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NATIONAL Assessment Centre Services Date In 10/08/2018 15:28 Jeb descrip		Omminical	0 1
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	Claim Form MT/106	1219-10	01.15/8/18
OD (1F) Reporting Only i-Motor V	V/O (Within: OD 2hrs, TP 4hrs)		
	t/Survey Report	-	
Ass't Bene	rt by Fax / Hand to Owner/Wksp		
- Assign WKsp / QW: (
TP Particulars: Yeh No: YN LU 3	Tel: 9 J. INC()/Non-INC	Fa	K:
		()	
Policy No. () Period: (Tcl:)
Confirmed by 1 (Date: Cover Type: ()
Insured/Driver Liability: (%) [Note-Est. State)
	(WO): N: 0-20%; P: 21-79%	P: 80-100	0%]
) Loading: \$1,000 ()/\$2.0	00(
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() Total Loss Case : to e-mail Insurer URGENTLY	confidential & Strictly NO rafer of	repairer.	
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Remarks: (INC horline: 6788:6616) 1) Apply for Transport Allowance () / Courtesy Car (Invoice Preparation Checklis 1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); 3) TF: Towing Fee 4) FT: Follow-Through Survey	INC (\$80) \$40/\$45	Anic(s) Anit (s)
Remarks: (INC horline: 6788:6616) 1) Apply for Transport Allowance () / Courtesy Car () QC Check / Post Repair Inspection () Upload Resurvey Photo [Repair Cost > \$3000] () Injury : Oute/Time Actions Disterior Actions Wer/Owner intact No:	Invoice Preparation Checklis 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey	INC (\$80) \$40/\$45 \$120	Anic(s) Anit (s)
Remarks: (INC horline: 6788:6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo [Repair Cost > \$3000] (Infury : Onte/Time Actions District Actions District Actions Actions	Invoice Preparation Checklis 1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); 3) TF: Towing Fee 4) FT: Follow-Through Survey	INC (\$80) \$40/\$45 \$120 () \$30 Llan 2005)	Anic(s) Anit (s)
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo [Repair Cost > \$3000] (Injury : Oute/Time Actions umant's Particulars: ver/Owner intact No: maged Portion:	Invoice Preparation Chricklis 1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); 3) TF: Towing Fes 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurve Ferglaiming against INC Only (wef 106) TR: Re-inspection 7) NI: Idau DA + SMRT Survey	INC (\$80) \$40/\$45 \$120	Anic(s) Anit (s)
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Remarks: (INC horline; 6788:6016) 1) Apply for Transport Allowance () / Courtesy Car () QC Check / Post Repair Inspection () () () () () () () () () (Date Time Con)))) 1 AR: Accident Reporting (\$30); 2) DA: Damege Assessment (\$100); 3) TF: Towing Fes 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection	INC (\$80) \$40/\$45 \$120 \$75 \$160 \$3 \$510	Anic(s) Anit (s)
Remarks: (INC horline; 6788:6016) 1) Apply for Transport Allowance () / Courtesy Car () QC Check / Post Repair Inspection () () () () () () () () () (Date Time Com)))) Involve Preparation Checklis 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); 3) TF: Towing Fes 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services: OD *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination *N8: DV / Collect Excess Coordination	INC (\$80) \$40/\$45 \$120 y) \$30 Lien 2005) \$160	Anic(s) Anit (s)
Remarks: (INC horline: 6788:6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo [Repair Cost > \$3000] (Injury : Onte/Time Actions annant's Particulars : iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge):	Date Time Con)))) 1 AR: Accident Reporting (\$30); 2) DA: Damege Assessment (\$100); 3) TF: Towing Fes 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection	INC (\$80) \$40/\$45 \$120 Y) \$30 Lien 2005) \$515 \$5160 \$53 \$510 \$525	Anic(s) Anit (s)

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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	10/08/2018 15:28
Date Of Accident	08/08/2018 15:20
Exact Location Of Accident	NEWTON CIRCUS ROUND ABOUT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX585U
Insured/Policyholder	
Name Of Registered Owner	ABJ PTE LTD
Co Reg No	200009785D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87488968
Alternative Phone No	OFFICE-87488968
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LITEACE 4DR
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO

If No, Please state action to be taken

Vehicle Category

THIRD PARTY

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

NO

Policy Number

5091581837-01

Cover Note Number

Driver

Name of Driver MUHAMMAD REZUAN BIN MARWAZI

NRIC No. S9021829H Date Of Birth 20/06/1990 Occupation OUTDOOR Date Of Driving Pass 22/02/2011

Driving Experience 7 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87488968

Fax Number

Contact Number OTHERS-87488968

EMail Address NOEMAIL Address

BLK 52 LORONG 6 TOA PAYOH

#01-30

Postcode

310052

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?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

ambulance?
Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YN6439J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

QIU YUNTING

NRIC/Passport Number

G2169581K

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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's Signature Date & Time:

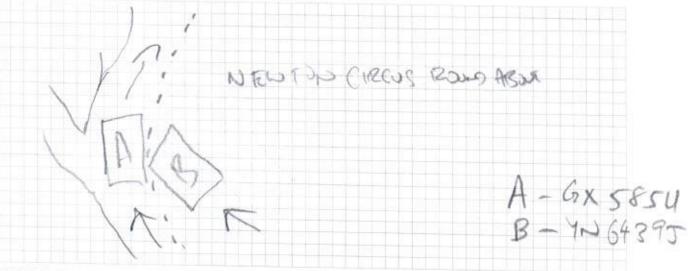
Driver's Signature/ (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE A WAS AT A	LEWIDH C	IRCUS 1	2am Asaī
PROCERDING STRAIGHT. VEHICLE B DAMAGE TO VEHICLE A.	REAR R	AGHT "	SIDE OF

DECLARATION

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 & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

GIARON DUMBHOUSENING OF

REPUBLIC OF SINGAPORE



Hame

MUHAMMAD REZUAN BIN MARWAZI

Tage

MALAY

20-06-1990

Country/Place of birth SINGAPORE ies Vi 10



5822759



MC No. S9021829H

Date of issue 14-10-2017

Address

APT BLK 52 LORONG 6 TOA PAYOH #01-30 SINGAPORE 310052 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 22 Feb 2011 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428/

Licence No:S9021829H

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80 My Desktop Notice of Loss		cy Query					→ Change	Languag	e • Chan	ge Password	+ Log Ou
Policy No.	No.(For Motor)	GX585	U			of Accident ficate Number		08/08/2018	15:20		
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091581837- 01		ABJ PTE LTD	200009785D	GCV	Third Party	GX585U	GX585U	16/07/2018	15/07/2019

 Policy Information 	9	Policy	Information
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Policy No.	5091581837-01	Policyholder	ABJ PTE LTD	Policyholder	2000007050
Certificate No.		Name	A STATE	NRIC	200009785D
Address	14 NEW INDUSTRIAL ROAD #02	-06 HUDSON	INDUSTRIAL BUILDING SINGAPO	DE 535303	
Product Name	COMMERCIAL VEHICLE INSURAL		STATE STATE STATE STATE OF THE	Group Policy Flag	N.
Policy issue Date	08/06/2018	Effective Date	16/07/2018 00:00	Expiry Date	15/07/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0	8865 854	
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	BIZFOLIO MOTOR TRADING	Agent Tel.	62444464	GST Flag	Y
Co- Insurance Flag	No				18
Open Policy Info					
Certificate Info					
	older Mailing Address				
Address 1	14 NEW INDUSTRIAL ROAD	Address 2	#02-06 HUDSON INDUSTRIAL E	Address 3	SINGAPORE 536203
Address 4		Address Type	Singapore address	Post Code	536203
Jnit No.		Related Policy Number	5082588319-02		
Insured	d Object: GX585U				
☑ Endorse	ements				
Sequenc	e Date of Endorsement	-	ment Type Endorsemen		

Claim Handling					
Accident MT/1007219					
Policy No.	5091581837-01	Vehicle No.	evene.	A CONTRACTOR OF THE PARTY OF TH	
Certificate No.		Control Hot	GX585U	GST Registration No.	
Policyholder Name	ABJ PTE LTD				
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	C WANTED WITH CO	Policyholder NRIC	200
Contact No.(Mobile)	87488968	Contact No.(Office)	Third Party	Loading	0
Email Address		Special Remark	0	Contact No.(Home)	0
KFK	● No ○ Yes	TCA	200	eCode	No
NCD Protection	No		● No ☐ Yes	eCode Reason	
Accident Details		NCD Entitlement(%)	10	Private Hire	No
Report Date	15/08/2018 09:44		200		
Date of Accident	08/08/2018	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Reporting Centre	35,05,2010	Time of Accident hh:mm	15:20	Country of Accident	Sing
Accident Location	NEWTON CIRCUS ROUND ABOUT	Orange Force		ICM No.	
▽ Benefits	NEW TON CINCUS KOUND ABOUT				
♥ Excess					
Own damage Excess					
Unnamed Driver Excess	0.00	Additional Excess		Windscreen Excess	0.00
		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
♥ GST Registered Information	01000				
GST Registered GST Registration No.	No		GST Registration Date		
Modification History			GST Status Verified	No	
Policyholder Mailing Ad Address 1	The angle of the second	CO20000 p.m			
Address 4	14 NEW INDUSTRIAL ROAD	Address 2	#02-06 HUDSON INDUSTRIAL E	Address 3	SIN
Unit No.		Address Type	Singapore address	Post Code	536
		Related Policy Number	5083063964-02		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD REZUAN BIN MARV	Driver NRIC	S9021829H	Driver DOB	20/
Register Date of Driver License		Driver Age	28	Driving Experience	7
Contact No.(Mobile)	87488968	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 52	Address 2	LORONG 6 TOA PAYOH	Address 3	5.6
Address 4		Address Type	Singapore address	Post Code	310
Unit No. Does he own a Singapore	#01-30				
Registered car?	○ Yes * No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ● No		
Modification History					
Claim 001 OD-MX New	h				
Claim Type •	ор-мх	Insured Name			
Contact No.(Mobile)	NIL	Contact No.(Home)	ABJ PTE LTD	Insured NRIC	200
Email Address	abjpest@starhub.net.sg	OI Vehicle Number	NIL	Contact No.(Office)	625
Claim Description	GX585U / YN6439J ON 8 Aug 2018	WA THINGS HUMBET	GX585U	TP Vehicle Number	YN6
Preferred Workshop Contact		-		Name of Preferred Workshop	
No.		Insured Liability •	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Reci
Date Registered	15/08/2018 09:53	Claim Close Date		Date Received	15/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
✓ Print AK letter				mediciones established	
lander 1		[Save Submit		
Attachment					
•					
Accident No.	MT/1007219		Claim No.	001	



https://giclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do