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Veh No: Spragum	E-mail (within Shrs, AIC 2hrs)	i	
D.O.A: 13/3/20-15:50	i-Motor Claim Form	106-2808801 LW	13/3/20 12:14
2/1/10 13:13	i-Motor W/O (Within: OD 2hr.		13/2/20 13:4,
OD / TP / Reporting Only	i-Photo Uploaded	1, 17 400)	
	Assessment/Survey Report	 	
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: VL	1973x INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () F	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
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1) Apply for Transport Allowance ()/	Courtesy Car ()		Called Market and Control of the Con
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

	ACCIDENT STATEMENT
Date Of Report	13/03/2020 12:39
Date Of Accident	13/03/2020 10:50
Exact Location Of Accident	ALEXANDRA RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFF982M
Insured/Policyholder	
Name Of Registered Owner	LYFFE3 PTE LTD
Co Reg No	2XXXXX454G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90067922
Alternative Phone No	OFFICE-90067922
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH 1.8 AUTO
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108854347-01
Cover Note Number	
Driver	
Name of Driver	ONG CHEE HUA
NRIC No	SXXXX889H
Date Of Birth	20/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	03/02/1989
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98179068
Fax Number	

OFFICE-98179068

NOEMAIL

BLK 631 ANG MO KIO AVENUE 4

#05-906

560631 Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Address

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR 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

2

Was any body injured in the Accident?

NO

YES

NO

1

Was any injured conveyed to hospital by

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, AFTER I TURN RIGHT FROM JLN BUKIT MERAH. VEHICLE B WAS STATIONARY STOPPED ON THE 1ST LANE. HE DID NOT PLACE ANY CONE ON 1ST LANE, AS I INTENDED TO FILTER TO 2ND LANE. I CHECK MY BLINDSPOT AND TURN ON MY VEHICLE HAZARD LIGHT. I JAMMED BRAKE AND HIT ONTO VEHICLE B REAR LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

YL1975X Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

SIM SAI HUAT Name of Driver SXXXX220I NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

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.
- 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.

LYFFE3 PTE LTO

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

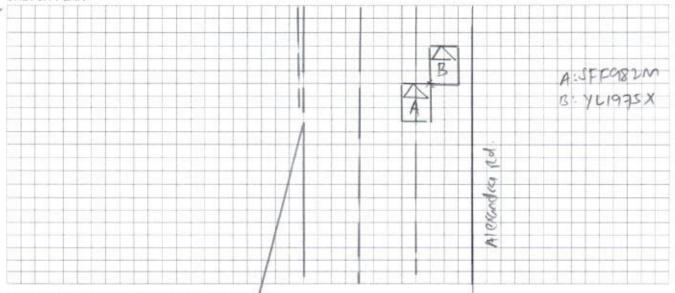
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Refer to statement	

DECLARATION

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

LYFFE3 PTE LTO

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						GeneralC				lClaim	
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My Desktop	Polic	y Query									34
Notice of Loss	Policy No	No.				Date o	of Accident		13/03/2020	10:50	
	Vehicle N	io.(For Motor)	SFF982	м		Certific	cate Number	1			
					18	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 5	5108854347- 01		LYFFE3 PTE. LTD.	201717454G	GPC	Third Party	SFF982M	SFF982M	12/03/2020	11/03/2021
		100000			C	ontinue					

Sequer	ce Date of Endorsem	ent	Endorsemen	t Type	Endorsement	Status	Endorsement Content
□ Endors	ements						
lnsure	d Object: SFF982M	0.000%					
Unit No.	08-82	Relate Numb	ed Policy er	5108850107-01			
Address 4		Addre	ss Type	Singapore address		Post Code	389626
Address 1	711 GEYLANG ROAD	Addre	ss 2	#01-01 ORIENTAL	VENTURE BU	Address 3	SINGAPORE 389626
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag	170073						
Co- insurance	No						
Agent	MAH YEE WEI	Agent Tel.	62221889		GST Flag	Y	
Singapore OD Excess	0	Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Excess Outside	SE	Premium Outside					
Additional	0	os	0				
Third Party Excess	1500	damage Excess	0		Windscreen Excess	0	
Excess Type	Per Accident	All Claims Excess Own					
Policy Issue Date	03/03/2020	Effective Date	12/03/2020	0 00:00	Expiry Date	11/03/2021 23	:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	711 GEYLANG ROAD #01-01 0	DRIENTAL VENT	URE BUILDIN	NG SINGAPORE 3896			
Certificate No.							
Policy No.	5108854347-01	Policyholder Name	LYFFE3 PTE	LTD.	Policyholder NRIC	201717454G	

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