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Date In: 8/6/18 -16:28	Jeb description	Date & Time Completed	Done by
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Veh No: 98F9706H	E-mail (within 8hrs, AIC 2hrs)		Verticovariate variation and the
D.O.A : 8/6/19-11/20	i-Motor Claim Form	100 97930-001	8/6/18 19:47
OD (TD) D	i-Motor W/O (Within: OD 2h		
OD (TP) Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (			ax:
TP Particulars: Veh No: 672	929 is INC (	)/Non-INC()	
Owner / Driver: (	.17 10	Tel:	)
Policy No: ( )	Period: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1	1,000 ( )/\$2,000 ( )	·	
General Remarks:-	그림으로 살아가고 하는 그는 이렇게 하는데 안에서 어떻게 되었다. 아니는 그 모든데 이렇게 되는데 그 모든데 그 없다.	Borosa (Calabara)	
			3.0% 31-1-5
( ) Walk-In Customer: Customer's in		trictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insu			
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( )/NO( );	Cowing Co: (	. )
Cemarks: (INC hotline: 6788 6616)	No.	Date&Time Completed	Danehy
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#### 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.
- 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.

ACCI	DENT	STAT	440	EM	т
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Date Of Report 08/06/2018 16:28
Date Of Accident 08/06/2018 11:20

Exact Location Of Accident PIE (CHANGI) BEFORE JLN EUNOS EXIT

Country/State of Loss SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBF9706H

Insured/Policyholder

Name Of Registered Owner ROBERT CATERING SERVICES

Co Reg No 53171232W Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-62994640

Vehicle Particulars

Manufacturer TOYOTA

Model HIACE DX 3.0 MANUAL

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 COMPREHENSIVE

Fleet Policy NO

Policy Number 5100167730

Cover Note Number

Driver

Name of Driver LIAU TIAK GUAN

 NRIC No
 \$1392258F

 Date Of Birth
 21/02/1959

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/05/1980

Driving Experience 38 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92777628

Fax Number

Contact Number OFFICE-92777628

EMail Address NOEMAIL

Address BLK 604 YISHUN STREET 61

#10-333

Postcode 760604

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3

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.

Number of Passengers (Including Driver) 2

Passenger 1 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?

If Yes,against whom?

Circumstances of Accident

ON STATED DATE AND TIME I WAS TRAVELLING LANE 4 PIE (CHANGI) BEFORE JALAN EUNOS EXIT. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE. VEHICLE C HIT ONTO VEHICLE B REAR PORTION.

NO

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 GZ7979K

Vehicle Make/Model/Colour

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)

2

Passenger 1

NAME:

GENDER:

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SJT3851S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

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.
- 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 ( In )

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

NRIC/FIN No .:

Name:

Reporting Centre Pe

nnel's Signature

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.		
eth to statement.		
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DECLARATION

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

fa

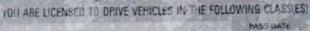
Policyholder's Signature Date & Time:

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

NRIC/FIN No.:







07 May 1980

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms Class 4 Heavy Motor Cars and Motor Tractors the

weight of which unladen exceeds 2500 kilograms Motor Vehicles which are not consurcted

themselves to carry any lead and the weight of which unlader exceeds 7250 kilograms

NP 428/

11 Oct 1963

08-09-1994

APT BLK 604 YISHUN STREET 61 #10-333 SINGAPORE 2776

<b>eBao</b> Tech									Gene	raiClaim
Hello, NAC_PAYA_UBI_80	0601				and the latest terminal termin		Change Lan	guage '	Change Passwo	rd · Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	10.				Date of Acc	ident	08/06	2018 11:20	
	Vehicle	No.(For Motor)	GBF9706H							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100167730	ROBERT CATERING SERVICES	53171232W	GCV	Comprehensive	G8F9706H	GBF9706H	25/04/2018	24/04/2019
					- 1	Continue				

Policy No.	5100167730	Policyholder Name	ROBERT CAT	TERING SERVICES	Policyholder NRIC	53171232W	
Address	8 KAKI BUKIT ROAD 2 #04-37 R	UBY WAREHO	USE COMPLE	X SINGAPORE 4178	41		
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	23/04/2018	Effective Date	25/04/2018	00:00	Expiry Date	24/04/2019 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	THOMSON CREDIT (S) PTE LTD	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	8 KAKI BUKIT ROAD 2	Addre	ess 2	#04-37 RUBY WAR	REHOUSE COM	Address 3	SINGAPORE 417841
Address 4		Addre	ess Type	Singapore address		Post Code	417841
Unit No.		Relat Numi	ed Policy per	5100672245			
D Insure	ed Object: GBF9706H						
	sements						
♥ Endors							

Product Code COMMERCIAL Connect No. (Motivie) 0  Email Address  KPK ● No ○Yes  NCD Protection No  P Accident Details  Report Date 08/05/2018 :  Date of Accident 08/05/2018  Reporting Centre	UNG SERVICES VEHICLE INSURAL  P:44  BEFORE JLN EUMOS EXIT  \$00.00  D.00	Vehicle No.  Cover Type Contact No. (Office) Special Remark TCA NCO Entitlement(%)  Accident Report Within 24 hrs Time of Accident himms Orange Force  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess	GBP9706H  Comprehensive 62994640    No ○ Yes 15  Yes 11:20	GST Registration No. Policyholder NRIC Loading Contact No. (Home) eCode eCode Reason Private Hire Accident Type Country of Accident 10M No. Windscreen Excess	53171232W 0 0 In: V No Chain Collision Singapore
Policyholder Name  Product Code  Commercial Connect No. (Mobile)  Email Address  KPK  NO Yes  NO NO Yes  NO NO Yes  NO Yes  NO Yes  NO NO Yes	P:44 BEFORE JLN EUNOS EXIT  500.00	Cover Type Contact No. (Office) Special Remark TCA NCO Ensistement(%) Accident Report Within 24 hrs Time of Accident hitime. Orange Force Additional Excess Outside Singapore OD Excess	Comprehensive 63994640  ® No () Yes 15	Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire Accident Type Country of Accident 10M No.	0 0 No No Chain Collision
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Email Address  KPK   No Protection  Paccident Details  Report Date  D8/05/2018  Reporting Centre  Acodemt Location  PIE (CHANGE)  PIE (CHANGE)  Reporting Centre  Commend Driver Excess  Unnamed Driver Excess  Unnamed Driver Excess  Unnamed Driver Excess  GST Registered  GST Registered  GST Repistation No.  Modification History  Policyholder Mailing Address.	BEFORE JLN EUNOS EXIT  500.00	Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hitimes. Orange Force Additional Excess. Outside Singapore OD Excess	® No ○Yes 15 Yes	eCode eCode Reason Private Hire Accident Type Country of Accident 10M No.	No Chain Collision
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W Excess Own damage Excess Unnamed Driver Excess Third Party Excess  W GST Registered Information GST Registered GST Registration No. Modification History  Policyholder Mailing Address.	0.00	Outside Singapore OD Excess		Windscreen Excess	
Own damage Excess Unnerned Driver Excess Third Party Excess  ### GST Registered Information GST Registered GST Repistration No. Modification History  #### Policyholder Mailing Address.	0.00	Outside Singapore OD Excess		Windscreen Excess	
Unnamed Driver Excess Third Party Excess  ### GST Registered Information GST Registered GST Registration No. Modification History  #### Policyholder Mailing Address.	0.00	Outside Singapore OD Excess		Windscreen Excess	
Unnamed Driver Excess Third Party Excess  ### GST Registered Information GST Registered GST Registration No. Modification History  #### Policyholder Mailing Address.	0.00	Outside Singapore OD Excess			100.00
Third Party Excess  ### GST Registered Information  GST Registered  GST Registration No.  Modification History  #### Policyholder Mailing Address.					
♥ GST Registered Information GST Registered GST Repistration No. Modification History  ▼ Policyholder Mailing Address.		Occurs singapore in cacess			
GST Registered GST Registration No. Modification History  Policyholder Mailling Address.	No				
GST Repairation No. Modification History  Policyholder Mailling Address.			GST Registration Date		
Modification History  Policyholder Mailing Address			GST Status Verified	No	
▽ Policyholder Mailing Address			0.000 0.000 000 0000	11505	
	ROAD 2	Address 2	#04-37 RUBY WAREHOUSE CON	Address 3	SINGAPORE 417841
Address 4		Address Type	Singapore address	Post Code	417841
Unit No.		Related Policy Number	5100672245		
♥ OI Driver Info		MELLING MURITINE ALL			
Driver Name Unnamed Driv	e .	Onver Type	Unnamed Driver		
Unnamed driver Name LEAU TEAK GU	NN.	Driver NRIC	51392258F	Driver DOS	21/02/1959
Register Date of Driver License D7/05/1980		Driver Age	59	Driving Experience	38
Contact No.(Mobile) 92777628		Contact No. (Office)	0	Contact No.(Home)	0
Address 1 BLK 604		Address 2	YISHUN STREET 61	Address 3	NEE SOON CENTRAL MEADOWS
Address 4 SINGAPORE 7	50504	Address Type	Singapore address	Post Code	760604
Unit No. 10-333				200	
Does he own a Singapore Registered car? ○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
1.00					
Declaration  Breathetyser or Blood Test. Amo					
Reading? 0 mg		Any injury?	○ Yes ® No		
Modification History					
Class CO					
Claim 001 New					
caratary turner		MACHICARON HI		2012/200 (2000 H)	
Claim Type • OD-MX	~	Insured Name	ROBERT CATERING SERVICES	Insured NRIC	53171232W
Contact No.(Mobile) 92777628		Contact No.(Home)		Cornact No.(Office)	
Email Apdress		Of Vehicle Number	GBF9706H	TP Vehicle Number	GZ7979K
	27979K ON 8 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation Yes	<u> </u>	Preferered Repair Option	Preferred Workshop, Name unknown	✓ GIA report	Received
Date Registered 08/06/2018 1	647	Claim Close Date		Date Received	08/06/2018 00:00
Report Taken By Jackson					
Print AK letter					
		9	Save Submit		
			Save Submit		
Attachment					
Attachment					
Attachment					
•	90	Claim No.	100		
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Acodem No. MT/0997	⊃ No	Upload Date  Browse.  Browse.	DE/DE/2018 19:49  Category *  Clear Please Select  Clear Please Select	№   Wormal   Worma	y

Attachment		Uproaded By/Date	Category	Ŷ	Urgency	Description	Msg Sent? Activ (CO)
HEE 6.4	NAC_PAYA_UB1_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on DB Ju n 2018 19:49	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-8	Edi
***	NAC_PAYA_UBI_BOOGO!( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 08 Ju n 2018 19:49	SAS		Normal	SAS 2018-6-8	Edi
1	NAC_PAYA_UBI_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 08 Ju n 2018 19:48	Photos		Normal	Photos 2018-6-8	Edi
13	NAC_PAYA_LIBI_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 08 July 0 2018 19:48	Photos		Normal	Photos 2018-6-8	Edi
*	NAC_PAYA_UBI_B00601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on D8 Ju n 2018 19:48	Photos		Normal	Photos 2018-6-6	Edi
19	NAC_PAYA_UBI_B00601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 08 Ju n 2018 19:48	Photos		Normal	Photos 2018-6-8	Edi
U	NAC_PAYA_UBI_800601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 08 Ju n 2018 19:48	Photos		Normal	Photos 2018-6-8	Edi
U.	NAC_PAYA_UBI_800601{ NATI	ONAL ASSESSMENT CENTRE SERVICES) on 08 Ju n 2018 19:48	Photos		Normal	Photos 2018-5-8	Edi
		DWAL ASSESSMENT CENTRE SERVICES) on 08 July 2018 19:46	Photos		Normal	Photos 2018-6-8	Edi
7	NAC_PAYA_URI_800601( NATI	DNAL ASSESSMENT CENTRE SERVICES) on 08 Ju n 2018 19:48	Photos		Normal	Photos 2018-6-6	Edi
. 3	NAC_PAYA_UBI_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 08 Ju n 2018 19:46	Photos		Normal	Photos 2018-6-8	Edi
10 P	NAC_PAYA_UBI_800601( NATI	DNAL ASSESSMENT CENTRE SERVICES) on G8 Ju n 2018 19:47	Photos		Normal	Photos 2018-6-8	Edi
	NAC_PAYA_UBI_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 08 July 2018 19:47	Photos		Normal	Photos 2018-6-8	Edi
	NAC_PAYA_UBI_BDD601( NATI	DNAL ASSESSMENT CENTRE SERVICES) on 08 July n 2018 19:47	Photos -		Normal	Photos 2018-6-8	Edi
U	NAC_PAYA_UBI_800601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 08 Ju n 2018 19:47	Photos		Normal	Photos 2018-6-8	Edi
سوا	NAC_PAYA_UBI_800601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 08 July 2018 19:47	Photos		Normal	Photos 2018-6-8	Edi
	NAC_PAYA_UBI_800601[ NAT]	MAL ASSESSMENT CENTRE SERVICES) on 06 July 0 2018 19:47	Photos		Normal	Protos 2018-6-8	Edi
Video List							
	Uploaded By/Date	Folder Date	File Name		9	Source	Action