Date In 24/05/18	Jcb description	Date & Time Completed	Done	31
	SAS e-filing	1,7412 (7,7412 234)		
Ref No NA/INC 18009447/13				
Veh No GB034375	E-mail (within Stars, A1C 2hrs,			
DOA 23/05/18 1825	i-Motor Claim Form	MT/0995800+0	901	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hr	s. TP 4hrs)		
	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report	1		2.500
	Ass't Report by Fax / Hand t	o Owner/Wksp		
	WENG SOON	Tel: Fax	:	
	45613013 NC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	d: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-100	0%]	
	arranty: YES () / NO ()		-
Excess: (\$) Loading: \$1,000	()/\$2,000()			
General Remarks:-	", Social trade in the first factor of the first	LAS New Action, N. J.		
() Walk-In Customer: Customer's inform	ation strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.			
Drive-In ()/ Towed-In (); Invoice:		owing Co. (1
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done b	у
Apply for Transport Allowance () / Cou	rtesy Car ()			
	itesy car ()			
2) QC Check / Post Repair Inspection	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions W91803278 laimant's Particulars:-	Inveice Pre 1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); INC (\$80)	Ist Bill	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 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 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 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.

Company of the Compan	ACCIDENT STATEMENT
Date Of Report	24/05/2018 11:26
Date Of Accident	23/05/2018 18:25
Exact Location Of Accident	BLK 438 YISHUN AVE 11 OPEN CARPARK
Country/State of Loss	SINGAPORE
the second second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD3437J
Insured/Policyholder	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92727979
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067584619-03
Cover Note Number	
Driver	
Name of Driver	ISMAIL BIN HARON
IRIC No	\$7335522B
Date Of Birth	09/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1999
Driving Experience	18 YEARS AND 8 MONTHS

MALE

(LOCAL) +65-81818992

ISMAIL@MAJORSPEST.COM

Address

BLK 438 YISHUN AVE 11

#02-192

Postcode

760438

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

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:

: RIHANAH BTE ISMAIL

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

I WAS DRIVING STRAIGHT MY VEH AT THE CARPARK DRIVEWAY AT BLK 438 YISHUN AVE 11 OPEN CARPARK, SUDDENLY VEH(B) BEARING REG NO SLS6130B CAME OUT FROM THE CARPARK LOT AND HIT ONTO MY LEFT SIDE PORTION OF MY VEH.

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

SLS6130B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ONG QING MING, PATRICK

NRIC/Passport Number

S8805663I

Contact Number

98388010

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

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:
 - (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:

Oriver's Signature (If driver is not the policyholder)

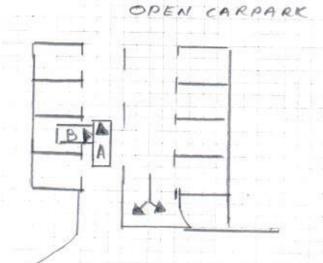
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

A- GBD34375 B-5456130B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pla	ceh	to the	cdad			
//3	- Ju	90 VA	27972	ment.		
					allegates and the second	
RATION				1		

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 & Pime:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





ISMAIL BIN HARON

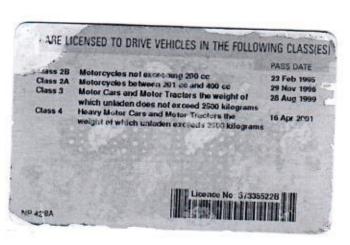
JAVANESE 09-10-1973

SINGAPORE









eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 23/05/2018 18:00 Vehicle No.(For Motor) GBD34373 Search Policyholder Name Policyholder NRIC Insured Object Vehicle Commence Date Select Policy No. Product Cover Type Expiry Date No. WENG SOON AUTO & LEASING 5067584619-53227794E GCV Comprehensive GBD3437J GBD3437J 19/09/2017 18/09/2018 03 Continue

/24/2018		Claim Handling(accide	ent reporting Claim Task 001 OE	D-MX)	
Claim Handling					
Accident MT/0995800					
Policy No.	5067584619-03	Vehicle No.	G8D34373	GST Registration No.	
Policyholder Name	WENG SOON AUTO & LEASING		4554475	Policyholder NRIC	53227794E
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92727979	Contact No.(Office)	0	Contact No.(Home)	
Email Address	ATOTOCOCCO	Special Remark	*	eCode	0 No ▼
KFK	- No Yes	TCA	* No Yes	eCode Reason	NO.
NCD Protection	No	NCD Entitlement(%)	20		
Accident Details		NED Entragement say	20	Private Hire	No
Report Date	24/05/2018 18:11	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/05/2018	Time of Accident hh:mm	18:25		
Reporting Centre		Orange Force	10.23	Country of Accident	Singapore
Accident Location	BUX 438 YISHUN AVE 11 OPEN CARPARK	orange raree		ICM No.	
▽ Benefits	THE THE PARTY OF T				
♥ Excess					
		V A A MANAGE AND A COURT			
Own damage Excess Unnamed Driver Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Third Party Excess	2.02.20	Outside Singapore OD Excess			
	1,500.00	Outside Singapore TP Excess			
GST Registered Information ST Registered			PRY BUILDING		
ST Registered	No		GST Registration Date GST Status Verified	4	
todification History	10.4		GS) Status verified	No	
2000 STAPE STAPE STATE					
Policyholder Mailing Ad	idress				
ddress 1	2 KAKI BUKIT AVENUE 2	Address 2	And the province of the province		
ddress 4	2 MAN SUND AVENUE 2		#01-13 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 4179
init No.	10.300	Address Type	Singapore address	Post Code	417921
OI Driver Info	10-200	Related Policy Number	5065534022-04		
river Name	Mineral Web in-	0290042.101	The second of the second		
innamed driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
egister Date of Driver License	ISMAIL BIN HARON	Driver NRIC	573355228	Driver DOB	09/10/1973
ontact No.(Mobile)	81818992	Driver Age	44	Driving Experience	18
ddress 1	BLK 438	Contact No.(Office)	0	Contact No.(Home)	0
ddress 4		Address 2	YISHUN AVENUE 11	Address 3	YISHUN SPRING
nit No.	5INGAPORE 760438	Address Type	Singapore address	Post Code	760438
ioes he own a Singapore	#02-192				
legistered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test					
eading?	0 mg	Any injury?	Yes n No		
Odification History Claim 001 OD-MX New	d)				
laim Type *	OD-MX *	Insured Name	Turnio con una como 1		
intact No.(Mobile)	3		WENG SOON AUTO & LEASING	Insured NRIC	53227794E
nail Address		Contact No.(Home) OI Vehicle Number	CODIACIO	Contact No.(Office)	
aim Description	GBD34371 / SLS61308 ON 23 May 2018	VI venicle Number	GBD34373	TP Vehicle Number	SLS61308
eferred Workshop Contact	23 May 2018	300000000000000000000000000000000000000		Name of Preferred Workshop	WENG SOON
Constitution of the Consti		Insured Liability *	Not at Fault 🔻		
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop (refer below)	GIA report	Received
ite Registered	24/05/2018 18:17	Claim Close Date		Date Received	24/05/2018 00:00
port Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
Print AK letter				1/11	
		[Save Submit		
Attachment					

9					
cident No.	MT/0995800	Claim No.	001		
st Doc. Received	* Yes O No	Upload Date			
		Applied Date	24/05/2018 00:00		
ALUDOU PRO LA COMPANIA	Path +		Category *	Confidential Urgen	cy *
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Attachment I	ist				
Attachment	Uploaded By/Date	Category	8	Urgency	Description
-11 (100) -11 (100)	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:17	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-24
CO	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:17	SAS		Normal	SAS 2018-5-24
100	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:17	Photos		Normal	Photos 2018-5-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:17	Photos		Normal	Photos 2018-5-24
U	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:17	Photos		Normal	Photos 2018-5-24
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:16	Photos		Normal	Photos 2018-5-24
23	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:16	Photos		Normal	Photos 2018-5-24
3154 74	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:16	Photos		Normal	Photos 2018-5-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:16	Photos		Normal	Photos 2018-5-24
25.2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:16	Photos		Normal	Photos 2018-5-24
®	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:16	Photos		Normal	Photos 2018-5-24
2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:16	Photos		Normal	Photos 2018-5-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:16	Photos		Normal	Photos 2018-5-24
5	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:16	Photos		Normal	Photos 2018-5-24
40	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:16	Photos		Normal	Photos 2018-5-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2018 18:16	Photos		Normal	Photos 2018-5-24
Video List					
				1000	

File Name

Display in New Window | Scan and uploading

Uploaded By/Date

Folder Date

Source