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D.O.A: 16/7/2-15:10	i-Motor Claim	30.11.01777	1-000	18/120 16:59
OD / TP / Reportung Only		Vithin: OD 2hrs, TP 4hrs)		
	i-Photo Upload			
TP Insurer:	Assessment/Surv			
	Ass't Report by	Pax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	V: (	Tel:	Fax:	
TP Particulars: Veh No:	JMG9408T	INC( )/Non-INC	( ),	
Owner / Driver: (		Tel:		)
Policy No: ( )	Period: (	) Cover Type: (		)
Confirmed by : (		Date: Time		)
		)): N: 0-20%; P: 21-79%	F: 30-100%	6]
Year of Registration: (	) Warranty: YES (	)/NO( )		
	: \$1,000 ( )/\$2,000 (	)		
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#### 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 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.
- 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.
- 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.

<b>建</b> 外形置位5种2的00年6月1日2日2日	ACCIDENT STATEMENT
Date Of Report	12/08/2020 15:57
Date Of Accident	16/07/2020 15:10
Exact Location Of Accident	YISHUN AVE 1 TWDS YISHUN AVE 8
Country/State of Loss	SINGAPORE
and their and that represents the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH2383Y
Insured/Policyholder	
Name Of Registered Owner	BENEFIT AUTO
Co Reg No	5XXXX670E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98325030
Alternative Phone No	OFFICE-98325030
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5RS HYBRID 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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110923222-01
Cover Note Number	
Driver	
Name of Driver	YAP CHEE YONG RICHARD (YE ZHIYONG RICHARD)
NRIC No	SXXXX887D
Date Of Birth	22/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	13/11/2014
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92226368
Fax Number	
Contact Number	OFFICE-92226368
EMail Address	NOEMAIL

BLK 360A ADMIRALTY DRIVE Address #08-72 Postcode 751360 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 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) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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** 

# stration Number SME0408T

Vehicle Registration Number SME9408T Vehicle Make/Model/Colour Details Of Properties Vehicle Category PRIVATE CAR Name of Driver MUHAMMAD ISKANDAR BIN MOHD HASSAN NRIC/Passport Number Contact Number 88090278 Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver) 1

## 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 / 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PL				
	B   A	Avenue 1	ch A: SLH2383Y ch B: SME9408T	
T E	4 11	MYSI)		

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A MARIA CONTROL OF THE CONTROL OF TH
On above date I time, I was driving my vehide A (SLH2385Y)
traveling along Yishun Avenue 1 twols Yishun Avenue 5 on third lane
of a 3-lanes, road. My vehicle was stationery and queae to enter
Sinopare Petrol Work. Out of sudden, I fetted an impact from
front as I also not sure that my vehicle was moving forward. I alighted
and we checked both parties car don't have any visible darage.
Third party driver also about have any visible injuries. After classicien,
we agreed not to report to insurance since both parties can no visible
damage and no one injuries.

DECLARATION

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

x Kich full

Policyholder's Signature

Date & Time:

Richard

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

Name:

NRIC/FIN No.:

Vehicle No.	SLH 0383	Model/Make Honda Verel
Date of Accident	16/7/20	
Time of Accident	1510	HRS
Location of Accident	Along Yis	hun Avenue 1 truds Yishun Avenue 8
Exact purpose use during acc	A CONTRACTOR OF THE PROPERTY O	wate use
Name of Owner	Banefit	Airto
Telephone No.	H/P: 983250	
NRIC	53121670	
Address		050 #01-08 \$(387298)
Claim type		PARTY REPORTING ONLY
Insurance Company	NTUC	
Type of Coverage	Comprehensive	Third Party Third Party / Fire /Theft
Policy No.		222-01-000004
oney ito.	31.1-1-3	
Name of Driver	As Above If No,	Yap Chee Yong Richard
NRIC	88212FE	
Date of birth	The state of the s	75
Occupation	Outdoor /	Indoor
Driving License Pass Date	13/11/20	
Gender	Male / Fema	le
Contact No.	The state of the s	8 Home: Office:
Address	THE RESERVE OF THE PARTY OF THE	Admiraty Drive #08-72 3 (751360
Driver have any own vehicle		, Reg No.
Relationship	Employee,	If no, state Hiver
Weather condition		ng Other
Road Surface	Dry Wet	Other
Any Injuries		, Who?
Name And Contact No.		,
Name And Contact No.		3 4
Police Report	No. If Yes	, Where?
Vehicle B No.	SME 94	
Name of Driver	muhamad Ist	
Vehicle C No.	Bin mond Has	
Vehicle D No.		Any Passengers :
Vehicle E no.		Any Passengers :
Vehicle F No.		Any Passengers :
Vehicle G No.		Any Passengers :
Witness Name		Witness Contact :
Accident Portion	Front ports	
Camera Recorder	Yes /No	
Email Address	.03/40	
PARTICULAR WORKSHOP	N-51 Auto	
CONTACT NO.		44 0510
CONTACT PERSON FAX NO	Brandon 6741 0510	

eBaoTech				Genera						lClaim	
Hello, NAC_PAYA_UBI_80	0601					No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,	• Change	Languag	e • Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	No.				Date of Accident 16/07/2020 15:10				15:10		
	Vehicle	No.(For Motor)	SLH238	3Y		Certifi	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	5110923222- 01	5110923222- 01-000004	BENEFIT AUTO	53121670E	GFM	drivo CLASSIC	SLH2383	SLH2383Y	14/07/2020	13/07/2021
					(	Continue					

laim Handling								
ccident MT/1097335								
alicy No.	5110923222-01	Vehicle No.	SLH2363Y	1	GST Registration N	ia.		
ertificate No.	5110923222-01-000004							
sticyhalder Name roduct Code	SENERIT AUTO	N20041250000	200507222		Policyholder NR3C		53121670E	
	PLEET MASTER INSURANCE	Cover Type	driva CLASSIC		Loading		.0	
intact No.(Mobile)	NA	Contact No.(Office)			Contact No. (Home		2005	
nall Address	10222 17224 171	Special Remark			eCode		91. 6	
K CONTRACTOR	® No. ○ Yes	TCA	® No 🗀 Yes		eCode Reason			
D Protection	No.	NCD Entitlement(%)	ū .	- 6	Private Hire		Not available	
Accident Details								
port Date	20/07/2020 14:17	Accident Report Within 24 h	s Ves	,	Acodent Type		Collision - Head to Rear	
se of Accident	16/07/2020	Time of Accident hh:mm	15:00	4	Country of Acciden	1	Singapore	
porting Centre		Orange Force		1	ICM No.			
ident Location	YISHUN AVE 1							
Total Excess Applicable	i e							
эвв Туре	Per Accident	Windscreen Excess	100.00					
Standard Excess	2,000.00	TP Standard Excess	1,500.00					
D OD Excess		YIED TP Excess		3	Driver is Covered?		Not Applicable	
ditional Excess	.0							
al OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00					
Senefits								
GST Registered Inform	ation							
Regotered	No		GST Registration Date					
F Registration No.			<b>GST Status Verified</b>		Yes			
ification History	20/07/2020 14:18:00	System changed GST Status Ventiled f	rom No to Yes					
Policyholder Mailing Ar	fdress							
dress 3	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS		Address 3		SINGAPORE 387298	
dress 4		Address Type	Singapore address		Post Code		387298	
t No.		Related Policy Number	5110923517-01					
OI Driver Info								
ver Name		Onver Type						
named driver Name		Oriver NR3C		0	Driver DDS			
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