Number			p/t vl	1.45	
NATIONAL Assessment C	Lentre Services	Met I Janiosi M	NA 11958921	Malle I was seen	
Date In: 6/0/19-15:12	Jeb description	OII	Date & Time Completed	Done	e by
Res No: NA MC 1927 914/44	SAS e-filing	g			
Vch No: GDE 6169 H	E-mail (with	in 8hrs, AIC 2hrs)	1		
D.O.A: 4/5/19-164	i-Motor Cla		Mal 1012 - 10	(14) - 1	1 175
	i-Motor W/	O (Within: OD 2hr	M1/1043138 - 301	6/4/19 15	43
OD TP)' Reporting Only	i-Photo Upl		2, 11 +013)		
			<del>-</del>		
TP Insurer:		Survey Report			
Preferred Wksp / INC Assign Wksp / QV		by Fax / Hand	to Owner/Wksp		
				Fax:	
Owner / Driver: (	5745057T	, INC(		ia .	
Policy No: (	D 11/		Tel:	)	
Confirmed by : (	Period: (	)	Cover Type: (	)	
Insured/Driver Liability: (		Date:	Time:	)	
Year of Registration: (			0%; P: 21-79%. P: 80-1	.00%]	
	) Warranty: YES (		)		
The state of the s	: \$1,000 ( )/\$2,000				e- si
General Remarks:			END SERVICE SERVICE	33 - 13 · · ·	
( ) Walk-In Customer : Customer	's information strictly Co	onfidential & Str	ictly NO rafer of repaires		-
( ) Total Loss Case : to e-mail I	nsurer LIRCENTI V		nouy NO Islet of repailer.		MATERIAL PROPERTY.
			1-1-1-1		
7,11		NO(); To	owing Co: (		)
Remarks: (INC hotline: 6788 66	16)		Date& Lime Completed	Done	hu
1) Apply for Transport Allowance (	) / Courtesy Car (	)		ASSE VESTACING	Ly
2) QC Check / Post Repair Inspection	,	,	7		
3) Upload Resurvey Photo [Repair Cost	t > \$30001 (	1		VACHELIA PARE E ELL	
Injury:	(	,			
Injury:					
Date/Time: Actions			e fragers	0247-7-5	1, 7/3, 1
		8790-401-4	en van en	eseichter.	-
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•					
191907160		Invoice Prep	aration Checklist	Ant (S)	Amil
umant's Particulars :-		1) AR : Accident R	STANDARD BY THE THE PARTY OF THE	fit Bill	Add
	100 miles	2) DA : Damage A			
ver/Owner:		3) TF : Towing Fee	\$40/	\$45	
ntact No:		4) FT : Follow-Thr		120	
		For claiming aga	inst INC Only (wef 10 Jan 2005)	-	-
maged Portion:		6) TR : Re-inspecti		175	
		7) N1 : Idao DA + 3 8) NTUC Additions		160	
Checked by (Engr-In-Charge):		OD.			
, , , , , , , , , , , , , , , , , , , ,	1	*N5: Courtesy C *N6: Repair Co-		\$5	
ditors' Comments :-	A THE RESERVE OF THE PARTY OF T	*N7: Post Repair	Inspection 5	510	
1:	<b>为来以的特别。</b>	*N8: DV / Collec	et Excess Coordination	55	
A superior and a supe	17	TP (N11): TP (N 9) N12: Idac Mobile	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU	30	
2/3:		Invoice dated	Fee Chargea	23	中河
·	I.	Involce dated	Fee Charged	SARIEM	175-13-13-14

### 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.
- 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	06/05/2019 15:12
Date Of Accident	04/05/2019 16:45
Exact Location Of Accident	JUNC BUKIT BATOK WEST AVE 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE6169H
Insured/Policyholder	
Name Of Registered Owner	QUALITY AUTO HUB
Co Reg No	53219756M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90662292
Alternative Phone No	OFFICE-90662292
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE AUTO
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	5105902159
Cover Note Number	
Driver	
Name of Driver	ZAINAL ARRIFIN BIN AZIZ

NRIC No S8206078B Date Of Birth 16/02/1982 Occupation OUTDOOR Date Of Driving Pass 13/02/2012

Driving Experience 7 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84181706

Fax Number

Contact Number OFFICE-84181706

**EMail Address** NOEMAIL

BLK 443B BUKIT BATOK WEST AVENUE 8 Address

#02-807

Postcode 652443

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

2

1

## General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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) NO 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, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B CUT ONTO MY LANE FROM 1ST LANE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

## Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJH5057T

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: :

GENDER: :

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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:

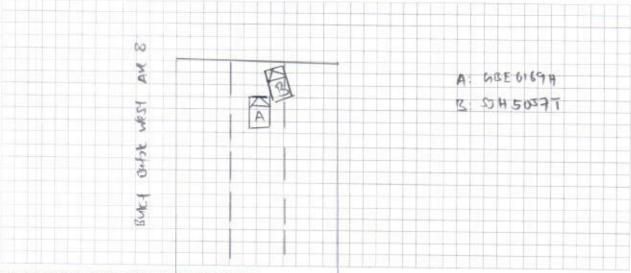
Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	Hayemand.	
	V V	
IADATION		

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

Policyholder's Signature Date & Time:

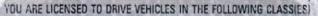
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:







EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc 22 Aug 2005 Class 2A Motorcycles between 201 cc and 400 cc 30 Dec 2005 Class 3 Motor Cars=< 5000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 13 Feb 2012

NP 428A

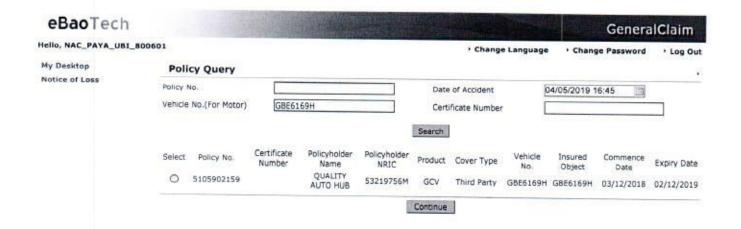


4605304 NRIC No. S8206078B

03-07-2010 APT BLK 443B BUKIT BATOK WEST AVENUE 8 #02-807 SINGAPORE 652443

NRIC No:

\$82060788



#### **Policy Information** Policyholder Policyholder NRIC Policy No. 5105902159 QUALITY AUTO HUB 53219756M Certificate No. Address 317 OUTRAM ROAD #B1-37 CONCORDE SHOPPING CENTRE SINGAPORE 169075 Product Group COMMERCIAL VEHICLE INSURAL Plan Name Policy Flag Policy Effective issue 03/12/2018 03/12/2018 00:00 Expiry Date 02/12/2019 23:59 Date Date Excess All Claims Type Excess Third Own Windscreen 1500 Party damage Excess Excess Excess Additional 05 Excess Premium Outside Outside Singapore Singapore Young/Inexperience Driver Excess OD TP Excess Excess Agent JG MOTOR AGENCY Agent Tel. 63440727 insurance Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 317 OUTRAM ROAD Address 2 #B1-37 CONCORDE SHOPPING Address 3 SINGAPORE 169075 Address 4 Address Type Singapore address Post Code 169075 Related Policy Unit No. 81-37 5105902159 Number Insured Object: GBE6169H Sequence Date of Endorsement **Endorsement Type Endorsement Status Endorsement Content** Continue Cancel

Claim Handling						· Exit
Policy No.	5105902159	Vehicle No.	GBE6169H	GST Registration No.		
Certificate No.		(7.54)(60)(444)	302040311	GOT REGISTRESON NO.		
Policyholder Name	QUALITY AUTO HUB			Policyholder NRTC	53219756M	
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party	Leading	0	
Contact No.(Mobile)	90662292	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	This V	
KFK	® No O Yes	TCA	® No ○ Yes	eCode Reason	In. v	
NCD Protection	No	NCO Entitlement(%)	0	Private Hire	No.	
Accident Details			\$2.500	Private rise	No	
Report Date	06/05/2019 15:41	Accident Report Within 24 hrs	7600			
Date of Accident	04/05/2019			Accident Type	Collision - Change / Cross lane	
Reporting Centre	5416312015	Time of Accident hh:mm	16:45	Country of Accident	Singapore	
	STATE OF THE STATE	Drange Force		DCM No.		
Accident Location	JUNC BUKIT BATOK WEST AVE 8					
♥ Excess						
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00	
Unnamed Driver Excess		Outside Singapore OD Excess				
Third Party Excess	1,500,00	Outside Singapore TP Excess				
□ Benefits						
□ GST Registered Inform						
GST Registered	Yes		GST Registration Date	15/07/2013		
GST Registration No. Modification History	M90368482C		GST Status Verified	Yes		
Hourication masory	06/05/2019 15:42:34 Sys	item changed GST Registered from No. item changed GST Registration No. fr	om null to M90368483/5			
	U6/U5/2019 15:42:34 Sys	tem changed GST Registration Date 1	from null to 15/07/2013			1
Address 1	317 OUTRAM ROAD	Address 2	#81-37 CONCORDE SHOPPING	Address 3	SINGAPORE 169075	
Address 4		Address Type	Singapore address	Post Code	169075	
Unit No.	81-37	Related Policy Number	5105902159			
₩ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	ZAINAL ARRIFIN BIN AZIZ	Driver NRIC	582060788	Driver DDB	16/02/1982	
Register Date of Driver License	13/02/2012	Oriver Age	37	Oriving Experience	7	
Contact No. (Moose)	84161706	Contact No.(Office)	0	Contact No. (Home)	0	
Address 1	BLK 443B	Address 2	BUKIT BATOK WEST AVENUE 8	Address 3	WEST RIDGES @ BUKIT BATCK	
Address 4	SINGAPORE 652443	Address Type	Singapore address	Post Code	652443	
Unit No.	02-807					
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
11.5 PM 13.10 /				4.00		
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No			_
00000000		10000000000000000000000000000000000000				
araaca.cov.cov						
Modification History						1
Claim 001 New						
Claim Type *	DD-MX	Insured Name	QUALITY AUTO HUB	Insured NRIC	53219756M	
Contact No (Mobile)	97367757	Contact No.(Home)		Contact No.(Office)		
Email Address		OI Vehicle Number	GBE6169H	TP Vehicle Number	S3H5057T	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *	25	Claimant NRIC +				
Claimant Address						
Claim Description	GBE6169H / SJH5057T ON 4 May 2019			Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	600 000 000 000 000 000 000 000 000 000		
Require Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report		
Date Registered	05/05/2019 15:43	Claim Close Date	Principle for Caroly, Harris Calabour.		Received	
Report Taken By	Deckson	Commence Date		Date Received	06/05/2019 00:00	
	Parent.					
Print AK letter						
			Save Submit			
Attachment						
9						
Accident No.	MT/1043138	Claim No.	001			
ast Doc. Received	® Yes ○ No	Upload Date	06/05/2019 15:45			
	Path •	200000000000000000000000000000000000000				
	F803.*	Browse	Category *	Confidential Urgano		
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		Browse	Clear Please Select	Normal V	V	
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