NATIONAL Assessment Centre	Services   wet : Jamos M	NA117157169	t)	
Date In: 28/11/17 - 14:20	Job description	Date & Time Completed	Done	e py
Res No: NA/MC17022636/24	SAS e-filing			
Veh No: 584 69042	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 28/11/17- 1:20	i-Motor Claim Form	MT/0971743	78/11/7	16:12
OD (TP)/ Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OB Try Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
IF insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	
TP Particulars: Veh No: SHR6	8540 INC	)/Non-INC()		
Owner / Driver: (		Tcl:	)	
Policy No: ( ) Perio	od: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]	*
Year of Registration: ( ) Wa	arranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000	)( )/\$2,000( )			
General Remarks.	STUDIO PRODUCTO ANALYSIS			
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( ) Total Loss Case : to e-mail Insurer				
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in production

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

**EMail Address** 

- 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.
- 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.

- Any false reporting may be referred to the Police for investigation.
   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

6 March 2 Sept 20 Particular September 2	ACCIDENT STATEMENT
Date Of Report	28/11/2017 14:50
Date Of Accident	28/11/2017 12:20
Exact Location Of Accident	SLIP RD KJE TWDS BKE
Country/State of Loss	SINGAPORE
Description of the Description o	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA6904Z
Insured/Policyholder	
Name Of Registered Owner	SENG TAT(S) TRADING
Co Reg No	53226480X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92337922
Alternative Phone No	OFFICE-92337922
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 2.5 A
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	1
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5057534634-05
Cover Note Number	
Driver	
Name of Driver	KOH CHYE BOON
NRIC No	S1354276G
Date Of Birth	04/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	28/07/1978
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91508848
Fax Number	7
Contact Number	OFFICE-91508848

NOEMAIL

BLK 58 LORONG 4 TOA PAYOH Address

#05-47

310058 Postcode

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

SIDE SWIPE Type Of Accident CLEAR Weather Conditions

DRY Road Surface

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) NO soliciting/offering accident claims assistance.

2 Number of Passengers (Including Driver)

**Details of Police Action** 

NO Was the accident reported to the police?

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

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SHB8854U

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

GOH CHEE KIONG Name of Driver

S7903195Z NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

Email Address

## 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 Oriver.
- 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.
- 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)

Landerstand, 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")
- 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.

SENE TAT (S)

Policyholder's Signature Date & Time: Driver's Signature

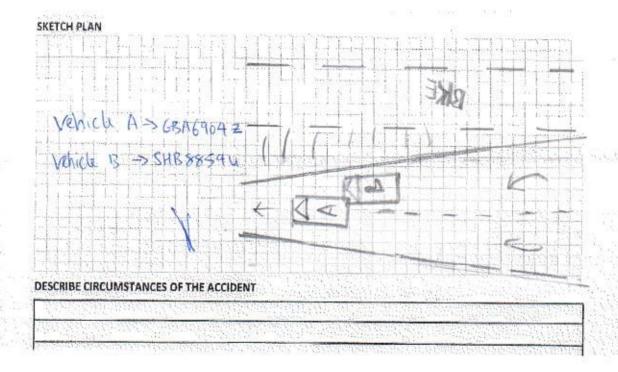
(If driver is not the policyholder)

Date & Time:

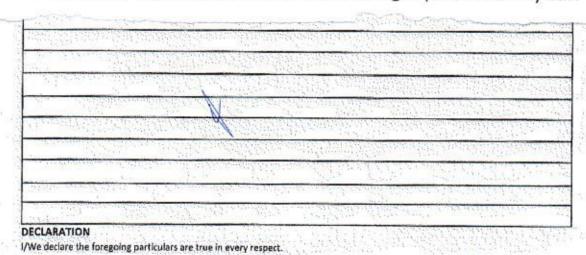
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



I was travelling along the slip road of KJE towards BKE on my own lane. While my car almost fully enters into the merged lane of BKE, all of a sudden, I felt an impact from the rear right portion of my car.



SENE TAT (S)

Standy Trades deltaration of

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatu

Name:

NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centro.

  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 ф 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

Date and time of accident	Date: 28/11/17	(DD/MM/YY) Time: (2:20	(HH:MM)
Exact location of accident	61001	of KTE to ale B	VC
141.41 (151.5)	DILL ROOK	Of MOT 10MGG 17	KE

# Details of vehicle

Vehicle registration number	GBA 6904 2
Vehicle make and model	Toyota Hace
Type of vehicle	Saloon D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private D Commercial of Motorcycle D
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No Mo If no, please select: Third part claim a Reporting only D

# Insurance information

١.	Type of policy	Comprehensive a Third party fire & theft a TP only a
3	Policy number	
Ý,	Insurance company	NTUC

# Insured / Policy holder

Name	Seny Tat (5) Trading Male o Female o
NRIC / Fin / Passport number	53726480X
Contact	92337922
Address	190 middle Rond II 19 - 05 Fortune (extre Sciss 8979)

# Driver

# Same as insured above (skip to D.O.B)

- A -	
Name	Kon chue Boon Male or Female o
NRIC / Fin / Passport number	51354276G
Contact	91508848
Address	5(310058) 4 TOO Payor #05-47
Email address	
Date of birth	04/1/1959
Occupation	Indoor D Outdoor D
Driving date pass	29/11/1976

# General Information of the accident

Was driver an employee of the insured's company?	Yes Fr	No □ ationship of the	driver and insured: _	
No of passenger	2	- III HE SA		(Inclusive of driver)
Accident captured by camera?	Yest	No et		
Weather condition	Clear	Raining D	Others:	- Unjew
Road surface	Dry ta	Wet 🗆		

# Other information

Was anybody injured?	Yes 🗆	No ta	
Was other vehicle damaged?	Yes	No 🗆	

# Details of police action

Reported to police?	Yes a No of If yes, please state which police station.
Police station name	

# Third party vehicle 1

Name	Gon chee king
Contact number	
NRIC / Fin / Passport number	599031952
Vehicle registration number	SHBSSSAV
Vehicle make model	

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third narty vehicle 3

Name			an explanation of
Contact number	1		
NRIC / Fin / Passport number	Sec. 1		1
Vehicle registration number			
Vehicle make model	1.00	The state of the state of	

## Third party vehicle

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	AND THE PARTY OF T

Page 2

# Witness 1

Miltmore 2	
Witness 2	
Name	

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes a No a

Name.	
Injuries sustained	
Which vehicle person in?	The state of the s
Were seat belts worn?	Yes n No n
Was injured conveyed to hospital by ambulance?	Yes a No a

# Injured person 3

Name	The state of the s
Injuries sustained	
Which vehicle person in?	The state of the s
Were seat belts worn?	Yes D No D
Was Injured conveyed to hospital by ambulance?	Yes 🗆 No 🗆

# Injured person 4

Name	
Injuries sustained	The last training of the Annual School of the Annua
Which vehicle person in?	
Were seat belts worn?	Yes a No a
Was injured conveyed to hospital by ambulance?	Yes D No D

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1354276G



KOH CHYE BOON

許 财 文

CHINESE State of birth 04-01-1959

Coecley/Place of SINGAPORE

M

815548153

9

----- S1354276G

KON CHYE BOON

Eith Date: 04 Jan 1959 Issue Onie: 24 Sop 2003

Class 2B Mintercycles not exceeding 709 op Class 2A Motorcycles between 201 co and 460 cc Class 2 Metorcycles exceeding 400 cc

Motor Cars and Motor Fractors the weight of which unlader does not exceed 2500 kitograms

5421336

INC No \$13542760

Dole of Iggs

30-09-2015

Address

APT BLK 58 LORONG 4 TOA PAYON 805-47 SINGAPORE 310058

NP 428A

Licence No: \$13542750,31

24 Nov 1578 24 Nov 1576

<b>eBao</b> Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601			OF STREET, SAME	SAN DE PARTIE NA		Change La	nguage	· Change Passwo	rd · Log Out
My Desktop	Poli	cy Query								,
Notice of Loss	Policy N	4o.			(9)	Date of Acc	ident	28/11	/2017 12:20	
	Vehicle	No.(For Motor)	GBA6904Z							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	8	5057534634-05	SENG TAT(5) TRADING	53226480X	GCV	Comprehensive	GBA6904Z	GBA6904Z	18/10/2017	17/10/2018
					-	Continue				

Policy No.	5057534634-05	Policyholder Name	SENG TAT(S) TRADING	Policyholder NRIC	53226480X
Address	5 KAKI BUKIT ROAD 2 #04-13 C	ITY WAREHOU	USE SINGAPORE 417839		
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy ssue Date	10/10/2017	Effective Date	18/10/2017 00:00	Expiry Date	17/10/2018 23:59
Third Party Excess	0.0	Own damage Excess	600	Windscreen Excess	100.0
Additional Excess		os Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co- insurance Flag Open	No				
Policy Info Certificate					
Info <b>▽ Policy</b> ł	nolder Mailing Address				
Address 1	5 KAKI BUKIT ROAD 2	Address 2	#04-13 CITY WAREHOUSE	Address 3	SINGAPORE 417839
Address 4		Address Type	Singapore address	Post Code	417839
		Related Policy Number	5057534634-05		
Unit No.					
naumusaani	d Object: GBA6904Z				
naumusaani	•				

ccident MT/0971543		0.000	The state of the s	Manager son and a service of the ser
Policy No.	5057534634-05	Vehicle No.	GBA6904Z	GST Registration No.
Policyholder Name	SENG TAT(S) TRADING			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading
Contact No. (Mobile)	92337922	Contact No.(Office)	0	Contact No.(Home)
mail Address		Special Remark		eCode
KFK	No	TCA	No <sup>®</sup> Yes	eCode Reason
VCD Protection	No	NCD Entitlement(%)	20	
eport Date	28/11/2017 16:09	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/11/2017	Time of Accident hh:mm	12:20	Country of Accident
Reporting Centre	20/11/2017	Orange Force	2.45/224	ICM No.
Accident Location	SLIP RD KIE TWDS BKE			
⇒ Benefits	SELF NO KIE 11103 UNE			
▼ Excess				
2000	600.00	Additional Excess		Windscreen Excess
Own damage Excess	800.00			L-102804-870, T0-0070
Innamed Driver Excess	0.00	Outside Singapore OD Excess Outside Singapore TP Excess		
hird Party Excess		Curana Singepore in Excess		
✓ GST Registered Informa  ET Registered.	S. S		GST Registration Date	
GST Registered GST Registration No.	No		GST Status Verified	No
Sol Registration No. Sodification History				
Policyholder Mailing Ad	dress			
Address 1	5 KAKI BUKIT ROAD 2	Address 2	#04-13 CITY WAREHOUSE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5057534634-05	
OI Driver Info		Redied Folicy Hamber	303733404	
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Innamed driver Name	KOH CHYE BOON	Driver NRIC	S1354276G	Driver DOB
Register Date of Driver License		Driver Age	58	Driving Experience
Contact No.(Mobile)	91508848	Contact No.(Office)	ø	Contact No.(Home)
Address 1	BLK 58	Address 2	LORONG 4 TOA PAYOH	Address 3
	SINGAPORE 310058	Address Type	Singapore address	Post Code
Address 4	DS-47	Address Type	Jiligapore adoress	
Unit No. Does he own a Singapore				Driver Insurer Company
Registered car?	Yes @ No	Driver Vehicle No.		Diver made Company
Peclaration				
Breathalyser or Blood Test	D.m.s	Any injury?	ſ Yes ₽ No	
Reading?	D mg	Any argury	ics a no	
Modification History				
L. BELLE				
Claim 001 New				
				53 55000
Daim Type *	OD-MX ▼	Insured Name	SENG TAT(S) TRADING	Insured NRIC
Contact No.(Mobile)	91070783	Contact No.(Home)	NEL	Contact No.(Office)
Imail Address		OI Vehicle Number	GBA6904Z	TP Vehicle Number
Claim Description	G8A6904Z / SHB8854U ON 28 Nov 20	017		Name of Preferred Workshop
Preferred Workshop Contact		Insured Liability *	Not at Fault.	
No. Require Finalisation	Yes •	Preferend Repair Option	Preferred Workshop, Name unknown *	GIA report
	28/11/2017 16:12	Claim Close Date		Date Received
Date Registered	Jackson	141 A CONTROL (1815)		
	and the same of th			
Report Taken By			security propositional	
Report Taken By				
Report Taken By			Save Submit	
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			Save Submit	
Report Taken By				
Report Taken By  Print AK letter  Attachment	MT/0971543	Claim No. Upload Date	001 28/11/2017 16:13	

