NATIONAL Assessment Centr				
THE PROPERTY OF THE PROPERTY O	e Services.   puet 1 Janoos M	4 Ans 12 1422		
Date In: [0]0/18-11:75	Job description	Date & Time Completed	Don	c by
Res No: NA INC 18017096124	SAS e-filing			
Veh No: GDB GANSS	E-mail (within Shrs, AIC 2hrs)	T		13
D.O.A: 15/9/18 - 08:40	i-Motor Claim Form	100 8416 101 /LW	19/9/18	12:30
Access to the second se	i-Motor W/O (Within: OD 2h)		1.1.0	14. 70
OD (TP)' Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	1.0		
Preferred Wksp / INC Assign Wksp / QW: (	Ass t Report by Pax / Hand			
TP Particulars: Veh No: LE 76	any nio		ix:	27 18 -
Owner / Driver: (	INC (			
	iod: (	Tel:		
Confirmed by : (		Cover Type: (		
	Date:	Time:	,	
	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	00%]	
Excess: (\$ ) Loading: \$1,00	Varranty: YES ( )/NO (	)		
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( ) Walk-In Customer: Customer's inform		rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer	r URGENTLY.	* 02 / J		
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/NO( );T	owing Co: (	114 	)
Remarks: (INC hotline: 6788 6616)		A	Done	H
	ourtesy Car ( )	Date&Time Completed	LIJORO	ру
	ourtesy Car ( )			
A LUCE L. DECK / POST Remain Inchection	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$30	( )			
3) Upload Resurvey Photo [Repair Cost > \$30	( )			
	( )			
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3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions				Africo
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Invoice Prep	aration Checklist.	Ant (5)	The Tally or
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Invoice Prep	aration Checklist	Ant (5)	The Tally or
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# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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 ladgement 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	19/09/2018 11:55
Date Of Accident	19/09/2018 08:40
Exact Location Of Accident	SLIP RD BRADDELL RD TWDS TOA PAYOH LOR 6
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB6425J
Insured/Policyholder	
Name Of Registered Owner	CSE-ITS PTE LTD
Co Reg No	199507077C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65120333
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 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	5076525646-02
Cover Note Number	
Driver	
Name of Driver	FOO FANG BOO
NRIC No	S0167961I
Date Of Birth	23/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	10/07/1974
Driving Experience	44 YEARS AND 2 MONTHS

(LOCAL) +65-91113045

OFFICE-91113045

MALE

NOEMAIL

BLK 6B HOUGANG STREET 11 Address

#13-18

Postcode 534083

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? 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) 2

Passenger 1

NAME: GENDER:

: MALE

#### **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, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE OF BRADDELL RD AS THERE WAS INCOMING TRAFFIC ALONG MAIN RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR 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

SLE7620X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

RIBELLES ENTRENA LUIS MARIA

NRIC/Passport Number

G3335243W

Contact Number

91707562

Address

Postcode

Insurance Company Name

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

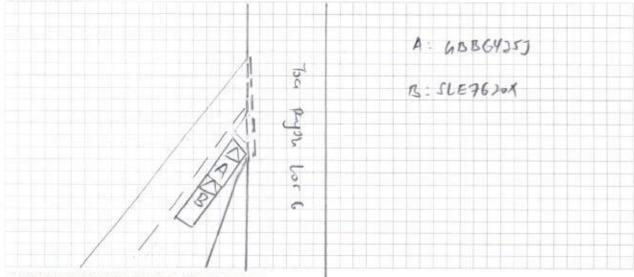
Policyholder's Signature

Date & Time:

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pelps to statement.

# DECLARATION

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

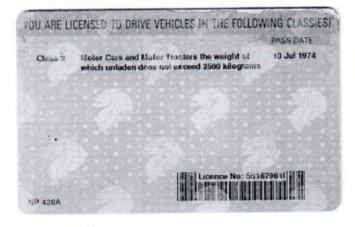
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personner's Signature Name:

NRIC/FIN No.:

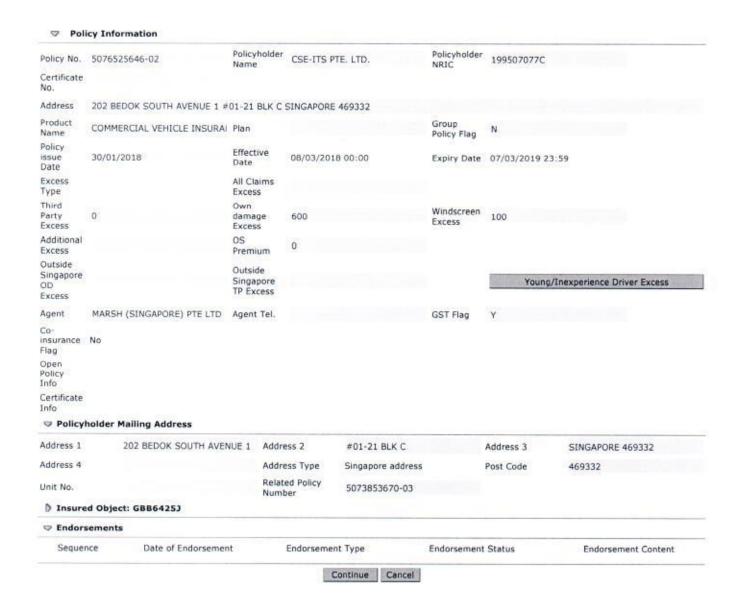








<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change Li	anguage	• Change	e Password	, Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date	of Accident	19	09/2018 08	3:40	
	Vehicle	No.(For Motor)	G8864	253		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5076525646- 02		CSE-ITS PTE. LTD.	1995070770	GCV	Comprehensive	GBB64251	GB864253	08/03/2018	07/03/2019
				Chrychi		Continue	J				



cident MT/1012178					
icy No.	5076525646-02	Vehicle No.	G8864253	GST Registration No.	
tificate No.					
cyholder Name	CSE-ITS PTE, LTD.			Policyholder NRIC	199507077C
duct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
ntact No. (Mobile)	0	Contact No. (Office)	65120333	Contact No. (Home)	0
nali Address		Special Remark		eCode	fit v
K	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	N. Santara
D Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details		1,000			
port Date	19/09/2018 17:28	Accident Report Within 24 hrs.	Vac	Acodent Type	Collision - Head to Rear
te of Accident	19/09/2018	Time of Accident hh:mm	08:40	Country of Accident	Singapore
porting Centre		Orange Force		1CM No.	
Excess	SLIP RD BRADDELL RD TWDS TOA PAYON I	OH 0			
	72222	212201000000		000000000000000000000000000000000000000	6005009
n damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
		Outside Singapore OD Excess			
rd Party Excess Panefits	0.00	Outside Singapore TP Excess			
GST Registered Informu Registered			1222112000200		
T Registration No.	No		GST Registration Date GST Status Verified	No	
dification History			GOT DOLLAR VEHICLE	180	
0.000					
Policyholder Mailing Ad	dress				
dress 1	202 BEDOK SOUTH AVENUE 1	Address 2	#01-21 BLK C	Address 3	SINGAPORE 469332
idress 4		Address Type	Singapore address	Post Code	469332
it No.		Related Policy Number	5073853670-03		******
OI Driver Info		manager and manager	301303210-02		
ver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
named driver Name	POG PANG BOG	Driver NRIC	501679611	Oriver DOS	23/01/1954
gister Date of Driver License		Driver Age	64	Driving Experience	44
ntact No.(Mobile)	91113045	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	68 HOUGANG STREET 11	Address 2	THE MINTON	Address 3	SINGAPORE 534083
idress 4	Entitle Melani Awariesan (185)	Address Type	Singapore address	Post Code	534083
It No.	13-18	AGG CES 1196	Children Commence	LES AUGUS	234003
oes he own a Singapore		ALCO COMPANION DE LA COLO		***************************************	
	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
gistered car?					
claration eathalyser or Blood Test		Any Intury?	○ Yest ● No		
claration eathalyser or Blood Test	0 mg	Any Injury?	○ Yes <b>®</b> No		
rgistered car? claration reathalyser or Blood Test reading?		Any Injury?	○ Yes <b>®</b> No		
ciaration eathalyser or Blood Test auting?		Any injury?	○ Yes <b>®</b> No		
iaration athalyser or Blood Test iding?		Any Injury?	○ Yes <b>®</b> No		
daration nathalyser or Blood Test using?		Any Injury?	○ Yes <b>®</b> No		
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claration estinal/ser or Blood Test acting?  dification History  Claim 001   New		Insured Name	○ Yes   No  CSE-ITS PTE: LTD.	Insured NRIC	199507077C
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claration cathalyser or Blood Test ading?  Inflication History  Claim 001 New  Inflication History  Inflication History  Claim 001 New  Inflication History	0 mg  OD-MX  Please Select  ≥≥  G8864251 / SLE7620X ON 19 Sept 2018	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	CSE-ITS PTE, LTO.  [68664253]	Centact No. (Office) TP Vehicle Number	65120933
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Intration History  Liting 10 Mew  Li	0 mg  OD-MX  Please Select  ≥≥  G8864251 / SLE7620X ON 39 Sept 2018  Yes	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option	CSE-ITS PTE: LTO. G8864253 Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	65120933 S1E7620X
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