Date In: 19/12-12:29	Jeb description	Date	&Time Completed	Don	e by			
Ref No: NA ILICWOOTSOFTY	SAS e-filing							
Veh No: 5047670L	E-mail (within Shrs,	AIC 2hrs)						
D.O.A: 14/5/20- 09:47	i-Motor Claim F	orm ,m	1592901-301	19/5/20	12:41			
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)							
OD TP Reporting Only	i-Photo Uploade	1						
TDI	Assessment/Survey	Assessment/Survey Report						
TP Insurer:	Ass't Report by Fa	Ass't Report by Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ax:				
TP Particulars: Veh No:	DE 63676	INC()/1	Ion-INC()	- 12				
Owner / Driver: (Tel:	02)				
Policy No: ()	Period: () Cover	Туре: ()				
Confirmed by : (D	ate:	Time:)				
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P:	21-79%. P: 30-1	00%]				
Year of Registration: ()	Warranty: YES ()/	NO()						
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()						
General Remarks:	A STATE OF THE STA	79.4 VC X 2007.000 . 2007.000	SANCEL T 2551	MAN TO THE				
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() Walk-In Customer: Customer's in		ntial & Strictly No	reter of repairer.					
() Total Loss Case : to e-mail Insu	irer URGENTLY.		· · · · · · · · · · · · · · · · · ·					
Drive-In ()/ Towed-In (); Invoi	ice: YES () / NO () ; Towing (Co: (- • '')			
Cemarks: (INC hotline: 6788 6616)		Dates	Time Completed	Carlo Don	hv .			
1) Apply for Transport Allowance ()/	A total for the desired when the desired and the second as			William Control	,13			
	/ Courtesy Car ()							
2) QC Check / Post Repair Inspection	()							
2) 11 1 12								
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()							
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()							
Injury:	\$3000] ()			192 23 A	- 1, No.			
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Injury : ———————————————————————————————————		pice Preparation		Ant (5)	Am			
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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.
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	19/05/2020 12:29
Date Of Accident	19/05/2020 09:45
Exact Location Of Accident	BLK 783C WOODLANDS RISE SERVICE RD
Country/State of Loss	SINGAPORE
MAIN AND THE PARTY OF THE PARTY	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH3670L
Insured/Policyholder	
Name Of Registered Owner	YAP HOONG WEI
NRIC No	SXXXX613Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98795519
Alternative Phone No	OFFICE-98795519
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113090971
Cover Note Number	
Driver	
Name of Driver	NEU THIAM TENG
NRIC No	SXXXX561Z
Date Of Birth	25/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	12/11/1985
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96413239
Fax Number	

OFFICE-96413239

NOEMAIL

BLK 783C WOODLANDS RISE Address

#10-03

Postcode 733783

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

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

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) 0

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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBE6367C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

88937487

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SIH 3670L Model/Make Mazda 3
19 15 2020
0945 HRS
Along BLT 783C Noudlands Rise Service road
dent Private USE
Yap Hoong Wei
H/P: 9879 557 Home: Office:
S7482613Z
BLK 7830 Woodlands Rose #10-03 S(733783)
OD THIRD PARTY REPORTING ONLY
NTUC
Comprehensive Third Party Third Party / Fire /Theft
As Above If No, New Thiam Term
S1829561Z Any Passengers:
75 9 1967
Outdoor / Indoor
12/11/1982
Male / Female
H/P:9641 3039 Home: Office:
BLE 783C Woodlands Rise #10-03 S(733783)
No. If yes, Reg No.
Employee, If no, state Souse
Clear Raining Other
Wet Other No. If Yes, Who?
il tes, wild:
No, If Yes, Where?
GBEG367C Any Passengers:
Contact No.: 8893 7487
Any Passengers :
Witness Contact :
Front right portion
Yes / No
neuahseng @gmail.com
Tenunseng wyma, creen
Twincar Automotive Pte Ltd
6842 0051 / 6744 0510
Grandon
6741 0510
sales @ n51·com·sg

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.
- 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 insurers) 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

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

(If driver is not the policyholder) Date & Time:

not the policyholder) Na

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN BUX 783B BUK 7836 Wood kinds for Veh 14 SLH3670L Ven B: BLK783C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SLH3670
traveling along BLK 783C Woodlands Rise Service road. My vehicle was
Stationary at the loading Bay and I was standing beside my vehicle.
Out of sedden, I heard a loud 'bang' and I noticed the rear
portion of vehicle B (GBE 6367C) collided onto the front right
portion of my vehicle when vehicle B was teversing his vehicle.

DECLARATION

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

2

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personpel's Signature Name: NRIC/FIN No .:

eBao Tech	GeneralClaim										
Hello, NAC_PAYA_UBI_80	0601				THE RESERVE THE PROPERTY OF	and the second second	· Change	Language	e 'Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date of Accident		[19/05/2020 09:45		
	Vehicle	No.(For Motor)	SLH3670L			Certificate Number		Ī			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5113090971		YAP HOONG WEI	S7482613Z	GPC	drivo CLASSIC	SLH3670L	SLH3670L	03/10/2019	30/10/2020
					C	Continue					

Policy No.	5113090971	Policyholder Name	YAP HOONG	G WEI	Policyholder NRIC	S7482613Z	
Certificate No.							
Address	BLK 783C #10-03 WOODLANDS	RISE WOODL	ANDS PASTU	IRE I SINGAPORE 73	3783		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	03/10/2019	Effective Date	03/10/2019	00:00	Expiry Date	30/10/2020 23	1:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	'Inexperience Driver Excess
Agent	THONG LEE TRADING PTE LTD	Agent Tel.	62569655		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
→ Policy!	holder Mailing Address						
Address 1	BLK 783C #10-03	Addre	ss 2	WOODLANDS RISE		Address 3	WOODLANDS PASTURE I
		Addre	ss Type	Singapore address		Post Code	733783
Address 4	SINGAPORE 733783	740016					
	SINGAPORE 733783		d Policy	5113090971			
Unit No.	SINGAPORE 733783 ad Object: SLH3670L	Relate	d Policy	5113090971			7.50
Address 4 Unit No. Insure	d Object: SLH3670L	Relate	d Policy	5113090971			

laim Handling						
cident MT/1092901					D. Diego and Degree	
Hicy No. ertificate No.	5113090971	Vehicle No.	SLH3670L		GST Registration No.	
	YAP HOONG WET				Policyholder NRIC	S7482613Z
Hoyholder Name	PRIVATE CAR INSURANCE	Cover Type	grivo CLASS	107	Loading	0
ntact No.(Mobile)	98795519	Contact No.(Office)	0		Contact No.(Home)	0
nail Address	20792319	Special Remark			eCode	No V
	8		00			100.43
X.	® No ○ Yes	TCA	® No ○Ye	16	eCode Reason	
CD Protection	Yes	NCD Entitlement(%)	50		Private Hire	No
Accident Details						
port Date	19/05/2020 12:38	Accident Report Within 24 hrs.	Yes		Accident Type	Side Swipe
ate of Accident	19/05/2020	Time of Accident htt:mm	09:45		Country of Accident	Singapore
porting Centre		Drange Force			3CM No.	
codent Location	BLK 783C WOODLANDS RISE SERVICE RD					
Total Excess Applicable						
сияв Туря	Per Accident	Windscreen Excess		100.00		
Standard Excess	600.00	TP Standard Excess		0.00		
ED OD Excess	500.00	YIED TP Excess			Driver is Covered?	
Iditional Excess	0					
tal OD Excess Applicable	1100.00	Total TP Excess Applicable				
P Benefits	305233	VARCOCOMESTICS ROTTOFA!				
verage			Sur	Insured		
cessory			200			
P GST Registered Informa	ation					
T Registered	No		GST	Registration Date		
ST Registration No.			GST	Status Verified	Yes	
dification History						
Policyholder Mailing Ad	Idress					
ioress 1	BLK 783C #10-03	Address 2	WOODLAND	S RISE	Address 3	WOODLANDS PASTURE I
dress 4	SINGAPORE 733783	Address Type	Singapore a	ddress	Post Code	733783
NT NO.		Related Policy Number	511309097	1		
P OI Driver Info						
tver Name	Unnamed Driver	Driver Type	Unnamed D	river		
named driver Name	NEU THIAM TENG	Driver NRIC	\$00005612		Driver DOB	25/09/1967
gister Date of Driver License	12/11/1985	Driver Age	52		Driving Experience	34
ntact No: (Mobile)	96413239	Contact No.(Office)	0		Contact No.(Home)	0
loress 1	BLK 783C	Address 2	WOODLAND	ve 016#	Address 3	WOODLANDS PASTURE 1
					Post Code	733783
oress 4	SINGAPORE 733783	Address Type	Singapore a	DOTARE	Post Code	733783
nit No.	10-03					
oes he own a Singapore egistered car?	O Yes ® No	Driver Vehicle No.			Driver Insurer Company	
clarecion						
reathalyser or Blood Test eading?	Omg	Any injury?	○ Yes ® N	0.		
dification History						
The same of the sa						
Claim 001 New						
10.10.0	fon and		Can upon	Lawr 1	Second MARC	674074177
im Type *	00-MX Y	Insured Name	YAP HOONG	a mer	Insured NRIC	\$7482613Z
ntact No.(Mobile)		Contact No.(Home)	63678255		Contact No.(Office)	(many many many many many many many many
nef Address		Os vehide Number	9LH3670L		TP Vehicle Number	G866367C
aimant Type Claimant Type *	Please Select	Type of Benefit *	Please Sele	d V		
imant Name *	≥≥	Claimant NRIC *				
simant Address						500K 179 K
sim Description	SLH3670L / GBE6367C ON 19 May 2020				Name of Preferred Works	hop
eferred Workshop Contact		Insured Liability *	Not at Faul	V		
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