Date In: 6/1/20 - 09:23	Job description	DIN	Date &Time Completed	Don	ie by
Ref No: HA IN CVOODOUS 14	SAS e-filin	g			
Veh No: Skugo 617	E-mail (with	in Shrs, AIC 2hrs)			
D.O.A: 4/1/20-13:42	i-Motor Cl		100-Ft28Follom	611100	69:59
	i-Motor W	O (Within: OD 2hr.		911	1.0
OD (TP)! Reporting Only	i-Photo Up		· · · · · · · · · · · · · · · · · · ·		*
		Survey Report			
TP Insurer:		by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	-
TP Particulars: Veh No: (122890	INC ()/Non-INC()		
Owner / Driver: (00-10 10		Tel:)	
Policy No: ()	Period: ()	Cover Type: (- 	
Confirmed by : (Date:	Time:)	-
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%1	
Year of Registration: ()	Warranty: YES ()		
Excess: (\$) Loading: \$1.	,000 ()/\$2,00	SEA OF CAMPAGE STATE			
General Remarks:	25-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	246738 VX2.XVXCX		75 F 17, T F	
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() Total Loss Case : to e-mail Insu	rer URGENTLY.	(0)		*	30.00
Drive-In () / Towed-In (); Invoice	ce: YES()/	NO (); To	owing Co: ()
Remarks;- (INC hotline: 6788 6616)			Date&Time Completed	Done	hi
	\$ 20,00 y Copy days need person. Section 100 to the		Date Compared	Name A. STNOTE	ary .
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	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.
- 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.

- 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

 By the lodgement of this report to the insurers, you hereby constroresaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	06/01/2020 09:23
Date Of Accident	04/01/2020 13:45
Exact Location Of Accident	BKE TWDS SLE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV9061T
Insured/Policyholder	
Name Of Registered Owner	VICTORIOUS LEASING
Co Reg No	5XXXX051C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	THIRD PARTY
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	5083583069-03
Cover Note Number	
Driver	
Name of Driver	LAU WING YEW
NRIC No	SXXXX113C
Date Of Birth	30/03/1964

30/03/1964 Date Of Birth INDOOR Occupation 12/08/1987 Date Of Driving Pass

32 YEARS AND 4 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96624323 Mobile Number

Fax Number

OFFICE-96624323 Contact Number

NOEMAIL **EMail Address**

BLK 346 CHOA CHU KANG LOOP Address

#14-67

680346 Postcode

NO Was driver an employee of the Insured's Company

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

3

YES

NO

4

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

: POH KIM GEOK

: MALE GENDER:

Passenger 2

NAME:

: LAU LOKE YEE

GENDER:

: FEMALE

Passenger 3

NAME:

: POH ENG CHO

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBB7890S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMH6702Y

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)

2

DETAILS OF INJURED PERSON 1

LAU WING YEW Name

Approximate Age

BODY Injuries Sustain

SKV9061T Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

LAU LOKE YEE Name

Approximate Age

BODY Injuries Sustain

SKV9061T Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

POH KIM GEOK Name

Approximate Age

BODY Injuries Sustain

SKV9061T Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

POH ENG CHO

BODY

SKV9061T

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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 erchiving 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

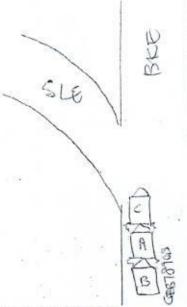
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/Wa declare the loregoing particulars are you hevery respect.

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.:

eBao Tech										OCHION	lClaim
fello, NAC_PAYA_UBI_80	601						• Change	Language	· Chang	e Password	+ Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date o	f Accident	0	4/01/2020 1	3:45	20
	Vehicle	No.(For Motor)	SKV906	iT .		Certific	ate Number				
						Search					
	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5083583069- 03		VICTORIOUS LEASING	53311051C	GPC	drivo CLASSIC	SKV9061T	SKV9061T	07/10/2019	06/10/2020

A Insure	ed Object: SKV9061T						
Unit No.	14-67	Relat	ed Policy ber	5083583069-03			
Address 4		Addr	ess Type	Singapore address		Post Code	680346
Address 1	BLK 346 #14-67	Addr	ess 2	CHOA CHU KANG	LOOP	Address 3	SINGAPORE 680346
2 (1) 201	holder Mailing Address						AND TO SERVICE AND TO SERVICE
Certificate Info							
Open Policy Info							
Flag	******						
Co- insurance	No						
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900		GST Flag	Y	
Singapore OD Excess	2000	Singapore TP Excess					***
Outside		Outside	1500			Young/I	nexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	damage Excess	2000		Excess	100	
Type		Own			Windscreen	100	
Excess	Per Accident	All Claims Excess					
Policy ssue Date	23/09/2019	Effective Date	07/10/2019	00:00	Expiry Date	06/10/2020 23:	59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 346 #14-67 CHOA CHU KAN	G LOOP SING	GAPORE 6803	46	5 <u>0</u> 00000		
Certificate No.							
Palicy No.	5083583069-03	Policyholder Name	VICTORIOUS	S LEASING	Policyholder NRIC	53311051C	

laim Handling						
cident HT/1078557						
SECY NO.	5063583069-03	Vehicle No.	SKV9061T		GST Registration No.	
ertificate Np.						
plicyholder Name	VICTORIOUS LEASING				Pelicyholder NRIC	53311051C
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	
ontact No (Molalia)	o .	Contact No.(Office)	0		Contact No.(Home)	0
nail Address		Special Remark			«Code	1 = 4
FK	(ii) No ○Yes	TEA	® No ○ Yes		eCode Reason	
CO Protection	Yes	NCD Entitlement(%)	50		Private Hire	No
Accident Details	100 at 1					
	06/01/2020 09:57	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Head to Rear
eport Date	00/01/2020/09/3/				Country of Accident	Singapore
ste of Accident	04/01/2020	Time of Accident hhimm	13:45		ICM No.	
porting Centre		Orange Force			ILM No.	
cident Location	BKE TWDS SUE					
Total Excess Applicable						
ских Туре	Per Accident	Windscreen Excess		100.00		
5 Standard Excess	2,000.00	19 Standard Excess		1,500.00		
ED OD Excess	0.00	VIED TP Excess			Driver is Covered?	
Iditional Excess	0					
gar OD Excess Applicable	2000.00	Total TP Excess Applicable				
William Control						
2 Benefits	W2.01					
GST Registered Informa			OST SAME	tration Date		
T Registered	No.		GST Statu		Yes	
T Registration No.	AN ALL MARKS ON AN AN AN AN AN	em changed GST Status Varified fro				
dification History	06/01/2020 09:38:34 3880	em orangen don pransa vernad no	211140 00 140			
Policyholder Mailing Ad	dress			1002	Transper	SINGAPORE 680346
ddress 1	BLK 346 #14-57	Address 2	CHOA CHU KANG	LOOP	Address 3	
ddress 4		Address Type	Singapore address	N .	Post Code	680346
nit No.	14-67	Related Policy Number	5083583069-03			
Ol Driver Info						
Over Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	LAU WING YEW	Driver NRIC	SXXXX113C		Driver DOB	30/03/1964
egister Date of Driver License		Driver Age	55		Driving Experience	32
		Contact No.(Office)	0		Contact No.(Home)	0
ontact No (Mobile)	96624323		CHOA CHU KANS	1.000	Address 3	SINGAPORE 680346
ddress 1	BLK 346	Appress 2				680346
ddress 4		Address Type	Singapore addres	5	Post Code	000340
int No.	14-67					
loes he own a Singapore	○ Yes ® No	Driver Vehicle No.			Driver Insurer Compan	η.
kegistered car?						
redaration						
breathalyser or Blood Test	0 mg	Any injury?	® ves ○ No			
(gnbeat	o mg	000000000000000000000000000000000000000				
todification History						
1.00						
Claim 001 New						
thin work with	OD-MX	Insured Name	VICTORIOUS LEA	ASING	Insured NRIC	53311051C
laim Type *	15000000	Contact No.(Home)			Contact No.(Office)	
ontact No.(Mobile)	96624323	Ol Vehicle Number	SKV9061T		TP Vehicle Number	G887890S
mail Address				V	TO CONTRACTOR	
laimant Type Oaimant Type *		Type of Benefit *	Please Select	-		
Jaimant Name *	22	Claimant NRIC *			7	
Daimant Address	To a company of the c				1	
Daim Description	SKV9061T / G887890S ON 4 Jan 2020				Name of Preferred Wo	ricanop
referred Workshop Contact		Insured Liability *	Not at Fault	~		
(o.	Diver 144	Preferend Repair Option		mop, Name unknown	GIA report	Received
tequire Finalisation	Ves V				Date Received	06/01/2020 00:00
hate Registered	06/01/2020 09:59	Claim Close Date			30 0000 11 00 100	No. of Contract of
Report Taken By	Jackson					
Print AK letter						
			Sauce Sauce			
			Save Submit			
Attachment						
100						
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Accident No.	MT/1078557	Claim No.		001		
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ttachment	Uploaded By/Date	Category	9	Lirgency	Description	Msg Sent? (CO)
	AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVE CES) on 06 Jan 2020 10:01	NRIC/ Drwing License	Ψ.	Normal	NR3C/ Driving License 2020-1-6	
963 N	AC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Jan 2020 10:01	SAS		Normal	SAS 2020-1-6	
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D	NAC_PAYA_UB1_800501(_NATIONAL_ASSESSMENT CENTRE SERVI CES) on 06 Jan 2020 10:00	Photos		Normal	Photos 2020-1-6	
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D-407	NAC_PAYA_UB]_BDD601(NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Jan 2020 10:00	Photos		Normal	Process 2020-1-5	
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