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OD Peporting Only	to Uploaded		
Assessi	ment/Survey Report		
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TP Particulars: Veh No: 51k 8550	up. INC()/Non-INC()	
Owner / Driver: (7 D.	Tel:)
Policy No: () Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. S	tatus (WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Warranty: Y	YES ()/NO ()	
Excess: (\$) Loading: \$1,000 ()/:	\$2,000()	Character and the	
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3) Upload Resurvey Photo [Repair Cost>\$3000]			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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.
- 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 ladgement 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	07/03/2019 11:22
Date Of Accident	06/03/2019 14:15
Exact Location Of Accident	ESSO TANJONG KATONG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY6889Z
Insured/Policyholder	
Name Of Registered Owner	ABJ PTE LTD
Co Reg No	200009785D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62555333
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
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	5070869014-03
Cover Note Number	*
Driver	
Name of Driver	MOHAMED NASRIQ BIN MOHAMED KASSIM
NRIC No	S8703094F
Date Of Birth	31/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	12/10/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE

(LOCAL) +65-90077096

NOEMAIL

Address

BLK 174D HOUGANG AVE 1 #07-1597

Postcode

539174

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

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

2

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.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: MALE

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

WHEN I SLOWLY INCHED OUT TO THE MAIN ROAD, SUDDENLY VEH B HIT ONTO MY LEFT SIDE.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour SLK8554R

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)

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)

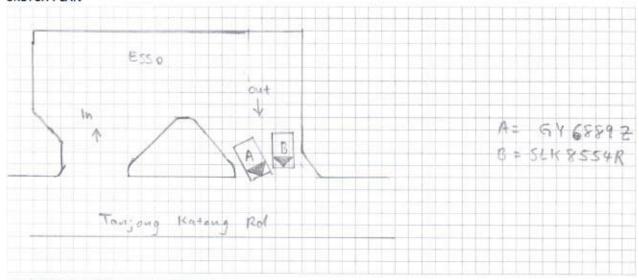
I understand, acknowledge, agree and consent that:

- (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

Please	Refer	40	Statement
			1
		,	
		/	

DECLARATION

I/We declar ng particulars are true in every respect.

Policyholder's Signature Date & Time:

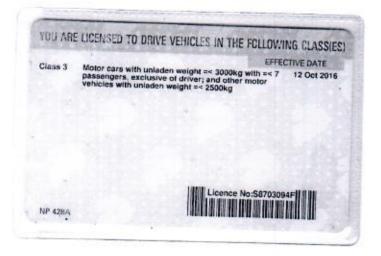
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:









Policy Search

eBaoTech						GeneralClain					
Hello, NAC_PAYA_UBI_80	0601			J man to congress of the same			• Change	Languag	e › Chan	ge Password	• Log Ou
My Desktop	Poli	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		06/03/2019	11:20		
	Vehicle No.(For Motor)		GY6889	GY6889Z		Certificate Number					
				[Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	D	5070869014- 03		ABJ PTE LTD	200009785D	GCV	Third Party	GY6889Z	GY6889Z	06/07/2018	05/07/2019
						Continue					

Claim Handling						
Accident MT/1034981						
Policy No. Certificate No.	5070869014-03	Vehicle No.	GY6889Z		GST Registration No.	2000
Policyholder Name	AB) PTE LTD					
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type			Policyholder NRIC	2000
Contact No.(Mobile)	NA	Contact No.(Office)	Third Party		Loading	0
Email Address	700	Special Remark			Contact No.(Home)	
KFK	• No Yes		Si Ma di Vas		eCode	No
NCD Protection	No	TCA NCD Entitlement(%)	No Yes		eCode Reason	09200
Accident Details	770	NGD Endurement(16)	0		Private Hire	No
Report Date	07/03/2019 13:09	Accident Report Within 24 hrs	Yes		Accident Type	Side !
Date of Accident	06/03/2019	Time of Accident hh:mm	14:15		Country of Accident	Sings
Reporting Centre		Orange Force			ICM No.	
Accident Location	ESSO TANJONG KATONG RD					
▼ Excess						
Own damage Excess	0.00	Additional Excess			Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess				
Third Party Excess	0.00	Outside Singapore TP Excess				
→ Benefits						
	tion					
SST Registered	Yes		GST Registration	Date	01/12/2007	
GST Registration No.	200009785D		GST Status Verific	ed	Yes	
Modification History	07/03/2019 14:12:06 Ka	rthlyn Yuen changed GST Registered from irthlyn Yuen changed GST Registration No. irthlyn Yuen changed GST Registration Dat	from null to 200009785D			
Policyholder Mailing Add		runyn runn changed 65) Negistration Dati	e from hui to 01/12/2007			
Address 1	14 NEW INDUSTRIAL ROAD	Address 2	#02-06 HUDSON INDUST	RIAL B	Address 3	SING
Address 4		Address Type	Singapore address		Post Code	53620
Unit No.		Related Policy Number	5107663146		SP400000000	3302
✓ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	MOHAMED NASRIQ BIN MOHAM	Driver NRIC	S8703094F		Driver DOB	31/01
Register Date of Driver License	12/10/2016	Driver Age	32		Driving Experience	2
Contact No.(Mobile)	90077096	Contact No.(Office)			Contact No.(Home)	-
Address 1	BLK 174D #07-1597	Address 2	HOUGANG AVENUE 1		Address 3	PAYA
Address 4	SINGAPORE 539174	Address Type	Singapore address		Post Code	5391
Unit No.	07-1597					0-7000
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Driver Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes · No			
Modification History Claim 002 New						
Claim Type *			OD-	мх	Insured ABJ PTE LTD	
Contact No.(Mobile)			NIL		Contact No. NIL	
					(Home)	
Email Address			abjpe	est@starhub.net.sg	Vehicle GY6889Z Number	
Claim Description			GY68	89Z / SLK8554R ON 6 N	1ar 2019	
Preferred Workshop (a Remulet No. Var	Preferered Liability Partially				Vice division	
inalisation Lies	Repair Preferred Workshop, Option	, Name unknown GIA report Received			Claim	
Pate Registered			07/03	3/2019 15:36	Close Date	
eport Taken By			LIEW	SHAN HUI		
Print AK letter						
			Save Submit			
			Save Submit			
Attachment						
4						

MT/1034981

Last Doc. Received

Video List

Uploaded By/Date

● Yes ○ No

NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o

07 Mar 2019 15:36

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Mar 2019 15:36

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Mar 2019 15:36

Folder Date

Upload Date

07/03/2019 15:37



Display in New Window | Scan and uploading

File Name

Photos

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Photos 2019-3-7

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