NATIONAL Assessment Centre Services. (wel 1 Jan'03) . : MIUA 119088274 Done by Date & Time Completed Date In: Jeb description 8 17 119 12:22 Ref No: SAS c-Illing MA/ INC 19011975/ Vch No E-mail (within Blus, AlC 2hrs) MT1105 2273001 1111A I-Motor Cialm Form 8/7/19 14:13 I-Motor W/O (Within: OD 2hrs, TP 4hrs) (ii) i IP i Reporting Only I-Photo Uploaded Assessment/Survey Report TP bisurer. Ass't Report by Pax / Hand to Owner/Wkan Proferred Wksp / INC Assign Wksp / QW: ( Tol: Fax: I'P Particulars: INC ( )/Non-INC ( Veh No: SLD 33 50 G. Owner / Driver: ( Tel: Policy No: ( Period: ( Cover Type: ( Confirmed by : ( Date! Timer Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Year of Registration: ( Warranty: YES ( )/NO( Excess: (\$ Loading: \$1,000 ( )/\$2,000 ( Gondon Main which he was a few of the second ) Walle-In Customar: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY, Drive-In ( )/ Towad-In ( ); Invoice: YES ( ) / NO ( ) ; Towing Co: ( Converse of the home countries of the 1) Apply for Transfort Allowance ( )/ Courtesy Car ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : mid had bin NA1905058 Chimanus Particulary 1) All ! Acoldent Reporting (530); \$40/\$45 3) TP : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) PT : Pollow-Through Burvey (Resurvey Contact No: Por claiming atalog UNC Only (world Jan 2003) 6) TR : Re-impection Damaged Portion: 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \*NS; Courlesy Car / Tpt Allowanne \*Not Rapair Co-ordination 310 \* N7; Post Repair Inspection \$25 \*Na: DV / Collect Excess Coordination 22 TP (N11) : TP (Non INC) scalnst INC at. 1: 9) N12: Idao Mobila \*# 2/3; Involve dated Fee Charged Involce dated

4 . pet at 1.20

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number EMail Address

- 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 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 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

	ACCIDENT STATEMENT				
Date Of Report	08/07/2019 10:22				
Date Of Accident	06/07/2019 10:45				
Exact Location Of Accident	TANGLIN RD INFRONT TANGLIN MALL				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	GBH5005M				
Insured/Policyholder					
Name Of Registered Owner	VALUTAAYU-YAN SERVICES & TRADING				
Co Reg No	52972621A				
Email Address	NOEMAIL				
Mobile Phone No					
Alternative Phone No	OFFICE-67431676				
Vehicle Particulars					
Manufacturer	TOYOTA				
Model	HIACE				
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				
f 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	5110333273				
Cover Note Number	Ser DO PRODUCTION DECOME.				
Driver					
Name of Driver	SYAIFUL ICHWAN				
NRIC No	\$2583495Z				
Date Of Birth	07/05/1953				
Occupation	INDOOR				
Date Of Driving Pass	14/01/1994				
Oriving Experience	25 YEARS AND 5 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-90605753				
ax Number	No. of the second secon				

NOEMAIL

Address BLK 171 LOR 1 TOA PAYOH #02-1138

Postcode 310171

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

### 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

2 NO

Was any body injured in the Accident?

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

I WAS TRAVELLING ALONG TANGLIN RD, WHEN I INTEND TO SWITCH TO LEFT LANE, I CHECK THE LANE WAS CLEAR, WHILE MY VEH FILTERING INTO THE LEFT LANE, SUDDENLY I FELT AN IMPACT FROM THE LEFT. AFTER THE INCIDENT, I ALIGHTED FROM THE VEH AND REALIZED VEH B COME FROM BEHIND 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?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLD3350G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE WEI-MIN IVAN

NRIC/Passport Number

S8416163B

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.
- 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:
  - 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.

VALUTA AND VAN SERVICES & TRADING 810.GEYLANG ROAD HOT-118 CITY PLAZA

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

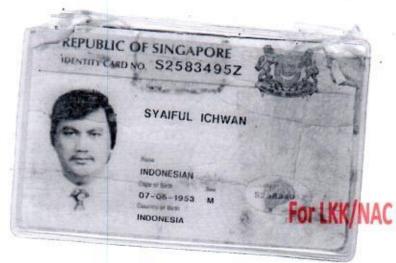
Date & Time:

Reporting Centre Personnel's Signature

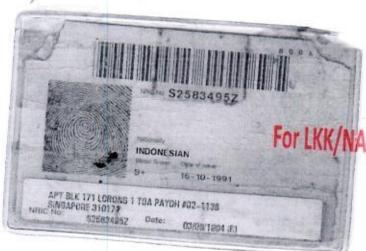
Name:

NRIC/FIN No .:

TCH PLAN		
Tanglin Kol	M M	A = 98H S00511 B = 510 33505.
CRIBE CIRCUMSTANCES O	THE ACCIDENT	
Please	Refer to	Statement
ARATION  declare the foregoing particula	A.	fort
holder's Signature k Times ADAD #01-118 CITY PLAS SINGAPORE 409286 EL: 5745'1676 FAX: 5743 2981	· · · · · · · · · · · · · · · · · ·	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

For LKK/NAC Use Only

NP 428A

Policy No.

Policy Query

Policy No. Date of Accident 06/07/2019 10:15

Vehicle No.(For Motor) GBH5005M Certificate Number

Search

Policyholder Name Certificate Policyholder NRIC Select Policy No. Insured Commence Vehicle No. Product Cover Type Expiry Date Number Object Date VALUTAAYU-YAN SERVICES & TRADING 5110333273 52972621A GCV Comprehensive GBH5005M GBH5005M 20/06/2019 19/06/2020

Continue

### Claim Handling

Accident M1/10522/3						
Policy No.	5110333273	Vehicle No.	GBH500SM		GST Registration No.	
Certificate No.	State Section at the section of the section					
Policyholder Name Product Code	VALUTAAYU-YAN SERVICES & TRADING				Policyholder NRIC	52972
	COMMERCIAL VEHICLE INSURA!	Cover Type	Comprehensive		Loading	0
Contact No.(Mobile) Email Address	67431676	Contact No.(Office)			Contact No.(Home)	7724
KFK:	• No Yes	Special Remark			eCode	No ▼
NCD Protection		TCA	• No Yes		eCode Reason	
Accident Details	No	NCD Entitlement(%)	20		Private Hire	No
Report Date		11.0.012.000.000.000.000.000.000.000.000				
	08/07/2019 14:07	Accident Report Within 24 hrs	Yes		Accident Type	Collisio
Date of Accident Reporting Centre	06/07/2019	Time of Accident hh:mm	10:45		Country of Accident	Singag
Accident Location	TANCHIN DO INCOME TANCHINA	Orange Force			ICM No.	
▼ Total Excess Applicable	TANGLIN RD INFRONT TANGLIN MALL					
Excess Type	Per Accident	Windscreen Excess		vacant.		
	33034070514	Williascreen Excess		100.00		
OD Standard Excess	600.00	TP Standard Excess		0.00		
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is Covered?	Covere
Additional Excess						7,5101
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
♥ Benefits						
GST Registered Informa	tion					
GST Registered	No		GST Regis	tration Date		
GST Registration No.	12.02.02.02.00		GST Statu	s Verified	Yes	
Modification History	08/07/2019 14:09:28 Syste	m changed GST Status Verified from N	to Yes			
Policyholder Mailing Add	fress					
Address 1	810 GEYLANG ROAD #02-14	Address 2	SINGAPORE 40928	4	Address 3	
Address 4		Address Type	Singapore address	0		
Unit No.		Related Policy Number	5110333273		Post Code	40928
♥ OI Driver Info		The state of the s	3110333273			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	SYAIFUL ICHWAN	Driver NRIC	S2583495Z		Driver DDB	07/05
Register Date of Driver License	14/01/1994	Driver Age	66		Driving Experience	07/05/
Contact No.(Mobile)	90605753	Contact No.(Office)			Contact No.(Home)	4.5
Address 1	BLK 171 #02-1138	Address 2	LORONG 1 TOA PA	тон	Address 3	SINGA
Address 4		Address Type	Singapore address		Post Code	31017
Unit No.	02-1138					
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.			Driver Insurer Company	
					A DESCRIPTION OF THE SECOND FOR SECOND SECON	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes a No			
Modification History						
Claim 001 New						
Claim Type *					I leaved	
CONTRACTOR DECISION				OD-MX	▼ Insured VALUTAAYU-YAN S	SERVICES & T
Contact No.(Mobile)				90605753	Contact No.	
with the second second				Market de la company	(Home)	
Email Address					Vehicle GBH5005M Number	
Claim Description						
				GBH5005M / SLD3350G (	ON 6 Jul 2019	UL TO
Preferred Workshop (0	Insured Liability Partially at	Fault *				
Contact No. Yes	▼ Repair Preferred Workshop, No.		d 🔻			
Date Registered	Option	Teport L		08/07/2019 14:11	Claim	
Report Taken By					Date	
47				LIEW SHAN HUI		
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			Save Submit			
Attachment						

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