Date In: 6/6)18-16:49  Ref No: NA/MIC18010344/24  Veh No: 9 BE91822	HANGE OF TAX		
Res No: NA) MC18010344/24	Jeb description	Date & Time Completed	Done by
Veh No: G # F G S S S	SAS e-filing	i	
NDF01877	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 16/1/18-09:00	i-Motor Claim Form	MT 0995115-002	6/6/18 19:23
	i-Motor W/O (Within: OD 2h		
OD / TP / Reporting Only	i-Photo Uploaded		
Th I	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	ax:
TP Particulars: Veh No: SHA	7305E . INC (	)/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( ) Pe	eriod: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
	000 ( )/\$2,000 ( )		
General Remarks:			1.00
( ) Walk-In Customer: Customer's info	ormation strictly Confidential & St	rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insur	er URGENTLY.	to the state of	((*))
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( ); T	owing Co: (	. )_
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
2000 1000000000000000000000000000000000	Courtesy Car ( )		8011A
2) QC Check / Post Repair Inspection	( )	T	-
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ( )		
Injury:		N 85 B	
Date/Time Actions		AT ONE OTHER	Basicus II
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nimant's Particulars :-	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$8 66 \$40 brough Survey	fit Bill Add Bill 10) 1/545 5120
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.
- 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 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.

MARKET STATE OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	06/06/2018 16:49
Date Of Accident	16/05/2018 09:00
Exact Location Of Accident	JUNC WOODLANDS AVE 2 & WOODLANDS AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE9182Z
Insured/Policyholder	
Name Of Registered Owner	WEI ZHONG FOODSTUFF MANUFACTURER
Co Reg No	34635000W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90104901
Alternative Phone No	OFFICE-90104901
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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	5089427793-01
Cover Note Number	
Driver	
Name of Driver	BALASUBRAMANIYAM KALAISELVAM
Passport No/FIN	G2482480U
Date Of Birth	03/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84951866
Fax Number	
Contact Number	OFFICE-84951866

NOEMAIL

Address

3020 UBI AVENUE 2

#04-135

Postcode

408896

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

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

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

GTOWN -

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

#### **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 ALONG LANE 3 WOODLANDS AVE 2 JUNCTION. SUDDENLY VEHICLE B BRAKE HIS VEHICLE, I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY HIT ONTO VEHICLE B REAR PORTION.

## 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

SHA7205E

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

10000

## 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:

MA

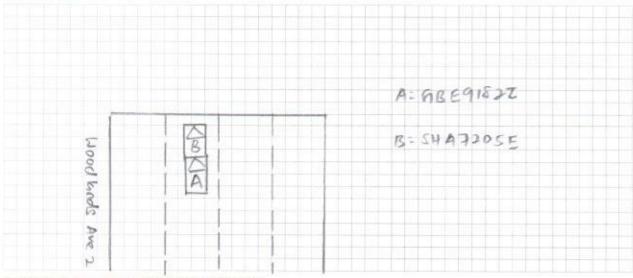
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

CHEEK SECRETARION VI







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

Class 2B Motorcycles =< 200 cc
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive
of the driver; and other motor vehicles =< 2500kg

NP 428A



<b>eBao</b> Tech							GeneralClaim			
Hello, NAC_PAYA_UBI_80	00601						Change Lan	guage	Change Passwo	ord • Log Ou
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	16/05	/2018 09:00	
	Vehicle	No.(For Motor)	GBE9182Z							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5089427793- 01	WEI ZHONG FOODSTUFF MANUFACTURER	34635000W	GCV	Preferred Workshop Plan	GBE9182Z	GBE91822	29/04/2018	28/04/2019
	0	01	WEI ZHONG FOODSTUFF					25		28/

laim Handling											
cident MT/0995115											
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duct Code	COMMERCIAL VEHICLE	INSURAL	Cover Type	Preferred (	Workshop Plan	Loadi	ng		o .		
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el Address			Special Remark			eCode			N.V		
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Protection	No		NCD Entitlement(%)	750 8			Reason		10 MONTH 100		
Accident Details	675.0		GCD Enobement(49)	15		Privati	e Hire		Not ava	itable	
vt Date:	21/05/2018 12:16										
			Accident Report Within 24 hrs	Ves		Accide	ent Type		Unknow	in	
of Acodent	16/05/2018		Time of Accident hh:mm	08:30		Count	ry of Acciden	et.	Singapo	ine	
rting Centre	administrator		Orange Force	No		JCH N	io.				
Sent Location	WOODLANDS AVE 2 x 1	WODLANDS AVE 1									
Benefits											
Excess											
damage Excess		600.00	Additional Excess								
med Driver Excess		000.00				Winds	icrean Excess	8	100.00		
			Outside Singapore OD Excess								
Party Excess		0.00	Outside Singapore TP Excess								
SST Registered Inform	nation										
egisterea	Yes				T Registration Date		91/91/20	13			
egistration No.	346.350				T Status Verified		Yes				
cation History	22/05/2 22/05/2	018 10:55:12 Carol   018 10:55:12 Carol	Wan changed GST Registration No Wan changed GST Registration Da	from n to 34 te from 01/01	4635000W 1/2015 to 01/01/2013						
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r Name			Oriver Type								
med driver Name			Oriver NR3C			Driver	0.08				
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