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Veh No: 108497	E-mail (within Shrs, Ale	C 2hrs)			•
D.O.A: 71112-71:42	i-Motor Claim For	m M7/11/78	X-001 1	12/2 16	39
	i-Motor W/O (Within	n: OD 2hrs, TP 4hrs)			
OD / TP / Reporting Only	i-Photo Uploaded				
TD	Assessment/Survey F	leport			
TP Insurer:	Ass't Report by Fax	Hand to Owner/Wks	2		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh Now W719	99.	INC()\Nou-IN	C().	•	
Owner / Driver: (Tel:)	
Policy No: () Period) Cover Type:			
Confirmed by : (Dat		ne:)	
		N: 0-20%; P: 21-79	P: 80-100	70]	
7001011008000000		10()			
Excess: (\$) Loading: \$1,000 ()/\$2,000(
General Remarks:-		The state of the s	of repairer		
() Walk-In Customer : Customer's information		tial & Strictly NO relea	or repairer.		
() Total Loss Case : to e-mail Insurer U); Towing Co: (- J)
	EB () / INO (- 1 - 2 2 3 3 8 2 8 6 7 3	Dane	
Remarks: (INC hotline: 6788 6616)	- C ()	- Date&lime	Completed	130101	.3
7 11 7	tesy Car ()		**		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$3000	// /				
Injury:					7 (100 p.
Date/Time Actions				<mark>SP</mark> OKES :	<u></u>
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My wwy .	185838	: Accident Reporting (\$30	V0000000000000000000000000000000000000	ficBill	'Add Bill
laimant's Particulars :-	2) DA	: Damage Assessment (\$10	0); INC (\$30)	16	
Priver/Owner:	4) FT	: Towing Fee . : Follow-Through Survey	\$40/\$4 \$12	20	
ontact No:	SIFT	: Follow-Through Survey (P claiming against INC Only	(wef 10 Jan 2005)	30	
	6) TR	: Re-inspection	\$10	-	
amaged Portion:	7) N1 8) NT	: Idac DA + SMRT Survey UC Additional Services:-	. 310		
C Checked by (Engr-In-Charge):	QI		roe .	\$5	
Concerned by (Engi-in-Charge).	· N	6: Repair Co-ordination	3	10	
uditors: Comments::	• N	7: Fost Repair Inspection 8: DV / Collect Excess Coor		25 \$5	
enditors! Comments := at 1:	TP	(N11): TP (Non INC) again	st INC S	20	<u>:</u>
		2: Idac Mobile	Fee Chargea		动物了组
at. 2/3;		ce dated	Fee Charged	经共1000	



SINGAPORE ACCIDENT STATEMENT

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 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 Submission	08/12/2020 16:35 (SGT)
Date of Accident	07/12/2020 21:40 (SGT)
Exact Location of Accident	Lor 3 Geylang, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	No JIANG YING

GXXXX698P Passport No/FIN hzcurtain@gmail.com Email Address Mobile Phone No (Phone) +65-96992223

Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Wish Model Variant

Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Private use

No - Reporting only Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5115302625

Cover Note Number

DRIVER

HO CHIAN SAN Name of Driver SXXXX464I NRIC No Date Of Birth 05/12/1971 Outdoor Occupation

Date Of Driving Pass	21/01/1992
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98502223
Alt. Phone Number	
Email Address	hzcurtain@gmail.com
Address	BLK 311 WOODLANDS STREET 31
Address complement	#05-40
Postcode	730311
Is the driver the policyholder?	No
If No. Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	Ī.
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
	No.
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	- V
Was any other material or property damaged?	Yes 3
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	a
Gender	Male
PASSENGER 2	
Name	
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT/S)	
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 OTH	ER VEHICLE PROPERTY 1
Valida Daviston Number	SMW7199P
Vehicle Registration Number Vehicle Manufacturer	-
Vehicle Model Vehicle Variant	
verlicle variant	

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	
Postcode	/ =
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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.
- 2. This Formmust 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. 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

		\sim 1 \circ
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		

Sketch Plan

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le declare the foregoing p	articulars are	true in ev	very respect.				
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			MA				M
olicyholder's Signature / Da	ite & Dri	ver's Sigr	nature (If driver is not the	e policyholder) /	Date Witness Personi	sed by Reporti	ng Centre

& Time

Time

ACCIDENT STATEMENT

ACCIE	DENT DATE: () / 12/ >)(DD/MM/YYYY), TIME: (2): 44)(HH:MM)
LOCAT	MON: Wr 3 Glylong
	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPANY: c) POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
2	h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER A) NAME: (MALE / FEMALE) b) NRIC/FIN/PASSPORT: C) ADDRESS:
	A LIE CONTENT ALSO BOLICY HOLDER
Ho of passangas (Including driver)	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a) NAME:
I female.	*d)DATE OF BIRTH: ()(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTOOR) f)YEARS OF DRIVING EXPRERIENCE:
4. 5.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES 7 NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
6. 7.	b)ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
the of passenger	a) VEHICLE NUMBER: MATIGAP. MODEL:
(Including driver)	b) DRIVER'S NAME:CONTACT:
9.	THIRD PARTY VEHICLE d) VEHICLE NUMBER:
(Including driver)	d) VEHICLE NUMBER:MODEL: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:CONTACT:
(
	Cimail =

VIDEO = hzcurtain@g mail.com

eBaoTech	0601			and the second second	Control of the state of the sta	W. S. Carlotte	• Change	Language) Chang	ge Password	Log Ou
My Desktop	Polic	y Query									,
Notice of Loss	Policy N	0.				Date o	f Accident	0	7/12/2020 2	1:40	
	Vehicle	No.(For Motor)	SKJ864	9Т		Certific	ate Number		Manual Control		
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115302625		JIANG YING	G0487698P	GPC	drivo CLASSIC	SKJ8649T	SKJ8649T	03/01/2020	08/05/2021

olicy No.	5115302625	Policyholder Name		Policyholder NRIC	G0487698P			
ertificate		Name						
lo.	BUY 344 #0F 40 WOOD! ANDS	NGAPORE 73	0311					
ddress	BLK 311 #05-40 WOODLANDS STREET 31 SIN		INGAPORE 75	0311	Group			
roduct lame	PRIVATE CAR INSURANCE Plan				Policy Flag	N		
Policy issue Date 02/01/2020		Effective Date	03/01/2020 00.00		Expiry Date	08/05/2021 23:59		
ype	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Additional 0		OS Premium	0					
Excess		Outside						
Outside Singapore 600 OD Excess		Singapore TP Excess	0			You	ung/Inexperience Driver Excess	
Agent	IVAN INSURANCE AGENCY PTE	. Agent Tel.	64400220		GST Flag	Υ		
nsurance Flag Open Policy Info Certificate	No							
→ Policy I O O O O O O O O O O O O	nolder Mailing Address					Address 3	SINGAPORE 730311	
Address 1	Addres		ddress 2 WOODLANDS STREET 31			Post Code	730311	
Address 4			ress Type				/30311	
Unit No.	05-40		ited Policy	5115302625				
	05-40 ed Object: SKJ8649T			5115302625				
	ed Object: SKJ8649T			5115302625				
▶ Insure	ed Object: SKJ8649T sements	Num			Endorsemen	it Status	Endorsement Content	
▶ Insure	ed Object: SKJ8649T sements	Num ent Basi	nber	nt Type			Thank you for giving us the opportunity to serve you. We confirm that from 03 Jan 2020, th following amendment(s) is/are made to this policy: MAIN DRIVER HO CHIAN SAN	
▶ Insure ▼ Endors	sements Date of Endorseme	ent Basi End	Endorsementic Information	nt Type	Endorsemen	Effective	Thank you for giving us the opportunity to serve you. We confirm that from 03 Jan 2020, th following amendment(s) is/are made to this policy: MAIN DRIVER	

STATE STAT	ident MT/1112838		Vehicle No.	SK)8649T		SST Registration No.	
## SHAND THE MEMBER AND THE MEMBER AND COUNTY FOR MEMBER AND COUN	cy No.	5115302625	Venicie No.	3800491			
March 1966 Ma	tificate No.					Policyholder NRIC	G0487698P
MICHAEL MER MERSANCE MATERIAL MERSANCE M	- Indiana						
March Marc	duct Code	0.000					
Marchane	ntact No.(Mobile)			0			(Water State of the Control of the C
Particular Pa	nail Address		Special Remark				Inc V
Autocant Parish Autocant	K	No ○ Yes	TCA	No ○Yes			W2
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The standard		08/12/2020 16:36	Accident Report Within 24 hrs	Yes		Accident Type	Side Swipe
Control Cont			Time of Accident hh:mm	21:40		Country of Accident	Singapore
Tradition Agency		0//12/2020				ICM No.	
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## Parent					30000111		
## Source Approaches ***********************************			Total TD Screen Accellents		0.00		
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## OD-PAR Driver Type	ddress 4		Address Type			Post Code	730311
## NO FIDINET TATE Man		05-40	Related Policy Number	5115302625			
Driver Name HO CHIAN SAN Driver Page Main Driver			The second				
Driver Name		HO CHIAN SAN	Driver Type	Main Driver			
## Special Contact No. (Mobile)	ARD/76/ART98-5		Driver NRIC	S7145464I			
Ontact No. (Mobile) 98502223 Contact No. (Omce) 0 SINGAPORE 73031 Address 3 SINGAPORE 73031 Address 3 SINGAPORE 73031 Address 3 SINGAPORE 73031 Address 3 SINGAPORE 73031 Notes he own a Singapore of Singapore 0 Contact No. (Omce) 0 Driver Vehicle No.		21/01/1992	Driver Age	49		Driving Experience	28
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Colam Type * OD-MX Insured Name DAMO Insured Liability * Fully at Fault Value Preferred Workshop Calam Class C				MANIC VING'		Insured NRIC	G0487698P
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