NATIONAL Assessment Centre S	STATE OF THE PARTY		MNA 117158			
23 / 11 / 17 17:12	cb description	OR .	Date & Isme C	completed	Don	by.
(MHT 110 22 100 1NT	SAS e-filing	g				
Veh No: GBB 5991 Y	E-mail (with	in 8hrs, AIC 2hrs)				,
D.O.A. 22111117 19:45	i-Motor Cla	aim Form	M7/0970	074 2	411117	-0.11
OD TP Reputing Only	-Motor W/	O (Within: OD 2h)	rs, TP 4hrs)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Finity	04114
	i-Photo Upl	loaded			1100 2010 2010 4	
TP Insurer	Assessment/S	Survey Report				
	Ass't Report	by Fax/Hand	to <u>Owner/Wksp</u>			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax		=====
TP Particulars: Veh No: 53c	6359 5	INC ()/Non-INC	()		
Owner / Driver: (Tel:)	
Policy No: () Period.	()	Cover Type: ()	
Confirmed by : (Date:	Time	E .)	
	-Est. Status (WO): N: 0-2	0%; P: 21-79%	F: 80-100	%]	
	anty: YES ()/NO()			
Excess: (\$) Loading: \$1,000 ()/\$2,000	0()				
General Remarks:-					3715	
() Walk-In Customer: Customer's information	on strictly Co	onfidential & St	trictly NO refer of	repairer.		
() Total Loss Case : to e-mail Insurer UF						TES I
Drive-In () / Towed-In (); Invoice: YE	S()/	NO () ; T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)			Date&Time Cor	poletid	Done	L.
Apply for Transport Allowance ()/Courte	esy Car ()	Date Co.	inpac ou	Done	υý
2) QC Check / Post Repair Inspection	()			-	233
3) Upload Resurvey Photo [Repair Cost > \$3000]	()				
Injury:						
			-			
Date/Time Actions					A logost	
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4			=======================================			
NA 17	07292	Invoice Pre	paration Checkl	ist	Anit (\$)	Amt (\$)
laimant's Particulars :-		1) AR : Accident			30.00	
river/Owner:		2) DA : Damage . 3) TF : Towing F	Assessment (\$100);	INC (\$80) \$40/\$4:	5	
ontact No:		4) FT : Follow-T	hrough Survey hrough Survey (Resurv	\$120 (ev) \$30		
		For claiming a	esinet INC Only (well	10 Jan 2005)		
maged Portion:		7) N1 : Idac DA		\$75 \$160	-	
				7.57	-	
7.01		8) NTUC Additio	onal Services -		-	
C Checked by (Engr-In-Charge):		OD:		\$5		
		• NS: Chartesy • No: Repair Co	Car / Tpt Allowance	\$10		
uditors'-Comments :-		*N5: Chartesy *N6: Repair Co *N7: Fost Rape	Car / Tpt Allowance	\$10 \$25		
uditors'-Comments :-		OD:* *N5: Churtesy *N6: Repair Ci *N7: Pant Raps *N8: DV / Coll TP (N11): TP	Car/Tpt Allowance o-ordination sir Inspession loss Excess Coordinati (Non INC) against IN	\$10 \$25 on \$5 5 \$20		
C Checked by (Engr-In-Charge): uditors'-Comments :- 1. 1: 2/3:		OD:* *N5: Churtesy *N6: Repeir Co *N7: Feet Repo *N8: DV / Coll	Car / Tpt Allowance o-ordination sir Inspection loct Excess Coordinati (Non INC) against IN otle	\$10 \$25 an \$5		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly 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 ability.
- 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 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

foresaid.	ACCIDENT STATEMENT
Date Of Report	23/11/2017 17:12 22/11/2017 19:45
Date Of Accident	BESIDE SING WANG MOTOR TRADING OPEN SPACE CARPARK
Exact Location Of Accident	SINGAPORE
Country/State of Loss	
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB5991Y
Insured/Policyholder	
Name Of Registered Owner	GLOBAL MARITIME & PORT SERVICES PTE. LTD.
Co Reg No	200400536H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67488895
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	L200 DOUBLE CABIN 2.5L TURBO 4A/T DIESEL
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	5073099327-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NOOR BIN ISMAIL
NRIC No	S7336667D
Date Of Birth	05/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	08/03/1999
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94300231
Fax Number	55 St.
Contact Number	
EMail Address	MUHDNOOR73@YAHOO.CO.UK

Address BLK 528 WOODLANDS DR 14 #02-515

Postcode 730528

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SJC6359S

S9648990J

NO

NO

NO

YES

NO

NO

1

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

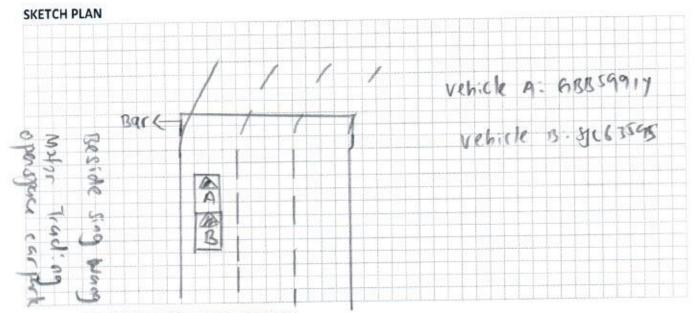
Manufacture and Manufacture an

Policyholder's Signature Date & Time: 1

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

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ESCRIBE CIRCONSTANTOLO C.	
Refer to statement.	

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.:

I was travelling on turf city road at approximately 7:45 pm on 22 Nov 2017. I reached a Y intersection with one side leading to the upper level open air carparks (above the car dealerships located below) via an up slope ramp. Seeing that there was an entrance height limit bar at the ramp leading towards the open air carpark, I decided to come to a full stop at/near the base of the slope to evaluate if my vehicle would be able to clear the bar. There was insufficient lighting at the area for me to evaluate the situation properly. As such, I decided to allow my vehicle to roll a little backwards by lifting my foot off the brake, to get a better view. I checked to see if there were any vehicles behind before doing this. Seeing that there were no vehicles behind me (as there were no visible headlights in my view) just as I was about to proceed to lift my foot off the brakes, I felt a big jerk forward. I turned to see that a vehicle had rammed into the rear of my vehicle at that point.

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(2) If dragues he for how to chan for his insurse

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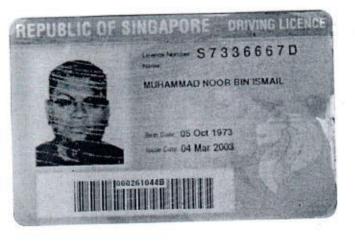
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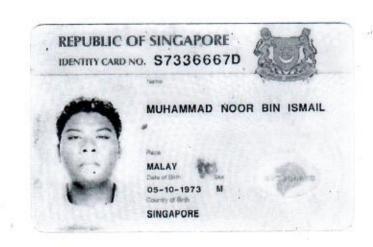
ACCIDENT STATEMENT

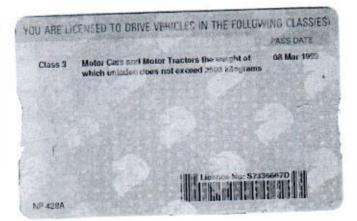
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	DENT DATE: (22/11/17) (DD/MM/YYYY), TIME: (19: 45) (HH:MM)	- T
ACCII	DENI DATE: 120 1000 Mater Tracking open space ca	rparle
LOCA	MON: Reside sing wang Motor Trading open space ca	
LOCA	IIIONIKE-III	77 8
1.	DETAILS OF VEHICLE	
	WITHOUGH MILMRER.	
	DINSURANCE COMPANY: N	
*	C)POLICY NUMBER: 597399327-02 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD	
	e)MAKE & MODEL:	
1		
1		D 5 9
		2.0
2		The second second
2.	COLUMN TO THE TOTAL OF THE TOTA	s (office)
37	b) NRIC/FIN/PASSPORT: 2004005 3614 CONTACT: 6 14 8 8 9	T X HO of
	c) ADDRESS:	- bascenger (Including d
		(Including a
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
3.	DRIVER MALEMMAN NOOF BIN MAIN (MALE) FEMALE)	- X
	a)NAME: MOTACE: CONTACT: CONTACT: CONTACT:	-31
	b) NRIC/FIN/PASSPORT: 57376667 P CONTACT: 97770000000000000000000000000000000000	- * .
	CIADDRESS: ISIIC 3 - DIOMINIO DI PI	

90	dipute of our poor	*
	F) YEARS OF DRIVING EXPRERIENCE: 8 1 1 1999 (C) 133 3)	2)
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	THE ATTONICHID OF THE DIAVEN WATER	
5.	ALWEATHER CONDITION: (CLEAR / RAINING / OTTICKS	
	DIROAD SURFACE: (DRY / WEI / OTHERS	48 76
6.	WAS ANYBODY INJURED (YES / NO)	*
. 7.	PEPOPTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION.	Λ.
. 8.	THIRD PARTY VEHICLE	*No of passo
	a) VEHICLE NUMBER.	- Clududing do
	P) DDIVED'S NAME:	- (2)
	c) NRIC/FIN/PASSPORT.	(-)
9.	THIRD PARTY VEHICLE MODEL:	₩ Ho of passi
	d) VEHICLE NUMBER:MODEL:	
74	e) DRIVER'S NAME: CONTACT:	(Including d
. 1	f) NRIC/FIN/PASSPORT:CONTACT:	(-).
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		920
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4.	fax = muhol noor 73 @ yahoo . co	· u K
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eBaoTech							No.		Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601				A STATE OF THE PARTY OF THE PAR		Change Lar	nguage	Change Passwore	d • Log Out
My Desktop	Polic	y Query						Julius Vie		23-
Notice of Loss	Policy N	10.				Date of Acc	dent	22/11	/2017 19:45	
	Vehicle	No.(For Motor)	GBB5991Y							
						Search.				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5073099327-02	GLOBAL MARITIME & PORT SERVICES PTE. LTD.	200400536H	GCV	Comprehensive	G885991Y	GB85991Y	13/08/2017	12/08/2018
					1	Continue				

olicy No.	5073099327-02	Policyholder Name	GLOBAL MARITIME & PORT SER	Policyholder NRIC	200400536H
Address	28 GENTING LANE #08-06 PLATI	NUM 28 SINC	GAPORE 349585		
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy ssue Date	21/07/2017	Effective Date	13/08/2017 00:00	Expiry Date	12/08/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	nolder Mailing Address				
Address 1	28 GENTING LANE	Address 2	#08-06 PLATINUM 28	Address 3	SINGAPORE 349585
Address 4		Address Type	Singapore address	Post Code	349585
Unit No.		Related Policy Number	5073099327-02		
▶ Insure	d Object: GBB5991Y				
▽ Endors	sements				
Sequence	ce Date of Endorsement	Endorse	ement Type Endorsem	ent Status	Endorsement Content

laim Handling						
ccident MT/0970974	37/136/137-137-137-154		nocean sec	CORPORALA	GST Registration No.	
olicy No.	5073099327-02		Vehicle No.	GBB5991Y	Policyholder NRIC	
olicyholder Name	GLOBAL MARITIME & PORT SERV		2000002000	escapación la	Loading	
reduct Code	COMMERCIAL VEHICLE INSURAL		Cover Type	Comprehensive		
ontact No.(Mobile)	67488895		Contact No.(Office)		Contact No.(Home)	
mail Address			Special Remark		eCode	
FK	No Yes		TCA	@ No T Yes	eCode Reason	
ICD Protection	No		NCD Entitlement(%)	50		
 Accident Details 				- 10 m	CONTRACTOR SOCIETY	
eport Date	24/11/2017 09:08		Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	22/11/2017		Time of Accident hh:mm	19:45	Country of Accident	Singap
Leporting Centre			Orange Force		ICM No.	
Accident Location	BESIDE SING WANG MOTOR TR	LADING OPEN SP	ACE CARPARK			
□ Benefits						
♥ Excess						
Own damage Excess	600.00		Additional Excess		Windscreen Excess	
Innamed Driver Excess			Outside Singapore OD Excess			
Third Party Excess	0.00	100	Outside Singapore TP Excess			
♥ GST Registered Informa	tion					
ST Registered	Yes			GST Registration Date	01/01/2015	
ST Registration No.	NA			GST Status Verified	No	
fodification History						
Policyholder Mailing Ad	dress					
Address 1	28 GENTING LANE		Address 2	#08-06 PLATINUM 28	Address 3	
Address 4			Address Type	Singapore address	Post Code	
Unit No.			Related Policy Number	5073099327-02		
OI Driver Info						-
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD NOOR BIN ISMAIL		Driver NRIC	S7336667D	Driver DOB	
Register Date of Driver License	08/03/1999		Driver Age	44	Driving Experience	
Contact No.(Mobile)	94300231		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 528 #02-515		Address 2	WOODLANDS DRIVE 14	Address 3	
Address 4	SINGAPORE 730528		Address Type	Singapore address	Post Code	
Unit No.	02-515					
Does he own a Singapore	Yes @ No		Driver Vehicle No.		Driver Insurer Company	
Registered car?	ON CONTRACTOR					
Declaration						
Breathalyser or Blood Test	0 mg		Any injury?	€ Yes ⊕ No		
Reading?	1513/2000		SELECTION COL			
Modification History						
Claim 001 New						
Claim 001 New						
			AS WHITE		POSSERIO MARCO	
Claim Type *	OD-MX		Insured Name	GLOBAL MARITIME & PORT SER	Insured NRIC	
Contact No.(Mobile)			Contact No (Home)	67488895	Contact No.(Office)	
Email Address			OI Vehicle Number	G885991Y	TP Vehicle Number	
Claim Description	GBB5991Y / SJC6359S ON 22	Nov 2017			Name of Preferred Workshop	
Preferred Workshop Contact	0		Insured Liability *	Not at Fault ▼		
	The state of the s		Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report	
	Yes				Date Received	
Require Finalisation	Yes • 24/11/2017 09:12		Claim Close Date			
No. Require Finalisation Date Registered Report Taken By	24/11/2017 09:12		Claim Close Date			
Require Finalisation Date Registered Report Taken By]	Claim Close Date			
Require Finalisation	24/11/2017 09:12]	Claim Close Date			8
Require Finalisation Date Registered Report Taken By	24/11/2017 09:12]	Claim Close Date	Save Submit		8
Require Finalisation Date Registered Report Taken By	24/11/2017 09:12]	Claim Close Date	Save Submit		
Require Finalisation Date Registered Report Taken By Print AK letter Attachment	24/11/2017 09:12]	Claim Close Date	Save Submit		
Require Finalisation Date Registered Report Taken By Print AK letter	24/11/2017 09:12 LIEW SHAN HUI]	oran ocean	A 100 100 100 100 100 100 100 100 100 10		
Require Finalisation Date Registered Report Taken By Print AK letter Attachment	24/11/2017 09:12		Claim No. Uoload Date	5ave Submit 001 24/11/2017 09:14		

