11316 (1) - 11 -	Services   wet   James   M	MALIGOTUSON		
Date 11. 3/1/14 - 16:47	Jeb description	Date &Time Completed	Do	ne by
Ref No: Na / 11/C19239799/24	SAS e-filing			
Veh No: (62492	E-mail (within thrs, AIC 2hrs)			Va
D.O.A: 3/6/19-15:45	i-Motor Claim Form	Millians	71.	-
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2h	M 1047398 - 331	76/19 1	7:35
- Sporting Only	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			ax:	
TP Particulars: Veh No: Veh No:	187 . INC(		ax:	S0118C=
Owner / Driver: (		Tel:		-
Policy No: ( ) Perio	od: ( )	Cover Type: (		
Confirmed by : (	Date:	Time:	,	
Insured/Driver Liability: ( %) [No	te-Est. Status (WO): N: 0-2		00%1	
Year of Registration: ( ) Wa	arranty: YES ( )/NO (	1	2078]	
Excess: (\$ ) Loading: \$1,000	( )/\$2,000 ( )			
General Remarks:	2008: 3000 ( )			
( ) Walk-In Customer : Customer's information	ation strictly Confidence		3. 2.	
Drive-In ( )/ Tower-In ( ): Inverse V			A MARKET IN	3,824,524
Drive-In ( )/ Towed-In ( ); Invoice: Y	YES ( ) / NO ( ); To	wing Co: (		)
Remarks: (INC hotline: 6788 6616)		, i	Ten of the Parish of	090 300
1 \ 4		Date&Time Completed	Done	by
	rtesy Car ( )			
- Contook / Fusi Repair Inspection	( )	Wh		
	( )			
3) Upload Resurvey Photo [Repair Cost > \$3000	( )		ALVY-MAYERS	
	( ) oj ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	o] ( )			
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3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	( ) O] ( )			7.0
3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	( ) oj ( )			7.00
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Onte/Time Actions  Actions	Invoice Prep	tration Checkdist	Anit (5)	P. Landburger
Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Onte/Time Actions  Unitary to the process of the process	Invoice Prep:	porting (\$30);	3 7 3 m 3 7 7 m	P. Landburger
Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Onte/Time Actions  Unitary to the process of the process	Invoice Prep:  1) AR: Accident R  2) DA: Damage As  3) TF: Towing Fee	eporting (\$30); sessment (\$100); INC (\$80) \$40/\$4	fic Bill	P. Landburger
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3) Upload Resurvey Photo [Repair Cost > \$3000  Injury:  Date/Time Actions	Invoice Preps  1) AR: Accident R  2) DA: Damage As  3) TF: Towing Fee  4) FT: Follow-Thre  5) FT: Follow-Thre For claiming aga  6) TR: Re-inspection  7) N1: Idac DA + S  8) NTUC Additions  OD*  *N5: Courtesy Ce  *N6: Repair Co-o  *N7: Fost Repair  *N8: DV / Collect	### sporting (\$30);  ### sessment (\$100); INC (\$80)    \$40/\$4     \$40/\$4	196 Bill	P. Carlotte and S.

## 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.
- 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.

attendents of the state of the	ACCIDENT STATEMENT
Date Of Report	03/06/2019 16:51
Date Of Accident	03/06/2019 15:25
Exact Location Of Accident	ALONG KEPPEL VIADUCT TWDS MCE
Country/State of Loss	SINGAPORE
TO THE COURSE OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE2498Z
Insured/Policyholder	
Name Of Registered Owner	HIAP LOGISTICS PTE LTD
Co Reg No	2500306732H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62272984
Vehicle Particulars	
Manufacturer	SCANIA
Model	P400LA4X2MSZ
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5087599974-02
Cover Note Number	
Driver	
Name of Driver	TAY SOON CHYE
NRIC No	S8540966B
Date Of Birth	05/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90733588
Fax Number	
Contact Number	OFFICE-90733588
EMail Address	NOEMAIL

BLK 8 NORTH BRIDGE ROAD Address

#03-4102 190008

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

RAINING

Road Surface

WET

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

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) 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. AS I WANTED TO FILTER FROM LANE 2 TO LANE 3. I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHERE THE WAS NO ONCOMING VEHICLES, I SLOWLY MERGED ONTO LANE 3. SUDDENLY VEHICLE B WAS TRAVELLING ALONG LANE 2 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?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SCJ1828J

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**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- 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

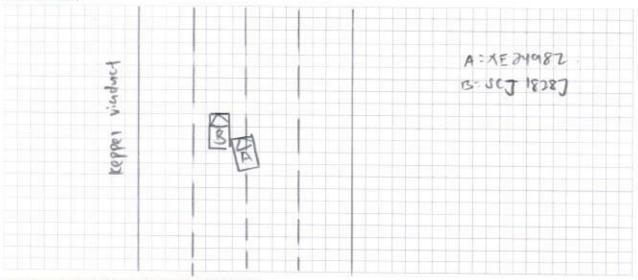
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

telter to	Hutement.		
- M	A		
	/		

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) Reporting Centre Persopnel's Signature Name:

NRIC/FIN No.:

Date & Time:



For LKK/NAC Use Only

ALL CONTROL OF THE PARTY OF THE

MPHC MM. S8540966B

21-12-2015

Address

APT BLK 8 NORTH BRIDGE ROAD #03-4102 SINGAPORE 190008 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Claud

Motor cars = 2000 kg with = 7 passengers, exclusive driver; and motor tractors/schicks = 2500 kg

7 Jul 2006

17 Sep 2018

S / No.9000284211

....

NP 428A

Uconce No. S85479565

For LKK/NAC Use Only

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					· Change Lang	guage	· Change P	assword	Log Out
Policy Query									ï
cy No.				Date of	Accident	03/0	6/2019 15:2	5 🗎	
icle No.(For Mot	or) XE24982			Certifica	ste Number				
			Se	earch					
ect Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
508759997 02	4-	HIAP LOGISTICS PTE LTD	200306732H	GFT	Comprehensive		XE2498Z	22/01/2019	
lin	hicle No. (For Mot elect Policy No.	hicle No.(For Motor) XE24982  lect Policy No. Certificate Number  5087599974	licy No.  hicle No.(For Motor)  XE2498Z  lect Policy No. Certificate Number Name Number Name HIAP LOGISTICS	Sect   Policy No.   Certificate   Policyholder   Name   NRIC	Date of   Date	Policy Query  licy No. Date of Accident  Accident Certificate Number  Search  Search  Detect Policy No. Certificate Number Name NRIC Product Cover Type  HIAP  Description of Accident Certificate Number Name NRIC Product Cover Type  HIAP  LOGISTICS 200306732H GFT Comprehensive	licy No.  Date of Accident  O3/O  Accident  D3/O  Certificate Number  Search  Detect Policy No.  Certificate Policyholder Policyholder Name NRIC  Number Name NRIC  D3/O  D3/O  Certificate Policyholder Policyholder Name  NRIC  D3/O  Cover Type Vehicle No.  D3/O  D3	Policy Query  licy No. Date of Accident 03/06/2019 15:29  hicle No.(For Motor) XE2498Z Certificate Number  Search  Search  Date of Accident 03/06/2019 15:29  Certificate Number Search  Search  Search  Discover Type Vehicle Insured No. Object HIAP  Discover Type No. Object HIAP  Discover Type No. Object No. Object HIAP  Discover Type No. Object No. Ob	Policy Query  licy No. Date of Accident 03/06/2019 15:25  hicle No.(For Motor) XE2498Z Certificate Number  Search  Search  OS087599974-  DECT POLICY No. Certificate Number NRIC Product Cover Type Vehicle Insured Commence No. Object Date  HEAP  LOGISTICS 200306732H GFT Comprehensive XE2498Z XE2498Z 22/01/2019

Policy No.	5087599974-02	Policyholder Name	HIAP LO	GISTICS PTE LTD	Policyholder NRIC	200306732	Н
Certificate No.							
Address	7 KEPPEL ROAD #03-51A TANJ	ONG PAGAR CO	OMPLEX 5	INGAPORE 089053			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	24/01/2019	Effective Date	22/01/20	019 00:00	Expiry Date	21/01/2020	23:59
Excess Type		All Claims Excess					
Third Party Excess	0.00	Own damage Excess	2000.00		Windscreen Excess	300.00	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
Agent	VICOM LTD	Agent Tel.	6697521	0	GST Flag	Υ	
Co- nsurance Flag	No						
Open							
Policy Info							
Info Certificate Info	nolder Mailing Address						
Info Certificate Info Policy	nolder Mailing Address 7 KEPPEL ROAD #03-5	A Addre	·ss 2	TANJONG PAGAR C	OMPLEX	Address 3	SINGAPORE 089053
Info Certificate Info Policyl Address 1	positiva presidente de la companya d		ss 2	TANJONG PAGAR C		Address 3	SINGAPORE 089053 089053
Info Certificate Info	positiva presidente de la companya d	Addre	ss Type				NO. NEW YORK ON THE PARTY OF TH
Info Certificate Info Policyl Address 1 Address 4 Unit No.	positiva presidente de la companya d	Addre	ss Type	Singapore address			NO. NEW YORK ON THE PARTY OF TH
Info Certificate Info Policyl Address 1 Address 4 Unit No.	7 KEPPEL ROAD #03-51 d Object: XE2498Z	Addre	ss Type	Singapore address			NO. NEW YORK ON THE PARTY OF TH
Info Certificate Info Policyl Address 1 Address 4 Unit No. Insure	7 KEPPEL ROAD #03-51 d Object: XE2498Z sements	Addre	ess Type ed Policy er	Singapore address	J. A. L.		400 Market 2000

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ticy No.					
	5087599974-02	Vehicle No.	XE24962	GST Registration No.	200306732H
ertificate No.					E0070013E1
olicyholder Name	HIAP LOGISTICS PTE LTD			Policyhelder NRIC	200306732H
roduct Code	FLEET INSURANCE	Court Type	Company		
ontact No.(Mobile)		Cover Type	Comprehensive	Loading	0
	0	Comact No.(Office)	62272984	Contact No.(Home)	0
mail Address		Special Remark		eCode	Par. V
FK	No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	g g	Private Hire	No
Accident Details					
port Date	03/06/2019 17:05	Accident Report Within 24 hrs	Ves	******	
				Accident Type	Collision - Change / Cross lane
ace of Accident	03/06/2019	Time of Accident hh:mm	15:25	Country of Accident	Singapore
porting Centre		Orange Force		JCM No.	
ordent Location	ALONG KEPPEL VIADUCT TWDS MCE				
Excess					
vn damage Excess	2,000.00	Additional Excess		Windscreen Excess	300.00
married Driver Excess		Outside Singapore OD Excess		/ 400-0000000000000000000000000000000000	and the same of
ind Party Excess	0.00				
♥ Benefits	0.00	Outside Singapore TP Excess			
7 GST Registered Informa					
ST Registered	Yes		GST Registration Date	01/12/2004	
ST Registration No.	200306732H		GST Status Verified	Yes	
adification History					
Policyholder Malling Ad	ldress				
Idress 1	7 KEPPEL ROAD #03-51A	Address 2	TANJONG PAGAR COMPLEX	Address 3	SINGAPORE 089053
Idress 4		Address Type	Singapore address	Post Code	089053
nit No.				Total Control	029033
OI Driver Info		Related Policy Number	5067600598-02		
of Driver Info	Contract to the contract to th				
	Unhamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	TAY SOON CHYE	Driver NRIC	S8540966B	Driver DOB	05/12/1985
gister Date of Driver License	19/09/2018	Driver Age	33	Driving Experience	0
ontact No.(Mobile)	90733588	Contact No. (Office)	0	Contact No.(Home)	0
idress 1	BLK 8	Address 2	NORTH BRIDGE ROAD	Address 3	SINGAPORE 190008
tóress 4		Address Type	Singapore address	Post Cope	
nt No.	27 1724	1100	an Subore ann ess	Post Cope	190008
	03-4102				
egistered car?	Yes ® No	Driver Vehicle No.		Driver Insurer Company	
cieration					
eathwiyser or Blood Test	Omg	Any injury?	○ Yes ® No		
reathalyser or Blood Test	Omg	Any injury?	○ Yes ® No		
ediaration reathwayser or Blood Test eading?	Omy	Any injury?	○ Yes  Mo		
reathwyser or Blood Test . eading?	Omg	Any injury?	○ Yes <b>®</b> No		
eathalyser or Blood Test ading? dification History	Omg	Any injury?	○ Yes <b>®</b> No		
eathwhyser or Blood Test ading? diffication History	Omg	Any injury?	○ Yes <b>®</b> No		
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eathalyser or Blood Test ading? officiation History Claim GGS   New   Irm Type * ntact No.(Mobile)	[ао-мх	Insured Name Contact No.(Home) Of Vehicle Number	HIAP LOGISTICS PTE LTD		200306732H 5/C36283
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