OOK
GENDER			MALE	EEN	MALE
CONTACT NO	70286182				nace.
ADDRESS	BUC 184 EDGI	EFIELD PLA	NS #12	180(3)	820184
DRIVER OWN ANY VEHICL			owner		3
RELATIONSHIP EMPLOY					
WEATHER CONDITION	V	CLEAR	RAINING	OTHER:	
ROAD SURFACE		DRY	WET	OTHER:	
ANY INJURIES	NO	F YES- NAME:			
CONTACT NO			9		
POLICE REPORT	NO	)/ IF YES- LOCATION:			
VIDEO FOOTAGE	NC NC	D/ YES			2
3RD PARTY INFO					AQUATEMP. COVI. S
VEHICLE B NO	YN 7904B	0.00-1	NO OF PASSENGER	R/S /	ADVATEMP. COVV. S 6785 2726.
NAME	SELVARAU	SURESH	984069	64 M	
CONTACT NO			_		
VEHICLE C NO			NO OF PASSENGER	R/S	
VEHICLE D NO			NO OF PASSENGER	R/S	
VEHICLE E NO			NO OF PASSENGER	R/S	
VEHICLE F NO			NO OF PASSENGER	R/S	
ANY WITNESS			_	oven <del>e s                       </del> /li	
WITNESS CONTACT NO			-		

Policy Search Page 1 of 1



Policy No.	5088324435-02	Policyholder Name	YANG WEN	YI	Policyholder NRIC	S2748558H	
Certificate No.					WOOT TO		
Address	BLK 184 #12-280 EDGEFIELD	PLAINS SINGAR	ORE 820184	<b>\$</b>			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/02/2019	Effective Date	06/03/2019	9 00:00	Expiry Date	05/03/2020 23	3:59
Excess Type		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	/Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	BLK 184 #12-280	Addre	ss 2	EDGEFIELD PLAINS		Address 3	SINGAPORE 820184
Address 4		Addre	ss Type	Singapore address		Post Code	820184
	#12-280	Relate Numb	d Policy er	5088324435-02			
Unit No.							
	d Object: SLL6749D						
Unit No.  ▶ Insure  □ Endors							

Accident MT/1074969									
Policy No.	Parameters and	roman as Sacrific	ran university			and a second			
Certificate No.	5068324435-02	Vehicle No.	SLL6749D			GST Registration N	ib.		
Policyholder Name	YANG WENYT					Policyholder NRIC			0558H
Product Code	PRIVATE CAR INSURANCE	France Total	drivo CLAS	ara-					8358H
Contact No. (Mobile)	90286192	Cover Type Contact No. (Office)		SAC		Loading		0	
Email Address	00200122		0			Contact No.(Home	Į.	0	-0
	0.00	Special Remark	100000000			eCode		113	
KFK	® No ⊜Yes	TCA	® No ○1	es		eCode Reason			
NCD Protection	No	NCD Entitlement(%)	20			Private Hire		No	
→ Accident Details									
Report Date	09/12/2019 19:42	Accident Report Within 24 hrs	Yes			Accident Type		Collisi	on - Head to Rear
Date of Accident	09/12/2019	Time of Accident hin:mm	12:20			Country of Acciden	e.	Sinpa	pare
Reporting Centre		Orange Force				ICM No.			
Accident Location	KALLANG RO TWDS GEYLANG								
→ Excess									
Own damage Excess	600,00	Additional Excess	0			Windscreen Excess	i.	100.0	0
Innamed Driver Excess	0.00	Outside Singapore OO Excess		600.00					
Third Party Excess	0.00	Outside Singapore TP Excess.		0.00					
⇒ Benefits									
<b>▽</b> GST Registered Information	ation								
ST Registered	No.		GS	Registration Date					
IST Registration No.			GS	Status verified		Yes			
Modification History									
	dress								
Address 1	BUK 184 #12-280	Address 2	EDGEFIELD	PLAINS		Address 3		SING	APORE 820184
Address 4		Address Type	Singapore	address		Post Code		82011	14
Unit No.	#12-280	Related Policy Number	50883244	15-02					
U Driver Info									
Driver Name	YANG WENYI	Onver Type	Main Drive						
Unnamed driver Name		Driver NR3C	52748558	4		Driver DOB		27/10	/1963
Register Date of Driver License	12/08/2003	Driver Age	56			Driving Experience		16	
Contact No. (Hobile)	90286192	Contact No. (Office)	0			Contact No. (Home)	>	0	
Address 1	BLX 184	Address 2	EDGEFIELD	PLAINS		Address 3		5000	UPORE 820184
Address 4		Address Type	Singapore	eddress		Post Code		82018	34
Unit No.	#12-280								
Does he own a Singapore	Will the state of								
Registered car?	○ Yes ® No	Driver Vehicle No.				Driver Insurer Com	pany		
Registered car? Declaration	yes e No	Driver Vehicle No.				Driver Insurer Com	pany		
Registered car?	O mg	Driver Vehicle No.  Any injury?	○ Yes ⑧	No.		Driver Insurer Com	npany .		
Registered car? Declaration Breathalyser or Blood Test Reading?			○ Yes ⑧	No.		Driver Insurer Com	pany		
Registered car? Declaration Breathalyser or Blood Test			○ Yes ®	No.		Driver Insurer Com	pany .		
Registered, car? Recarsion Breathwister or Blood Test Reading?			○ Yes ⑧	No.		Driver Insurer Com	pany		
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Registered car?  Rectaration  Breathalpier or Blood Test Reading?  Redification History  Claim 001 New	0 mg	Any injury?  Insured Name	○ Yes ⑧			Insured NR3C		S2748	955 <b>8</b> 94
Registered car?  Rectaration  Breathalpier or fillood Test Reading?  Redification History  Claim 001 New  Claim Type *  Contact No. (Mobile)	0 mg	Any injury?  Insured Name Contact No.(Home)	YANG WEN			Insured NR3C Contact No.(Office)			
Registered car?  Rectaration  Breathalpier or Blood Test Reading?  Redification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Limit Address	0 mg  OD-MX  90286192  WYYANG927⊕GMAIL.COM	Any injury?  Insured Name Contact No.(Home) O) Vehicle Number	YANG WEN	YI .		Insured NR3C		S2741	
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Registered car?  Recarsion  Breathelyser or Blood Test Reading?  Redification History  Claim 001 New  Claim 109 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claimant Address  Claimant Markes  Claimant Markes  Claimant Page Claimant Type *  Claimant Markes  Claimant Markes  Claimant Page Claimant Claimant Markes  Claimant Markes  Claimant Markes  Claimant Page Claimant Claimant Claimant Markes  Claimant Markes  Claimant Markes  Claimant Page Claimant Claimant Claimant Claimant Markes  Claimant Markes  Claimant Page Claimant	0 mg    OD-MX	Any injury?  Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	YANG WEN SLL67490 Prease Sel	wi	V	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred GIA report	E a	YN790	948 ved ved
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Registered car?  Recarsion  Breathalyser or Blood Test Reading?  Redification History  Claim 001 New  Claim 1001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Page Claimant Contact  Require Finalisation  Date Registered  Report Taken By	0 mg    OD-MX	Any injury?  Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	YANG WEN SLL67490 Prease Sel	wi vi	V	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred GIA report	E a	YN790	948 ved v
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Registered car?  Declaration  Breathalyser or Blood Test Reading?  Additional History  Claim 001 New  Claim 1001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Pape Period No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter	0 mg    OD-MX	Any injury?  Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	YANG WEN SLL67490 Prease Sel	ect   Norkshop, Name unknown	V	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred GIA report	E a	YN790	948 Ved V
Registered car?  Recarsion  Breathalyser or Blood Test Reading?  Redification History  Claim 001 New  Claim 1001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Page Claimant Contact  Require Finalisation  Date Registered  Report Taken By	0 mg    OD-MX	Any injury?  Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	VANG WER SLL67490 Prease Sel	ect   Norkshop, Name unknown	V	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred GIA report	E a	YN790	948 ved ved
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