

Date In: 2/01/2010 12:28	Job description	Date & Time Completed	Done by
Ref No: NBA/INC200077004	SAS e-filing		
Veh No: SNP 5800L	E-mail (Update this, A/C 2hrs)		
D.O.A: 2/01/2010 15:45	I-Motor Claim Form	M/1097998-001	2/01/2010
OD: TP / Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		14:39
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Victim		

Preferred Wksp / INC Assign Wksp / OW: () Tels: () Fax: ()

TP Jurisdiction: () Veh No: **EW 37P** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO ref of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: _____

NBA2006983			
Driver/Owner:	1) All: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (10)	
Damaged Portion:	3) TP: Towing Fee	\$60/45	
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey	\$120	
	5) PF: Follow-Through Survey (Resurvey)	\$30	
	6) TR: Re-inspection	\$75	
	7) NI: Idea DA + EMRT Survey	\$160	
	8) NIUC: Additional Services		
	OR:		
	* NI: Courtesy Car / Tpl Allowance	\$3	
	* NI: Repairs Coordination	\$10	
	* NI: Post Repair Inspection	\$25	
	* NI: DV / Collect License Coordination	\$3	
	TP (NI) / TP (SN INC) against IIG	\$20	
	9) NI: Idea Mobile	\$0	
	Invoice dated		
	Invoice dated		
	Fax Charged		
	Fax Charged		

SINGAPORE ACCIDENT STATEMENT

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.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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 judgement 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	27/07/2020 12:29
Date Of Accident	25/07/2020 15:45
Exact Location Of Accident	CTE TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP5800L
Insured/Policyholder	
Name Of Registered Owner	EREZ YARDEN
NRIC No	FXXXX961N
Email Address	YARDEN@EREZ-GROUP.COM
Mobile Phone No	(LOCAL) +65-96207971
Alternative Phone No	OFFICE-62979881

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	REPORTING ONLY
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	5113789795
Cover Note Number	

Driver

Name of Driver	EREZ YARDEN
NRIC No	FXXXX961N
Date Of Birth	14/02/1972
Occupation	INDOOR
Date Of Driving Pass	14/02/2018
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96207971
Fax Number	
Contact Number	OFFICE-62979881
Email Address	YARDEN@EREZ-GROUP.COM

Address	31 LEONIE HILL #19-03
Postcode	239229
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	AFTER RAIN
Road Surface	WET

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?	NO
Was any other material or property damaged?	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

PLEASE REFER TO SKETCH PLAN

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	EW37P
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH HOCK SIEW
NRIC/Passport Number	SXXXX806H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

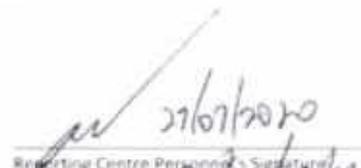
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:
 - (i) 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:
 - (i) 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:
22/02/2020
12/15

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


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

SKETCH PLAN

IMPORTANT NOTICE

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 - (i) 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;
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- (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:
 - (i) 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:

21/02/2020
12/15

Driver's Signature

(If driver is not the policyholder)

Date & Time:



21/02/2020

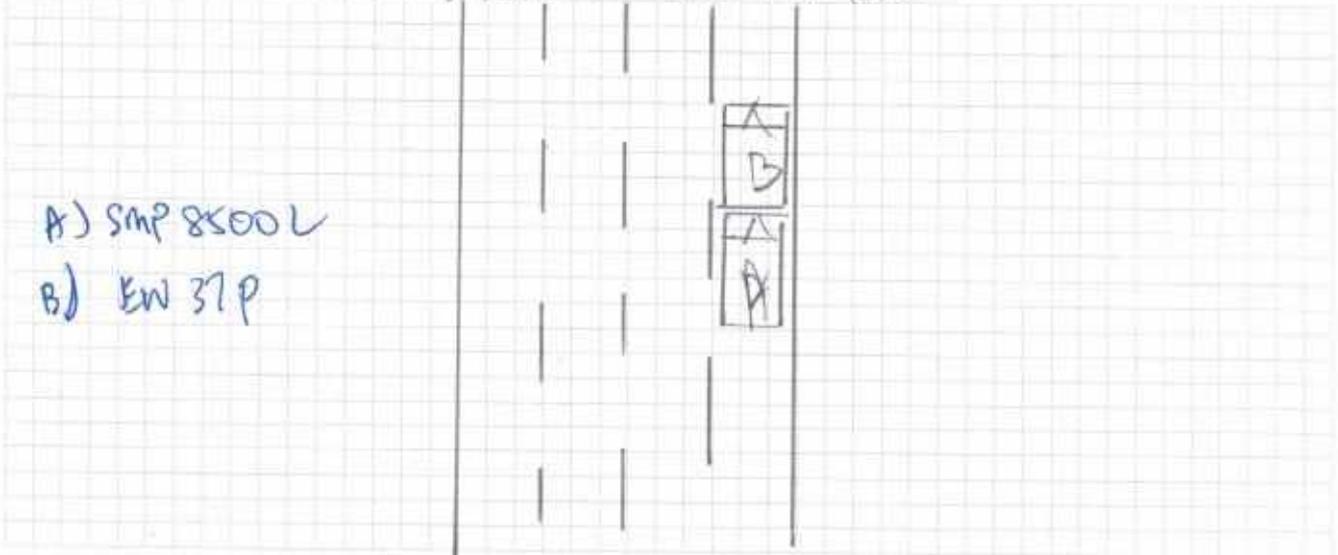
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

C7K TOWARDS DALK MO KFD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/07/20 at about 3.45pm I was driving along the C7K towards the direction of Dalk Mo KFD. I was travelling at about about 70km/h when a vehicle reg no: EW37P, which was in front of me, suddenly slowed down instantaneously to almost a stop. I applied my brakes but was unable to stop. As such I bump into the right back of that vehicle. The impact to that vehicle was slight. No one was injured.

DECLARATION

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

Policyholder's Signature
 Date & Time:
 22/07/2020
 12/15

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

Reporting Centre Personnel's Signature
 Name: Reddi Waters
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (25/07/20) (DD/MM/YYYY), TIME: (15:45) (HH:MM)

LOCATION: 8 CTE Heading towards Ang Mo Kio

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP 5800 L
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 51113789795
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mercedes benz
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Yarden Erez (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 96206297988 / 96207971
c) ADDRESS: 31 Leona Hill 19-03 C

ALLAN.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: No ADVICE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

No of passengers (including driver) (2)

*d) DATE OF BIRTH: (14/02/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS 14/02/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) After rain
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: NA

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: EW37P MODEL: Mercedes
b) DRIVER'S NAME: Tan hock siew
c) NRIC/FIN/PASSPORT: S129806 CONTACT:

No of passengers (including driver) ()

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: 512598064 MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

No of passengers (including driver) ()

Email = Yarden Erez-group@com VIDEO

Claim Handling

Accident MY/1897998

Policy No.	5113789795	Vehicle No.	SMP580DL	GST Registration No.	
Certificate No.					
Policyholder Name	EREZ YARDEN	Cover Type	DRIVE PREMIUM	Policyholder NRIC	P12873706
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	96207971	Special Remark		Contact No. (Home)	
Email Address	yarden@enter-group.com	TCA	No Yes	eCode	No
KYC	No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	27/07/2020 14:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Need to See
Date of Accident	25/07/2020	Time of Accident (Approx)	15:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	CITE TOWARDS ANG MO KIO				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YSD OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Notification History			

Policyholder Mailing Address

Address 1	170 LOWER DELTA ROAD	Address 2	#05-07 CENDEK CENTRE	Address 3	SINGAPORE 169208
Address 4		Address Type	Singapore address	Post Code	169208
Unit No.	09-09	Related Policy Number	5113789795		

DI Driver Info

Driver Name	YARDEN EREZ	Driver Type	Main Driver	Driver DOB	14/12/1970
Uninsured driver name		Driver NRIC	P5020861N	Driving Experience	21
Register Date of Driver License	01/01/1999	Driver Age	49	Contact No. (Phone)	
Contact No. (Mobile)	96207971	Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SMP580DL		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	EREZ YARDEN	Insured NRIC	P12873706	
Contact No. (Mobile)	96207971	Contact No. (Home)		Contact No. (Office)		
Email Address		DI Vehicle Number	SMP580DL	TP	EW37F	
Claim Description	SMP580DL / EW37F ON 25 Jul 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault			
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	27/07/2020 14:38	Claim Close Date		Date Received	27/07/2020 00	
Report Taken By	RCSLI WAHAB					

Print AX letter

Save Submit

Attachment

Accident No.	MY/1897998	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/07/2020 14:39

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Img Size? (KB)
NAC_BUNTI_MERAH_806676L NATIONAL ASSESSMENT CENTRE SERVICE S (BUNTI MERAH) on 27 Jul 2020 14:39		Photos	Normal	Photos 2020-7-27	

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/07/2020 12:10"/>
Vehicle No.(For Motor)	<input type="text" value="SMP5800L"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113789795		EREZ YARDEN	P12873706	GPC	drive PREMIUM	SMP5800L	SMP5800L	01/11/2019	17/10/2020

Continue

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MIA420062983 Vehicle Registration No: SMP 5800L
Name (as shown in NRIC) : ERAZ YAPRAY NRIC/FIN/Passport No : Fxxx 961M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96207971
Email Address : _____
Date of Accident : 25/07/2020 Time of Accident : 15:45
Place of Accident : CITE AWARDE BUKIT MANGKAP
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

NO PAX, INSURED ALONE

Policyholder / Driver's Signature
Date:

[Signature] 27/07/2020
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]
Date: