NATIONAL Assessment Cent	Jcb description	Date &Time	Completed	Done	U
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Veh No: hylayl	E-mail (within Shrs, A				
D.O.A: 25/2-2:12	i-Motor Claim Fo	Fir. 1120 I	161-001	76/3/20	14:34
OD : (TP)' Reporting Only	i-Motor W/O (win				
	i-Photo Uploaded				
TP Insurer:	Assessment/Survey				
	Ass't Report by Fax	/ Hand to Owner/Wks	2	- VIDEOUS COMM	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ax:	
TP Particulars: Veh No: 6	BB48236	INC()/Non-IN	C().	- 14	
Owner / Driver: (Tel:	*)	
Policy No: () P	Period: () Cover Type:).	
Confirmed by : (Da		ne:)	
	[Note-Est. Status (WO):		%. P: 80-1	100%]	
Year of Registration: ()		NO()			
Excess: (\$) Loading: \$1	Water and the second se) \	STORESPECT	188 - 17, 17	
General Remarks:-					
() Walk-In Customer: Customer's int		ntial & Strictly NO refer	of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.		**		
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Drive-In ()/ Towed-In (); Invoid	ce: YES () / NO () ; Towing Co: ()
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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.
- 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.

WHEN THE LOS HOUSE WEST FROM HOUSE	ACCIDENT STATEMENT
Date Of Report	26/03/2020 14:16
Date Of Accident	25/03/2020 21:10
Exact Location Of Accident	JUNC RANGOON RD & RACE COURSE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY124L
Insured/Policyholder	
Name Of Registered Owner	ANG KIM SIANG (1975) GENERAL CONTRACTOR
Co Reg No	0XXXX200X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE 5DR
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5015651014-13
Cover Note Number	
Driver	
Name of Driver	ANG KIM SIANG
NRIC No	SXXXX551I
Date Of Birth	22/04/1940
Occupation	OUTDOOR
Date Of Driving Pass	19/06/1958
Driving Experience	61 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98159854

OFFICE-98159854

NOEMAIL

Address BLK 190 RANGOON ROAD

#01-04

Postcode 218447

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 - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

YES

NO

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) 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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B FILTER OUT FROM RACE COURSE RD, HE INTENDED TO TURN RIGHT. VEHICLE B HIT ONTO MY VEHICLE FRONT PORTION.

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 GBB4823G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver PALANIVEL SARATHKUMAR

NRIC/Passport Number GXXXX614T

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

DETAILS OF INJURED PERSON 1

Name ANG KIM SIANG

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? GY124L
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NO

Page 3 of 12

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)

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:
 - 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

洪金城水電衛生工程

洪金城水電衛生工程 ANG KIM SIANG (1975) GENERAL CONTRACTOR 2A Upper Boon Keng Road #11-704 Singapore 381002 H/P: 9144 1328

Email: ksang0101@gmail.com

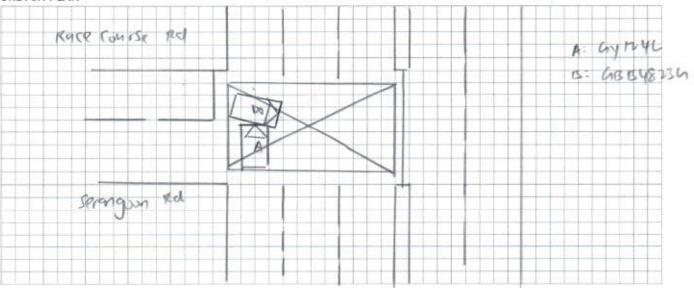
Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

lefer to Hutement.	
LVI.	
- NA-15.	
1.5	

DECLARATION 它衛生工程

//We perfare the foregoing particulars are true in every respect.

A Upper Boon Keng Road

#11-704 Singapore 381002

H/P: 9144 1328

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										Genera	lClaim
Hello, NAC_PAYA_UBI_8006	501						• Change	Languag	e • Char	nge Password	Log Out
My Desktop	Poli	Policy Query									,
Notice of Loss	Policy N	Vo.				Date of Accident 25/03/2020 21:10	21:10				
	Vehicle	No.(For Motor)	GY124	Ľ.		Certific	cate Number	1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5015651014- 13		ANG KIM SIANG (1975) GENERAL CONTRACTOR	07371200X	GCV	Third Party	GY124L	GY124L	02/12/2019	01/12/2020

Policy No.	5015651014-13	Policyholder Name	ANG KIM S	IANG (1975) GENERA	Policyholder NRIC	07371200X	
Certificate No.							
Address	BLK 2A #11-704 UPPER BOON K	ENG ROAD KA	LLANG HEIG	HTS SINGAPORE 381	1002		
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	30/10/2019	Effective Date	02/12/2019	00:00	Expiry Date	01/12/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	PECK LIAN INSURANCE AGENCY	Agent Tel.	63886513		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
	BLK 2A #11-704	Addre	ss 2	UPPER BOON KENG	ROAD	Address 3	KALLANG HEIGHTS
Address 1	DER 2A #11-704						
	SINGAPORE 381002	Addre	ss Type	Singapore address		Post Code	381002
Address 1 Address 4 Unit No.	mayoran or managaray ny e		d Policy	Singapore address 5015651014-13		Post Code	381002
Address 4 Unit No.	mayoran or managaray ny e	Relate	d Policy	MANUAL MA		Post Code	381002
Address 4 Unit No.	SINGAPORE 381002 d Object: GY124L	Relate	d Policy	MANUAL MA		Post Code	381002



