Date In: 13/12-10:57	Jeb description		Date &Time Completed	Done	by
	SAS e-filing				
Ref No: 44 Juchovoy 100/14	E-mail (within 8hr	a (C 2hre)			
D.O.A: 16/7/20-17:35	i-Motor Claim		0.0 44 4 4 4	into la	luas
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	i-Photo Upload				
TP Insurer:	Assessment/Surv		<u>i</u>		
	Ass't Report by I	ax/Handt	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: DL	\$10A	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	-): N: 0-20	%; P: 21-79%. F: 30-1	00%]	
Year of Registration: ()	And the second s	/NO()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()			
General Remarks:					
() Walk-In Customer : Customer's in	formation strictly Confid	ential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.	10	*		
Drive-In ()/ Towed-In (); Invoi	ce: YES () / NO	(); To	owing Co: (-)
المراجع			3-7	79.58384 'Y	Z jui
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Lione	by
1) Apply for Transport Allowance ()/	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()		1		
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ()				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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,	
Selection of the best of a state of the selection of the	ACCIDENT STATEMENT
Date Of Report	17/03/2020 10:57
Date Of Accident	16/03/2020 17:35
Exact Location Of Accident	CTE TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF6886R
Insured/Policyholder	
Name Of Registered Owner	EAST-MINT MARKETING PTE LTD
Co Reg No	2XXXX983E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96826636
Alternative Phone No	OFFICE-96826636
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5AT 5DR EURO V
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	5101728933-01
Cover Note Number	
Driver	

HO HANG WEI Name of Driver NRIC No SXXXX106A Date Of Birth 23/06/1968 OUTDOOR Occupation 20/03/1992 Date Of Driving Pass **Driving Experience**

27 YEARS AND 11 MONTHS

MALE Gender

(LOCAL) +65-96826636 Mobile Number

Fax Number

OFFICE-96826636 Contact Number

EMail Address NOEMAIL

30 FERNVALE LINK Address

#13-02

797530 Postcode

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

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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

NO 1

Number of Passengers (Including Driver)

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SDZ3810A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category ROGER ANG Name of Driver

NRIC/Passport Number

91728688 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

HO HANG WEI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBF6886R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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 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.
- 5. 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.
- 7. 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)
 - (i) 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
- 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.

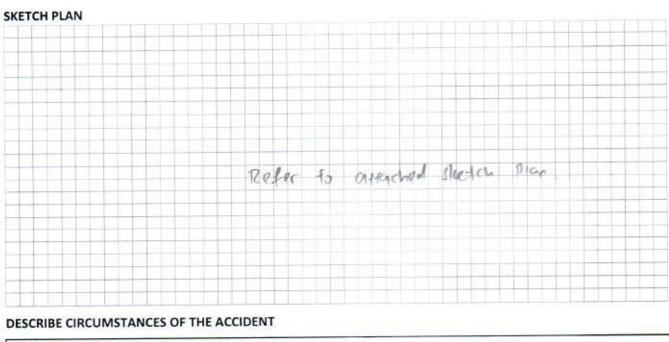
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



efer to statement.		
X 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

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 .:

知事 17=35 GBF6886R.

> GBF 6888 R 20 502 3810A

eBao Tech				-		1				Genera	lClaim
Hello, NAC_PAYA_UBI_800	601						· Change L	anguage	• Change	Password	· Log Out
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	Policy N	ło.				Date	of Accident	16/	03/2020 17	:35	
	Vehicle	No.(For Motor)	GBF688	G8F6886R		Certificate Number					
					0	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101728933- 01		EAST-MINT MARKETING PTE LTD	200716983E	GCV	Comprehensive	G8F6886R	GBF6886R	13/07/2019	12/07/2020
				ALTO 1-025	10	ontinue					

7954 (TWY) - 7047	Para and a superior of the sup	Policyholder			Policyholder	200716983E		
Policy No.	5101728933-01	Name	EAST-MINT	-MINT MARKETING PTE LTI	NRIC	200716983E		
Certificate No.								
Address	BLK 3015 #01-212 UBI ROAD 1	KAMPONG UE	I INDUSTRI	I INDUSTRIAL ESTATE SINGAPORE 408704				
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag N			
Policy issue Date	04/07/2019	Effective Date	13/07/201	9 00:00	Expiry Date	12/07/2020 2	3:59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess			600	600		100		
Additional Excess		OS Premium	0					
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/Inexperience Driver Excess		
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyh	nolder Mailing Address							
Address 1	BLK 3015 #01-212	Addre	ess 2	UBI ROAD 1		Address 3	KAMPONG UBI INDUSTRIAL ES	
Address 4	SINGAPORE 408704	Addre	ss Type	Singapore address		Post Code	408704	
Unit No.	01-212	Related Policy Number		5115246131				
▶ Insure	d Object: GBF6886R	1207/0550	2007					
▽ Endors	ements							
Sequen	nce Date of Endorsemen	nt	Endorsemer	t Type	Endorsement Status		Endorsement Content	
			100	ontinue Cancel				

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icy No.	F1 F1 WEST F F1	Atebide No.	CARCOLLO	GST Registration No.			
	5101728933-01	Vehicle No.	GBF6886R	Sar Negati scon No.			
rtificate No.				The State of the S	2002140025		
icyholder Name	EAST-MINT MARKETING PTE LTD		12	Policyholder NRIC	200716983E		
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0 No V		
ntact No.(Mobile)	96826636	Contact No.(Office)	0	Contact No.(Home)			
nail Address		Special Remark		eCode			
к	® No ○ Yes	TCA	No ○ Yes	eCode Reason			
D Protection	No	NCD Entitlement(%)	0	Private Hire	No		
Accident Details							
port Date	17/03/2020 11:18	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear		
ate of Accident	16/03/2020	Time of Accident Philmm	17:35	Country of Accident	Singapore		
parting Centre	A-10-10-10-10-10-10-10-10-10-10-10-10-10-	Orange Force		ICM No.			
cident Location	CTE TWDS PIE (CHANGI)						
P Total Excess Applicable							
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P Benefits							
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idress 4	SINGAPORE 408704	Address Type	Singapore address	Post Code	408704		
nt No.	01:212	Related Policy Number	5115245131				
OI Driver Info							
iver Name	Unnamed Driver	Driver Type	Unhamed Driver	T BOX SOCKE			
nnamed driver Name	HO HANG WET	Driver NRIC	SXXXX106A	Driver DOB	23/06/1968		
egister Date of Driver License	20/03/1992	Driver Age	51	Driving Experience	27		
ontact No.(Mobile)	96826636	Contact No.(Office)	0	Contact No. (Home)	0		
Mress 1	30 FERNVALE LINK	Adoress 2	HQO RESIDENCES	Address 3	SINGAPORE 797530		
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