Professed Wksp / INC Assign Wksp / QW: ( TEAMOSOE ( ) / INC ( ) / IP Particulars: Veli No: SHF6 / VC INC ( ) / Tel  Owner / Driver: ( ) Period: ( ) Cove  Confirmed by: ( ) Period: ( ) Date:  Confirmed by: ( ) ( ) [Note-Est Status (WO): N: 0-20%; ]  Vear of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks: ( ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks: ( ) Customer's information strictly Confidential & Strictly  ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly  ( ) Total Loss Case : to e-mail Insurer URGENTLY.	NO 131  NO 131  INO 1	Checkl (S30), of (S100); ivey arvey (Resur Quily (we Survey local on one Coordin VC) against	noirer.	(\$4,50 An (\$50) \$20055) \$120 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$	4 (\$5) Rill'	Āmt Add I
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## SINGAPORE ACCIDENT STATEMENT

### MPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Firm must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any withir managementation or witholding 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.

- 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 todgement 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

eforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	30/01/2020 15:18	
Date Of Accident	29/01/2020 17:05	
Exact Location Of Accident	CANTONMENT RD TWDS OUTRAM RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	110
Vehicle Registration Number	GBH6211C	
Insured/Policyholder		
Name Of Registered Owner	AL MULTI SERVICE	
C- Can blo	5XXXX807F	

5XXXXX807E Co Reg No NOEMAIL Email Address

Mobile Phone No. OFFICE-84338866 Alternative Phone No

Vehicle Particulars NISSAN Manufacturer NV350 Model

Exact Purpose for which vehicle was being used at COMMERCIAL USE

Are you claiming under your own insurance policy for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5111398330 Policy Number

Driver

Cover Note Number

LIM SIAK LENG Name of Driver SXXXX567D NRIC No. 13/02/1976 Date Of Birth OUTDOOR Occupation 08/01/2016 Date Of Driving Pass

4 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-84338866 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

Address

BLK 4 JALAN MINYAK

#12-318

Postcode

163004

Was driver an employee of the Insured's Company YES

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

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

RAINING

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?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

Passenger 1

NAME

UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

UNKNOWN

GENDER:

FEMALE

**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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SHF614C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 12

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 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) 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 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 aforesald.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

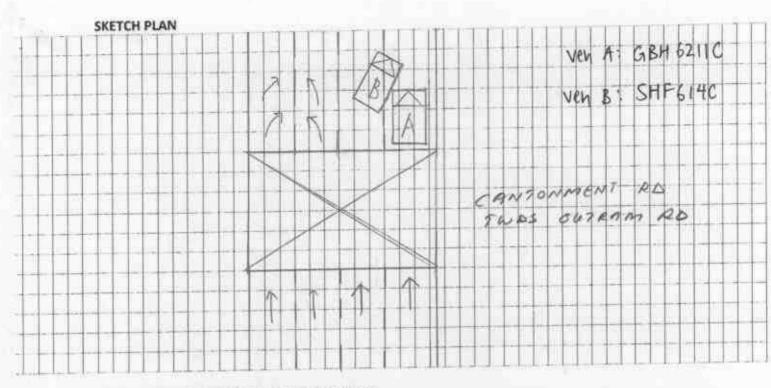
UEN: 53384807E

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder)

Date / time:

Hyu soloi/so

reporting centre personnel's Signature Date / time:



						ad towards
Outran	n Road	on the	stated	date	and tim	e. Suddenly,
veh 8	( SHF 6	14C)	cut int	о му	lane with	out signalling
and	collided	onto	the fro	nt lef	t portion	of my
Vehicle	٤.					

DECLARATION

I/We declare the foregoing particulars are true in every respect.

O ALIGNASS AN

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: Ayn 30/01/20

reporting centre personnel's Signature NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

## ANT NOTICE

- Complete and submit this form to the Individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 traffic police department for investigation.

ACCIDENT DETAILS	A SAN SHEWERS
	(DD/MM/YY)
	(HH:MM)
1705	(1111111111)
continent Read toward outran Boad	
	29 101 120 17-05 continent Read toward outran Road

	DETAILS OF VEHICLE
Vehicle registration number Vehicle make and model	HISSAN NV 350
Type of vehicle	Saloon   MPV   CRV   Van   Van   Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No D if no, please select: Third part claim D Reporting only D

A REPORT MENNAUGO DE	INSURANCE IN	FORMATION	LIPOT SALES SALED
Insurance company	NTUC		
Policy number			70 1 -
Type of policy	Comprehensive	Third party fire & theft	TP only

1. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	INSURED / POLICY HOLDER	ale D Female D
Name	AL MUHI Service Ma	ale D Female D
NRIC / Fin / Passport number		
Contact	8433 8866	
Address	BIK 59 Lengkok Bahov \$ 10-551 SC1500	59)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Lim sick leng Male Female
NRIC / Fin / Passport number	576045670
Contact	8433 8866
Address	BIX 4 Jakn Minyak #12-318 S(163004)
Email address	
Date of birth	13/02/1976
Occupation	Indoor  Outdoor
Driving date pass	08 /01 / 2016

ACCOMMENSATION OF THE PARTY OF	GENERAL	INFORMATION C	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No 🗹		F-0.162502
the insured's company?	If no, rela	ationship of the	driver and insured: _	Employee.
Accident captured by camera?	Yes 🗸	No 🗆		
Weather condition	Clear D	Raining 🗷	Others:	
Road surface	Dry 🗆	Wet Ø		n v v v al debres
No of passenger	3			(Inclusive of driver
1. (3) (\$10 p) 12 (\$4. (1. (4. 1) till)	ET AVA	PASSENGE	1	ENVIRON ENERGY STEEL
Name				
Gender	Male 🗹	Female		
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Name				
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Name				
Gender	Male 🗆	Female 🗅		
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<b>克里尔斯</b> 巴拉斯斯克伊克克	はからのは	OTHER INFORM	MATION	
Was anybody injured?	Yest	No /		
Was other vehicle damaged?	Yes 🖬	No D		
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Reported to police?	Yes 🗆	No of If yo	es, please state whic	n police station.
Police station name				
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Name				

	THIRD PARTY VEHICLE 1
Vehicle registration number	SHF614C
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A NEED AND A KIND OF THE PARTY	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
是 新安全 - WEST - WEST - WEST - WEST	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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A STATE OF THE STATE OF	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
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TWO SERVICES TO LIKE STRUCK	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
。	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
图 30%-00% 经发现价值的	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
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至	A 10 PM	III/OKED PE	
Name			1
Injuries sustained			
Which vehicle person in?		No. or	
Were seat belts worn?	Yes 🗆	No D	
Was injured conveyed to	Yes 🗆	No 🗅	
hospital by ambulance?			
	SECURITY OF	INJURED PE	RSON 2
Name		ILLUSTRATION WEST STREET	
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes	No 🗆	
State of the State	Yes	Non	
Was injured conveyed to	1620	NO.L.	
hospital by ambulance?	_		
A SERVICE THE SPECIAL PROPERTY.		INJURED PE	RSON 3
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Injuries sustained			
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Were seat belts worn?	Yes 🗆	No p	
The Court of the C	Yes D	No D	
Was injured conveyed to	16213	1100	
hospital by ambulance?			
		INJURED PE	RSON 4 THE SETTING THE CONTRACT OF THE PROPERTY OF THE PROPERT
Name		1	
Injuries sustained		1	
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		/	
	Yes n /	No 🗆	
Were seat belts worn?	Yes D	No D	
Were seat belts worn? Was injured conveyed to	Yes D	No 🗆	
Were seat belts worn?			
Were seat belts worn? Was injured conveyed to			RSON 5
Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆	RSON 5
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No 🗆	RSON 5
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained		No 🗆	RSON 5
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes to	No 🗆	RSON 5
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#### GeneralClaim eBaoTech 1 Log Out Helio, NAC\_PAYA\_USI\_800601 Physiocentrics **Policy Query** NOTICE OF AREA 29/01/2020 17:05 Date of Accident Policy No. Certificate Number Wehicle No.(For Motor) 3BH6211C Search Certificate Number Policyholder Name Policyholder NRIC Commence Date Product Cover Type Expery Date Policy No. AL MULTI SERVICE GCV Comprehensive GBH6211C GBH6211C 02/08/2019 01/08/2020 53384807E 5111398330

Continue

## Claim Handling

Accident MT/1082283						
	CONTRACTOR		Vehicle No.	different		GST Negatra
Policy fee.	9777308738		Vernicia ivol.	Committee		- GST Helgowa
Certificate No. Policytolder Name	AL HULTI SERVICE					Proteyholder
Product Code	COMPRESENTAL VEHICLE	Charles and Co.	Cover Type			Loading
Contact No.(Hubile)		100000	Contact No (Office)	Completent		Contact No.1
Emel Address	44238866		Special Remark	100		eCode
	Air Yes		TCA	- No Tex		eCode Reado
KFK	- No. Yes		NCD Entitlement(%)			Private Hire
Accident Details	The Control of the Co		Acres Characteristics 201	.0.		Service Child
			Annual Residence Services (Services)			COR ADDRESS OF WILLIAM
Report Date	: 5mmn-25td10:14 (x.1.)		Accident Report Within 24 hrs.	Yes		Accident Type
Date of Accident	Tar obitotic		Time of Accident hhomm	0.46		Country of Au
Reporting Centre			Orange Porce			SCW No.
Accident Locution	CANTOWERS ALL TWO	NE DUTEAM RD				
Total Excess Applicable						
Expres Type	Per Accident		Windscreen Excess		1200-000	
CONDITIONS			LE SANTANA SANTAN			
OD Standard Excess		100.00	TP Standard Excess		0.00	DATE OF THE PARTY
VIEC-OD Excess		7.00	YIED TH Excess		0.00	Driver is Cov
Additional Excess						
Total DD Excess Applicable		500.00	Total TF Excess Applicable		2.76	
Benefits						
GST Registered Informat	tion					
GST Registered	PH.			GST Regist	ration Date	
GST Registration No.				GST Status	S Verified	line.
Modification History	200	112002 1134 317 540	on charges GST Status swiffing from No.	10 765		
Policyholder Mailing Add	ress					
Addensa I	BLK 55 ×10-551		Address 2	LENGREN NAMED		Address 3
	The same of the sa		Address Type	Singapore address		Past Code
Address 4						Commitments
Unit No.	11(-25)		Related Policy Nurriber	23.1.17((0.23))		
Of Driver Info				AND DESCRIPTION OF THE PARTY OF		
Deliver Name	Unisamed Driver		Ciriyer Type Ciriyer NRIC	Unnamed Driver		Driver DOB
			LITTUDY THE LA	SHEEKS520		90119501, 601600
Unnerried driver Name	1200/50000 (1000)					From the St. France
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## Attachment

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