Date In: 12/9/18-17: 43	Jeb description	Č	Date &Time Completed	Done	by
Ref No: NA INCIPOLOTISTY	SAS e-filing				
Veh No: hwsyth	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 12/9/18-17:33	i-Motor Clai		M1/1011267-001	izialis	ינ
	i-Motor W/O	(Within: OD 2hr	s, TP 4hrs)		
OD : TP Reporting Only	i-Photo Uplo				
28.3	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		•
Preferred Wksp / INC Assign Wksp / QW: (			Tel: F	ax:	
TP Particulars: Veh No: 16	26386A .	. INC(	)/Non-INC( )	***	
Owner / Driver: (	V		Tel:	)	
Policy No: ( ) P	Period: (	)	Cover Type: (	) .	
Confirmed by : (		Date:	Time:	)	11150
Insured/Driver Liability: ( %)	[Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 30-1	100%]	_
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,		( )			
General Remarks;				100	
( ) Walk-In Customer : Customer's inf	formation strictly Cor	nfidential & Str	ictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.	X1	The second second		
Drive-In ( )/ Towed-In ( ); Invoice		10 / \ T			
	ce: YES ( ) / N	0 ( ); 1	owing Co: (		
		10( );1	3	ry as New York	27
Remarks: (INC horline: 6788 6616)		0 ( );1	Date&Time Complet 34	Done	by
Remarks: (INC horline: 6788 6616)		)	3	Done	b
Remarks: (INC horline: 6788 6616)	200	)	3	Done	jb:
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/	Courtesy Car (	)	3	Done	b
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car (	)	3	Done	b
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	Courtesy Car (	)	3	Done	b
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Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date Time Actions  NA 18013 7	Courtesy Car (	) Invoice Pre	Date&Time Completed		
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	Courtesy Car (	Invoice Pres	Date&Timb Completed  Daration Checklist:  Reporting (\$30);  Assessment (\$100); INC (\$60)	Ant (S) fit Bill	
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions	Courtesy Car (	Invoice Prej 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti	Date&Time Completed  Date&Time	Ant (S), fit Bill 80) 0/\$45 \$120	
Remarks: (INC hofline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions  NA 18013 **  Claimant's Particulars:	Courtesy Car (	Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti	Date&Time Completed  Date&Time	Anit (\$) fit Bill 80) 9/\$45 \$120 \$30	
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date Time Actions  Actions  Claimant's Particulars:  Contact No:	Courtesy Car (	Invoice Pres  1) AR: Accident  2) DA: Damage  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  6) TR: Re-inspec	Date&Time Completed  Date&Time Completed  Reporting (\$30); Assessment (\$100); INC (\$60); Reporting Survey  Brough Survey (Resurvey)  Rejust INC Only (wef 10 Jan 2005)  tion	Ant(S), fitBill 30) 0/\$45 \$120 \$30	
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions  NA Form.  Claimant's Particulars:	Courtesy Car (	Invoice Prej 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA	Date&Time Completed  Date&Time	Ant((\$)) fit Bill 30) 0/\$45 \$120 \$30	
Remarks: (INC hofline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions  Claimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	Courtesy Car (	Invoice Pres  1) AR: Accident  2) DA: Damage  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  6) TR: Re-inspec	Date&Time Completed  Date&Time	Ant((\$)) fit Bill 30) 0/\$45 \$120 \$30 0) \$75 \$160	
Remarks: (INC hoffine: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions  Claimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	Courtesy Car (	Invoice Prej  Invoice Prej  I) AR: Accident  2) DA: Damage  3) TF: Towing F  4) FT: Follow-Ti  For claiming 4  6) TR: Re-inspec  7) N1: Idac DA  8) NTUC Additio  OD:  *NS: Courtesy	Date&Timb Completed  Date&Timb Completed  Date&Timb Completed  Date&Timb Completed  Date&Timb Completed  Date&Timb Completed  Reporting (\$30);  Assessment (\$100); INC (\$80);  Date of the complete of the com	Ant((\$)) fit Bill 30) 2/\$45 \$120 \$30 )) \$75 \$160	
Remarks: (INC hofline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions  Claimant's Particulars:  Oriver/Owner:  Contact No:  Oamaged Portion:  C Checked by (Engr-In-Charge):	Courtesy Car (	Invoice Prej  1) AR: Accident  2) DA: Damage  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  For claiming at  6) TR: Re-inspec  7) N1: Idae DA  8) NTUC Additio  OD  *N5: Courtesy  *N6: Repair Co  *N7: Fost Repair	Date&Time Completed  Date Completed  Date&Time Comp	30) 30) 30) 30/\$45 \$120 \$30 30 \$15 \$100 \$25	
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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

12/09/2018 17:43

Date Of Accident

12/09/2018 15:00

Exact Location Of Accident

JUNC MANDAI RD & BKE (PIE)

Country/State of Loss

SINGAPORE

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

GW5456G

Insured/Policyholder

Name Of Registered Owner

NEO & GOH CONSTRUCTION PTE LTD

Co Reg No

199104895W

Email Address

NOEMAIL

Mobile Phone No

Alternative Phone No.

OFFICE-67432338

**Vehicle Particulars** 

Manufacturer

NISSAN

Model

CABSTAR

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

THIRD PARTY

Fleet Policy

NO

Policy Number

5044627513-08

Cover Note Number

Driver

Name of Driver SUBRAMANIAN VEERASELVAM

 Passport No/FIN
 G2387013X

 Date Of Birth
 24/04/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 11/05/2018

Driving Experience 0 YEAR AND 4 MONTH

Gender

MALE

Mobile Number

(LOCAL) +65-90838032

Fax Number

Contact Number OFFICE-90838032

EMail Address

NOEMAIL

Address

10 UBI CRESCENT #07-83 UBI TECHPARK

Postcode

408564

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

2

Insurance Company of Driver's Own Vehicle

-

# General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

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.

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, AS TRAFFIC JUNCTION WAS GREEN SIGNAL ARROW IN FAVOR, I MAKE A RIGHT TURN TWDS BKE (PIE). SUDDENLY VEHICLE B COMING FROM OPP DIRECTION OF MANDAI RD AND HIT ONTO MY VEHICLE LEFT 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

SGQ6386A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TANG SEE HONG

NRIC/Passport Number

S1616206Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:

Reporting Centre Personnel's S

Name:

NRIC/FIN No.:

# BEE A: GWJV36G B: JGQ 6386A DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Statement.

# peter jo senjemenj.

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)

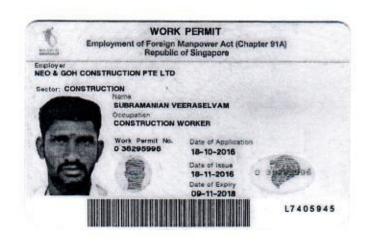
Date & Time:

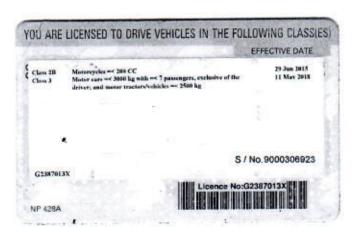
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		CH POINT IN COMME	** HEROTECHIC SAME	A PROPERTY OF THE PARTY OF THE		· Change	Language	+ Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date o	f Accident	1	2/09/2018 1	5:00	
	Vehicle	No.(For Motor)	GW545	66G		Certific	cate Number				
					9	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5044627513- 08		NEO & GOH CONSTRUCTION PTE LTD	199104895W	GCV	Third Party	GW5456G	GW5456G	07/08/2018	31/07/2019
				12540/8/6	C	ontinue					

Policy No.	5044627513-08	Policyholder Name	NEO & GOH	CONSTRUCTION PT	Policyholder NRIC	199104895W	
Certificate No.							
Address	10 UBI CRESCENT #07-83 UBI T	ECHPARK SI	NGAPORE 408	3564			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	23/07/2018	Effective Date	07/08/2018	00:00	Expiry Date	31/07/2019 23	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	VICTOR MOTOR CREDIT PTE LTI	Agent Tel.	68582020		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Policy	A THE PARTY OF THE						
Athena di Barra di	10 UBI CRESCENT	Addi	ress 2	#07-83 UBI TECHP	ARK	Address 3	SINGAPORE 408564
Address 1			ess 2 ess Type	#07-83 UBI TECHP	ARK	Address 3 Post Code	SINGAPORE 408564 408564
Policy Address 1 Address 4 Unit No.		Add	ress Type ted Policy		ARK	ANDERWORKS HEE	MONEY CLOSE OF A
Address 1 Address 4 Unit No.		Addi	ress Type ted Policy	Singapore address	ARK	ANDERWORKS HEE	MONEY CARRIED
Address 1 Address 4 Unit No.	10 UBI CRESCENT ed Object: GW5456G	Addi	ress Type ted Policy	Singapore address	YARK	ANDERWORKS HEE	MONEY CLOSE OF A

laim Handling					
ccident HT/1011267	125. (1909 An Acol.) 6. (1	CAVRE CONTROL	USVERSORES.	Galactic personners	
alicy No.	5044627513-08	Vehicle No.	GW5456G	GST Registration No.	
ertificate No.					
olicyholder Name	NEO & GOH CONSTRUCTION PTE LTD			Policyholder NRIC	199104895W
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	67432338	Contact No.(Home)	0
mair Address		Special Remark		eCode	NC V
FK.	® No ○Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	20	Private Hire	No
♥ Accident Details					
eport Date	12/09/2010 20:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
		Time of Accident hh:mm	15:00	Country of Accident	Singapore
ate of Accident	12/09/2018		15:00	ICM No.	•
eporting Centre		Orange Force		Dan't rea	
ccident Location	JUNC MANOAI RO & BKE (PIE)				
W Excess				CONTRACTOR STORY	620
wn damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
nnamed Driver Excess		Outside Singapore OD Excess			
hird Party Excess	0.00	Outside Singapore TP Excess			
♥ Senefits					
ST Registered Informa	ation				
ST Registered	No.		GST Registration Date		
ST Registration No.			GST Status Verified	No	
todification History					
Policyholder Mailing Ad				Address 3	SINGAPORE 408564
Address 1	10 UBI CRESCENT	Address 2	#07-83 UBI TECHPARK		
Iddress 4		Address Type	Singapore address	Poet Code	408564
Init No.		Related Policy Number	5102975632		
♥ QI Driver Info					
triver Name	Unnamed Driver	Oriver Type	Unnamed Driver	700703420109	101111111
mnamed driver Name	SUBRAMANIAN VEERASELVAM	Driver NRIC	G2387013X	Driver DOB	24/04/1991
egister Date of Driver License	11/05/2018	Driver Age	27	Driving Experience	0
Contact No. (Mobile)	90838032	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	10 UBI CRESCENT	Address 2	UBI TECHPARK	Address 3	SINGAPORE 408564
uddress 4		Address Type	Singapore address	Post Code	408564
Anit No.	07-83				
oes he own a Singapore	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
tegistered car?					
eclaration					
sreathalyser or Blood Test leading?	0 =g	Any injury?	○ Yes ® No		
dealing.					
A SECURIT SECURIT					
fedification History					
Claim 001 New					
		Lancing House	NEO & GON CONSTRUCTION PT	Insured NRIC	199104895W
Daim Type *	OD-MX	Insured Name			67432338
Contact No.(Mobile)		Contact No.(Home)	62848901	Contact No.(Office)	
mail Address	ADMININGNEOGOHCONST.COM.S	Of Vehicle Number	GW5456G	TP Vehicle Number	5GQ6386A
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
Claimant Name *	25	Clamant NRIC *		40	
Claimant Address		Maria Section			
Daim Description	GW5456G / SGQ6386A ON 12 Sept 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		Company of the Compan
Require Finalisation	Yes 💙	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/09/2018 20:18	Claim Close Date		Date Received	12/09/2018 00:00
Report Taken By	Sackson				
Print AK letter					
			Save Submit		
Attachment					
•					
Accident No.	MT/1011267	Claim No.	001		
Last Doc. Received	® Yes ○ No	Upload Date	12/09/2018 20:18		
	Path •		Category *	Confidential Urger	cy * Description *
		Brows	e Clear Please Select	Normal V	V
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		Brows	The second secon	V NO V Normal	
		Brows	The sense	- Indian	

12/9/2018

