NATIONAL Assessment Centre Services | MALIS OVAL Done by Date & Time Completed Jeb description Date In: 9/1/9-12:36 Re[No: 44 | INC 19000 374 / 24 SAS e-filing Veh No: E-mail (within Shrs, AIC 2hrs) 600 338 64 D.O.A: 8)1/9/14:00 i-Motor Claim Form 9/1/9 20:12. MT 100-136-001 i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: (Tel: TP Particulars: Veh No: JB Wagger.)/Non-INC(INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: () Confirmed by : (Date: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.)/Towed-In (Drive-In (); Invoice: YES () / NO (); Towing Co: (Remarks:- (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Amt (\$) Ant (S) Invoice Preparation Checklist MA 19083 67. fit Bill Add Bill 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); 3) TF : Towing Fee \$40/\$45 Driver/Owner: 4) FT : Follow-Through Survey \$120 530 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): *N5: Courtesy Car / Tpt Allowance \$5 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors! Comments :-*N8: DV / Collect Excess Coordination 55 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idna Mobile Fee Charged 2at 2/3: Involce dated Fee Charged Invoice dated

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

	ACCIDENT STATEMENT
Date Of Report	09/01/2019 10:36
Date Of Accident	08/01/2019 14:00
Exact Location Of Accident	MCE (AYE) BEFORE EXIT 1A
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD3386Y
Insured/Policyholder	
Name Of Registered Owner	DWI EXPRESS SERVICES
Co Reg No	53175439A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91690931
Alternative Phone No	OFFICE-91690931
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 3.0 DX A
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	5067797090-04
Cover Note Number	
Driver	
Name of Driver	JAYSON LOK CHER HSIEN (JAYSON LU ZHIXIAN)
NRIC No	S7630490D

Date Of Birth 04/10/1976 OUTDOOR Occupation Date Of Driving Pass 30/10/1998

Driving Experience 20 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97698555

Fax Number

Contact Number OFFICE-97698555

EMail Address NOEMAIL

BLK 24 BALAM ROAD Address

#01-106

Postcode 370024

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING Road Surface WET

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

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)

1

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 CUT ONTO MY LANE AND HIT ONTO MY VEHICLE LEFT SIDE MIRROR.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBW998B

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:

10

GENDER:

DETAILS OF INJURED PERSON 1

Name

JAYSON LOK CHER HSIEN (JAYSON LU ZHIXIAN)

Approximate Age

Injuries Sustain

RIGHT SHOULDER

Injured person in which vehicle?

GBD3386Y

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 <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.

Pariotosh Pariotosh PMI EXABLOS

Policyholder's Signature Date & Time: Driver's Signature

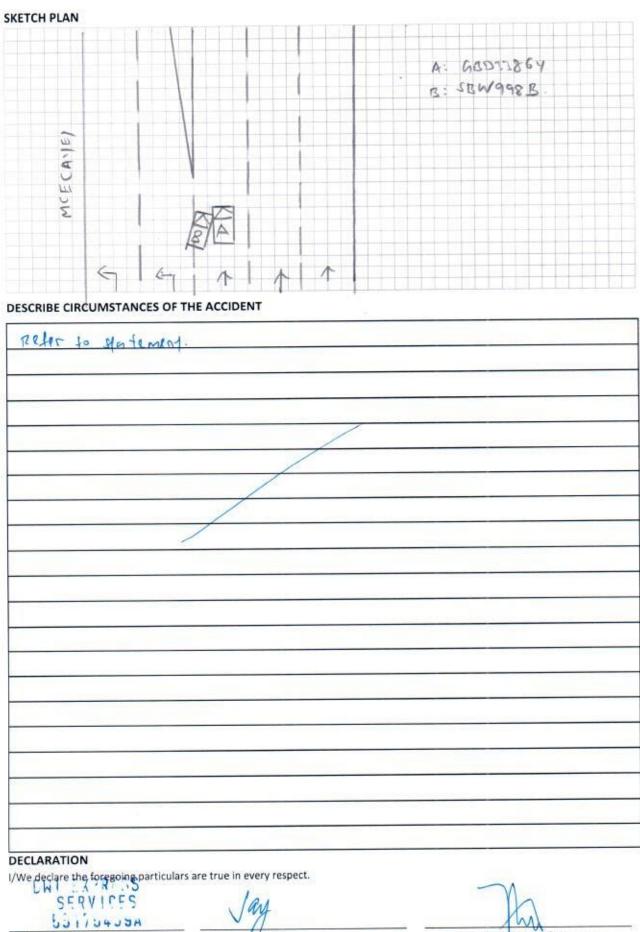
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

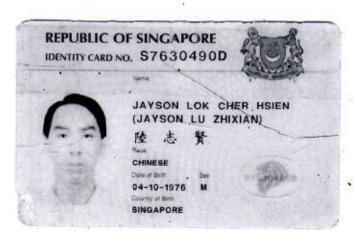
Date & Time:

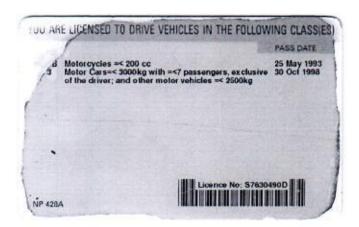
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









								Genera	alClaim
601					• Change	Language	• Chang	e Password	› Log Ou
Policy Query									13
Policy No.				Date	e of Accident	O	8/01/2019 1	4:00	
Vehicle No.(For Motor) GBD3386Y				Certificate Number					
				Search	I)				
Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O 5067797090- 04		DWI EXPRESS SERVICES	53175439A	GCV	Comprehensive	GBD3386Y	GBD3386Y	09/09/2018	08/09/2019
	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. 5067797090-	Policy Query Policy No. Vehicle No.(For Motor) GBD33 Select Policy No. Certificate Number 5067797090-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name 5067797090- 04 EXPRESS	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name Policyholder NRIC DWI EXPRESS 53175439A	Policy Query Policy No. Date Vehicle No.(For Motor) GBD3386Y Cert Search Select Policy No. Certificate Number Policyholder NRIC Product DWI DWI EXPRESS 53175439A GCV	Policy Query Policy No. Vehicle No.(For Motor) GBD3386Y Date of Accident Certificate Number Search Select Policy No. Certificate Number Name Name Name Name Name DWI EXPRESS 53175439A GCV Comprehensive	Policy Query Policy No. Date of Accident One of Accide	Policy Query Policy No. Date of Accident OB/01/2019 1- Certificate Number Search Select Policy No. Certificate Number Name Number Name Name Name NRIC DWI EXPRESS 53175439A GCV Comprehensive GBD3386Y GBD3386Y	Policy Query Policy No. Date of Accident O8/01/2019 14:00 Vehicle No.(For Motor) GBD3386Y Certificate Number Select Policy No. Certificate Number NRIC Product Cover Type Vehicle Insured Commence No. Object Date DWI EXPRESS 53175439A GCV Comprehensive GBD3386Y GBD3386Y 09/09/2018

Policy No.	5067797090-04	Policyholder Name	DWI EXPRE	ESS SERVICES	Policyholder NRIC	53175439A	
Certificate No.		38002			VIII.262		
Address	BLK 896B #07-110 WOODLANDS	DRIVE 50 S	INGAPORE 7	31896			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy Issue Date	06/09/2018	Effective Date	09/09/201	8 00:00	Expiry Date	08/09/2019 23	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	holder Mailing Address						
Address 1	BLK 896B #07-110	Addre	ss 2	WOODLANDS DRIV	VOODLANDS DRIVE 50 A		SINGAPORE 731896
Address 4		Addre	ess Type	Singapore address		Post Code	731896
Jnit No.		Relati Numb	ed Policy er	5068550082-04			
D Insure	ed Object: GBD3386Y						
	sements						
	sements						

aim Handling					
ident MT/1027136		Walter State of the State of th			
cy No.	5067797090-04	vehicle No.	SBD3386Y	GST Registration No.	
tificate No.					
icyhalder Name	DWI EXPRESS SERVICES			Policyholder NR.IC	53175439A
duct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Leading	0
ntact No.(Mobile)	91690931	Contact No.(Office)	0	Contact No.[Home]	0
ail Address		Special Remark		#Code	di V
5	® No ○Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	20	Private Hire	No ·
Accident Details					
port Date	09/01/2019 20:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
e of Acodent	06/01/2019	Time of Accident Nhomm	14:00	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	85%
ident Location	MCE (AYE) BEFORE EXIT 1A	Statige Colors			
Excess	OCT TALET DELONE EVEL TA				
		72 22 20 20 20 20 20 20 20 20 20 20 20 20		Mindred World	100.00
n damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
rd Party Excess	0.00	Dutside Singapore TP Excess			
Benefits					
GST Registered Informa	tion				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	No	
dification History					
STORY OF THE					
Policyholder Hailing Ad		40.000			SINGAPORE 731896
fress 1	BLK 8968 #07-110	Address 2	WOODLANDS DRIVE 50	Address 3 Post Code	SINGAPORE 731896 731896
dress 4		Address Type	Singapore address	Post Code	/31896
rt No.		Related Policy Number	5068550082-04		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	unnamed Driver	1/2/17/10/22	12002122
named driver Name	3AYSON LOK CHER HSIEN (3AYS	Driver NR3C	576304900	Driver DOB	04/10/1976
gister Date of Driver License	30/10/1998	Driver Age	42	Driving Experience	20
ntact No. (Mobile)	97698555	Contact No.(Office)	0	Contact No.(Home)	0
fress I	BLK 24	Address 2	BALAM ROAD	Address 3	BALAM GARDENS
dress 4	SINGAPORE 370024	Address Type	Singapore address	Post Code	370024
it No.	01-106				
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
getered car?	0 144 (8 14)	. 2023/2000/200			
claration					
eathalyser or Blood Test.	0 mg	Any injury?	® Yes ⊜No		
ading?	0209	3000 ACC			
diffication History					
Claim 001 New					
STATE AND LAND					
	200200			103099000	-
im Type *	00-MX	Insured Name	DWI EXPRESS SERVICES	Insured NRIC	53175439A
ntact No.(Mobile)	93490523	Contact No.(Home)		Contact No.(Office)	
ail Address		OI Venicle Number	GBD3386Y	TP Vehicle Number	58W9988
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
imant Name *	22	Claimant NRIC +			
imant Address					
im Description	GBD3386Y / S8W998B ON 8 Jan 2019			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability •	Not at Fault		
				CIA manage	Received
quire Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	09/01/2019 00:00
te Registered	09/01/2819 20:12	Claim Close Date		Date Received	USIG 112019 00:00
port Taken By	Jackson				
Print AK letter					
			Save Submit		
			Days Squiret		
ittachment					
2					
	BT 10071174	Charles No.	001		
cident No.	MT/1027136	Claim No.			
st Doc. Received	● Yes ○ No	upload Date	09/01/2019 20:13		
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