i . pet at 1.75 MMA119069423 NATIONAL Assessment Centre Services. [wel | Jan'03] Done by Date & Time Completed Jeb description Date In: 28/5/19 15:13 SAS c-filing Ref No: MA/ INC190p9383/44 E-mail (white this, AIC this) Vch No: GBB 57105 i-Motor Claim Form DOA . 2815/19 17:41 2715119 16:30. I-Motor W/O (Within: OD 2hrs, TP 4hrs) (1) D' Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Proforred Wksp / INC Assign Wksp / QW: (INC ()/Non-INC (Veh No: TP Particulars: SMA 7784 R Tcl: Owner / Driver: (Period: (Cover Type: (Policy No: (Time: Confirmed by : (Dates %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: (P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Loading: \$1,000 (Excess: (\$ Court Matthetist &) Walk-In Customer's Information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () ; Towing Co: (temarks: UNC hothics 6788 6616085 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : WA1903973 1) AR ! Annident Reporting (530); Chammats Particulary 5. INC (230) 2) DA : Damege Assessment (\$100) \$40/\$45 3) TF : Towing Pee Driver/Owner: 4) PT : Pollow-Through Survey \$120 5) PT : Pollow-Through Burvey (Resurvey) Contact No: Por plaining against INC Only (well 10 Jan 2005) \$75 6) TR : Re-Inspection Damaged Portion: \$160 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): *NS: Courlesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$25

* N7; Post Repair Inspection

) N121 Idao Mobile

involve dated

Involce dated

*NS: DV / Collect Excess Coordination

TP (NII) : TP (Kin INC) against INC

22

\$20

Fee Charged

Madel

AMPAY THE

Auditors Comment

Cat. 1:

1 2/3:

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.

	ACCIDENT STATEMENT			
Date Of Report	28/05/2019 15:13			
Date Of Accident	27/05/2019 16:30			
Exact Location Of Accident	524A TAMPINES CENTRAL 7 LOADING UNLOADING			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBB5710S			
Insured/Policyholder				
Name Of Registered Owner	WENG SOON AUTO & LEASING			
Co Reg No	53227794E			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-92727979			
Vehicle Particulars				
Manufacturer	NISSAN			
Model	URVAN			
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	5063833988-04			
Cover Note Number	•			
Driver				
Name of Driver	HUZAIMI BIN HUSSAIN			
NRIC No	S8018696G			
Date Of Birth	15/04/1980			
Occupation	OUTDOOR			
Date Of Driving Pass	18/10/2010			
Driving Experience	8 YEARS AND 7 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-91602152			
Fax Number				
Contact Number				
EMail Address	NOEMAIL			

Address BLK 872A TAMPINES ST 86 #07-17

Postcode 521872

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

Vehicle

-

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

1

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

BEFORE I REVERSING INTO THE LOADING UNLOADING BAY, I CHECK BEHIND TRAFFIC WAS CLEAR, WHEN I ABOVE TO MOVE, SUDDENLY I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SMA7784R) FROM BEHIND COLLIDED ONTO MY VEH REAR 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 SMA7784R

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 <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 Signature Date & Time:

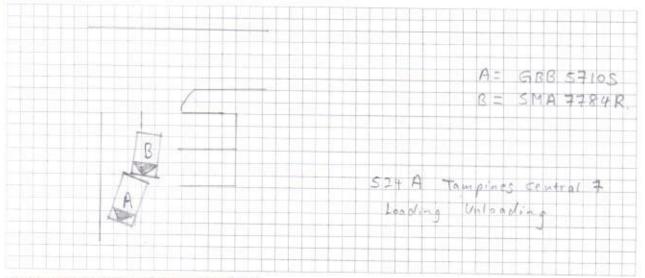
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	+o	Statement	
			/	
	/			

DECLARATION

I/We declare the foregoing particulars are true in every respect. \$0.00

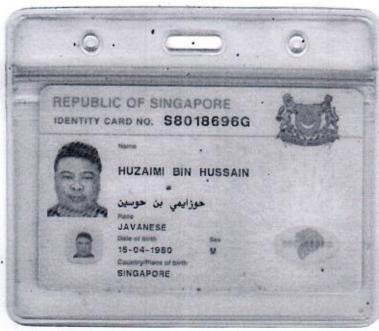
Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Date of Accident 28/05/2019 15:12 Policy No. GBB5710S Vehicle No.(For Motor) Certificate Number Search Policyholder Name Policyholder NRIC Certificate Vehicle Insured Commence Select Policy No. Product Cover Type Expiry Date Number Object Date WENG SOON 5063833988-AUTO & LEASING GCV Third Party GBB5710S GBB5710S 29/12/2017 28/06/2019 53227794E Continue

Claim Handling(accident reporting Claim Task Claim Handling Accident MT/1046565 Policy No. 5063833988-04 Vehicle No. G885710S GST Registration No. Certificate No. Policyholder Name WENG SOON AUTO & LEASING Policyholder NRIC 53227 Product Code COMMERCIAL VEHICLE INSURA! Cover Type Third Party 0 92727979 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No * . No Yes TCA * No Yes eCode Reason NCD Protection No NCD Entitlement(%) 20 Private Hire No. Accident Details Report Date 28/05/2019 17:38 Accident Report Within 24 hrs Yes Accident Type Collisio Date of Accident 27/05/2019 Time of Accident hh:mm Country of Accident Singap Reporting Centre Orange Force ICM No. 524A TAMPINES CENTRAL 7 LOADING UNLOADING 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 Information GST Registered GST Registration Date GST Registration No. **GST Status Verified** Modification History 28/05/2019 17:40:05 System changed GST Status Verified from No to Yes Policyholder Mailing Address Address 1 2 KAKI BUKIT AVENUE 2 Address 2 #01-13 KAKI BUKIT AUTOHUB Address 3 SINGA Address Type Singapore address Post Code 41792 01-13 Related Policy Number 5109274512 Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name HUZAIMI BIN HUSSAIN Driver NRJC \$8018696G Driver DOB 15/04/ Register Date of Driver License 18/10/2010 Driver Age 39 Driving Experience 8 Contact No.(Mobile) 91602152 Contact No.(Office) Contact No.(Home) Address 1 BLK 872A #07-17 Address 2 TAMPINES STREET 86 Address 3 SINGA Artidress 4 Address Type Singapore address Post Code 52187; Linit No. Does he own a Singapore Registered car? Yes + No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test 0 mg Any injury? Reading? Yes No Modification History Claim 001 New Claim Type * Insured WENG SOON AUTO & LEASING OD-MX Contact No. (Home) Contact No.(Mobile) OI Vehicle Numbe Email Address G8B57105 Claim Description GB857105 / SMA7784R ON 27 May 2019 Preferred Workshop Bonuse No. Finalisation Yes Preferered Liability Not at Fault ▼ Repair Option GIA Received Preferred Workshop, Name unknow Date Registered 28/05/2019 17:41 Report Taken By LIEW SHAN HUI Print AK letter

Save Submit

001

Claim No.

MT/1046565

Attachment

Accident No.

Last Doc. Received · Yes · No Upload Date 28/05/2019 17:41 Path * Category * Confidential Urgency + Choose File No file chosen Clear * NO Please Select Normal Choose File No file chosen Clear Please Select ▼ NO * Normal * Choose File No file chosen Clear * NO Please Select . Normal * Choose File No file chosen Clear Please Select * NO Normal Choose File No file chosen · NO Clear Please Select * Normal Choose File No file chosen * NO Clear * Normai Please Select Message Read Attachment List Attachment Uploaded By/Date Category Urgency Description act with NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2019 17:41 NRIC/ Driving License 200 Normal NRIC/ Driving License 2019-5-28 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2019 17:41 SAS Normal SAS 2019-5-28 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 見して「ことの記 Photos 28 May 2019 17:41 Normal Photos 2019-5-28 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2019 17:41 Photos Normal Photos 2019-5-28 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2019 17:41 Photos Normal Photos 2019-5-28 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2019 17:41 Photos Photos 2019-5-28 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2019 17:41 Normal Photos 2019-5-28 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2019 17:41 Normal Photos 2019-5-28 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2019:17:41 Photos Normal Photos 2019-5-28 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2019 17-41 Photos Normal Photos 2019-5-28 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2019 17:41 Photos Photos 2019-5-28

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