


Date In: 14/12/18 16:22	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18003030/h4	SAS e-filing		
Veh No: YM 8287Y	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 14/12/18 10:30	I-Motor Claim Form	MT/0982505	14/12/18 19:10.
OD:  Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: G8F-2406U	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA 1801129	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2019)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
QC Checked by (Engr-In-Charge):	*NS: Courtesy Car / Tpl Allowance \$5		
	*NS: Repair Coordination \$10		
	*NI: Post Repair Inspection \$25		
	*NS: DV / Collect Excess Coordination \$3		
Auditors' Comments:-	TR (NI) / TP (NI) / INC against INC		
Ref: 1	9) NI: Has Mobile \$3		
Ref: 2/3	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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 withholding 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	14/02/2018 16:22
Date Of Accident	14/02/2018 10:30
Exact Location Of Accident	221 HENDERSON RD LOADING/UNLOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM8287Y
Insured/Policyholder	
Name Of Registered Owner	HUK SENG TRANSPORT PTE LTD
Co Reg No	200605732C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67731125

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5052291018-05
Cover Note Number	-

Driver

Name of Driver	SIM LEE MENG
NRIC No	S1069941Z
Date Of Birth	20/10/1951
Occupation	OUTDOOR
Date Of Driving Pass	02/06/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98506121
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 516 HOUGANG AVE 10 #12-209
Postcode	530516
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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

I PARKED INSIDE THE 221 HENDERSON RD LOADING/ UNLOADING BAY, SUDDENLY A VAN (BEARING NO GBF2406U) REVERSING OUT FROM THE BAY AND NEVER NOTICED MY LORRY. AS THE RESULT, HIT ONTO MY LORRY RIGHT BACK SIDE.

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	GBF2406U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDUL DAZAK BIN ABA BAKAR
NRIC/Passport Number	S7721220E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

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**.
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 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:
 - (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' 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.

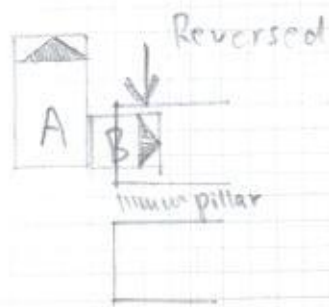


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A = YM 8287 Y
B = GBF 2406 U

221 Henderson Road Loading / unloading Bay

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1069941Z



Name
SIM LEE MENG

Race
CHINESE

Date of birth
20-10-1951

Country/Place of birth
SINGAPORE

Sex
M

S1069941Z



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1069941Z**

Name:
SIM LEE MENG

Birth Date: **20 Oct 1951**

Issue Date: **23 Jan 2018**

002766656F



5851101



NRIC No: **S1069941Z**



Date of issue
23-12-2017


Address
**APT BLK 516 HOUGANG AVENUE 10
#12-209
SINGAPORE 530516**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	29 Sep 1969
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	02 Jun 2005

NP 428A

Licence No: S1069941Z



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5052291018-05	HUK SENG TRANSPORT PTE LTD	200605732C	GCV	Third Party	YM8287Y	YMB287Y	18/02/2017	17/02/2018

Claim Handling

Accident MT/0982505

Policy No.	5052291018-05	Vehicle No.	YM8287Y	GST Registration No.	
Policyholder Name	HUK SENG TRANSPORT PTE LTD			Policyholder NRIC	20061
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	67731125	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	14/02/2018 19:05	Accident Report Within 24 hrs	Yes	Accident Type	Dama
Date of Accident	14/02/2018	Time of Accident hh:mm	10:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	221 HENDERSON RD LOADING/UNLOADING BAY				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 1 #02-18	Address 2	WHOLESALE CENTRE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	11001
Unit No.	02-18	Related Policy Number	5052291018-06		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIM LEE MENG	Driver NRIC	S1069941Z	Driver DOB	20/10
Register Date of Driver License	02/06/2005	Driver Age	66	Driving Experience	12
Contact No.(Mobile)	98506121	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 516 #12-209	Address 2	HOUGANG AVENUE 10	Address 3	BEDO
Address 4	SINGAPORE 530516	Address Type	Singapore address	Post Code	53051
Unit No.	12-209				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	HUK SENG TRANSPORT PTE LTD	Insured NRIC	20061
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YM8287Y	TP Vehicle Number	GBF2-
Claim Description	YM8287Y / GBF2406U ON 14 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Recei
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	14/02
Date Registered	14/02/2018 19:09	Claim Close Date			
Report Taken By	IEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment



Accident No.	MT/0982505	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/02/2018 19:10

Path *	Category *	Confidential	Urgency *
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="No"/>	<input type="button" value="Normal"/>
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="No"/>	<input type="button" value="Normal"/>
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="No"/>	<input type="button" value="Normal"/>
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="No"/>	<input type="button" value="Normal"/>
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="No"/>	<input type="button" value="Normal"/>
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="No"/>	<input type="button" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:10	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:10	SAS	Normal	SAS 2018-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:09	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:09	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:09	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:09	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:09	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:09	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>