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	019 14:00	Job description			Time Completed	Done	py.
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D.O.A. 05/04/2	2019 21:50	i-Motor Claim			MT/104141	92-001	24/4/19
OD 5 TP / Reporting Only		i-Motor W/O (v	fithin: OD 2hrs.	P 4hrs)	Tree train	1	151(1).
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TP Insurer:		Assessment/Survi	ey Report			1	-
Thousand.		Ass't Report by E	ax/Hand to	Owner	Wksp		
Preferred Wksp / INC Assign	Wksp/QW:(Tel:	F	axt)
TP Particulars:	Veli No: S	LL1731L	. INC()/No	n-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	d: ()	Cover	Гуре: ()	
Confirmed by : (Date:		Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (WC): N: 0-209	%; P:	21-79%. F: 30-1	100%]	
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General Remarks:	THE WATER SAFE	的是主义的	4 1416	83,42	which less		
() Walk-In Costomer:	Principle of the last of the l	The second real particular rea	dential & Stric	My NO	rafer of repairer.		
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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.	
PROBLEM LINES CLASS SERVICE SERVICE	ACCIDENT STATEMENT
Date Of Report	23/04/2019 14:00
Date Of Accident	05/04/2019 21:50
Exact Location Of Accident	PIE CLEMENTI EXIT
Country/State of Loss	SINGAPORE
The figure and substitution and water a second D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR8527H
Insured/Policyholder	
Name Of Registered Owner	WHEELS SINGAPORE PTE LTD
Co Reg No	201823188C
Email Address	BENJAMIN@WHEELS.SG
Mobile Phone No	(LOCAL) +65-94522090
Alternative Phone No	OFFICE-94522090
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	3
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5103652156

Policy Number 5103652156

Cover Note Number

Driver

Name of Driver ABIDIN ADAM, GUAN YAN

NRIC No S8611467D 10/04/1986 Date Of Birth OUTDOOR Occupation 06/12/2016 Date Of Driving Pass

2 YEARS AND 3 MONTHS **Driving Experience**

Gender MALE

(LOCAL) +65-94522090 Mobile Number

Fax Number

OTHERS-94522090 Contact Number

EMail Address BENJAMIN@WHEELS.SG Address 19 JALAN HAJI SALAM

Postcode 468786

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? 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

PLS REFER TO THE ATTACHED STATEMENT.

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 SLL1731L

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)

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 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.
- 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

complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Reg. No. 201823188C

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

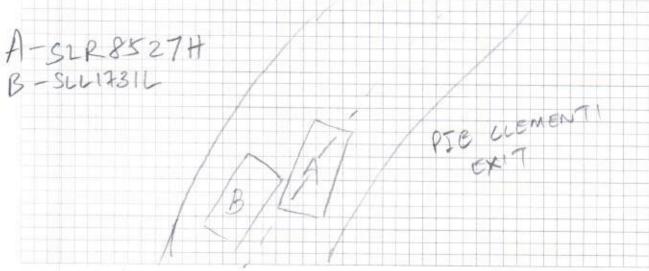
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

traffic light



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along PIE Clementi Exit Nearing
the traffic light, Vehicle A wanted to change lane vehicle A
was checking veer view mirror and then was cheeked
Gode mirror. At the point of changing lane, Vehicle B made
contact with the back left passinger door. Vehicle A
immediately rerevited back to his original lane and
Stopped the car and turned on the hazard lights.
Driver of Vehicle A got out of the car and walked
ever to assess the damage of both cars. Driver of
Vehicle B dol not step out of the vehicle. Driver of
Vehicle B wound the window down and asked if there
were any damages. Driver of Vehicle A gestured and
Indicated there was point transfer. At this point, Driver of
Vehicle B decided not to pursue the matter and drove
off. There was no exchange of details between both
parties as it was a settel settled on site.

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 polic

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

23/4/2019

Name:

NRIC/FIN No.:

GIARMC SketchlianForm_V3

Reported on 23/4/2019 @ 1350HRS

ACCIDENT STATEMENT

ACCIDENT DATE	5,4,2019	(DD/MM/YYYY),	TIME:(21:50)(HH:MA	
LOCATION:	PJE CL	EMENTI	EXIT	n)
a)VEHIC b)INSUR/	OF VEHICLE	SLR 85		
d)POLICY e)MAKE (f)TYPE:(S/ g)VEHICL h)PURPOS	Y TYPE: (COMPREHENSI) MODEL: MOON / COUPE / MPV E CATEGORY: (PRIVATE SE OF USING AT ACCID	/VAN/LORRY/ /COMMERCIAL		
IF NO, PL	J CLAIMING UNDER YO LEASE STATE (THIRD PAR POLICY HOLDER	IIP OWN INCHE	NCE (YES/NO)	59 58 72
A)NAME:			(MALE / FEMALE)	
C) ADDRES	N/PASSPORT:	(CONTACT:	
O/ADDRES	3			•0 53
(Including diag) a) NAME:	E TO 3.d IF DRIVER ALSO			
(1) b)NRIC/FIN	TITOUT ON I.		(MALE / FEMALE)	-090
*d)DATE OF	BIRTH: (//)(DD/MM/	YYYYI	
f)YEARS OF	DRIVING EXPREDIENCE	OORI	74 ZE	
4. WAS DRIVE	ER AN EMPLOYEE OF	THE THEIR	COMPANY? (YES / NO)	
1F NO, REL	ATIONSHIP OF THE D	RIVER WITH INS	SURED: (YES / NO)	
bIROAD SUR	EACE INDRY / WET / OF	RAINING / OTHER	25	
O. WAS ANYBO	DY IN HIRED IVEC INIO)
/ GIREPORTED	TO POLICE LYES / NON			
IF YES, PLEA	SE STATE WHICH PON	CE STATION:		
Me of poor	VEHICLE	1		
He of passenger a) VEHICLE	NUMBER:	1731L MC	DDEL:	
manding ciriver) Of DRIVER	NAME:		,000	
() NRIC/FIN	VPASSPORT.	CC	DNTACT:	
9. THIRD PARTY			NO. 11.00.000.000	
No of passenger d) VEHICLE		мо	DEL:	**
Induding driver) ORIVER'S	NAME			
()	ASSPURI:	co	NTACT:	
	8		an value Sand-Sand-Sand-Sand-Sand-Sand-Sand-Sand-	
13		25		

email = benjamin@wheels.53

fax = benjamin@wheels.53

VIDEO =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8611467D





ABIDIN ADAM, GUAN YAN

冠 延

INDIAN

Date of hirth

10-04-1988 Country/Place of birth

SINGAPORE

1



5732743



BIC No. S8611467D



04-04-2017

Appress

19 JALAN HAJI SALAM SINGAPORE 468786 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

lass 3 Motor cars with unladen weight =< 3000kg with =< 7 06 Dec 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:S8611467D

My Desktop

Notice of Loss

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password Log Out **Policy Query** Policy No. 5103652156 Date of Accident 05/04/2019 21:50 Vehicle No.(For Motor) Certificate Number Search Certificate Policyholder Policyholder Product Cover Vehicle Number Name NRIC Product Type No. Commence Expiry Date Select Policy No. Insured Object Teng Kai Yao/S8624911A_ONG YONG SHENG (WANG YONGSHENG)/S8630584D_MOK ZI SOON (MO ZI SOON (MO
ZHISHUN)/S9014699H_ABIDIN
ADAM GUAN
YAN/S8611467D_ONG KIAN
YONG (WANG
JIANYONG)/S8001373F_HERMAN
NG WING HAN (HERMAN HUANG
RONGHAN)/S7815993F_TAN
YONG JIAN/S8627134F_NGIAM
CHEE SHIN/S7817516H_SOH
PENG HUNG/S8909851C_TENG
YAN MING , BENNY/S9022756D WHEELS Third 5103652156 SINGAPORE 201823188C GMT 06/09/2018 05/09/2019 PTE LTD

Continue

→ Policy Information		
Policy No.	5103652156	Policyholder Name
Certificate No.		
Address	24 EAN KIAM PLACE SINGAPORE 429115	
Product Name	MOTOR TRADE INSURANCE	Plan
Policy issue Date	06/09/2018	Effective Date
Third Party Excess	0	Own damage Excess
Additional Excess		OS Premium
Outside Singapore OD Excess		Outside Singapore TP Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.
Co-insurance Flag	No	
Open Policy Info		
Certificate Info		
Policyholder Mailing Address		
Address 1	24 EAN KIAM PLACE	Address 2
Address 4		Address Type
Unit No.		Related Policy Number
1 Insured Object: Teng Kai Yao/586249	11A_ONG YONG SHENG (WANG YONGSHENG)/58630584D_MOK ZI SOON (MO	ZHISHUN)/59014699H_ABIDIN ADAM GUAN YAN/58611
Sequence	Date of Endorsement	
1	05/11/2018 00:00	Basic Information Endorsement
2	05/11/2018 00:00	Basic Information Endorsement
3	21/11/2018 00:00	Basic Information Endorsement
4	21/11/2018 00:00	Basic Information Federal and
		Basic Information Endorsement
5	31/12/2018 00:00	Basic Information Endorsement
5	08/03/2019 00:00	Basic Information Endorsement
		and the state of t

Claim Handling Accident MT/1041492

Policy No.	5103652156	Vehicle No.		GST Rec	istration
Certificate No.					pariation
Policyholder Name	WHEELS SINGAPORE PTE LTD			Policyho	lder NRIC
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading	inchiscore.
Motor Trade Plate No.	SLR8527H	Motor Trade Driver Name	ABIDIN ADAM, GUAN YAN	Motor Tr	ade Drive
Contact No.(Mobile)	94522090	Contact No.(Office)	0		No.(Home
Email Address		Special Remark		eCode	77.
KFK	= No Yes	TCA	No ○ Yes	eCode R	eason
NCD Protection	No	NCD Entitlement(%)	0	Private H	
Accident Details					
Report Date	24/04/2019 10:58	Accident Report Within 24 hrs	Yes	Accident	Type
Date of Accident	05/04/2019	Time of Accident hh:mm	21:50		of Accide
Reporting Centre		Orange Force		ICM No.	
Accident Location Excess	PIE CLEMENTI EXIT				
Own damage Excess	9392	7. 179% C - 18			
Unnamed Driver Excess	0.00	Additional Excess		Windscre	en Exces
Third Party Excess		Outside Singapore OD Excess			
♥ Benefits	0.00	Outside Singapore TP Excess			
GST Registered Infor					
GST Registration No.	No		GST Registration Date		
Modification History	24/04/2019 11:01:33 5	ystem changed GST Status Verified from No	GST Status Verified		Yes
	, , , , , , , , , , , , , , , , , , , ,	verned from No	to Yes		
Policyholder Mailing A	Address				
Address 1	24 EAN KIAM PLACE	Address 2			
Address 4		Address Type	SINGAPORE 429115	Address 3	
Unit No.			Singapore address	Post Code	
OI Driver Info		Related Policy Number	5108144024		
Driver Name	ABIDIN ADAM GUAN YAN	Deliver Town			
Unnamed driver Name		Driver Type Driver NRIC	Named Driver		
Register Date of Driver License	e 06/12/2016	Driver Age	S8611467D	Driver DO	B
Contact No.(Mobile)	94522090	Contact No.(Office)	32	Driving Ex	xperience
Address 1	19 # JALAN HAJI SALAM	Address 2	0	Contact N	o.(Home)
Address 4	Procedure Andrews Controlled (To All You	Address Type	SINGAPORE 468786	Address 3	
Unit No.		1750	Foreign address	Post Code	
Does he own a Singapore Registered car?	Yes # No	Driver Vehicle No.			
Negistered cary		briver venicle No.		Driver Ins	urer Com
Declaration					
Breathalyser or Blood Test	0 mg	Water Marine W.			
Reading?	o mg	Any injury?	⊘ Yes ⊗ No		
Modification History					
Color and an and Mar	D.				
Claim 001 OD-MX Nev	*				
Claim Type *			[and the second	I Incurred	
			OD-MX	▼ Insured Name	WHEEL
Contact No.(Mobile)				Contact No.	
Email Address				(Home)	_
Linus Aggress				OI Vehicle	
Claim Description				Number	
			/ SLL1731L ON	5 Apr 2019	
Preferred Workshop	Insured Liability Partially	at Fault 🔻			
Bostaet No. Finalisation Yes	 Repair Preferred Workshop, 	Name unknown GIA Bossived	*		
Date Registered	Option	report Received		Claim	_
			24/04/2019 11:	07 Close Date	_
loport Taken By				Workshop	
				Repairer	

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