NATIONAL Assessment CLI	ntre Services. we	1 Jan'05) MJ.	JA19008709.	-		
Date In: 101/19-16:13	Jeb description		Date & Time Complete	1	Done b	y
Ref No: HA INCIGO ONNI 124	SAS e-filing		ì			
Veh No: GSF31VP.	E-mail (within Shrs,	AIC 2hrs)				
D.O.A: (1) 1/19 - 12:20	i-Motor Claim F	orm	M7 10285 17-001	(8) .	19 19:	54.
	i-Motor W/O (W	ithin: OD 2hrs,	TP 4brs)			
OD TP/ Reporting Only	i-Photo Uploade	d				
m	Assessment/Surve	y Report				
TP Insurer:	Ass't Report by Fa	ax/Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	CONTRACTOR	
TP Particulars: Veh No: 5	LS87654.	. INC()/Non-INC()			19-20-243
Owner / Driver: (Tcl:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (ate:	Time:	0.1000())	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO))%; P: 21-79%. P: 8	0-100%]		
Year of Registration: (/NO()			
	\$1,000 ()/\$2,000 ()		34233	114 W	
General Remarks:			of mile and the state of the st	A. Com	8.7.	100
() Walk-In Customer : Customer's	information strictly Confid	ential & Str	ictly NO refer of repair	er.	TANK TANK TAN	
Company of the Compan						
() Total Loss Case : to e-mail In			. 7 . 0			
Drive-In ()/ Towed-In (); Inv	voice: YES () / NO	(); To	owing Co: (,
Remarks:- (INC hotline: 6788 661	A		Date&Time Complete		Done	by
The state of the s		1000	1		-	
1) Apply for Transport Allowance ()/Courtesy Car ()		-	-		
2) QC Check / Post Repair Inspection	()		 	-		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()					
Injury:						
Trijury .		171000			Side Street	1,770, 22
Date/Time Actions			emilian estados de la composição de la c	30/57	SOKORY.	
			T.	STATE WA		
				41		17-21 (G.
TAX			a large		Anit (S)	Amt (3
A 19205 PA	lr	iveice Pre	paration Checklist	PASS S	THE BILL	Add Bi
		AR: Accident		7 (FRM)		
aimant's Particulars :-		DA : Damage TF : Towing F	11300000	C (\$80) \$40/\$45		
iver/Owner:	4)	FT : Follow-T	hrough Survey	\$120		
	0	FT · Follow-T	hrough Survey (Resurvey)	530		
ntact No:		For claiming a TR: Re-inspec	gainst INC Only (wef 10 Jan	2005) \$75		15 (1)
maged Portion:	7)	N1 : Idao DA	+ SMRT Survey	\$160		1000
	3 8)	NTUC Addition	onal Services:-			
Checked by (Engr-In-Charge):		OD.	Car / Tot Allowance	\$5		
Checked by (Engr-In-Charge):		*N5: Courtesy *N6: Repair C	Car / Tpt Allowance	510		
EVODE SINGLESS SINGLESS SEEDS ASSESSED.	STATES AND DESCRIPTION OF THE STATES	*N7: Fost Rep	nir Inspection	\$25		
uditors! Comments :-			llect Excess Coordination	\$35 \$20		
1:		TP (N11): TP N12: Idno Mo	(Non INC) against INC	30		05.0050-200
		voice dated	Fee Cha	ged		(1)
1.2/3:	1	valce dated	Fee Cha	ged	CAMPY	

in a part of the Tele

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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

aroresam.	
	ACCIDENT STATEMENT
Date Of Report	18/01/2019 16:13
Date Of Accident	18/01/2019 12:20
Exact Location Of Accident	JUNC NEW BRIDGE RD & HONG KONG ST
Country/State of Loss	SINGAPORE
Į.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF314P
Insured/Policyholder	
Name Of Registered Owner	SANDHU TRANSPORT SERVICES
Co Reg No	52925722W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5AT 5DR EURO V
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5080314375-02
Cover Note Number	
Driver	
	A SUST OF WORLD SEE ON AN ARCHITECTURE OF THE SUST OF

Name of Driver JAGDEEP SINGH SANDHU

NRIC No S9617581G Date Of Birth 06/05/1996 Occupation OUTDOOR Date Of Driving Pass 13/09/2016

Driving Experience 2 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91058366

Fax Number

Contact Number OFFICE-91058366

EMail Address NOEMAIL

BLK 125 PASIR RIS STREET 11 Address

#05-397

Postcode 510125

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface WET

Other Information

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

ambulance?

NO

NO

1

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)

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 IT WAS CONGESTED. SUDDENLY VEHICLE COMING OUT FROM MINOR RD CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT 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

SLS8765G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHIN MENG KEAT

NRIC/Passport Number

S1739915B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

JAGDEEP SINGH SANDHU

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & RIGHT SHOULDER

GBF314P

YES

NO

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:
 - 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 Signatur

Date & Time:

Driver's Signature

(If driver is not the policyholder)

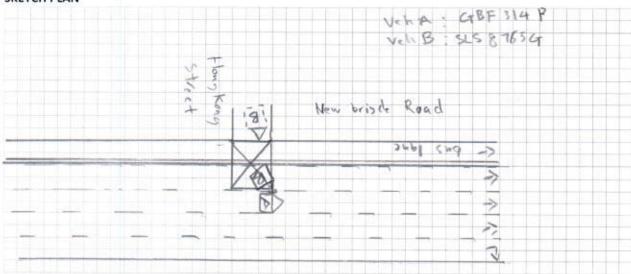
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

peter to	Hoyemen.	

DECLARATION

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

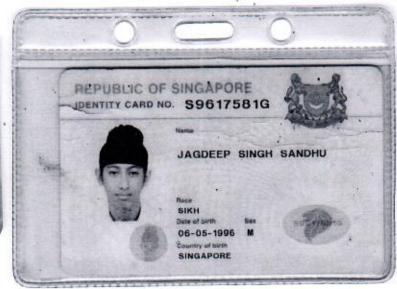
Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

GIARNIC Sketch Frankrim V





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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 13 Sep 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A







▽ Poli	icy Information						
Policy No.	5080314375-02	Policyholder Name	SANDHU TE	ANSPORT SERVICES	Policyholder NRIC	52925722W	
Certificate No.							
Address	BLK 125 #05-397 PASI	R RIS STREET 11 SING	SAPORE 5101	25			
Product Name	COMMERCIAL VEHICLE	INSURAI Plan			Group Policy Flag	N	
Policy ssue Date	21/05/2018	Effective Date	25/05/2018	00:00	Expiry Date	24/05/2019 23	1:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	GOLDEN PRIME INSURA	NCE AG Agent Tel.	68426788		GST Flag	Υ	
Co- nsurance lag Open Policy info	No						
Certificate Info							
Policyl	holder Mailing Address						
ddress 1	BLK 125 #05-39	7 Addre	ss 2	PASIR RIS STREET	11	Address 3	SINGAPORE 510125
Address 4		Addre	ss Type	ype Singapore address		Post Code	510125
Jnit No.		Relate Numb	ed Policy er	5095570287-01			
D Insure	d Object: GBF314P						
	sements						

Continue Cancel

			Browse	Gear Please Select	V	○ ✓ Normal	v	
			Browse		V	A STATE OF THE STA	<u> </u>	
			Browse	Clear Please Select	<u> </u>		V	
		Path. *		Category *		Confidential Urgen		
	# 16E C		Upload Date	18/01/2019 19:55				
sst Doc. Received	● Yes ○		Claim No.	001				
codent No.	MT/102851	7	Committee Committee					
9								
Attachment				A STATE OF THE PARTY OF THE PAR				
				Save Submit				
market and the second of the s								
Print AK letter			and vehance		Tot	al Loss but Repaired		
	Jackson		Workshop Repairer			e Received	18/01/2019 19:55	
ace Registered	18/01/2019 19:		Claim Close Date	p		report	Received V	
equire Finalisation	Yes	v	Preferend Repair Option	Preferred Workshop, Name unknown	III	a second	Televisia .	
referred Workshop Contact			Insured Liability +	Not at Fault	Na	me of Preferred Workshop		
laim Description	GBF314P / SLS/	8765G ON 18 Jan 2019				me of Drafe one Constant		
laimant Address		22	CONTROL MAIL					
laimant Name *	Printer Select		Type of Benefit * Claiment NRIC *	Please Select				
mail Address Jaimant Type Claimant Type •	Bears Front	127	OI Vehicle Number	GBF314P	TP	Vehicle Number	SLS8765G	
Contact No. (Mobile)			Contact No. (Home)	NOL.		mact No.(Office)	63377137	
Daim Type *	ОО-МХ	Ū	Insured Name	SANDHU TRANSPORT SERVICES	Ins	lured NRIC	52925722W	
Claim 001 OD-MX New								
Constitution of the second								
todification History								
Reading?	C=50000		0.000000000					
Breathalyser or Blood Test	0 mg		Any injury?	® Yes ○No				
eclaration								
Registeres cart	○ Yes ® No		Driver Vehicle No.		Dr	iver Insurer Company		
Does he own a Singapore								
Address 4	05-397		Address Type	Singapore address	Po	st Code	510125	
Address 1 Address 4	BLK 125		Address 2	PASIR RIS STREET 11		idress 3	SINGAPORE 510125	
Contact No.(Mobile)	91058366		Contact No.(Office)	0	Co	entact No.(Home)	0	
Register Date of Driver License			Onver Age	22	Di	tving Experience	2	
Unnames driver Name	JAGDEEP SING	H SANDHU	Oriver NRIC	S9617581G	D	iver DOB	06/05/1996	
Driver Name	Unnamed Drive	er	Onver Type	Unnamed Driver				
OI Driver Info			00000000000000000000000000000000000000	SERVINE SERVING CO.				
Unit No.			Related Policy Number	5095570287-01			- 4444E2	
Address 4			Address Type	Singapore address		oress 3 ost Code	SINGAPORE 510125 510125	
Address 1	BLK 125 #05-	397	Address 2	PASIR RIS STREET 11	A	toress 3	SINGAPORE 510125	
Policyholder Malling Ad	Idress							
And treatment fractury								
GST Registration No. Modification History				GST Status Verified		No		
GST Registered		No :		GST Registration Date				
□ GST Registered Inform	ation							
♥ Benefits								
Third Party Excess		0.00	Outside Singapore TP Excess					
Unnamed Driver Excess			Duttide Singapore 00 Excess		3		174866	
Own damage Excess		0.00	Additional Excess		· w	lindscreen Excess	0.00	
♥ Excess								
Accident Location	JUNC NEW BR	IDGE RD & HONG KONG			-11			
Reporting Centre			Orange Force	3000		DM No.	Singapore	
Date of Accident	18/01/2019		Time of Accident hh:mm	12:20		ountry of Accident		
Report Date	18/01/2019 1	9:52	Accident Report Within 24 hrs	Yes		codent Type	Collision - Major Minor Road	
⇒ Accident Details			and the second s			WALE PETE	No	
NCD Protection	No.		NCD Entitlement(%)	® No ○ Yes 0		Code Reason rivate Hire	No.	
KFK	® No ⊜ Yes		Special Remark TCA	@ to O Ver		Code	N/W	
Contact No.(Mobile) Email Address	0		Contact No. (Office)	0		ontact No.(Home)	0	
Product Code		VEHICLE INSURA	Cover Type	Third Perty		oading	9	
Policyholder Name		NSPORT SERVICES			P	olicyholder NRJC	52925722W	
Certificate No.	20127-0227							
Policy No.	5080314375-	02	Vehicle No.	GBF314P	6	ST Registration No.		
Claim Handling								-1

https://giclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=213... 18/1/2019

