NATIONAL Assessment Centre S	ervices	t i Jamost Mi	HA 118 019 351			
Date In: 8/2/18 - 09:29 Jo	b description		Date & Time Com	pleted	Done	by
	SAS e-filing		1			
	E-mail (within 8hr:	s, AIC 2hrs)				•
	i-Motor Claim	Form	W1/008/480	18/2	8 15.0	4
	i-Motor W/O (V	Vithin: OD 2hrs	TP 4brs)			
OD : TP ! Reporting Only	i-Photo Upload	ed				
1 GARCAN AN	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by F	ax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: (31/) B	INC ()/Non-INC()		gen leer
Owner / Driver: (Tel:	-)	
Policy No: () Period:	()	Cover Type: (
Confirmed by : (-	Date:	Time:	7 00 1500)	
Insured/Driver Liability: (%) [Note	-Est. Status (WC)): N: 0-20)%; P: 21-79%.	F: 30-100%	0]	-
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General Remarks:				Alario	1 101 1 2	v9.
() Walk-In Customer: Customer's informati	ion strictly Confid	dential & Str	ictly NO refer of re	pairer.		
() Total Loss Case : to e-mail Insurer Ul	RGENTLY.					
Drive-In ()/ Towed-In (); Invoice: YE	S()/NO	(); To	owing Co: (<u></u>)
Remarks: (INC hotline: 6788 6616)	1,7 × 11 × 1	100	Date& Time Comp	le ad	Done	by
1) Apply for Transport Allowance ()/ Court	env Cor ()	and the second		1	10	
2) QC Check / Post Repair Inspection	()		-	-		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()				- 15	
		-				
Injury:					ger Are	TT - THE TAX
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141800851	i	nvoice Pre	paration Checklis	t .	Tit Bill	Add Bi
	1)	AR : Accident	Reporting (\$30);	7510 (FRM)		100
aimant's Particulars :-		DA : Damage TF : Towing F		INC (\$80) \$40/\$45		, = -0c-30
iver/Owner:	4	FT : Follow-T	hrough Survey	\$120		
ntact No:	. 5	For claiming a	hrough Survey (Resurve gainst INC Only (wef I	y) \$30 (Jan 2005)		
manual Portion		TR: Re-inspec	ction	\$75		
maged Portion:	7	N1 : Idao DA	+ SMRT Survey	\$160		
Charled by (Fagu In Charge)	, L	OD.		\$5		
Checked by (Engr-In-Charge):	-	*N6: Repair C	Car / Tpt Allowance o-ordination	510		
uditors! Comments :-		*N7: Fost Rep	air Inspection lect Excess Coordination	\$25		
25 25 25 25 25 25 25 25 25 25 25 25 25 2	5(45,440,480,515)		(Non INC) against INC	\$20		54
. <u>1:</u>) N12: Idea Mo	bile	Chargea 30	UNIVERSE NOTE OF	ask#17
1. 2/3:	100	nvoice dated		Charged	Carrier.	

Figure 1.30

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.
 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 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	08/02/2018 09:29
Date Of Accident	07/02/2018 14:30
Exact Location Of Accident	ALONG PIE (TUAS) BEFORE CTE EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP1623T
Insured/Policyholder	
Name Of Registered Owner	MIKE'S TRANSPORT
Co Reg No	53315782W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96196800
Alternative Phone No	OFFICE-96196800
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5095109171
Cover Note Number	
Driver	

Driver	
Name of Driver	WILSON TANG WING SENG

NRIC No S1687580E 01/07/1965 Date Of Birth Occupation OUTDOOR Date Of Driving Pass 19/11/2009

Driving Experience 8 YEARS AND 2 MONTHS

MALE Gender

(LOCAL) +65-87509829 Mobile Number

Fax Number

OFFICE-87509829 Contact Number

EMail Address NOEMAIL

BLK 514 JURONG WEST STREET 52 Address

#05-08

Postcode 640514

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

GENDER: : FEMALE

Passenger 2

NAME:

GENDER:

: FEMALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING TRAVELLING ALONG PIE (TUAS) LANE 2 BEFORE CTE EXIT. SUDDENLY VEHICLE B WAS TRAVELLING LANE 3 CUT ONTO MY LANE. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION (FRONT LEFT DOOR AREA). AFTER VEHICLE B HIT ONTO MY VEHICLE, HE DID NOT STOP HIS VEHICLE.

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

GBC3112B

Vehicle Make/Model/Colour

LUCKY JOINT CONSTRUCTION

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode WILSON TANG WING SENG

NECK

SJP1623T

YES

NO

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:
 - 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:

Reporting Centre Pe

sonnel's Signature

Name:

NRIC/FIN No .:

KETCH PLAN			
	T T		A : SP16237
	40		B: GB(311)B
	os Class	(B) (G)	
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	177		
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Refer to state	ment.		
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		*	
DECLARATION			
I/We declare the foregoing par	ticulars are true in every	respect.	
	Jone W.	m'S	
Policyholder's Signature	Driver's signatu	ire	Reporting Centre Personnel's Signature Name:
Date & Time:	(If driver is not Date & Time:	the policyholder)	NRIC/FIN No.:

GIARME SketchPlanForm, VI.



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WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of MIKE'S TRANSPORT (53315782W)

Date: 08/10/2017

Existing Sole-Proprietor(s) /	Partner	S)
-------------------------------	---------	----

Name

ID

Nationality/Place of incorporation/Origin Address

Address Source

Date of Entry

Position

TAN LIAN PUAY MICHAEL \$1780669F

SINGAPORE CITIZEN

763 PASIR RIS STREET 71

#06-236

SINGAPORE (510763)

OSCARS

08/09/2015

Owner

Withdrawn Partner(s)

Nationality/Place of incorporation/Origin Address

Address Source

Date of Entry

Date of Withdrawal

Position

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA171008154075

DATE

: 08/10/2017

This is computer generated. Hence no signature required.

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of MIKE'S TRANSPORT (53315782W)

Date: 08/10/2017

The Following Are The Brief Particulars of :

Name of Business

MIKE'S TRANSPORT

Former Name(s) if any

Date of Change of Name

Registration No.

53315782W

Registration Date

08/09/2015

Commencement Date

14/09/2015

Status of Business

Live

Status Date

19/09/2017

Renewal Date

19/09/2017

Expiry Date

08/09/2018

Renewal via GIRO

Constitution of Business

Sole-Proprietor

Principal Place of Business

763 PASIR RIS STREET 71 #06-236

SINGAPORE (510763)

Date of Change of Address

Principal Activities

Activities (I)

PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR

AND TRISHAWS) (49219)

Description

Activities (II)

WHOLESALE OF MOTOR VEHICLES EXCEPT MOTORCYCLES AND SCOOTERS (46561)

Description BUYING AND SELLING OF USED MOTOR VEHICLES

Particulars of Authorised Representative(s)

Name

ID

Nationality

Address

Address Source

Date of Appointment

Existing Sole-Proprietor(s) / Partner(s)

Name

ID

Nationality/Place of

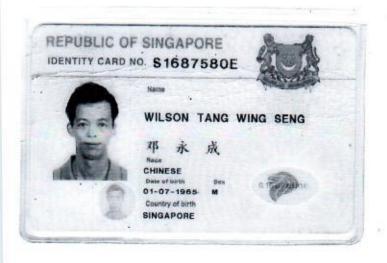
incorporation/Origin

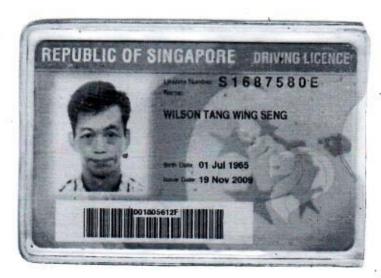
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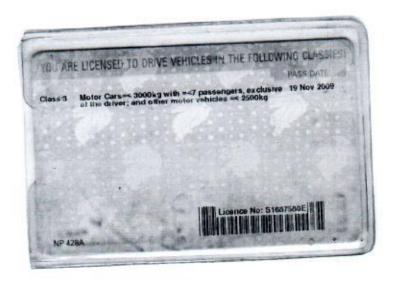
Date of Entry

Position









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My Desktop	Polic	cy Query								,
Notice of Loss	Policy N	io.				Date of Acc	ident	07/02	/2018 14:30	
	Vehicle	No.(For Motor)	SJP1623T	X.						
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095109171	MIKE'S TRANSPORT	53315782W	GPC	drivo CLASSIC	SJP1623T	SJP1623T	17/10/2017	16/10/2018
			TRANSPORT			Continue				

Policy No.	5095109171	Policyholder Name	MIKE'S TRANSPORT	Policyholder NRIC	53315782W
Address	BLK 763 #06-236 PASIR RIS ST	REET 71 SING	APORE 510763		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	17/10/2017	Effective Date	17/10/2017 00:00	Expiry Date	16/10/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	UNIQUE RESOURCES PTE LTD	Agent Tel.	62507950	GST Flag	Y
Co- insurance Flag Open Policy Info	No				
Certificate Info					
Policyh	older Mailing Address				
Address 1	BLK 763 #06-236	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510763
Address 4		Address Type	Singapore address	Post Code	510763
Unit No.	06-236	Related Policy Number	5097594730		
▶ Insure	d Object: SJP1623T				
	ements				
Sequenc	e Date of Endorsement	Endorse	ment Type Endors	sement Status	Endorsement Content

ident MT/0981480						
cy No.	5095109171	Vehicle No.	SIP1623T	GST Registration No.		
yholder Name	MIKE'S TRANSPORT			Policyholder NR3C	53315782W	
ict Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	o o	
ct No.(Mobile)	96196800	Contact No.(Office)	9	Contact No.(Home)	0	
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Address		Special Remark			Time se	
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rotection	No	NCD Entitlement(%)	0	Private Hire	Yes	
Accident Details						
t Date	08/02/2018 10:01	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe	
of Accident	07/02/2018	Time of Accident Nhomm	14:30	Country of Accident	Singapore	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ICM No.		
ting Centre		Orange Force		post rep.		
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egistered	No		GST Registration Date			
egistered egistration No.	70		GST Status Verified	No		
egistration No. cation History			DEL SIEGE VESTES	mu.		
olicyholder Mailing Ad	Idress					
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is 4		Address Type	Singapore address	Post Code	510763	
0	06-235	Related Policy Number	5097594730			
DI Driver Info	25/26/20		Etapo Servicio			
	Unnamed Driver	Driver Type	Unnamed Driver			
Name				Disser DOR	pa mara nes	
ned driver Name	WILSON TANG WING SENG	Driver NRIC	\$1687580E	Driver DOB	01/07/1965	
er Date of Driver License	19/11/2009	Driver Age	52	Driving Experience	á	
t No.(Mobile)	87509629	Contact No.(Office)	0	Contact No.(Home)	0	
se t	BLK 514	Address 2	JURIONG WEST STREET 52	Address 3	WEST WOOD	COURT
99 4	SINGAPORE 640514	Address Type	Singapore address	Post Code	640514	
		Address Type	Singapore address	Post Code	640514	
io. he own a Singapore	05-06		Singapore address			
No. he own a Singapore		Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Compar		
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Attachment		Uploaded By/Date	Category	8	Lingency	Description	Sem? Acti (CO)
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10	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 08 Fe b 2018 10:04	SAS		Normal	SAS 2018-2-8	Ed
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Video List							
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