		· , pa u	1.7.	8048				
NATIONAL Assessment Ce	ntre Services.   MIT I JANOS MI	NA118165379.						
Date In: 26 /1/18-09:31	Jcb description	Date & Time Completed	Done	by				
Ref No: 44/14 (18023141)24	SAS e-filing	1						
Veli No: GNJJ999E	E-mail (within Shrs, AIC 2hrs)							
D.O.A: >1/10/18-16145	i-Motor Claim Form	M7 1025789-001	26/14/18 10	121				
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr	i-Motor W/O (Within: OD 2hrs, TP 4hrs)						
OB : 17 . Reporting Only	i-Photo Uploaded	1		(2000) (2000)				
TP Insurer:	Assessment/Survey Report		PANILLE SIE					
17 msurer;	Ass't Report by Fax / Hand t	to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: F	ax:					
TP Particulars: Veh No:	F5449x INC(	)/Non-INC( )	1117					
Owner / Driver: (	1.176	Tel:	)	765				
Policy No: ( )	Period: ( )	Cover Type: (	)					
Confirmed by : (	Date:	Time:	)					
Insured/Driver Liability: ( 9/	6) [Note-Est. Status (WO): N: 0-20	0%: P: 21-79%. P: 80-1	00%]					
	CONTRACTOR	)						
Excess: (\$ ) Loading:	The same of the sa	<del></del>						
		A SPERMENT OF STATE O	Mar Maria	-				
( ) Walla L. C		Manager Strategic Company of the Com	AND THE - D					
	information strictly Confidential & Str	rictly NO refer of repairer.						
( ) Total Loss Case : to e-mail In:	surer URGENTLY.		3.5					
Drive-In ( )/ Towed-In ( ); Inv	roice: YES( ) / NO( ); To	owing Co: (	10	)				
Pomostes ONCL 1 Carries		3	74: NEW TOP					
Remarks:- (INC horline: 6788 6616	ACREA OF CAMPACAN AND AND STREET AND STREET STREET,	Date&Time Completed	Done b	У				
	) / Courtesy Car ( )	-		() = (1)				
2) QC Check / Post Repair Inspection	( )	1						
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )			-				
Injurý:								
	7717							
Date/Time Actions		The state of the s	MARIO CONT.					
		7						
	-							
44v	1.00	No. 2007	Anit (S)	Ami				
141808488 · ·	Invoice Prep	aration Checklist	And Diving Springs	Add				
umant's Particulars :-	1) AR : Accident F		N					
ver/Owner:	2) DA : Damage A 3) TF : Towing Fee							
iver owner.	4) FT : Follow-Thr	rough Survey \$	120					
ntact No:		rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005)	\$30					
maged Portion:	6) TR : Re-inspecti		\$75	-10720				
	7) N1 : Idac DA +	The second secon	160	-				
Charled by (S - I Cl	8) NTUC Addition	ial Services:-						
Checked by (Engr-In-Charge):	*N5: Courtesy C	Car / Tpt Allowance	\$5					
Were proceedings of the residence of states.	*N6; Repair Co- *N7; Post Repair		510	- 50				
uitors Comments :-	*N8: DV / Colle	et Excess Coordination	\$5					
1.			20					
2/3:	9) N12: Idac Mobil Invoice dated	le Fee Charged	30					
10 00 00 00 00 00 00 00 00 00 00 00 00 0	Invoice dated	Fee Charged	SERVIN					

#### 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 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. 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.

	ACCIDENT STATEMENT
Data Of Based	
Date Of Report	26/12/2018 09:31
Date Of Accident	24/12/2018 16:45
Exact Location Of Accident	JUNC PIE (TUAS) & JLN ANAK BUKIT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ5599E
Insured/Policyholder	
Name Of Registered Owner	SPACE FORM DESIGN PTE LTD
Co Reg No	201702170E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69090677
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 DX 1.6 AUTO
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	COMPREHENSIVE

Fleet Policy NO

Policy Number 5105860450

Cover Note Number

# Driver

Name of Driver POH SWEE SHENG

 NRIC No
 \$6930353F

 Date Of Birth
 06/09/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/10/1989

Driving Experience 29 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96235216

Fax Number

Contact Number OFFICE-96235216

EMail Address NOEMAIL

BLK 344 UBI AVENUE 1 Address

#07-1107 400344

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

Postcode

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 (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident? 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 1

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 THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

### Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMF5449X Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

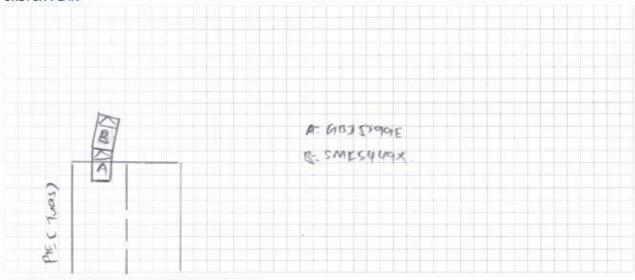
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to statement.	

DECLARATION D

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.:

THIS PASSPORT IS VALID FOR ALL COUNTRIES EXCEPT THE POLLOWING:







# REPUBLIC OF SINGAPORE

Type Country Code
PA SGP
Name

K0286062H

POH SWEE SHENG

M Date of both O6 SEP 1969 Date of Sauc O7 MAR 2018 Date of expery O3 OCT 2023

SEE PAGE 2

SINGAPORE CITIZEN
Place of birth
SINGAPORE
Authority

MINISTRY OF HOME AFFAIRS



PASGPPOH<<SWEE<SHENG<<<<<<<<<<<<<<<<<<<<<<<<<<<<>K0286062H1SGP6909068M2310037S6930353F<<<<<62



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

EFFECTIVE DATE

Class 2B Class 2A Class 3

20 Oct 1986 23 Aug 1991 13 Oct 1989

Motorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motor cars with unleden weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unleden weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg

NP 428A

<b>eBao</b> Tech									Genera	<b>IClaim</b>		
Hello, NAC_PAYA_UBI_800	0601					· Change Li	anguage	+ Chang	e Password	· Log Out		
My Desktop	Policy Query									29		
Notice of Loss	Policy No.				Date	of Accident	24	/12/2018 10	6:45			
	Vehicle No.(For Motor)	G83559	GB35599E			Certificate Number						
				1	Search							
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NR1C	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date		
	O 5105860450		SPACE FORM DESIGN PTE. LTD.	201702170E	GCV	Comprehensive	GBJ5599E	GBJ5599E	07/12/2018	06/12/2019		
			- Children	10	Continue	J						

Policy No.	5105860450	Policyhold Name	er SPACE FOR	M DESIGN PTE. LTD.	Policyholder NRIC	201702170E	
Certificate No.							
ddress	81 JOO CHIAT ROAD #02-06 SI	NGAPORE 4	27725				
Product Name	COMMERCIAL VEHICLE INSURA	Plan			Group Policy Flag	N	
Policy ssue Date	07/12/2018	Effective Date	07/12/2018	3 00:00	Expiry Date	06/12/2019	23:59
xcess		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	1510.08				
Outside Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
Agent	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118		GST Flag	Y	
Co-							
	No						
Flag Open Policy	No						
Flag Open Policy Info Certificate	No						
Plag Open Policy Info Certificate Info	No nolder Mailing Address						
Plag Open Policy Info Certificate Info Policyh		Ad	dress 2	#02-06		Address 3	SINGAPORE 427725
Plag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address		dress 2 dress Type	#02-06 Singapore address		Address 3 Post Code	SINGAPORE 427725 427725
Plag Den Policy Info Certificate Info Policy Address 1 Address 4	older Mailing Address	Ad Re					
Den Policy Info Policy Policy Policy Address 1 Address 4 Unit No.	oolder Mailing Address 81 JOO CHIAT ROAD	Ad Re	dress Type lated Policy	Singapore address			
Den Policy Info Policy	81 JOO CHIAT ROAD 09-48 d Object: GBJ5599E	Ad Re	dress Type lated Policy	Singapore address			
Plag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	81 JOO CHIAT ROAD 09-48 d Object: GBJ5599E ements	Ad Re Nu	dress Type lated Policy	Singapore address 5105860450		Post Code	

Claim Handling									160
The premium on this policy has Accident MT/1025269	a not been collected.								
Policy No.	5105860450		Versicle No.	GBJ55996		GST Registration I	No.		
Certificate No.									
Policyholder Name	SPACE FORM DESIGN PTE. LT					Policyholder NR3C		2017021700	
Product Code	COMMERCIAL VEHICLE INSUR	RAL .	Cover Type	Comprehe		Loading		0	
Contact No.(Mobile)	0		Contact No.(Office)	69090677		Contact No. (Home	1)	0	
Email Address	200200		Special Remark	012/19/8025		eCode		THE V	
KFK	No ○ Yes		TCA	® No ○	Yes	eCode Reason			
NCD Protection	No.		NCD Entitlement(%)	0		Private Hire		No	
Accident Details									
Report Date	26/12/2018 19:49		Accident Report Within 24 hrs	Yes		Accident Type		Collision - He	ad to Rear
Date of Accident	24/12/2018		Time of Accident Numm	16:45		Country of Acades	nt	Singapore	
Reporting Centre			Orange Force			TOM No.			
Accident Location	JUNC PIE (TUAS) & JUN ANAK	BUKIT							
♥ Excess									
Own damage Excess	600.0	00	Additional Excess			Windscreen Exces		100.00	
Unnamed Driver Excess			Outside Singapore OD Excess						
Third Party Excess	0.0	00	Outside Singapore TP Excess						
⇒ Benefits									
GST Registered Inform				- 21	T Continue Cont				
GST Registration No.	No				T Registration Date T Status Venfied	No			
Modification History				. 03	Cours vennes				
▽ Policyholder Mailing Ac	ddress								
Address 1	B1 JDD CHIAT ROAD		Address 2	#02-06		Address 3		SINGAPORE	427725
Address 4			Address Type	Singapore	add ess	Post Code		427725	1810.00
Unit No.	09-48		Related Policy Number	51058604		11.00		SWANTES	
♥ OI Driver Info									
Driver Name	Unnamed Driver		Driver Type	unnamed	Driver				
Unnamed driver Name	POH SWEE SHENG		Driver NRIC	96930353	F	Driver DOS		06/09/1969	
Register Date of Driver License	13/10/1989		Driver Age	49		Driving Experience		29	
Contact No.(Mobile)	96235216		Contact No.(Office)	0		Contact No. (Home	2	0	
Address 1	BUK 344		Address 2	UBI AVEN	UE 1	Address 3		SINGAPORE 4	400344
Address 4			Address Type	Singapore	address	Post Code		400344	
Unit No.	07-1107								
Does he own a Singapore Registered car?	○ Yes ® No		Driver Vehicle No.			Driver Insurer Con	npany		
Declaration									
Breathalyser or Blood Test Reading?	0 mg		Any injury?	O Yes ®	No				
Modification History									
E STATE OF									
Claim 001 New									
Claim Type *	00-MX	<u> </u>	Insured Name	SPACE FOR	RM DESIGN PTE, LTD.	Insured NRIC		2017021706	
Contact No.(Mobile)			Contact No.(Home)			Contact No. (Office)		+	
Email Address			01 Vehicle Number	G835599E		TP Vehicle Number		SMF5449X	- 7
Claimant Type Claimant Type *	Please Select S	2	Type of Benefit *	Please Sel	ect 🔻			A DOMESTICAL TO	70
Claimant Name *		25	Claimant NRIC *						
Claimant Address						0			
Claim Description	GB35599E / SMF5449X ON 24	Dec 2018				Name of Preferred	Workshop		
Preferred Workshop Contact No.		1	Insured Liability +	Fully at Fa	ut V			3.	
Require Finalisation	Yes	7	Preferend Repair Option	AND ALL	Workshop, Name unknown	GIA report		Received	V
Date Registered	26/12/2018 19:51	1	Claim Close Date			Date Received		26/12/2018 0	Andread and the same of the sa
Report Taken By	Jackson	1							
Print AK letter									
				Save Sub	mit				
Attachment									
7									
Accident No.	MT/1025269		Claim No.		201				
Last Doc. Received	® Yes ○ No		Upload Date		001				
	Path *		operad Date		26/12/2018 19:52	CARTING CO.			
	rath *	_	P. C.	1.0	Category *	Confidential	Urgeno		Description +
			Browse		Please Select		Normal	v	
			Browse		Please Select			V	
			Browse.	Clear	Please Select	NO Y	Normal	v	

