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ROSNO: NA INC 9,000478/24	SAS e-filing	i .	
Veh No: Yygn8vis.	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 7/1/19-15:70	i-Motor Claim Form	M11036956-001	8/1/19 19:36
	i-Motor W/O (Within: OD 2		7.717
OD TP Reporting Only	i-Photo Uploaded	1	
TDI	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (THE RESERVE THE PERSON NAMED IN	ax:
TP Particulars: Veh No: 40	63963R. INC		
Owner / Driver: (4340)6	Tel:	· ·
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:	
	[Note-Est Status (WO): N: 0-2		00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1			
General Remarks		ASSESSMENT OF THE PROPERTY OF	183 5 17, 7 5
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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.

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
Date Of Report	08/01/2019 09:49
Date Of Accident	07/01/2019 15:30
Exact Location Of Accident	VALLEY PARK LOADING/ UNLOADING BAY CARPARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN9280D
Insured/Policyholder	
Name Of Registered Owner	A-P TRANSPORTATION & TRADING
Co Reg No	52958069A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96701824
Alternative Phone No	OFFICE-96701824
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85UH5A
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	5094190981-01
Cover Note Number	

Driver

 Name of Driver
 TYAY SOON HUAT

 NRIC No
 \$0499749B

 Date Of Birth
 19/08/1951

 Occupation
 OUTDOOR

Date Of Driving Pass 18/12/1972

Driving Experience 46 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90292990

Fax Number

Contact Number OFFICE-90292990

EMail Address NOEMAIL

BLK 119A RIVERVALE DRIVE Address

#07-302

Postcode 541119

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

2

NO

5

General Information of the Accident

Type Of Accident SIDE SWIPE

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

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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: -

GENDER: : MALE

Passenger 2

NAME:

GENDER:

NAME:

. .

: MALE

GENDER:

: MALE

Passenger 4

Passenger 3

NAME:

. . : MALE

GENDER:

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 ALONG THE STATED VENUE AS UNLOADING GOODS. SUDDENLY VEHICLE B COMING OUT FROM THE CARPARK LOT AND HIT ONTO MY REAR LEFT TAILGATE. WE TRIED TO WARN HIM ABOUT THE DANGER, BUT HE DID NOT LISTEN AND DID NOT PAY ATTENTION..

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBG3963R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE ZHAO YONGQIANG

G1149680L

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)
 - (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.

Policyholde Date & Time:

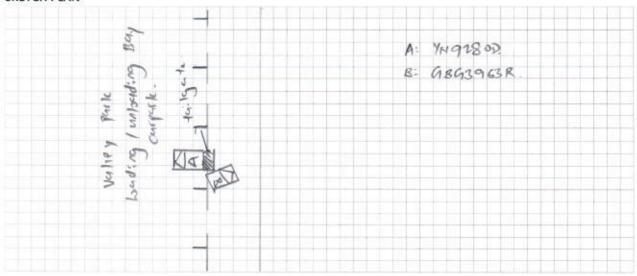
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	
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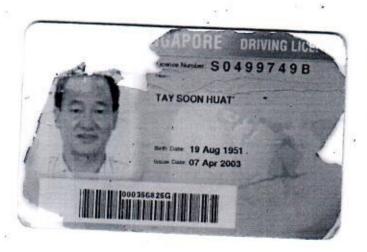
DECLARATION

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

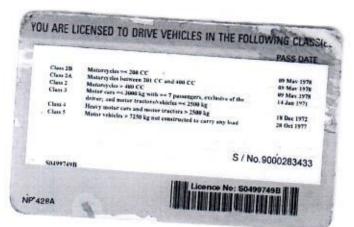
Policyholder Signature Date & Time OSN

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

Name: NRIC/FIN No.:









eBao Tech									Genera	Claim
Hello, NAC_PAYA_UBI_80	0601					· Change Lan	guage) Change	Password	Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date of	Accident	07/0	1/2019 15	30	
	Vehicle No.(For Motor)	YN9280	DD		Certifica	ate Number				
				Se	sarch					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5094190981- 01		A-P TRANSPORTATION & TRADING	52958069A	GCV	Comprehensive	YN9280D	YN9280D	14/09/2018	13/09/2019
				Cor	ntinue					

Policy No.	5094190981-01	Policyholder Name	A-P TRANS	SPORTATION & TRADI	Policyholder NRIC	52958069A	
Certificate No.		XXXXX					
Address	BLK 864A #06-446 TAMPINES S	TREET 83 SIN	GAPORE 52	1864			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	12/09/2018	Effective Date	14/09/201	8 00:00	Expiry Date	13/09/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 864A #06-446	Addre	ss 2	TAMPINES STREET	83	Address 3	SINGAPORE 521864
Address 4		Addre	ss Type	Singapore address		Post Code	521864
Jnit No.		Relate Numb	ed Policy er	5068608770-04			
) Insure	d Object: YN9280D						
	ements						

Nicy No.					
THE TREE	5094190981-01	Vehicle No.	YN9280D	GST Registration No.	
tificate No.					
cyholder Name	A-P TRANSPORTATION & TRADING			Policyholder NRIC	52958069A
duct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
viact No.(Mobile)	96701824	Contact No.(Office)	Q	Contact No.(Home)	0
all Address		Special Remark		eCode	- V
*	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details			700	1771000.1110	20070
port Date	08/01/2019 19:34		008801	12483300 (2005)	2000
		Accident Report Within 24 hrs		Accident Type	Side Swipe
te of Accident	07/01/2019	Time of Accident hh:mm	15:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
ident Location	VALLEY PARK LOADING/ UNLOADING BAY	CARPARK			
Excess					
n damage Excess	1,500.00	Additional Excess		Windscreen Excess	100,00
named Driver Excess		Outside Singapore Ob Excess			
nd Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	No	
dification History					
	ron				
Policyholder Mailing Ad					
dress 1	BUX 864A #06-446	Address 2	TAMPINES STREET 83	Address 3	SINGAPORE 521864
dress 4		Address Type	Singapore address	Post Code	521864
ė Nu.		Related Policy Number	5068608770-04		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnemed Driver		
named driver Name	TYAY SOON HUAT	Driver NRIC	504997498	Driver DOB	19/08/1951
ister Date of Driver License	18/12/1972	Driver Age	67	Driving Experience	46
Hact No (Mobile)	90292990	Contact No. (Office)	0	Contact No.(Home)	0
Iress 1	BUK 119A	Address 2	RIVERVALE DRIVE	Address 3	RIVERVALE GARDENS
fress 4	SINGAPORE 541119	Address Type	Singapore address	Post Code	541119
t No.	07-902				
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gistered car?	0.000	Sittle Pariste No.		University Contrary	
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