NATIONAL Assessment Cer	ntre Services. wet 1 Jan			11
Date In: 291/2-1632	Job description	Date & Time Completed	Done	·
Ref No: NA INCLUSABLE FOR	SAS e-filing		!	
Veh No: SPOTYTIM	E-mail (within Shrs, AIC	2hrs)		
D.O.A: 77/10-19:20	i-Motor Claim Form	n M7/110/174-00/	W/12 16:	48
	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)		
OD / TP)' Reporting Only	i-Photo Uploaded			
822 V	Assessment/Survey Re	eport		
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tol:	Fax:	
TP Particulars: Veh No:50	R24567	INC()/Non-INC()		
Owner / Driver: (Tel:		
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date	The second secon)	
Insured/Driver Liability: (9		N: 0-20%; P: 21-79%. F: 80)-100%]	
Year of Registration: () Warranty: YES ()/N	10()		
Excess: (\$) Loading:	THE PARTY OF THE P	ev. Consumenter of the consumer	(158) (151) (151)	
General Remarks:-	The state of the s	Marie Box Marie Constant	ASSESSMENT PROPERTY.	
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Dive-in ()/ lowed-in (), in				
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Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection	6) / Courtesy Car () ()	Date&Time Completed	%b & Done	by
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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
Date Of Report	28/08/2020 16:32
Date Of Accident	27/08/2020 19:20
Exact Location Of Accident	ONE RAFFLES PLACE PICK-UP / DROP-OFF POINT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFJ5481M
Insured/Policyholder	
Name Of Registered Owner	YEO JIE LONG ALVIN
NRIC No	SXXXX330F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96670706
Alternative Phone No	OFFICE-96670706
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TOURAN 1.4L AT TSI 1T32B4
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112103291
Cover Note Number	
Driver	
Name of Driver	YEO JIE LONG ALVIN
NRIC No	SXXXX330F
Date Of Birth	20/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2006
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96670706
Fax Number	96 (277)
Contact Number	OFFICE-96670706
EMail Address	NOEMAIL

BLK 110 CLEMENTI STREET 13 Address #01-02 120110 Postcode Was driver an employee of the Insured's Company NO OWNER 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 2 involved in the accident NO Was any body injured in the Accident? 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. 3 Number of Passengers (Including Driver) Passenger 1 NAME: GENDER: : MALE Passenger 2 3 × NAME: GENDER: : FEMALE **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station NO Was notice of intended Prosecution given? 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? YES VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons: NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SLR2456T Vehicle Registration Number 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 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: SKETCH PLAN

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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my 7	front.	Veh	icle	B h	ad c	ollided	onto	the	front	portion	of my	vehicle
while	reve	rsing		have	video	footag	e to	prove	my	stateme	nt.	
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2023110												
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DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

Page 6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

ACCIDENT DETAILS	
27/08/2020	(DD/MM/YY)
1920	(HH:MM)
At the pick-up / drop-off point of one Raffle	s place.
	27/08/2020

Edward by object of the	DETAILS OF VEHICLE				
Vehicle registration number	SFJ 5481 M				
Vehicle make and model	Volkswagen				
Type of vehicle	Saloon				
Vehicle category	Private Commercial Motorcycle				
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □				

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

	INSURED / POLICY HOLDER	A CHARLES AND AND ADDRESS OF	ATTEMENT.
Name	Yeo Jie Long Alvin S 8605330 F	Male	Female 🗆
NRIC / Fin / Passport number	S 8605330 F		
Contact	9667 0706		
Address	BIK 110 Clementi Street 13 # 01-02 SC	120 110)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male	Female 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	20/0>/1986	
Occupation	Indoor Outdoor	
Driving date pass	08/03/2006	

	GENERAL	INFORMATION OF THE ACCIDEN	T OF BUILDING THE STATE OF THE
Was driver an employee of	Yes 🗆	No Ø	
the insured's company?	If no, rela	ationship of the driver and insure	ed: Owner
Accident captured by camera?	Yes	No 🗆	
Weather condition	Clear	Raining Others:	
Road surface	Dry	Wet □	
No of passenger	03		(Inclusive of driver)
MARKET SECTION	提及計劃	PASSENGER 1	海州的 家园里里的。
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Gender	Male	Female □	
THE SECTION OF THE PERSON		PASSENGER 2	Act of the second second second
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Gender	Male	Female □	
		PASSENGER 5	公司在上海外的企业的
Name			
Gender	Male 🗆	Female	
		PASSENGER 6	治土地。
Name			
Gender	Male 🗆	Female	
Management			
STATE OF THE PARTY	A CONTRACTOR	OTHER INFORMATION	当时上来的网络中国网络
Was anybody injured?	Yes 🗆	No	
Was other vehicle damaged?	Yes	No 🗆	
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NRIC / Fin / Passport number		
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Vehicle registration number	- The state of the	
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Mark The Committee of	A STATE OF	THIRD PARTY VEHICLE 4
Vehicle registration number		
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Name		
NRIC / Fin / Passport number		
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- T. W		
	No.	THIRD PARTY VEHICLE 5
Vehicle registration number		
Vehicle make model	1	
Name	1	
NRIC / Fin / Passport number	/	
Contact		
TOTAL CONTRACTOR		THIRD PARTY VEHICLE 6
Vehicle registration number		
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NRIC / Fin / Passport number		
Contact		
Contact		
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Vahiela registration number		
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Name /	1	
NRIC// Fin / Passport number		
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Contact		

在第一个人的		INJURED PERSON 1
Name	111111111111111111111111111111111111111	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	-///	
BASILE TO SERVICE STATE	Contract	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
有这种企业的	类的品类	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆 /
Was injured conveyed to	Yes □	No 🗆 /
hospital by ambulance?		
		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?	1	5.
Were seat belts worn?	Yes 🗹	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1/	
		INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	The second secon	
Secretary American		INJURED PERSON 6
Name		INJURED PERSON 6
Name Injuries sustained		INJURED PERSON 6
Name Injuries sustained Which vehicle person in?		
Name Injuries sustained	Yes 🗆	No No No No