NATIONAL Assessment Centr	e Services.   wet 1	Janosim NA 11812	1375	hi.	
Date In: 22/11/15-14:00	Jeb description		&Time Completed	Doi	ie by
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Veh No: 6W 4104D	E-mail (within Shrs, A	AIC 2hrs)			4
D.O.A : 27/11/18-17:00	i-Motor Claim Fo	orm [Ma]	1020875-002	22/11/18	18:16
	i-Motor W/O (with	hin: OD 2hrs, TP 4hrs			-
OD / TP / Reporting Only	i-Photo Uploaded				
TD	Assessment/Survey				
TP Insurer:	Ass't Report by Fax	Section at	r/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:		ax:	
TP Particulars: Veh Nowhy	69'2V		on-INC( )		
Owner / Driver: (	01-	Tel:	on 11.0 ( ).	)	
Policy No: ( ) Per	iod: (		Type: (	· · · )	
Confirmed by : (	Da		Time:	)	
Insured/Driver Liability: ( %) [N	Note-Est. Status (WO):	N: 0-20%; P:	21-79%. P: 80-1	00%]	
		NO( )	HULLIAN HILL		
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( ) Total Loss Case : to e-mail Insure	r URGENTLY.		4.4	ALCOHOL: STATE	(C)(C)
Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / NO (	) ; Towing (	Co: ( , '		)
Remarks: (INC hotline: 6788 6616)			Time Completed	Don	SEE
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2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost > \$30	000] ( )				
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Mobile Number

Contact Number EMail Address

Fax Number

- 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 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.
- 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.
- 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.

Mark State and State Sta	ACCIDENT STATEMENT
Date Of Report	22/11/2018 14:02
Date Of Accident	21/11/2018 12:00
Exact Location Of Accident	TAMPINES AVE 7 BEFORE JUNC TAMPINES AVE 2
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GW4104D
Insured/Policyholder	
Name Of Registered Owner	GEK HO PTE LTD
Co Reg No	201224357R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63423239
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 D
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	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	5090660955-01
Cover Note Number	
Driver	
Name of Driver	XIAO SILIANG
Passport No/FIN	G5037750X
Date Of Birth	20/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	11/08/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE

(LOCAL) +65-94519758

OFFICE-94519758

NOEMAIL

Address

3016 UBI ROAD 1

#02-147 KAMPONG UBI INDUSTRIAL ESTATE

Postcode

408706

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

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 2

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.

NO

Number of Passengers (Including Driver)

4

**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, I WAS TRAVELLING ALONG STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND 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

SGN4692U

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LIM ZHEN JIE EDDY

NRIC/Passport Number

S8402855Z

Contact Number

82002185

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### 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
- (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.
- 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

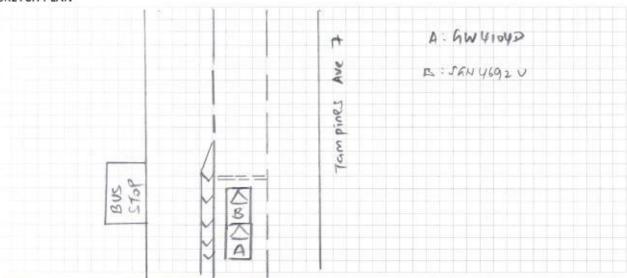
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Hoyement.		
		-15	
			=

# DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Sig<del>nature<sup>1</sup></del> (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE Motor cars -< 3000 kg with -< 7 passengers, exclusive of the driver, and motor tracocratchicles -< 2500 kg

11 Aug 2017

NP 428A

S / No.9000301839

Licence No:G5037750X

VISIT PASS

Immigration Regulations

17-05-2016

Name XIAO SILIANG

FIR G5037750X

Date of Birth 20-09-1977

CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURBENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



<b>eBao</b> Tech			GeneralClaim								
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	Log Out
My Desktop	Poli	Policy Query									
Notice of Loss	Policy 1	No.				Date	of Accident	2	1/11/2018	12:00	
	Vehicle No.(For Motor) GW4104D			14D	Certificate Number						
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090660955- 01		GEK HO PTE	201224357R	GCV	Third Party, Fire & Theft	GW4104D	GW4104D	01/05/2018	30/04/2019
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Accident MT/1020875					
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tact No.(Mobile)	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party, Fire & Theft	Loading	0
	NA	Contact No.(Office)		Contact No.(Home)	
# Address		Special Remark		eCode	10.00
	No ○ Yes	TCA	® No ○ Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	15	Private Hire	No
Accident Details					
ort Date	22/11/2018 10:13	Acadent Report Within 24 hrs	Yes	Accident Type	Unknown
of Acadent	21/11/2018	Time of Accident hh:mm	12:05	Country of Accident	
orting Centre		Orange Force	49405	ICM No.	Singapore
dent Location	ALONG TAMPINES AVE 7			TOTA NO.	
Excess					
damage Excess	0.00	Additional Excess		10 mm 170 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1	094 9991
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Registration No.	ND .		GST Registration Date		
fication History			GST Status Verified	No	
Policyholder Mailing Ar	ddress				
ress I	BLK 3016 #02-147	Assess A	Name 2000		
vess 4		Address 2	UBI ROAD 1	Address 3	SINGAPORE 408706
No.	02-147	Address Type	Simpapore address	Post Code	408706
OI Driver Info	02-14-7	Related Policy Number	5100995080		
er Name					
amed driver Name		Driver Type			
ster Date of Driver License		Driver NRIC		Driver DOB	
	*	Driver Age		Driving Experience	
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(055.1		Address 2		Address 3	
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is he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
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