NATIONAL Assessment Centre Services. [wel 1 Jan'00] MMA 119086218 Done by Date &Time Completed Date In: Jeb description 217/19 17:08 Ref No: SAS c-filling WALING 190,11712164 Veli No: E-mail (within this, AIC 2hrs) GZ 329 H I-Motor Claim Form MT/1051602001 DUA 18:15. 2/7-119 217/19 11:00. I-Motor W/O (Within: OD 2hrs, TP 4hrs) (11) E IP / Reparring Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Tol Fax Proformd Wissp / INC Assign Wksp / QW: ( TP Particulars: Veh No: INC ( )/Non-INC ( GY 8682P. Owner / Driver: ( Tcl: Policy No: ( Period: ( Cover Type: ( Confirmed by : ( Dates Tima: Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Year of Registration: ( )/NO( Warranty: YES ( Excess: (\$ Loading: \$1,000 ( Conclute the bull the KE LEW ) Walle-In Cuscomer: Customer's Information strictly Confidential & Strictly NO refer of repoliter. ) Total Loss Case : to e-mail Insurer URGENTLY. )/Towed-in ( ); Invoice: YES ( ) / NO ( ) ; Towing Co: ( 1) Apply for Transfort Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : MA190489 Claurantils Dailiculars 1) AR : Analdest Reporting (530); 2) DA 1 Damege Assessment (\$100) \$40/\$45 3) TI's Towing Pee Driver/Owner: 4) PT : Follow-Through Survey \$120 5) l'T' : Pollow-Through Burvey (Resurvey) Contact No: For claiming against INC Only (well 10 Jan 200) 6) TR: Re-Impection Damaged Portion: \$160 7) NL : Idao DA + SMICT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \*NS: Courtery Car / Tpt Allowanne \*Not Rapair Co-ordination \* N7; Post Repair Inspection Audilors Comme \*Na: DV / Collect Excess Coordination 23 TE (NII) : TP (Kin INC) against INC ) N121 Idao Mobila Involve dated 30 2/3; MARTIN Fee Charged Invoice dated

in per at the

# SINGAPORE ACCIDENT STATEMENT

### 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.
- 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 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

AND THE RESIDENCE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	02/07/2019 17:08
Date Of Accident	02/07/2019 11:00
Exact Location Of Accident	OUTSIDE 6C BARKER RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ329H
Insured/Policyholder	
Name Of Registered Owner	POLARIS INTERNATIONAL (S) PTE LTD
Co Reg No	200405092K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67488966
Vehicle Particulars	
Manufacturer	ISUZU
Model	•
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	NO
Policy Number	5084826358-02
Cover Note Number	<u> </u>
Driver	
Name of Driver	GU ZHAOHUI
NRIC No	G8710801K
Date Of Birth	26/06/1995
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90366728
Fax Number	00076-66 Apr. E. 650 (6) 474 (6) 50 (6) 4. E.C. 250 (6) 60
Contact Number	
EMail Address	NOEMAIL

Address

BLK 108 HOUGANG AVE 1 #01-1307

Postcode

530108

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)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

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

MY VEH WAS PARKED OUTSIDE 6C BARKER RD, BEFORE I MOVING OFF FROM THE STATIONARY POSITION, I HAVE CHECK THE TRAFFIC WAS CLEAR, WHEN STARTED TO MOVE, SUDDENLY VEH B COME FROM THE LEFT SIDE AND HIT ONTO MY VEH LEFT HAND SIDE.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GY8682P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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.
- 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:
  - 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:

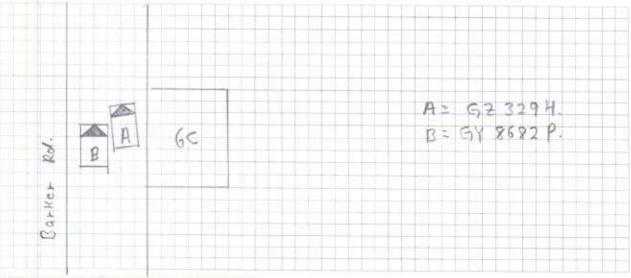
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer to Statement

## DECLARATION

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

Policyholder 3 anature Date & Time: 5/8410 Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5084826358-02 Cover: Comprehensive

Index mark and Registration Number of Vehicle : GZ329H

Chassis Number : JAANHR69E57100251

Name of Policyholder : POLARIS INTERNATIONAL (S) PTE LTD
 Effective Date of Insurance : 11 Oct 2018

3. Effective Date of Insurance : 11 Oct 2018
4. Expiry Date of Insurance : 10 Oct 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
  Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : \$\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : JUN SHI INSURANCE AGENCY (00000572596)

Date of Issue : 13 Sep 2018 12:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

Claim Handling				753 KO		
Accident MT/1051602						
Policy No.	5084826358-02	Vehicle No.	GZ329H		GST Backtonias No.	
Certificate No.			GESEST		GST Registration No.	
Policyholder Name	POLARIS INTERNATIONAL (S) PTE LTD				Policyholder NRIC	1206
Product Code	FLEET INSURANCE	Cover Type	Comprehensive		Loading	200
Contact No.(Mobile)	67488966	Contact No.(Office)	- Con green crosses		Contact No.(Home)	0
Email Address		Special Remark			eCode	No
KFK	. No Yes	TCA	* No Yes		eCode Reason	No
NCD Protection	No	NCD Entitlement(%)	0		Private Hire	No
					201949-11030	140
Report Date	02/07/2019 18:11	Accident Report Within 24 hrs	Yes		Accident Type	Side
Date of Accident	02/07/2019	Time of Accident hh:mm	11:00		Country of Accident	Sing
Reporting Centre		Orange Force			ICM No.	50.19
Accident Location	OUTSIDE 6C BARKER RD					
♥ Excess						
Own damage Excess	600.00	Additional Excess			Windscreen Excess	100.
Unnamed Driver Excess		Outside Singapore OD Excess				
Third Party Excess	0.00	Outside Singapore TP Excess				
♥ Benefits						
GST Registered Informat	tion					
GST Registered GST Registration No.	No		GST Registration D			
Modification History			GST Status Verifie	d	Yes	
51000000000000000000000000000000000000						
Policyholder Mailing Add	ress					
Address 1	10 UBI CRESCENT	Address 2				4000
Address 4	3.79	Address Type	#06-81 UBI TECHPARK Singapore address		Address 3 Post Code	SINC
Unit No.		Related Policy Number	5084826358-02	-	rost code	4085
♥ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	GU ZHAOHUI	Driver NRIC	G8710801K	_ j	Driver DOB	26/0
Register Date of Driver License	12/03/2019	Driver Age	24	- 9	Driving Experience	o
Contact No.(Mobile)	90366728	Contact No.(Office)		3	Contact No.(Home)	
Address 1	BLK 108 #01-1307	Address 2	HOUGANG AVENUE 1	3	Address 3	SING
Address 4		Address Type	Singapore address	(1	Post Code	5301
Unit No.  Does he own a Singapore	01-1307					
Registered car?	U Yes ⊯ No	Driver Vehicle No.		18	Driver Insurer Company	
Declaration						
Breathalyser or Blood Test	2000	\$20003000000	NAME OF STREET			
Reading?	0 mg	Any injury?	Yes w No			
Modification History						
Claim 001 New						
THE REAL PROPERTY.						
Claim Type *			OD-F	MX T	Insured POLARIS INTERN	ATTONAL /S
Contact No.(Mobile)					Contact	ATTOMAC (3)
Contact No.(Ploblie)					No: (Home)	
Email Address			<u> </u>		01	
					Vehicle GZ329H Number	-
Claim Description			GZ32	9H / GY8682P ON 2 Jul 201	9	
Preferred	I Instant Cabilly T					
Workshop 0 600uect No. Yes	Preferered Preferred Workshop, No.	GIA				
Finalisation 1998 Date Registered	Option	ame unknown report Received			Claim	
			02/07	7/2019 18:14	Close Date	
Report Taken By			LIEW	SHAN HUI		
Chr Chr. 1900 Chr. Chr.						
Print AK letter						
			Save Submit			

Claim No.

001

MT/1051602

Attachment

Accident No.

Last Doc. Received

♥ Video List

Uploaded By/Date

\* Yes No

Upload Date

	* Yes O No	Upload Date		02/07/2019 18:15					
	Path *			Category *		Confid	lential	Urgency	
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Attachme	ent List								
Attachmen	t. Uploaded By/Date	Category	9	Urgency			Descri		
- xxx	Lac Andrews	35 32		0.30.01			Descu	ption	
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Folder Date

Source