	The same of the sa		VAIROULT603		
Date In: 27/1/22 - 199: 24	Jeb description		Date &Time Completed	Done	D.V.
Ref No: 44 INC2003776 24	SAS e-filing		i		
Veh No: 500344814	E-mail (within 8	Shrs, AIC 2hrs)	1		•
D.O.A: 26 1/20-18:30	i-Motor Clair	m Form	m 108785-01	22/4/20 10	19
	i-Motor W/O	(Within: OD 2hr	s, TP 4brs)		
OD / TP / Reporting Only	i-Photo Uplos	aded			
	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: SUG	Mobra	. INC(	)/Non-INC( ).		
Owner / Driver: (			Tel:	)	
Policy No: ( ) P	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 80-	-100%]	- 19
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000	( )			
General Remarks,			SERVICE STATE OF THE	TOTAL CONTRACTOR	
( ) Walk-In Customer : Customer's in		nfidential & Si	Incliy NO rater of repaties	<u> </u>	
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.		: :		
Drive-In ( )/ Towed-In ( ); Invoi	ce: YES ( ) / N	10();7	Cowing Co: (		)
			In	Done	hv
Remarks: (INC hotline: 6788 6616)	44.4		Date&Time Completed	The state of	
Apply for Transport Allowance ( ) /	Courtesy Car (	)			
	Courtesy Car (	)	<del>                                     </del>	-	
2) QC Check / Post Repair Inspection	( )	)			
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number

Contact Number EMail Address

- 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	27/02/2020 09:24
Date Of Accident	26/02/2020 18:30
Exact Location Of Accident	AYE TWDS CHANGI BEFORE PORTSDOWN RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD3448H
Insured/Policyholder	
Name Of Registered Owner	GAN MIN
NRIC No	SXXXX724Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81804840
Alternative Phone No	OFFICE-81804840
Vehicle Particulars	
Manufacturer	KIA
Model	PICANTO 1.1(A)
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5112813381
Cover Note Number	
Driver	
Name of Driver	GAN MIN
NRIC No	SXXXX724Z
Date Of Birth	20/09/1991
Occupation	INDOOR
Date Of Driving Pass	11/11/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	FEMALE
Cerider	LIMALL

OFFICE-81804840

NOEMAIL

Address BLK 944 JURONG WEST STREET 91

#08-493

Postcode 640944

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

#### Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

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

YES

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

#### 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 SLQ4062M

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)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKF1511Z

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)

# DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJN3832D

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)

# **DETAILS OF INJURED PERSON 1**

Name GAN MIN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJD3448H
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO NO

Address Postcode

# 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)

Lunderstand, 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.

Policyholger's Signature

Date & Time:

Driver's signature

(If driver is not the policyholder)

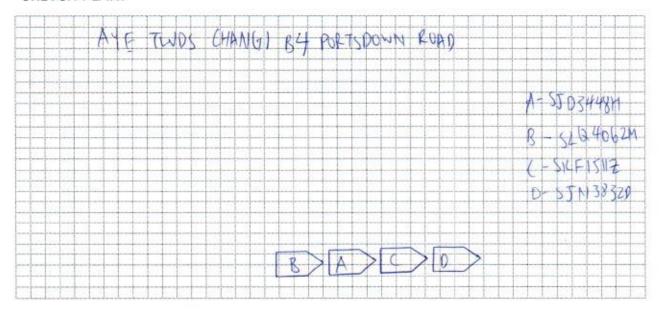
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG AYE TOWARDS CHANGI BEFORE PORTSDOWN ROAD. VEHICLE AHEAD SLOWED DOWN AND I FOLLOWED SUIT. MOMENT LATER VEH B REAR-ENDED MY VEHICLE, THE IMPACT FORCE MY VEHICLE FORWARD TO HIT
ONTO VEHICLE C

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 Signature

Name:

NRIC / FIN No.:

# **Accident Reporting Draft**

VEHICLE NO: SJD3448H

MODEL: KIA PICANTO

DATE OF ACCIDENT	26/2/2020
TIME OF ACCIDENT	1830 HRS AM/PM
LOCATION OF ACCIDENT	AYE TOWARDS CHANGI BEFORE PORTSDOWN ROAD
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	GAN MIN
CONTACT NO.	81804840
NRIC	\$9133724Z
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P
INSURANCE CO.	NTUC NTUC
TYPE OF COVERAGE	COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT
POLICY NO.	The Takin Time & Theri
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE
NRIC	ANY PASSENGER: 0
DATE OF BIRTH	ANT FASSENGER: ()
OCCUPATION	OUTDOOR / INDOOR
DATE OF DRIVING PASS	GOTDOOK / INDOOK
GENDER	MALE / FEMALE
CONTACT NO.	81804840 OFFICE: HOME:
ADDRESS	
DRIVER HAVE ANY OWN VEHICLE	APT BLK 944 JURONG WEST ST91 #08-493 S(640944) NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/ IF NO:
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR
ROAD SURFACE	ORY/ WET/ OTHER: DRY
ANY INJURIES	NO/IF/TES:) OWNER
CONTACT NO.	THE PARTY OF THE P
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	SLQ4062M ANY PASSENGER:
NAME	ANTIASSENCER
CONTACT NO.	
VEHICLE C NO.	SKF1511Z ANY PASSENGER:
VEHICLE D NO.	SJN3832D ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	
MOBILE NO.	Ryder Auto Pte Ltd
CONTACT PERSON	Auto Pte Ltd
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com
	Tel: 67418277 Fax: 67468277

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	e Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Vo.				Date o	f Accident	2	6/02/2020 1	8:30	
	Vehicle	No.(For Motor)	SJD344	8H		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112813381		GAN MIN	S9133724Z	GPC	Third Party	SJD3448H	SJD3448H	20/09/2019	19/09/2020
					C	Continue					

<b>▽</b> Endors	ements						
) Insure	d Object: SJD3448H	20025-220	ove.				
Jnit No.		Relate Numb	d Policy er	5112813381			
Address 4			ss Type	Singapore addre	ss	Post Code	640944
Address 1	BLK 944 #08-493	Addre	ss 2	JURONG WEST S	STREET 91	Address 3	SINGAPORE 640944
Policyh	older Mailing Address						
Certificate info							
Open Policy Info							
lag	30750						
Co- nsurance	No						
gent	META AGENCY PTE, LTD.	Agent Tel.	98585076		GST Flag	Υ	
Singapore OD Excess	0	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Outside		Outside					
Additional Excess	0	OS Premium	0				
Third Party Excess	0	damage Excess	0		Windscreen Excess	0	
Type	T CT PROJUCTS	Own			Windsanna		
Excess	Per Accident	All Claims					
Policy ssue Date	20/09/2019	Effective Date	20/09/2019	9 00:00	Expiry Date	19/09/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 944 #08-493 JURONG W	EST STREET 91	SINGAPORE	640944			
Certificate No.							
		Name	GAN MIN		NRIC	S9133724Z	

ccident MT/1065985					
Hey No.	5112013301	Vehicle No.	S3D3448H	GST Registration No.	
rtificate No.	311013301				
	GAN HIN			Policyholder NR3C	591337242
licyholder Name odudt Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
	Harman Language Co.		0	Contact No.(Home)	0
ontact No.(Mobile)	81904940	Contact No.(Office)		eCode	No.
nal Address	20.023	Special Remark	8 0	eCode Reason	135.7.1
K.	® No ○ Yes	TCA	® No ○Yes		
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	27/02/2020 10:17	Acadent Report Within 24 hrs	Yes	Accident Type	Chain Collision
the of Accident	26/02/2020	Time of Accident hh:mm	18:30	Country of Acadent	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	AYE TWOS CHANGE BEFORE PORTSDOWN RD				
P Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	0.00		
2227 (423)					
Standard Excess	0.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
aditional Excess	0	The state of the s			
		Total TP Excess Applicable	0.00		
tal OD Excess Applicable	0.00	rutal in excess Appleagle	0.00		
P Benefits	-				
GST Registered Informa			COST Pagestonian Page		
T Registered	No		GST Registration Date GST Status Verified	Yes	
T Registration No.			teat atentis ventico	1150	
dification History					
	2000				
Policyholder Mailing Ad		A PARTY COLOR	A STATE OF THE PARTY OF THE PAR	Address 9	SINGAPORE 640944
tdress 1	BLK 944 #08-493	Address 2	JURONG WEST STREET 91	Address 3	
idress 4		Address Type	Singapore address	Post Code	640944
NE No.		Related Policy Number	5112813381		
OI Driver Info		TO A STATE OF THE			
river Name	GAN HIN	Driver Type	Main Driver		
named driver Name		Driver NRIC	59133724Z	Driver DOB	20/09/1991
egister Date of Driver License	11/11/2010	Driver Age	26	Driving Experience	9
	81804840	Contact No.(Office)	0	Contact No.(Home)	0
ontact No.(Mobile)			JURONG WEST STREET 91	Address 3	SINGAPORE 640944
idress 1	BLX 944	Address 2			
doress 4		Address Type	Singapore address	Post Code	640944
	08-493				
nit No.					
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore egistered car? sclaration reathalyser or Blood Test	50 00 00 00 00 00 00 00 00 00 00 00 00 0		Yes ○ No	Driver Insurer Company	
oes he own a Singapore egistered car? sclaration reathalyser or Blood Test	○ Yes ® No 0 mg	Driver Vehicle No.  Any Injury?	⊕ Yes ○ No	Driver Insurer Company	
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