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Veh No: DS Hally	E-mail (within	Shrs, AIC 2hrs)						
D.O.A: 7/4/2-08:40	i-Motor Clai	im Form	M7/109/9/6-901	27/1/20 1	4:23			
	i-Motor W/C	i-Motor W/O (Within: OD 2hrs, TP 4hrs)						
OD : TP ! Reporting Only	i-Photo Uplo	i-Photo Uploaded						
TD	Assessment/S	urvey Report						
TP Insurer:	Ass't Report b	Ass't Report by Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW:			Tel:	Fax:	- JA - 20 GE			
TP Particulars: Veh Nos 3	2441R .	. INC(	)/Non-INC( )					
Owner / Driver: (			Tel:	)	-			
Policy No: ( )	Period: (	)	Cover Type: (	)				
Confirmed by : (		Date:	Time:	)				
Insured/Driver Liability: ( %	) [Note-Est. Status (	WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]				
, , , , , , , , , , , , , , , , , , ,	Warranty: YES (		)					
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# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Date Of Driving Pass

**Driving Experience** 

Mobile Number Fax Number

Contact Number

**EMail Address** 

Gender

- 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.	
A CONTRACTOR OF THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	27/04/2020 14:12
Date Of Accident	27/04/2020 08:40
Exact Location Of Accident	HOUGANG AVE 8
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS2631Y
Insured/Policyholder	
Name Of Registered Owner	7 CAR RENTAL & SERVICES PTE LTD
Co Reg No	2XXXXX234C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97236566
Alternative Phone No	OFFICE-97236566
Vehicle Particulars	
Manufacturer	тоуота
Model	VIOS E 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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112361355
Cover Note Number	
Driver	
Name of Driver	LEE SHENG ENG
NRIC No	SXXXX948D
Date Of Birth	09/03/1989
Occupation	OUTDOOR

16/11/2010

MALE

NOEMAIL

9 YEARS AND 5 MONTHS

(LOCAL) +65-97236566

OFFICE-97236566

BLK 573 HOUGANG STREET 51 Address

#07-21

Postcode 530573

Was driver an employee of the Insured's Company NO

OWNER 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 - HEAD TO REAR

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

NO

NO

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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?

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)

YES Are accident photos available for attachment?

YES Was there any video captured by Car Camera?

Was there any audio recorded?

VIDEO FOOTAGE WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL2441R

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

Vehicle Category PRIVATE CAR Name of Driver TAN KIAM HAN NRIC/Passport Number SXXXX663Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

### 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
  - (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 .:

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valiacle 3	ly or	10 mg V	chicle rec	ir partig	<u> </u>			

DECLARATION

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

Policyholder's Signatur Date & Time:

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

Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

ACCIDENT STATEMENT

AC	CIDENT DATE: 27	104/20201(DD/A	MM/YYYY), TIME:(	8:39)(HH:MM
- LOC	ATION: HO	igang Ave 8		
			4	
	1. DETAILS OF VEH	20 000	27 21 14	
	a) VEHICLE NUM		26314	
	b)INSURANCE C	COMPANY: " FN	tuc	
	c)POLICY NUME	The state of the s	1	701 701
		(COMPREHENSIVE / TH	HIPD PARTY / THIR	D PARTY FIRE &THEFT
	e)MAKE & MOD	50 MG 14 MG 14 MG 15 MG	INDIANT / ITAL	DI AKITTIKE WITELI
		*	1/1000/11/07/	- COLUEDO
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		MING UNDER YOUR O'		
		STATE (THIRD PARTY CL	AIMY REPORTING	G ONLY)
2	. INSURED / POLICE		200	
	A)NAME:	Lee Sheng Eng		MALE / FEMALE)
	b)NRIC/FIN/PAS	SPORT: \$890894	30 CONT	ACT: 97236566
	c)ADDRESS:			
18 18	2)			
	* CONTINUE TO :	3.d IF DRIVER ALSO PC	LICY HOLDER	
Ho of passongo	DRIVER			
1   I same	a)NAME:	1161		_(MALE / FEMALE)
Including driver	b) NRIC/FIN/PASS	SPORT:	CONT	ACT:
(1)	c)ADDRESS:	, OKT.		
	CINODICESS.			
		09 . 33 . 1976	A NAMES TO A POST OFFICE AND A STATE OF THE ADDRESS	
91		H: 109 103 11989	The state of the s	()
	e)OCCUPATION:	(INDOOR /OUTDOO	B)	S #8
	f) YEARS OF DRIV	ING EXPRERIENCE:		
4.	WAS DRIVER AN	N EMPLOYEE OF THE	INSURED'S COM	MPANY? (YES / NO)
	IF NO, RELATIO	NSHIP OF THE DRIVE	ER WITH INSUR	ED: OM ner ()
5.	a) WEATHER CON	IDITION: (CLEAR / RAIL	VING / OTHERS_	
		E: (DRY / WET / OTHER		
6.		NJURED (YES /NO)		*
	a)REPORTED TO F			
	IF YES PLEASES	TATE WHICH POLICES	TATION:	
Ω	THIRD PARTY VEHI		IAIION	
o of passenger		0 7 0 0 11	R	
of pussenger	a) VEHICLE NUM	ADEK.	MODE	L;
iduding driver)	b) DRIVER'S NA			
(())	c) NRIC/FIN/PA		CONT	ACT:
9.	THIRD PARTY VEHI	CLE S178666	32	
to of passenger	d) VEHICLE NUM		MODE	
( ) (3321.9cl	e) DRIVER'S NA	ME:		
aduding driver	) f) NRIC/FIN/PAS	SSPORT:	CONT	ACT:
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		VIDEO -		

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			of the latest and the	-	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i	· Change	Language	e + Chan	ge Password	, Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.	4			Date o	Accident		27/04/2020 (	08:40	
	Vehicle	No.(For Motor)	\$35263	17		Certific	cate Number	]			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112361355		7 CAR RENTAL & SERVICES PTE LTD	201619234C	GPC	drivo CLASSIC	SJS2631Y	SJS2631Y	04/09/2019	03/09/2020
					0	ontinue					

Sequen	ce Date of Endorsem	ent E	ndorsement	Туре	Endorsement	Status	Endorsement Content
□ Endors	ements						
▶ Insure	d Object: SJS2631Y						
Jnit No.		Relate Numbe	d Policy er	5113849974			
Address 4			ss Type	Singapore address		Post Code	530573
Address 1	BLK 573 #07-21	Addres	is 2	HOUGANG STREET	51	Address 3	SINGAPORE 530573
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
insurance Flag	No						
Co-	BENEVICE STOCKET (STOCKET)	10.00 NO.00 NO.	5594.0412.048.7		90(6)(1)(6)(8)	01	
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Туре	Per Accident	All Claims Excess Own			***************************************		
Policy Issue Date Excess	03/09/2019	Effective Date	04/09/2019	9 00:00	Expiry Date	03/09/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 573 #07-21 HOUGANG S	TREET 51 SINGA	PORE 53057	73			
Certificate No.							
Policy No.	5112361355	Policyholder Name	7 CAR REN	TAL & SERVICES PTE	Policyholder NRIC	201619234C	

Claim Handling					
Accident MT/1091916					
Policy No.	5112361355	Vehicle No.	\$1\$2631Y	GST Registration No.	
Certificate No.					
Policyholder Name	7 CAR RENTAL & SERVICES PTE LTD			Policyholder NRIC	201619234C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No (Mobile)	97236566	Contact No.(Office)	0	Contact No.(Home)	0
Émail Address		Special Remark		eCode	No. V
KPK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	27/04/2020 14:11	Accident Report Within 24 hrs.	Yes	Accident Type	Called Annual Street
Date of Acordent					Collision - Head to Rear
Reporting Centre	27/04/2020	Time of Accident hhumin	08:40	Country of Accident	Singapore
Acodem Location	Legisland Land	Drange Force		SCM No.	
	HOUGANG AVE 8				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
00 Standard Excess	2,000.00	TP Standard Excess	1,500.00		
VIED OD Excess	0.00	VIED TP Excess	1,500.00	and the second	
Additional Excess	0.00	THE PARTY OF STREET		Driver is Covered?	
Total OD Excess Applicable	2000.00	Total TD Forces Control			
P Benefits	2000.00	Total TP Excess Applicable			
	-N				
GST Registered Inform			1202 William Co.		
GST Registered GST Registration No.	No		GST Registration Date		
Modification History			GST Status Venfied	Yes	
Producetion restory					
TP Policyholder Mailing Ad	Mean				
Address 1		1 4 April 1970	(1) 25 52 7 50 12 C C C C C C C C C C C C C C C C C C	V(V(V))200	
	BLK 573 #07-21	Address 2	HOUGANG STREET SI	Address 3	SINGAPORE 530573
Address 4		Address Type	Singapore address	Post Code	530573
Unit No.		Related Policy Number	5113849974		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE SHENG ENG	Driver NRIC	SXXXXD48D	Driver DOB	09/03/1909
Register Date of Driver License		Driver Age	31	Driving Experience	9
Contact No.(Mobile)	97236566	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 573	Address 2	HOUGANG STREET 51	Address 3	SINGAPORE \$30573
Address 4		Address Type	Singapore address	Post Code	530573
Unit No.	07-21				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
magazeros car					
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ⑥ No		
examinate.	V3C05	6.0000.000.0000			
Mary and the second					
Modification History					
Claim 001 New					
Claim Type +	OD-MX	Insured Name	7 CAR RENTAL & SERVICES PTE	Insured NRIC	201619234C
Contact No.(Mobile)		Contact No.(Home)	NJL.	Contact No.(Office)	
Email Address		Of Vehicle Number	E3E3E31Y	TP Vehicle Number	53,2441R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Clament Name *	22	Claimant NRIC *			
Claiment Address					
Own Description	5352631Y / S3L2441R ON 27 Apr 2020			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Not at Fault		
No. Require Finalisation	Yes 🗸	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/04/2020 14:23	Claim Close Date	P. S. Dies Harship, name unknown		
		Same Properties		Date Received	27/04/2020 00:00
Report Taken By	Jackson				
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Accident No.	MT/1091916	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	27/04/2020 14:24		
		SEPTEMBER LIBER			
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