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	SAS e-filing				
Veh No: 576 61940	E-mail (within Shr	rs, AIC 2hrs)			•
	i-Motor Claim	Form	m) 109 6107-001	617/20 1	v: 23
D.O.A: 4/3/20 - 19:45	i-Motor W/O (	Within: OD 2hi		Described State of	
OD TP ! Reporting Only	i-Photo Upload				
	Assessment/Surr	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:	
	147197	, INC (	)/Non-INC( )	-	
Owner / Driver: (	11-1211	AV-1	Tel:	)	
Policy No: (	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (	6) [Note-Est. Status (W	O): N: 0-	20%; P: 21-79%. P: 80	)-100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000 (		and management of the first of the same	3119 <u>3</u> - 17, 11, 11	
General Remarks:-				NSWAM PI	12
( ) Walk-In Customer : Customer's	information strictly Con	fidential & S	trictly NO refer of repaire	ır.	
( ) Total Loss Case : to e-mail In	Surer URGENTLY.		* a.a. * .g.	33.00	
	voice: YES ( ) / N	0():	Towing Co: (	,	)
Drive-In ( )/ Towed-In ( ); In	voice. IES ( ) / II	0 7,			-
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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.
- 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.

aforesaid.	
Appropriate the second of the	ACCIDENT STATEMENT
Date Of Report	06/07/2020 11:29
Date Of Accident	04/07/2020 17:45
Exact Location Of Accident	CTE TWDS CITY BEFORE AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL6194C
Insured/Policyholder	
Name Of Registered Owner	1AA
Co Reg No	5XXXX138K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98888885
Alternative Phone No	OFFICE-98888885
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	YES
Policy Number	5108523981-01
Cover Note Number	
Driver	
Name of Driver	PHOON YING JIAN
NRIC No	SXXXX592Z
Date Of Birth	24/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92966056
Fax Number	

OFFICE-92966056

NOEMAIL

BLK 544 HOUGANG AVENUE 8 Address

#14-1257

530544 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions WET Road Surface

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

ambulance?

Passenger 1

Was any other material or property damaged? YES

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

NO

2

Number of Passengers (Including Driver)

NAME:

: SHI YUAN

GENDER: : MALE

**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

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SKH717T Vehicle Registration Number **LEXUS** Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 14

No. Of Passenger (Including Driver)

#### 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 / clisclosed:
  - 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.:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	ON	THE	STATED	DATE &	TIME,	WAS	TRAVELINA
AT	THIS	CTE	TOWARDS	CITY	BRFORE	AMK A	VE1 EXIT.
ON	THE	mos-1	1287	LANZ.	BAIHW	I WA.	S MOVING
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		SENGRR					
2x: n							

DECLARATION

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

Date & Time

Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No :

Reporting Centre Personnel's Signature

WHEN STREET, FORM ME

Date of Accident	4TH July 2020 Accident Time: 1745 HRS (24-HR-Format)
Accident Place	: CTE CITY CTE/CITY BEFORE AMK AVE I EX
Vehicle Reg. No. (Car Plate No.)	: 3JL6194C
Vehicle Make/Model	: HYUNDAI AVANTE
lisurance Company	Policy No
Owner or Company Name /IC No.	: 1AA
Owner or Company Contact No.	Q888 8885 Owner's HpCompany Tel
DRIVER'S Name / IC No.	PHOON, YING JIAN
DRIVER'S Date Of Birth	: 24/02/1991 DRIVER'S License Pass Date 01 JULY 2016.
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 41862
DRIVER'S Address	: BLK 544 HOUGANG AVE 8 #14-1257 55305
DRIVER'S Contact No./ Alt No.	:1) 9296 6056 - 2)
DRIVER'S Occupation	: INDOOR (OUTDOOR (e.g., working inside or outside office)
Email Address	: JOHN , PYJ AHOTMAIL . COM .
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET (AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	Driver): 02
Was there any video Captured by c Exact purpose for which vehicle wa	ar camera: YES(NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: Sk# 717T	Vehicle Reg. No:
Vehicle Make Wodel: LEXUS	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Disabotat & Addi	Driver's Contact & Add:

n 1 5

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<b>eBao</b> Tech								Genera	alClaim		
Hello, NAC_PAYA_UBI_80	0601					THE REAL PROPERTY.	• Change	Languag	e • Char	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	No.				Date o	of Accident	3	04/07/2020	17:45	
	Vehicle	No.(For Motor)	SJL6194	С		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	5108523981- 01	5108523981- 01-000002	1AA	53387138K	GFM	drivo CLASSIC	53.61940	S)L6194C	11/09/2019	10/09/2020
					C	Continue					

Policy No.	5108523981-01	Policyholder Name	IAA		Policyholder NRIC	53387138K	
Certificate No.	5108523981-01-000002	200000000					
Address	53 UBI AVENUE 1 #01-33 PAYA	UBI INDUSTR	IAL PARK 5	INGAPORE 408934			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	27/08/2019	Effective Date	11/09/201	9 00:00	Expiry Date	10/09/2020 23	3:59
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	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
TULO							
Chicariae	holder Mailing Address						
→ Policy!	holder Mailing Address 53 UBI AVENUE 1	Addre	ss 2	#01-33 PAYA UBI I	NDUSTRIAL	Address 3	SINGAPORE 408934
Policyl	- Company Comp		ss 2 ss Type	#01-33 PAYA UBI I		Address 3 Post Code	SINGAPORE 408934 408934
C. C. C. L. C. L. C.	- Company Comp	Addre	ss Type ed Policy			She with a re-	
Policyl Address 1 Address 4 Unit No.	53 UBI AVENUE 1	Addre Relate Numb	ss Type ed Policy	Singapore address		She with a re-	
Policyl Address 1 Address 4 Unit No.	53 UBI AVENUE 1 01-33 d Object: 5108523981-01-000	Addre Relate Numb	ss Type ed Policy	Singapore address		She with a re-	
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Policyl Address 1 Address 4 Unit No. Insure Endors Sequer	53 UBI AVENUE 1 01-33 d Object: 5108523981-01-000 sements	Addre Relate Numb	ss Type ed Policy er	Singapore address 5116984158		Post Code	408934

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ident MT/1096103			A20000	GST Registration No.	
ry No.	\$108523981-01	Vehicle No.	SX(6194C	GST REGISERON NEW	
tificate No.	5108523981-01-000002			Policyholder NRIC	53367136K
cynoider Name	IAA			Loading	0
duct Code	PLEET MASTER INSURANCE	Cover Type	drivo CLASSIC		0
rtact No.(Mobile)	98886005	Contact No.(Office)	0	Contact No. (Home)	
ell Address		Special Remark		eCode	I v
()	® No □ Yes	TCA	No ○ Yes	eCode Reason	
) Protection	No	NCD Enottement(%)	0	Private Hire	No
Accident Details					
port Date	06/07/2020 12:17	Accident Report Within 24 hrs	Yes	Accident Type	Colleion - Change / Cross tene
e of Accident	04/07/2020	Time of Accident his min	17:46	Country of Accident	Singapore
	644015000	Orenge Force		JCM No.	
porting Centre	C'TE TWOS CITY GEFORE AMK AVE 1 EXIT				
ident Location	CIE I WOS CLIT GEFORE AND ME I EXT				
Total Excess Applicable		Windstreen Excess	100.00		
ess Type	Per Accident	Mail@arleau ryress			
Carolina da Microsopi II	600.00	TP Standard Excess	0.00		
Standard Excess		VIED TP Excess		Driver is Covered?	
D OD Excess	0.00	TIED IF EAUESO			
ditional Excess	0				
al DD Excess Applicable	600.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	ation		200 20000000000000000000000000000000000		
T Registered	No		GST Registration Date	-	
T Registration No.			GST Status Verified	Yes	
diffication History	06/07/2020 12:19:16 Syste	m changed GST Shatus varified fro	m No IG Yes		
Policyholder Mailing Ad	dress			144407.3	SINGAPORE 408934
idress 1	53 USI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL I	Address 3	
dress 4		Address Type	Singapore address	Post Code	408934
it No.	01-33	Related Policy Number	5110904155		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	PHOON YING ISAN	Driver NRIC	SXXXX592Z	Driver DOB	24/02/1991
gister Date of Driver License	01/07/2016	Driver Age	29	Driving Experience	4
	92966056	Contact No.(Office)	0	Contact No. (Home)	0
intact No.(Mobile)		Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530544
idress t	BLK 544		Singapore address	Post Code	530544
ddress 4		Address Type	prigapore address	1000,0000	
nit No.	14-1257				
oes he own a Singagore egistered car?	○ Yes ( No	Driver Vehicle No.		Driver Insurer Company	
Chie Alles Alles					
edaration					
reachalyser or Brood Test eading?	0 mg	Any injury?	○ Yes ® No		
555546					
Carlonian Distant					
odification History					
Claim 001 New					
				Insured NAIC	\$3387138K
aim Type *	GD-HX	Insured Name	LAA		
ontact No.(Mobile)	99888885	Contact No. (Home)		Contact No.(Office)	+
mail Address		Of vehicle Number	93L6194C	TP Vehicle Number	SKH717T
laimant Type Claimant Type	Please Select	Type of Benefit *	Please Select 🔻		
Jamant Name *	>>	Claimant NRIC +			
lamant Address					
taim Description	\$3L6194C / SKH71,7T DN 4 Jul 2020			Name of Preferred Worksho	p
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