NATIONAL Assessment Co	entre Services	S. [wel 1 Jan'05] M	NA118117466		
Date In: 1/9/18-13:59	Job descrip	ption	Date &Time Completed	Done by	0.00
Res No: HA/ INC18-13970/74	SAS e-fil	ling			
Veh No: 12(7727 L	E-mail (v	within Shrs, AIC 2hrs)			4
D.O.A: 28/5/17-14:00	i-Motor	Claim Form	MT 1009 728 - 301	1/4/18 14:17	3
	i-Motor	W/O (Within: OD 2hr			-
OD / TP / Reporting Only	i-Photo	Uploaded			8 33
TD Insuran	Assessme	nt/Survey Report			
TP Insurer:	Ass't Rep	ort by Fax/Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	: (		Tel: F	ax:	
TP Particulars: Veh No:	14A9926V	. INC(	)/Non-INC( ).		
Owner / Driver: (			Tel:	)	- 10
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. State	us (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]	8
Year of Registration: (	) Warranty: YES	) ON \(	)		
	\$1,000()/\$2,				
General Remarks				Con Single	
( ) Walk-In Customer: Customer's	s information strictly	Confidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail In	surer URGENTI	.Y. ·			G 85
Drive-In ( )/ Towed-In ( ); In	voice: YES ( )	/ NO( );T	owing Co: (	. )	)
Remarks:- (INC hotline: 6788 661				PRESIDENT CONTRA	
		***************************************	Date&Time Completed	Men and Jone by	
	)/Courtesy Car (				
2) QC Check / Post Repair Inspection		)			_
3) Upload Resurvey Photo [Repair Cost	> \$3000] (	)			
Injury:					_
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Date/Time Actions			and the second second second	SE CONTRACTOR	_
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		Desired Services		CVNECTO SANCTON	. 54
NA1302368	3	Invoice Pre	paration Checklist	Control of the Section of the Sectio	it (\$) d Bil
aimant's Particulars :-		1) AR : Accident			- Inches
		2) DA : Damage 3) TF : Towing F	Assessment (\$100); INC (\$8	(5) /\$45	
river/Owner:		4) FT : Follow-T	hrough Survey	\$120	
ontact No:	100	5) FT : Follow-T	hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005	\$30	_
maged Portion:		6) TR : Re-inspec	etion	\$75	
imaged Fortion:		7) N1 : Idao DA 8) NTUC Additio		\$160	
2.61 1.11 60 1.61		OD*	onal Services		
Checked by (Engr-In-Charge):	3	*N5: Courtesy	Car / Tpt Allowance	\$10	
STATE OF THE STATE		*N6: Repair C	nir Inspection	\$25	
uditors' Comments :-			lect Excess Coordination	\$5 \$20	
<u>.1:</u>	10	9) N12: Idac Mo	(Non INC) against INC	30	Cong
2/3:		Invoice dated	Fee Charged	BEST 1757	172
	29	Invoice dated	Fee Charged	STATES	

# 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.

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.

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Date Of Report 01/09/2018 13:59
Date Of Accident 28/05/2018 14:00

Exact Location Of Accident 2 WOODLANDS SECTOR 1

Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number TRC7727L

Insured/Policyholder

Name Of Registered Owner MOVON SOLUTIONS PTE LTD

Co Reg No 200721485K
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-81012304

 Alternative Phone No
 OFFICE-81012304

Vehicle Particulars

Manufacturer SOONG WING T PTE LTD

Model LOWBED SKELETON TRAILER

Exact Purpose for which vehicle was being used at

time of accident

WORKING

NO

Are you claiming under your own insurance policy

for repair to your vehicle?

13520

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

Fleet Policy NO

Policy Number 5097812519

Cover Note Number

Driver

 Name of Driver
 TEO POH SENG

 NRIC No
 \$0681893E

 Date Of Birth
 15/10/1954

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/11/1979

Driving Experience 38 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92385059

Fax Number

Contact Number OFFICE-92385059

EMail Address NOEMAIL

Address BLK 218 TAMPINES STREET 24

#11-02

Postcode 520218

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

- 3

NO

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 2

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) 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

REFER TO STATEMENT.

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** 

SHA9926U

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver TAN SWEE PING

NRIC/Passport Number S1171748I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

No. Of Passenger (including Driver)

Passenger 1 NAME:

GENDER: :

2

#### 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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.
- 7. 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:
  - (i) 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
- 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.

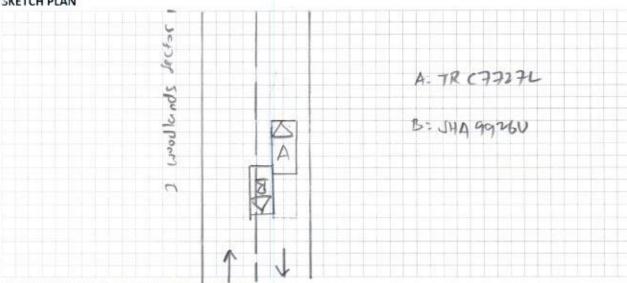
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to diagement.	

## 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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name: ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG 2 WOODLANDS SECTOR 1 FOR UNLOADING GOODS. VEHICLE B WAS TRAVELLING ALONG DRIVEWAY OF 2 WOODLANDS SECTOR 1 WHICH TOO CLOSE TO MY VEHICLE. IN A RESULT VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

# **ACCIDENT STATEMENT**

1. DETAILS OF VEHICLE				
a) VEHICLE NUMBER: TR (77	221			
b)INSURANCE COMPANY: N				
CIPOLICY NUMBER: 50978/251	The same of the sa			
		7		200 T. O. ODGOGO
d)POLICY TYPE: (COMPREHENSIVE	HIRD PAR	TY) / THIRD P	ARTY FIRE	&THEFT)
e)MAKE & MODEL:				UPINATONO III
f)TYPE:(SALOON / COUPE / MPV /	VAN / LORRY	//MOTORC	CYCLE / O	THERS)
g) VEHICLE CATEGORY: (PRIVATE /	COMMERCI	AL / MOTOR	CYCLE)	Œ
h) PURPOSE OF USING AT ACCIDEN	AI IIWE:	Mar 100	2	S.
I) ARE YOU CLAIMING UNDER YOUR IF NO, PLEASE STATE (THIRD PARTY	CLAIM (DE	CANCE (YES	100	
2. INSURED / POLICY HOLDER	CLAIM / RE	HORING O	NET	12
A)NAME: MOVON SINTON He	HU	<b>U</b>	ALE / FEA	44151
b)NRIC/FIN/PASSPORT: 2007714	The second liverage and the se		T: 81012	
c)ADDRESS:	~ _	_CONTAC	1.01018.	209 1011
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and a DINAME: Too Poh Jug		IM	ALF / FFM	(AIF)
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ding driver) DINRIC/FIN/PASSPORT: 5661  CIADDRESS: BIK 218 Tompines He	reef zy	CONTACT		
ding driver) DINRIC/FIN/PASSPORT: 5661  C)ADDRESS: BIK 218 Tompines de  *d)DATE OF BIRTH: (5)	954)(DD/N	CONTACT		
ding driver) DINRIC/FIN/PASSPORT: 5661  CIADDRESS: BIK 2/8 Tompines de  *d)DATE OF BIRTH: (5/10/1000CL)	9 4) (DD/N	CONTACT		
*d)DATE OF BIRTH: (   10 )  *d)OCCUPATION: (INDOOR / OUTDO	974)(DD/N	CONTACT	r:_9238	1059
*d)DATE OF BIRTH: ( To ) OF DOCCUPATION: (INDOOR / OUTDOOR)  4. WAS DRIVER AN EMPLOYEE OF T	MY)(DD/MOOR)	CONTACT	NY? (YES	1059
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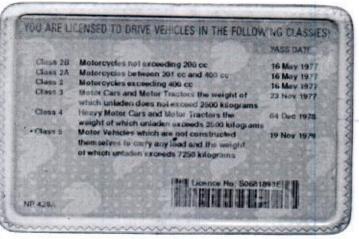
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	5097812519		MOVON SOLUTIONS PTE LTD	200721485K	GCV	Third Party	TRC7727L	TRC7727L	08/02/2018	07/02/2019
					Continue	1				



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Michael   Mic	Policy No.	5097812519	Vehicle No.	TRC7727L	GST Registration No.	
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