r					
NATIONAL Assessment Contre	Services	(net i Jawos)			
Date In 05/07/18	Jeb description		Date &Time Completed	Done	by:
Ref No NA/INC/801232 4/13	SAS e-filing		1		
Veh No Gx65336	E-mail (within	Shrs, AIC 2hrs)			
DOA 03/07/18 1720	i-Motor Clair	m Form	:MT/1001844-	1001	
***************************************	i-Motor W/O			T	
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	Assessment/Su		1		
TP Insurer	l		to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No:	BAITOIS	INC ()/Non-INC()		
Owner / Driver: (Tel:)	10004
Policy No: () Peri	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (W	/O): N: 0-2	.0%; P: 21-79%. F: 80	-100%]	Salle Edwards
Year of Registration: () W	arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00	0 ()/\$2,000	()			
General Remarks:-		i, ii. Pu	ACK Stein School Land		
() Walk-In Customer: Customer's inform	nation strictly Cor	fidential & St	trictly NO refer of repairer		
() Total Loss Case : to e-mail Insurer	URGENTLY.		Commence of the same of the sa		
Drive-In ()/ Towed-In (); Invoice:		O();T	Towing Co. ()
				P*** S.	
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Done	.by
	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()			 	
3) Upload Resurvey Photo [Repair Cost > \$30	000])		1	
Injury:					##=##=##
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aimant's Particulars :-		2) DA : Damage	Assessment (\$100); INC (deposit and the second	
iver/Owner:		3) TF : Towing I 4) FT : Follow-T		\$120	
ontact No:		5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
		6) TR : Re-inspe	egainst INC Only (wef 10 Jan 20 ection	\$75	
maged Portion:		7) N1 : Idac DA	+ SMRT Survey	\$160	
Charles by (2 - 1 - C)		8) NTUC Additi	onal Services:-		
Checked by (Engr-In-Charge):	51	*N5: Courtesy *N6: Repair C	y Car / Tpt Allowance	\$5 510	
uditors' Comments :-	ZAR TOTALI	*N7: Post Rep	mir Inspection	\$25	
luttors Comments :-	TATE CALLS FOR		lect Excess Coordination (Non INC) against INC	\$5 \$20	12
12 P	*.	9) N12: Idae Mo	bile	30	
2/3:	No.	Invoice dated	Fee Charge Fee Charge		7 40
		moverice dated	1 86 CHULE		

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 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.

	ACCIDENT STATEMENT
Date Of Report	05/07/2018 09:19
Date Of Accident	03/07/2018 17:20
Exact Location Of Accident	304 UBI AVE 1 CARPARK LOADING BAY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX6533E
Insured/Policyholder	
Name Of Registered Owner	CCESS
Co Reg No	53292706X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96660090
Vehicle Particulars	
Manufacturer	SUZUKI
Model	CARRY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5084646985-01
Cover Note Number	
Driver	
Name of Driver	TOH TIAO LI
NRIC No	S9241728Z
Date Of Birth	05/11/1992
Occupation	INDOOR
Date Of Driving Pass	12/03/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96660090
Fax Number	
Contact Number	
EMail Address	TIAOLI.TOH@HOTMAIL.COM

BLK 87 CIRCUIT RD Address

#06-987

Postcode 370087

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

NO

2

NO

NO

: LIM SIEW GEK

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBA1721S

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)

Page 2 of 15

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBB9034J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

MOHAMED MUBURAK

S9423514F

98524058

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>.
- 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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

or Indiana

enoring Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

(If driver is not the policyholder) Date & Time: 05 07/208

NRIC/FIN No.:

NOTICE OF REPORTING

This is to confirm that <u>Toh Tiao Li</u>, H/P:<u>96660090</u> NRIC/FIN: <u>S9241728Z</u> has reported to the Police a non-injury traffic accident which occurred at <u>304 Ubi Avenue 1 Carpark Loading Bay</u> on <u>03/07/2018</u> at <u>1720hrs</u> involving the following vehicles:

A) GX6533E - Complainant's vehicle

On 3/7/2018 at about 1720hrs, complainant was reversing out of the loading bay when she hit a vehicle (GBB9034J) by the front passenger door. At the same time, a vehicle (GBA1721S) was trying to enter the loading bay and he hit her driver's headlight. Complainant wish to state that there were no police or ambulances involved. Complainant inform that no one suffered any injuries. Details of GBB9034J's particulars as follow: Mohamed Muburak, S9423514F, 98524058.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she
has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Daron Ho

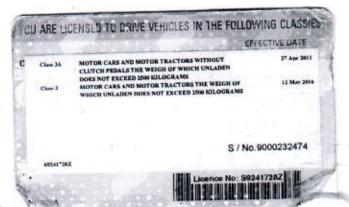
Date: <u>04/07/2018</u> Time: <u>2337hrs</u> S/D Ref: <u>eSD 256</u>

Police Post/Unit: Bishan NPC

Original - to be issued to informant Duplicate - to be submitted to Traffic Police









eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		THE RESERVE AND ADDRESS.		Andrew Williams	,	Change Lan	guage ,	Change Passwor	d + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Ac	cident	03/07	/2018 17:20	
	Vehicle	No.(For Motor)	GX6533E							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	13	5084646985- 01	CCESS	53292706X	GCV	Third Party, Fire & Theft	GX6533E	GX6533E	03/08/2017	02/08/2018
		980				Continue				

Claim Handling Accident MT/1001844

Policy No.								
	5084646985-01	Vehicle No.	GX6533E		GST Registration No.			
olicyholder Name	CCESS				Policyholder NRIC		53292706X	
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party, fire & Thef	t	Loading		0	
ontact No.(Mobile)	96660090	Contact No.(Office)	0		Contact No.(Home)		0	
mail Address		Special Remark			eCode		No *	
(FK	= No Yes	TCA	■ No ○ Yes		eCode Reason			
ICD Protection	No	NCD Entitlement(%)	10		Private Hire		No	
▽ Accident Details								
eport Date	05/07/2018 18:01	Accident Report Within 24 hrs	Yes		Accident Type		Side Swipe	
Date of Accident	03/07/2018	Time of Accident hh:mm	17:20		Country of Accident		Singapore	
	03/07/2010	Orange Force	.000000		ICM No.		303.0041	
Reporting Centre	TO A LOSS A LOS A CARDADON A CARDANG BAN	Grange Force			100 110			
ccident Location	304 UBI AVE 1 CARPARK LOADING BAY							
♥ Benefits								
♥ Excess		/ 33339/AVE/PROS			440-40-00-00-00-00-00-00-00-00-00-00-00-		1919-911	
own damage Excess	0.00	Additional Excess			Windscreen Excess		0.00	
Innamed Driver Excess		Outside Singapore OD Excess						
hird Party Excess	0.00	Outside Singapore TP Excess						
GST Registered Informa	ation							
ST Registered	No.		GST Registration					
ST Registration No.			GST Status Ver	filed	Yes			
Modification History								
→ Policyholder Mailing Ad	dress							
ddress 1	BLK 87 #06-987	Address 2	CIRCUIT ROAD		Address 3		MACPHERSO	ON OASIS
Address 4	SINGAPORE 370087	Address Type	Singapore address		Post Code		370087	
Joit No.	06-987	Related Policy Number	5084646985-01					
♥ OI Driver Info								
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver					
Innamed driver Name	TOH TEAO LE	Driver NRIC	S9241728Z		Driver DOB		05/11/1992	93
legister Date of Driver License	12/03/2016	Driver Age	25		Driving Experience		2	
Contact No.(Mobile)	96660090	Contact No.(Office)	0		Contact No.(Home)		0	
Address 1	BLK 87	Address 2	CIRCUIT ROAD		Address 3		MACPHERSO	ON CASIS
Address 4	SINGAPORE 370087	Address Type	Singapore address		Post Code		370087	
		Address Type	singapore address		Post Code		370087	
Jnit No.	#06-987							
Does he own a Singapore	Yes + No	Driver Vehicle No.			Driver Insurer Compa	any.		
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Driver Insurer Compa	any		
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	Yes + No 0 mg	Driver Vehicle No. Any injury?	○ Yes ☀ No		Driver Insurer Compa	any		
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claim Type * Contact No. (Mobile) Email Address Claim Print AK letter Attachment Accident No. Last Doc. Received	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	CCESS GX6533E Not at Fault Preferred Workshop, 1 Save Submit 001 05/0	7/2018 00:00 Category *	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Total Loss but Repair	orkshop ed Urgen	NIL GBA17215 Received 05/07/2018	8 00:00
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9 Description Uploaded By/Date Category Urgency Attachment 福田 木ご NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 18:09 NRIC/ Driving License 2018-7-5 NRIC/ Driving License Normal 40 et NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 1 SAS 2018-7-5 SAS NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 18:09 Photos 2018-7-5 Normal NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 18:09 Photos 2018-7-5 Photos NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 18:09 Photos 2018-7-5 Photos NAC_PAYA_UBI_BOOG01(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 18:08 Photos 2018-7-5 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 18:08 Photos 2018-7-5 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 18:08 Photos 2018-7-5 Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Photos 2018-7-5 Jul 2018 18:08 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05. Jul 2018 18:08 Photos 2018-7-5 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Photos 2018-7-5 Normal Jul 2018 18:08

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