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Ref No: Na JHC 2008431 JU	E-mail (within 8h	rs. AIC 2hrs)			•
Veh No: GBJYYYYZ	i-Motor Claim		M711099889-01	14/8/20 0	4.45
D.O.A:13 172 - 47:35	i-Motor W/O				
OD / TP / Peparing Only	i-Photo Uploa		1		
V	25 (100) - 200				
TP Insurer:	Assessment/Sur		O/Wisp		
	Ass't Report by	Fax / Hand	o Owner/Wksp	Fax:	
Preferred Wksp / INC Assign Wksp / QW: (710/	Tel:		-
TP Particulars: Veh No: Stu	REEN	INC (,	
Owner / Driver: (Tel: Cover Type: (
Policy No: () Pe	riod: ()	Time:		
Confirmed by : (Date:		100%]	
	AND THE RESERVE OF THE PARTY OF		0%; P: 21-79%. P: 80	-10070]	
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General Remarks;				83 Shert Pro-	* * 1
() Walk-In Customer: Customer's info	rmation strictly Con	fidential & S	trictly NO refer of repaire	er. ————————————————————————————————————	
() Total Loss Case : to e-mail Insur	er URGENTLY.	*			
Drive-In ()/ Towed-In (); Invoice		0();	Towing Co: (
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Remarks: (INC hotline: 6788 6616)	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUM				
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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.
- 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

	ACCIDENT STATEMENT
Date Of Report	14/08/2020 09:31
Date Of Accident	13/08/2020 09:30
Exact Location Of Accident	JLN EUNOS TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ5442Z
Insured/Policyholder	
Name Of Registered Owner	HOE MEI GENERAL CONTRACTOR
Co Reg No	3XXXX700W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67478365
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 5MT
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5117196705
Cover Note Number	
Driver	
Name of Driver	BAI YINGGUO
Passport No/FIN	GXXXX659M
Date Of Birth	03/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	10/11/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91579012
Fax Number	We are set of the set
Contact Number	OFFICE-91579012
EMail Address	NOEMAIL

1 KAKI BUKIT AVE 3 Address #07-19 Postcode 416087 Was driver an employee of the Insured's Company YES If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident SIDE SWIPE Weather Conditions RAINING Road Surface WET 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? YES Was any other material or property damaged? 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** Vehicle Registration Number SLW8568M 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

1

No. Of Passenger (Including Driver)

ACCIDENT STATEMENT

ACCIDENT DATE: (1) / 8 / 2)(DD/	Action of the Control
. LOCATION: PHE I'M EUROS tods	1 PIE (7495)
1. DETAILS OF VEHICLE	-
ajVEHICLE NUMBER: GBJ54	IVZ
b)INSURANCE COMPANY: NA	
c)POLICY NUMBER:	
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE STATE OF THE S
e)MAKE & MODEL:	HIRD PARTY / THĪRD PARTY FIRE &THEFT)
	VI (1 ODDY (1 ODD) OVER (OD)
f)TYPE:(SALOON / COUPE / MPV /VAN	N/ LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CO h) PURPOSE OF USING AT ACCIDENT TI	IME: (MOTORCYCLE)
ILAPE YOU CLAIMING UNDER YOUR	ME: WOTING
I) ARE YOU CLAIMING UNDER YOUR O	WN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CL 2. INSURED / POLICY HOLDER	LAIM / REPORTING ONLY)
A)NAME:	(MALE / FEMALE)
c)ADDRESS:	CONTACT: 67478365.
CJADDRESS.	
* CONTINUE TO 3.d IF DRIVER ALSO PO	NICY HOLDER
His of passengs. DRIVER	DLICT HOLDER
Chief day 1 3 9)NAME:	(MALE / FEMALE)
hindically driver) hindic/EIN/PASSBORT	CONTACT: 91779012.
C)ADDRESS:	CONTACT. 1114 VIV
*d)DATE OF BIRTH: (/	I(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OU/DOOR	R)
f) YEARS OF DRIVING EXPRERIENCE	10
4. WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVE	ER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAIN	VING / OTHERS
b) ROAD SURFACE: (DRY / WE) / OTHER	s
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE ST	TATION:
8. THIRD PARTY VEHICLE	
the of passenger a) VEHICLE NUMBER: SLW8568M	MODEL:
Including driver) b) DRIVER'S NAME:	
c) NRIC/FIN/PASSPORT:	CONTACT:
7. THIRD PARTY VEHICLE	
THE OF PROSENGER OF DRIVER'S NAME	MODEL:
Including device (a) DRIVER'S NAME:	
Including driver f) NRIC/FIN/PASSPORT:	CONTACT:
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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)

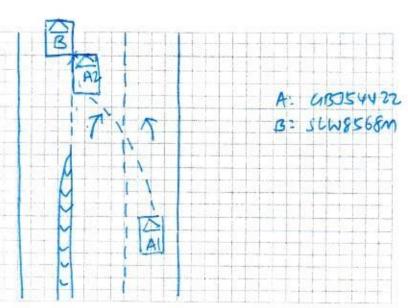
I understand, acknowledge, agree and consent that:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Jenibe em	a service of	-10000000000000000000000000000000000000	Both Her	ATTORNOUS SERVICES	(32.37.1)						
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DECLARATION

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

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.:

eBao Tech			1934							Genera	lClaim
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My Desktop	Poli	cy Query									
Notice of Loss	Policy N	¥o.				Date	of Accident	13/	08/2020 09	30	
	Vehicle	No.(For Motor)	GB)544	42Z		Certificate Number					
					2	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5117196705		HOE MEI GENERAL CONTRACTOR	36278700W	GCV	Comprehensive	GB)5442Z	GB)5442Z	28/05/2020	27/05/2021
					C	Continue					

Policy No.							
	5117196705	Policyholder Name	HOE MEI GE	NERAL CONTRACTO	Policyholder NRIC	36278700W	
Certificate No.							
Address	1 KAKI BUKIT AVENUE 3 #07-19	SINGAPORE 4	116087				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	27/04/2020	Effective Date	28/05/2020	00:00	Expiry Date	27/05/2021 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0 ,	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	REV AUTO PTE LTD	Agent Tel.	68444477		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	1 KAKI BUKIT AVENUE 3	Addres	s 2	#07-19		Address 3	SINGAPORE 416087
Address 4		Addres	s Type	Singapore address		Post Code	416087
Jnit No.		Related Numbe		5117196705			
) Insure	d Object: GBJ5442Z						
♥ Endors	ements						

laim Handling						
cident MT/1099889						
kcy No.	5117196705	Vehicle No.	G835442Z		GST Registration No.	
ertificate No.						
Rcyholder Name	HOR MEI GENERAL CONTRACTOR	A-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	rosa no consumario.		Policyholder NRIC	36278700W
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		Loading	0
mtact No.(Mobile)	0	Contact No.(Office)	67478365		Contact No. (Home)	0
nel Address		Special Remark			eCode	1
K	® No ○Yes	TCA	No ○Yes		eCode Reason	
20 Protection	No	NCD Entitlement(%)	0		Private Hire	No
P Accident Details						
port Date	14/08/2020 09:43	Accident Report Within 24 hrs	Yes		Accident Type	Side Swipe
te of Accident	13/08/2020	Time of Accident hin:mm	09:30		Country of Accident	Singapore
porting Centre		Orange Force			3CM No.	
xident Location	JUN EUNOS TWDS PIE (TUAS)	18				
Total Excess Applicable						
Cess Type	Per Accident	Windscreen Excess		100.00		
Standard Excess	600.00	TP Standard Excess		0.00		
ED OD Excess	1000.00	YIED TP Excess			Driver is Covered?	
iditional Excess						
tal OD Excess Applicable	1600.00	Total TP Excess Applicable				
7 Benefits						
GST Registered Informa	dion					
T Registered	No		GST Registration (Oate		
T Registration No.	20M22		GST Status Verifie		Yes	
odification History	14/08/2020 09:45:00 System	n changed GST Status Venified fro		123	(675)	
Policyholder Hailing Ad	dress					
toress 1	1 KAKI BUKIT AVENUE 3	Address 2	#07-19		Address 3	SINGAPORE 416087
doress 4	2.1411.00011.11101100.00	Address Type	Singapore address		Post Code	415067
nit No.		Related Policy Number	5117196705			10000
OI Driver Info		Kelased Policy Number	511/190/03			
	W. (2002)	2004	and the world			
nver Name nnamed oniver Name	Unnamed Driver	Driver Type	Unnamed Driver G3431659M		Driver DOB	03/11/1981
	BAT YINGGUO	Driver NRIC				
egister Date of Driver License.	10/11/2018	Driver Age	38		Driving Experience	
ontact No.(Mobile)	91579012	Contact No.(Office)	0		Contact No. (Home)	0
dress 1	1 KAKI BUKIT AVENUE 3	Address 2	WB-1		Address 3	SINGAPORE 416087
Idress 4		Address Type	Singapore address		Post Code	416087
nit No.	07-19					
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Company	
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reathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No			
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aim Type *	OD-MX V	Insured Name	HOE MEI GENERAL CONT	RACTO	Insured NRIC	36278700W
ontact No.(Mobile)	NIL	Contact No.(Home)			Contact No. (Office)	67478365
mail Address		01 vehicle Number	GB)5442Z		TP Vehicle Number	SLW0568M
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equire Finalisation	Yes V	Preferend Repair Option	Preferred Workshop, Nan	me unknown 🔍	GIA report	Received
ate Registered	14/08/2020 09:45	Claim Close Date			Date Necewed	14/08/2020 00:00
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Print AK letter	SK					
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Attachment						
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ccident No.	MT/1099889	Claim No.	001			
est Dac. Received	® Yes ○ No	Upload Date	14/08/2	1020 09:47		
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