		HA11815415	
Date In: 28 11/18-14:08	Jeb description	Date & Time Completed	Done by
Ref No: NA INCROZY62/24	SAS e-filing		
Veh No: GBH 9414P	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 29/11/18-15: Jo	i-Motor Claim Form	M7 102 17 37 -00 1	18/11/18 14:71
	i-Motor W/O (Within: OD 2ht		
OD ! TP ! Reporting Only	i-Photo Uploaded		
-	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No:x10	inc (	)/Non-INC()	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )		
General Remarks:-			
( ) Walk-In Customer : Customer's in			March 1217 Car
Control of the contro		nicity 140 Taler of repairer.	
( ) Total Loss Case : to e-mail Insu		The state of	
Drive-In ( )/ Towed-In ( ); Invo	ice: YES ( ) / NO ( ); T	owing Co: (	, )
temarks:- (INC horline: 6788 6616)	Contraction to the second second	3	erfatti sengar menere
The state of the s		Date& Tarrie Completed	Done by
1 Apply for Trance art Allowermen			
	/ Courtesy Car ( )		
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2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection  B) Upload Resurvey Photo [Repair Cost > Injury:	( ) \$3000] ( )		
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Date/Time Actions	Invoice Product   1	Reporting (\$30); Assessment (\$100); INC (\$80); See \$400; Assessment (\$100); INC (\$80); Assessment (\$100); INC (\$100); Assessment (\$100); Assessm	Anit (5) Amit (5) Amit (5) Amit (5) Add E  (5) Anit (5) Amit (5) Amit (6) Add E  (5) Anit (5) Amit (6)

# 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 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.
- 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

<b>建设</b> 证据的表现的。	ACCIDENT STATEMENT
Date Of Report	28/11/2018 14:08
Date Of Accident	27/11/2018 15:50
Exact Location Of Accident	PIE (CHANGI) BEFORE STEVENS RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH9414P
Insured/Policyholder	

Name Of Registered Owner PLUSONE ASIA PTE LTD

Co Reg No 200207829Z Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-68421238

Vehicle Particulars

Manufacturer ISUZU

Model NHR87AUE4AA MT

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?

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 COMPREHENSIVE

Fleet Policy NO

Policy Number 5105343927

Cover Note Number

Driver

Name of Driver TAN BENG SENG NRIC No. S1568793B Date Of Birth 20/12/1962 Occupation OUTDOOR Date Of Driving Pass 14/02/1997

Driving Experience 21 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96216019

Fax Number

Contact Number OFFICE-96216019

EMail Address NOEMAIL

BLK 196 PASIR RIS STREET 12 Address

#09-100

Postcode 510196

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1

YES

NO

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE, I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. AFTER AN IMPACT, I REALIZE THAT THERE WERE 3 VEHICLES INVOLVED IN AN ACCIDENT.

#### 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 XB9980S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver SUBBIAH PANDI CHOKKANARAYANAN

NRIC/Passport Number G5440150M

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

GT5393U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

WONG SIEW KOK

NRIC/Passport Number

S1364363F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

# DETAILS OF INJURED PERSON 1

Name

TAN BENG SENG

Approximate Age

Injuries Sustain

HEAD

Injured person in which vehicle?

GBH9414P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

### SKETCH PLAN

## **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 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:

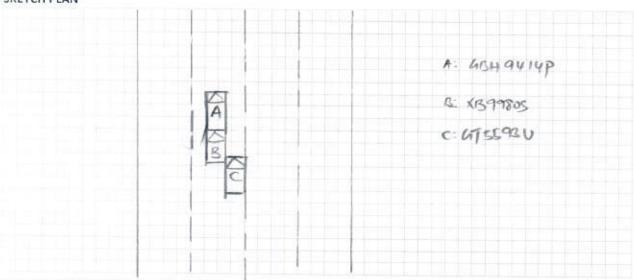
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Date & Time:

Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	100000	And the Checkerson		
refer f.	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 Personnel's Signature

Name: NRIC/FIN No.:

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1568793B





Name

TAN BENG SENG



CHINESE Date of birth

Sex

20-12-1962 CountryPtace of Birth SINGAPORE





5880847

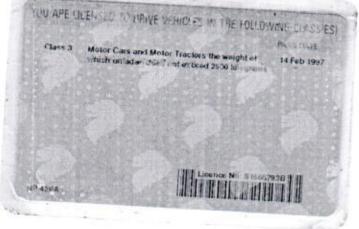


FIC No. S1568793B

28-02-2018

APT BLK 196 PASIR RIS STREET 12 #D9-100 SINGAPORE 510196

10196



					AL SUR			Genera	alClaim
01				The same of the sa	+ Chang	e Languag	e • Chan	ge Password	· Log Ou
Policy Query									5
Policy No.				Date	of Accident		27/11/2018	15:50	
Vehicle No.(For Motor)		GBH9414P		Certificate Number		2			
				Search					
Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O 5105343927		PLUSONE ASIA PTE LTD	2002078292	GCV	Preferred Workshop Plan	GBH9414	Virtual Insured	09/11/2018	08/11/2019
	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query  Policy No.  Vehicle No. (For Motor)  GBH9  Select Policy No.  Certificate Number	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No.  Certificate Number Name  PLUSONE	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No.  Certificate Number Name Policyholder Name  PLUSONE 2003032202	Policy Query  Policy No.  Vehicle No. (For Motor)  GBH9414P  Cert Search  Select Policy No.  Certificate Name Policyholder NRIC  PLUSONE 2002078387 GCV	Policy Query  Policy No. Date of Accident  Certificate Number  Search  Select Policy No. Certificate Number Name NRIC Product Cover Type  PLUSONE ASIA PTE LTD 2002078292 GCV Workshop	Policy Query  Policy No. Date of Accident  Vehicle No. (For Motor) GBH9414P Certificate Number  Search  Select Policy No. Certificate Number NRIC Product Cover Type No. No. NRIC Preferred No. PLUSONE ASIA PTE LTD 2002078292 GCV Workshop GBH9414F	Policy Query  Policy No. Date of Accident 27/11/2018  Vehicle No. (For Motor) GBH9414P Certificate Number  Search  Select Policy No. Certificate Number NRIC Product Cover Type No. Object  PLUSONE NAME POLICY NO. Preferred Workshop GBH9414P Virtual No. Object No. O	Policy Query  Policy No. Date of Accident 27/11/2018 15:50  Vehicle No. (For Motor) GBH9414P Certificate Number  Search  Select Policy No. Certificate Number NRIC Product Cover Type Vehicle Insured Commence Date  PLUSONE Name NRIC Preferred Workshop GBH9414P Virtual 09/11/2018  ASIA PTE LTD 2002078292 GCV Workshop GBH9414P Virtual 09/11/2018

Policy No.	5105343927	Policyholder Name	PLUSONE A	SIA PTE LTD	Policyholder NRIC	200207829	Z
Certificate lo.		Nume			WKIC.		
ddress	70 UBI CRESCENT ##01-09 SI	NGAPORE 408	3570				
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	08/11/2018	Effective Date	09/11/2018	3 00:00	Expiry Date	08/11/2019	23:59
xcess Type		All Claims Excess					
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
dditional xcess		OS Premium	1964.96				
outside Singapore SD xcess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
\gent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Y	
0=							
	No						
lag Open Policy	No						
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Address 1 Address 4 Unit No.	#01-09 d Object: Virtual Insured	Addre Relat Numl	ess Type ed Policy	Singapore address 5105343927		Post Code	
lag pen olicy nfo certificate nfo Policyh ddress 1 ddress 4 nit No. Insure Endors	#01-09 d Object: Virtual Insured	Addri Relat Numl	ess Type ed Policy ber	Singapore address 5105343927 t Type		Post Code Status	408570

Claim Handling The premium on this policy has	and been referred				
Accident HT/1021737	THE DECY CONCOUNT.				
Policy No.	5105343927	Vehicle No.	GBH9414P	GST Registration No.	2002078292
Certificate No.					
Policyholder Name	PLUGONE ASTA PTE LTD			Policyhalder NR3C	2002078292
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Professed Workshop Plan	Loading	0
Contact No. (Mobile)	0	Contact No.(Office)	68421236	Contact No.(Home)	0
Email Address		Special Remark		erCocke	T-V
KFK	® No ○ ves	TCA	® No ○ Yes	eCode Reason	
NGD Protection	No	NCD Entitlement(%)	0	Private Hins	No
Accident Details					
Report Dave	28/11/2018 14:49	Accident Report Within 24 hrs	Yes	Acodent Type	Chain Collision
2ate of Acodesi.	27/11/2018	Time of Accident hhimm	15:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGE) BEFORE STEVENS RO EXIT				
7 Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Irmanyod Oriver Escens		Outside Singapore OD Excess		ACTION CONTRACTOR AND ADDRESS.	
Third Party Excess	0.00	Outside Singapore TP Excess			
→ Benefits					
GST Registered Inform	ation				
ST Registered	766		GST Registration Date	01/04/1999	
ST Registration No.	2902078292		GST Status Verified	No	
Addition History					
Policyholder Mailing Ad					
Address 1	70 UET CRESCENT	Address 2	##0[-09	Address 3	SINGAPORE 408570
Appress 4		Address Type	Singapore address	Post Code	408570
Int No.	*01-09	Related Policy Number	5105343927		
□ OI Driver Info					
Viver-Name	Unitaried Driver	Driver Type	Unnamed Driver		
mnamed driver Name	TAN BENG SENS	Driver NRIC	915687938	Driver DDB	20/12/1962
Register Date of Driver License		Driver Age	55	Driving Experience	21
Zerrtacz No. (Mosile)	96216019	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BUX 196	Address 2	PASIR RIS STREET 12	Address 3	\$1NGAPORE 510196
Address 4		Address Type	Singapore address	Post Code	510196
Josepha Luco a Kinghouse	09-100				
Does he own a Singapore Registered car?	○ Yes (♥) No	Driver Vehicle No.		Driver Insurer Company	
eclaration:					
Irestralyser or Blood Test	- 20000				
loading?	Ding	Any injury?	® Yes ○ No		
Application History					
Claim GG1 New					
Claim 001 New					
lam Type *	OD-MX	Insured Name	PLUSONE ASIA PTE LTD	Insured NRTC	2002078292
ordact No.(Mobile)		Contact No.(Home)	68421238	Contact No.(Office)	65674722
mail Address		Of Vehicle Number	GBH9414P	TP Vehicle Number	x89980S
isimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
laimant Name *	22	Claimant NR3C *			
laimant Address					
laim Description	SBH9414P / XB99805 DN 27 Nov 2018			Name of Preferred Workshop	
efurred Workshop Contact o.		Insured Liebity •	Not at Fault		2 A
equire Finalisation	Yes 💉	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ate Regretered	28/11/2018 14:51	Claim Close Date		Date Received	28/11/2018 00:00
oport Taken By	Zackson				***************************************
Pont AK letter					
			Save Submit		
Attachment					
7					
ordent No.	MT/1021737	Place Pro	wa.		
st Doc Received	₩ Yes ○ No	Claim No.	001		
		Upload Date	28/11/2018 14:53		
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