Date In: npp -17: 13	Job description		Date & Time Comple	ted	Done by	
Ref No: Na [14 CDOG 7041/14	SAS e-filing					
Veh No: Dyglyg	E-mail (within	Shrs, AIC 2hrs)				
D.O.A : 8 3/20-00:30	i-Motor Clai	m Form	כם בנדך פכורת	1 / 27=	1/20 17:31	6
	i-Motor W/C	(Within: OD 2h	The second secon			- S
OD / TPY Reporting Only	i-Photo Uplo	aded			****	*
-	Assessment/Su	irvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
TP Particulars: Veh No: JAA	91818	INC (	)/Non-INC(	).		
Owner / Driver: (	// / / / / / / / / / / / / / / / / / / /		Tel:		)	
Policy No: ( ) P	Period: (	)	Cover Type: (		)	250
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %)	[Note-Est. Status (V	WO): N: 0-2	20%; P: 21-79%. F:	80-100%]		
Year of Registration: ( )	Warranty: YES (	)/NO(	)			000
Excess: (\$ ) Loading: \$1,						
General Remarks;-	Ute The Season Tree North State of P	2000-200-41V2-1/10V	Appropriate Construction	71. N. C.		7
TO SHOW WITH COUNTY AND	The state of the s		The North of State			-
( ) Walk-In Customer : Customer's inf		nridential & S	trictly NO rater of repa	ilei.		-
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.					
Drive-In ( )/ Towed-In ( ); Invoid	ce: YES( )/N	NO( );7	Towing Co: (			)
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CONTRACTOR OF THE PROPERTY OF		Contraction and the second		の変数ですがいる	SECTION IN	
Remarks:- (INC hotline: 6788 6616)			Date&Time Complet	ad L	Done by	120
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# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 21/07/2020 17:33

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.

	ACCIDENT STATEMENT
Date Of Report	21/07/2020 17:23
Date Of Accident	18/07/2020 00:30
Exact Location Of Accident	STAMFORD RD TWDS BEACH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY7124E
Insured/Policyholder	
Name Of Registered Owner	E M AUTOSTAR
Co Reg No	5XXXX160C
Email Address	NOEMAIL
Mobile Phone No	AND CONTRACTOR OF THE CONTRACT
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC IMA 1.3L CVT
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	5093663823-02
Cover Note Number	
Driver	
Name of Driver	TAN CHYE CHAY
NRIC No	SXXXX277G
Date Of Birth	24/05/1965
Occupation	OUTDOOR
and the second of the second o	NO ARRANGO PARA PARA PARA PARA PARA PARA PARA PAR

16/08/1983

MALE

NOEMAIL

36 YEARS AND 11 MONTHS

(LOCAL) +65-90935151

OFFICE-90935151

Address BLK 27 TOA PAYOH EAST

#06-184

Postcode 310027

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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

Was any body injured in the Accident?

NO

2

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

REFER TO STATEMENT.

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 SHA9181B

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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.
- 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.

Co.Reg No: 52967160C

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

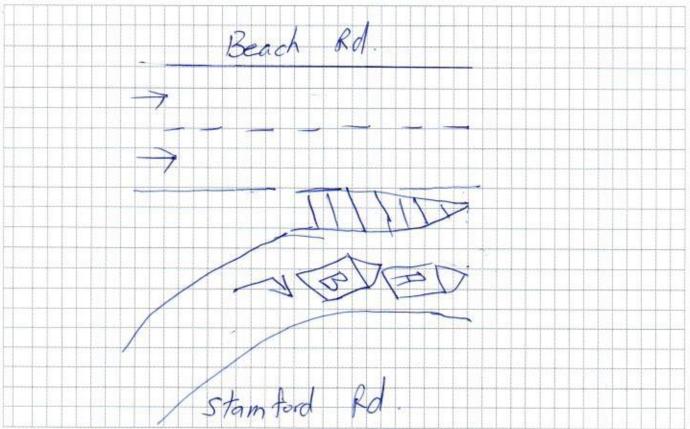
(If driver is not the policyholder) Date

& Time:

Reporting Centre Personne Signature

Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At	mentioned Date and Time, I was
driving	along stamford Rd Turning Right to
Beach	Rd, suddenly I feel a strong
inpact	from my rear partion.
	A: SJY 7124 E B: SHA 9181 B
	B: SHA 9181 B

# **DECLARATION**

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

Policyholder's Signature Date & Time:

Co.Reg.No: 52967160C

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 18 /07/2020 (dd/mm/yy)	Time of Accident: 00 : 30 (24-HR-FORMAT)
Vehicle No.: 557 7/24E Vehicle Ma	ike & Model:
	Rd Turn Right To Beach Rd.
Policyholder's Name / IC No. : FM	Autostar 52967160C
Driver's Name / IC No.: Jan Chye	Chay 5/764277 G (As Above)
Driver's Contact No.: 90935151	Company Contact No (Company Veh Only):
Driver's Address:	
Email address :	Insurance Company: NTUC
	ling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK o	
Own Insurance / Other Vehicle (The or	ne you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	*No. of Passengers (Including Driver):
*Passanger Name:	C 1 Male / Francis
Name:	Gender: Male / Female
Weather condition & Road conditions? (On the	Gender: Male / Female
Weather condition & Road conditions? (On the	Gender: Male / Female
Weather condition & Road conditions? (On the	Gender: Male / Female  day of accident)  After-Rain & Wet / Drizzling & Wet / Others:
Weather condition & Road conditions? (On the Clear & Dry / Raining & Wet / Was there any video captured by your Car Can	Gender: Male / Female  day of accident)  After-Rain & Wet / Drizzling & Wet / Others:
Weather condition & Road conditions? (On the Clear & Dry / Raining & Wet / Was there any video captured by your Car Can Any Injuries: Yes / No (If YES) In	Gender: Male / Female  day of accident)  After-Rain & Wet / Drizzling & Wet / Others:  nera? Yes / No
Weather condition & Road conditions? (On the Clear & Dry / Raining & Wet / Was there any video captured by your Car Can Any Injuries: Yes / No (If YES) In Injuries Sustain:	Gender: Male / Female  day of accident)  After-Rain & Wet / Drizzling & Wet / Others:  nera? Yes / No  njured Person' Name:
Weather condition & Road conditions? (On the Clear & Dry / Raining & Wet / Was there any video captured by your Car Can Any Injuries: Yes / No (If YES) In Injuries Sustain:  Police Report filed: Yes / No (If	Gender: Male / Female  day of accident)  After-Rain & Wet / Drizzling & Wet / Others:  nera? Yes / No  njured Person' Name:  Injured Person in Which Vehicle:  YES) Which Police Station:  The Other Party(s) Details:
Weather condition & Road conditions? (On the Clear & Dry / Raining & Wet / Was there any video captured by your Car Can Any Injuries: Yes / No (If YES) In Injuries Sustain:  Police Report filed: Yes / No (If	Gender: Male / Female  day of accident)  After-Rain & Wet / Drizzling & Wet / Others:  nera? Yes / No  njured Person' Name:  Injured Person in Which Vehicle:  YES) Which Police Station:  The Other Party(s) Details:
Weather condition & Road conditions? (On the Clear & Dry / Raining & Wet / Was there any video captured by your Car Can Any Injuries: Yes / No (If YES) Ir Injuries Sustain:  Police Report filed: Yes / No (If YES)  1. Driver's Name / IC No:	Gender: Male / Female  day of accident)  After-Rain & Wet / Drizzling & Wet / Others:  nera? Yes / No  njured Person' Name:  Injured Person in Which Vehicle:  YES) Which Police Station:
Weather condition & Road conditions? (On the Clear & Dry / Raining & Wet / Was there any video captured by your Car Can Any Injuries: Yes / No (If YES) Ir Injuries Sustain:  Police Report filed: Yes / No (If YES)  1. Driver's Name / IC No:  Driver's Contact No:	Gender: Male / Female    day of accident     After-Rain & Wet /
Weather condition & Road conditions? (On the Clear & Dry / Raining & Wet / Was there any video captured by your Car Can Any Injuries: Yes / No (If YES) In Injuries Sustain:  Police Report filed: Yes / No (If YES)  1. Driver's Name / IC No:  Driver's Contact No:  2. Driver's Name / IC No (If Any):	Gender: Male / Female    day of accident     After-Rain & Wet /
Weather condition & Road conditions? (On the Clear & Dry / Raining & Wet / Was there any video captured by your Car Can Any Injuries: Yes / No (If YES) In Injuries Sustain:  Police Report filed: Yes / No (If YES) In No (If YES) In Driver's Name / IC No:  Driver's Contact No:  Driver's Contact No:	Gender: Male / Female    day of accident     After-Rain & Wet /



# SJY7124E -1.pdf









#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

#### Certificate Number: 5093663823-02

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: SJY7124E

: JHMFD362095207627

: E M AUTOSTAR

: 27 Sep 2019

: 26 Sep 2020

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.(c) Use for any purpose in connection with the Motor Trade.

B Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

**EXCESS (SECTION 1)** EXCESS (SECTION 2) : 551,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCO PROTECTION TRANSPORT ALLOWANCE **EXCESS WAIVER** PRIMARY DRIVER N/A NAMED DRIVER (1) N/A

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : AUTOTRUST CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Mo Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

: 26 Sep 2019 16:35 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



<b>eBao</b> Tech							A STANTANT			Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	e Languag	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									,
Notice of Loss	Policy No.					Date o	of Accident		18/07/2020 (	00:30	
	Vehicle	No.(For Motor)	SJY712	4E		Certifi	cate Number	ĺ			
					I	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093663823- 02		E M AUTOSTAR	52967160C	GPC	drivo CLASSIC	SJY7124E	SJY7124E	27/09/2019	26/09/2020

Policy No.	5093663823-02	Policyholder Name	E M AUTO	STAR	Policyholder NRIC	52967160C	
Certificate No.							
Address	BLK 629 #04-1000 ANG MO KIG	AVENUE 4 SI	NGAPORE 5	60629			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/09/2019	Effective Date	27/09/201	9 00:00	Expiry Date	26/09/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Dutside Singapore DD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 629 #04-1000	Addres	s 2	ANG MO KIO AVENI	JE 4	Address 3	SINGAPORE 560629
Address 4		Addres	s Type	Singapore address	1	Post Code	560629
Jnit No.		Related	Policy	5093663823-02			
Insured	Object: SJY7124E						
	ements						
♥ Endorse							

Claim Handling Accident MT/1097520					
	ALTERNATION TO STATE OF THE STA				
No.	5093663823-02	Vehicle No.	SIY7124E	GST Registration No.	
ertificate No.					
licyholder Name	E M AUTOSTAIR			Policyholder NR3C	52967160C
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
stact No.(Mobile)	0	Contact No. (Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	In V
c	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	16
D Protection	No	NCD Entitlement(%)	20	Private rine	Yes
Accident Details					77-21
port Date	21/07/2020 17:34	Accident Report Within 24 hrs	Yes	ADDRESS WOLLD	
a of Accident	18/07/2020	Time of Acodem NY mm	00:30	Accident Type	Collision - Head to Rear
corting Centre			50:30	Country of Acadent	Singapore
ident Location		Orange Force		IOM No.	
Total Excess Applicable	STAMFORD RD TWDS BEACH RD				
ess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	TE SEE OF	TARREST MORNEY			
	2,000.00	TP Standard Excess	1,500.00		
OD Excess	0.00	VIED TP Excess		Driver is Covered?	
itional Excess	0				
OD Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
fication History	21/07/2020 17:36:02 Syste	m changes GST Sterus ventiled fro	m No to Yes		
Policyholder Mailing Ad	dress				
ress I	BLK 629 #04-1000	Address 2	ANG MO KID AVENUE 4	Address 3	SINGAPORE 560629
ress 4		Address Type	Singapore address	Post Code	560629
No.		Related Policy Number	5093663823-02		300002
OI Driver Info			204 Description 1		
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	TAN CHYE CHAY	Driver NRJC	S1704277G	0200000	
ster Date of Driver License				Driver DOB	24/05/1965
lact No. (Motrile)		Driver Age	55	Driving Experience	36
	90935151	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 27	Address 2	TOA PAYOH EAST	Address 3	KIM KEAT VILLE
459 4	SINGAPORE 310027	Address Type	Singapore address	Post Code	310027
No.	OG-184				
s he own a Singapore extered car?	Ç Yes @ No	Oriver Vehicle No.		Driver Insurer Company	
eration					
thalyser or Blood Test ling?	D mg	Any injury?	○ Yes ® No		
Sec. 1					
fication History					
Treatment of the state of the s					
aim 001 New					
Type •	00-мх	Insured Name	E M AUTOSTAR	Insured NRIC	52967160C
ect No.(Mobile)	90995151	Contact No.(Home)		Contact No.(Office)	
Address		OI Vehicle Number	S7Y7124E	TP Vehicle Number	ShA91818
rant Type Claimant Type+	Please Select	Type of Benefit *	Please Select	A SUMMER CONTINUES	2.762010
ant Name •	25	Claimant NRIC *			
ant Address	-	ALCONOMISSO.		1	
Description	57Y7124E / SHA9181B ON 18 Jul 2020			Name of Body	
med Workshop Contact	The state of the s	Marian Colonia Colonia		Name of Preferred Workshop	
		Insured Liability *	Not at Fault		
re Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	21/07/2020 17:36	Clam Dose Date		Date Received	21/07/2020 00:00
rt Taken By	Jackson				
rint AK letter					
			Save Submit		
achment					
ent No.	HT/1097520	Claim No.	001		
Doc Received	● Yes ○ No	Upload Date	21/07/2020 17:38		
		SECTION LAND			
	Path *	2750090	Category *	Confidential Urgeno	
		Browse	Gear Please Select	✓ Normal	v
		Browse	Clear   Please Select	≥ Normal	<u> </u>
		Browse	Clear Please Select	Normal	<b>V</b>
		Browse		Normal V Normal	<u> </u>
		-	The second secon		
		Browse	Clear Please Select S	Normal V Normal	<u> </u>
		The state of the s	The second secon		

