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TP Particulars: Veln No: CAC 7 4 2 2 INC	TP insurer:	Ass't Report by	Fax / Hand to	Owner	Wksp		TELEVISION REPORT
Dollar Driver: (Tel: Dollar Period: (Date: Time:)	Preferred Wksp / INC Assign Wksp / QW: (Tol:	F	ax:)
Policy No: () Period () Cover Type: () Confirmed by: () Date: Time:) Insured/Driver Liability: (%4) [Note-Est Status (WO): N: 0-20%; P: 21-79%, P: 30-100%] Year of Registration: () Warranty: YES ()/NO () Excess: (\$) Loading: \$1,000 ()/\$2,000 () General Remarks: () Loading: \$1,000 ()/\$2,000 () General Remarks: () Loading: \$1,000 ()/\$2,000 () General Remarks: () Total Loss Case: to e-mail Insurer URGENTLY. Drive-In ()/Towal-In (); Invoice: YES ()/NO (); Towing Co. () Remarks: (NO	TP Particulars: Veh No:	SHC744.37	INC(.)/No	n-INC()		
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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.
- Any false reporting may be referred to the Police for investigation.
- 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.

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 Date Of Report
 16/05/2020 11:13

 Date Of Accident
 16/05/2020 09:25

 Exact Location Of Accident
 HOUGANG AVE 3

 Country/State of Loss
 SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD762P

Insured/Policyholder

Name Of Registered Owner KIM KOON GAS SERVICES

Co Reg No 2XXXX300M Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-62830192

Vehicle Particulars

Manufacturer TOYOTA

Model DYNA

Exact Purpose for which vehicle was being used at time of accident WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY

If No, Please state action to be taken 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 5066015222-05

Cover Note Number

Driver

Name of Driver HO SIER KWONG RAYMOND

 NRIC No
 SXXXX540C

 Date Of Birth
 27/05/1968

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/07/1988

Driving Experience 31 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92344114

Fax Number Contact Number

EMail Address RAYMONDH068@HOTMAIL.COM

Address BLK 24 HOUGANG AVE 3

#10-420

Postcode 530024

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

nicle

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

VO

I have been approached by unknown possen(s)

YES

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

NO

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

I WAS TRAVELLING STRAIGHT ALONG HOUGANG AVE 3 ON THE EXTREME LEFT LANE. SUDDENLY I FELT THE IMPACT FROM MY REAR RIGHT SIDE PORTION OF MY VEH.

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 SHC7443Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

KIM KOON GAS SERVICES
10, Defu Lane 9, Singapore 539252

Tel: 6283 0192, 6283 0298

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

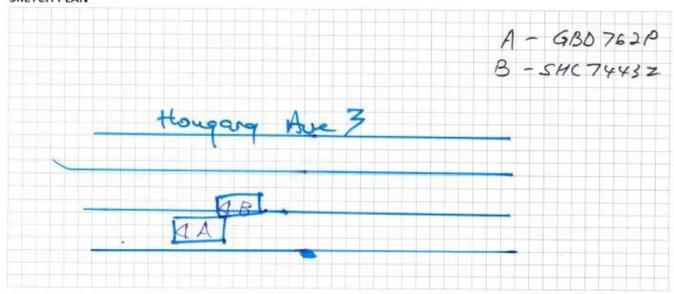
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PIS	refer	to the	stater	nent.	
	V				

DECLARATION

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

KIM KOON GAS SERVICES

10, Defu Lane 9, Singapore 539252

Tel: \$283 0192, 6283 0298

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 STATEMENT

ACC	CIDENT DATE: 16 / May 2020) (DD/MM/YYYY), TIME:	(MM:HH)(26: PC)
	1 1 2	
roc	ATION: Hougary HURS	
	1 +	
	1. DETAILS OF VEHICLE GIVENICLE NUMBER: GIBD 762 P	
7	b)INSURANCE COMPANY: /ncome	- 1- 21
	c)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THI	RD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	
	f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOT	ORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MC	OTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME:	Significant transfer and the second
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE	(YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING	
2	. INSURED / POLICY HOLDER	
	AINAME: HO Sier Coorg Daymond	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT: 8681 (C540-CON	
	CLADDRESS: 24 Housery De 3 1	0-420
8 8 8	(53002/21)	
er van	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
the of passenge		
		(MALE / FEMALE)
Clading driver	b) NRIC/FIN/PASSPOKIM KOON GAS SERVICES	
(2)	c) ADDRESS: 10, Defu Lane 9, Singapore 538252	V
9 2 2 3	Tel: 6283 0192, 6283 0298	
20	*d) DATE OF BIRTH: (2) 1 May (968) (DD/MM/YYY	Υ)
-	e)OCCUPATION: (INDOOR / OUTDOOR)	
	f) YEARS OF DRIVING EXPRERIENCE: 324 05	18
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S CO	MPANY (YES) NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSUR	RED:
5.	a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS_	
	b)ROAD SURFACE: (DRY / WET / OTHERS	
6.	WAS ANYBODY INJURED (YES (NO))	
7.	a) REPORTED TO POLICE (YES (NO)	27/127
	IF YES, PLEASE STATE WHICH POLICE STATION:	CHAASZ
. 8.	THIRD PARTY VEHICLE	
No of passenger	a) VEHICLE NUMBER:MODE	EL: ,
	b) DRIVER'S NAME:	
103	c) NRIC/FIN/PASSPORT:CON	TACT:
() 9.	THIRD PARTY VEHICLE	
in all more and	d) VEHICLE NUMBER:MODE	EL:
No of passenger	e) DRIVER'S NAME:	95 BG
Induding driver	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TACT:
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eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 16/05/2020 09:25 Vehicle No.(For Motor) GBD762P Certificate Number Search Certificate Number Policyholder Product Cover Type Select Policy No. Insured Object Commence Expiry Date KIM KOON GAS SERVICES 5066015222-05 20332300M GCV Comprehensive GBD762P GBD762P 09/06/2019 08/06/2020

Continue

5/16/2020 Claim Handling(accident reporting Claim Task 001 OD-MX) Claim Handling Accident MT/1092775 5066015222-05 Vehicle No. GBD762P GST Registration No. MX0505450 Certificate No. Policyholder Name KIM KOON GAS SERVICES Palicyhalder NRIC 20332300% Product Code COMMERCIAL VEHICLE INSURAN Cover Type Contact No.(Office) Contact No.(Mobile) 62830192 Contact No.(Home) Email Address Special Remark No * KEK · No Yes TCA + No Yes eCode Reason NCD Protection No. NCD Entitlement(%) 10 Private Hire No 16/05/2020 11:38 Accident Report Within 24 hrs Yes Accident Type Side Swipe Date of Accident 16/05/2028 Time of Accident his:mm Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location HOUGANG AVE 3 Total Excess Applicable Excess Type Per Accident Windscreen Excess 100.00 OD Standard Excess TP Standard Excess 500.00 0.00 YIED OD Excess YIED TP Excess 0.00 0.00 Driver is Covered? Additional Excess Total OD Excess Applicable 500.00 Total TP Excess Applicable **▽** Benefits GST Registered Information GST Registered GST Registration Date 01/04/1994 GST Registration No. MX0505450P GST Status Verified Modification History 10 DEFU LANE 9 Address 2 SINGAPORE 539252 Address 3 Address Type Singapore address Post Code 539252 Related Policy Number 5078411378-04 ▼ OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name HO STER KWONG RAYMOND Driver NRIC SXXXX540C Driver DOB 27/05/1968 Register Date of Driver License 26/07/1988 Driver Age 51 Oriving Experience 31 Contact No.(Mobile) 92344114 Contact No.(Office) Contact No.(Home) 0 Address 1 BLK 24 Address 2 HOUGANG AVENUE 3 Address 3 SINGAPORE Address 4 Address Type Singapore address Post Code 530024 Unit No. #10-420 Does he own a Singapore Registered car? Yes a No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test Reading? Any injury? Yes + No Modification History Claim 001 00-MX New Claim Type * OD-MX KIM KOON GAS SERVICES Contact No. (Home) Contact No.(Mobile) Email Address GBD762P GBD762P / SHC7443Z ON 16 May 2020 Preferered Vability Not at Fault Repair Repair Option Preferred Workshop, Name unknown GIA Received Contact No. Yes Date Registered 16/05/2020 11:42 Report Taken By ROSLINDA Frint AK letter Save Submit

Attachment Accident No. MT/1092275 Claim No. Last Doc. Received yes O No Upload Date 16/05/2020 00:00 Category * Path * Confidential Choose File No file chosen ▼ NO Clear v NO • Normal Choose File No file chosen Please Select Clear Choose File No file chosen Clear v NO ▼ Normal Please Select

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