NATIONAL Assessment Cent	re Services. 14	el i Jan'05] .	: MINA 11910	4591
Oatelu: 1018119 10:48	Jeb description		Date &Time Comple	ted Done by
Refile MAI INC 19013951 144.	SAS c-filing		i	
Vehille GBBS150H	E-mail (within 8h	is, AIC 2hrs)		
11114 818119 17:00.	I-Motor Claim	Form	MT/1057171-0	01 1018119 14:47.
ative Meaning and	I-Motor W/O (Within: OD The		
(B) TP / Repoyum Only	I-Photo Upload	ded		
	Assessment/Sur	vey Report		
TP besurer:	Ass't Report by	Fax/Hand	o Owner/Wksn	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN
Professed Wissp / INC Assign Wissp / GW: (A CONTRACTOR OF THE PARTY OF TH		Telt	Fax:
I'l Particulius: Veh No:	Viknown.	, INC(.)/Non-INC()
Owner/Driver: (wite you come	Tel:	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:	20 100%]
Insured/Driver Liability: (%)	[Note-Est. Status (W		0%; P: 21-79%. P:	30-10076
Year of Registration: ()/NO()	
	,000 ()/\$2,000 (()	Wall Street Commencer	at mary
and of Computer & Free day	CESCUL CONTRACT	原积分域的關	A COMMISSION OF THE PARTY OF TH	Andrews of the second
() Walk-In Customer : Customer's Ir	formation strictly Con	fidential & S	thethy NO 19161 of 1655	
() Total Loss Case : to e-mail Insu			Towing Co: (•)
Drive-In ()/ Towed-In (); Invo	ice: YES () / N	0();	Towning Co.	(15 MICE) 25 (1900 C. 1900)
communication of the communica		Mark Service	A talifers and the contract	PUMP MANAGED ON
1) Apply for Transport Allowance ()	/ Courtesy Car ())		-
2) QC Check / Post Repair Inspection	(·)	•		
1) Upload Resurvey Photo [Repair Cost>	\$3000] (·)	- 1		<u> </u>
Injury:	-:-			
The second secon	an Caula (Caula Yan			
rate/pine / Agrious as all a sample of	Manual Santanian or It a large server	advinous and an	• •	
	-4			
	1			
· control of the cont		CHARLES CONTO	STATE OF THE STATE	PARTY AND THE PROPERTY OF THE PARTY OF THE P
A STATE OF THE PARTY OF THE PAR	14 1905880	invoice (i	ensimbolghe gung	MANUAL SALLING A WOLLDIN
THE RESERVE OF THE PARTY OF THE	H 1103310	1) AR 1 Acaide	nt Reporting (530); c Assessment (5100);	1NC (\$80)
lamants Particulars resis	VIII 10 C CONTRACTOR 10 TO THE SECTION OF THE SECTI	TYTE Towns	Peo .	\$40/\$45 \$120
river/Owser:	•	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Through Survey Through Survey (Resurvey)	330
ontact No:		Por elaining	atainst INC Only (Wally	\$75
anuaged Portion:	236	TINI + Idao D	A + SMRT Survey	. 2160
		8) NTUC Add	Ilienal Services:-	
C Checked by (Engr-In-Charge):	*	*NS: Court	ay Car / Tpt Allowance	510
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	TENNYMAN AND AND AND AND AND AND AND AND AND A	+ brit Post	r Co-ordination Lepair Inspection	\$25
nditors communise.	水类海岸淡水流淌	1 15 mil 1	Collect Excess Coordination TP (Non INC) against INC	920
1.1:		9) N121 Idao	Mobile	Charged All May
. / A.		Involve dated	Veel	Charged MANUS

1 . pr (1 + 70.

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 ledgement 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

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	10/08/2019 10:48
Date Of Accident	08/08/2019 17:00
Exact Location Of Accident	ANCHORVALE CRESCENT OPEN CARPARK
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB5150H
Insured/Policyholder	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	(36)
Alternative Phone No	OFFICE-92727979
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5109274512
Cover Note Number	
Driver	
Name of Driver	SADEK BIN MOHAMED SOOKOR

S8015133J NRIC No 09/06/1980 Date Of Birth OUTDOOR Occupation 05/01/2009 Date Of Driving Pass

10 YEARS AND 7 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-81626428 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

BLK 366B SEMBAWANG CRES #04-183 Address

752366 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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?

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY:

SINGAPORE

TEL NO: 1800-5549999 - FAX NO: 68522499 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20190810/2002

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

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOBILE EQUIPMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 21

SKETCH PLAN

IMPORTANT NOTICE

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

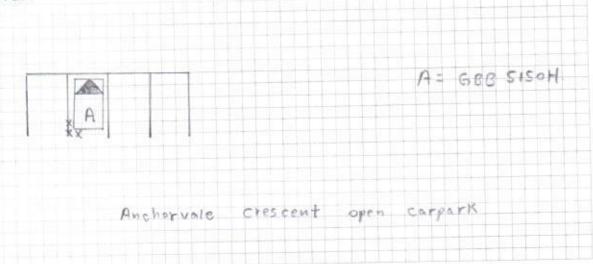
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

The Hills S

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 .:



DECCRIPE	CIRCUMSTANCES	OF	THE	ACCIDENT
DESCRIBE	CIRCUIVISTAINCES	UF	ITIE	MCCIDLINI

Please	R.fer	to	Police	Report	T/20190810/2

DECLARATION

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

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

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

OHERE SHEEPS TO VA.

2





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

1 of 3 -Report No. T/20190810/2002

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2019 00:10		Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars	ottor acatters	PETER PROPERTY OF STREET		
Name of Informant: SADEK BIN MOHAMED SOOKOR			Address: APT BLK 366B SEMBAWANG CRESCENT #04-183 SINGAPORE 752366			
ID Type / ID No.: NRIC NO / S8015133J		Contact No.: Home/Office:	Mobile: 81626428			
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 39	Date of Birth: 09/06/1980	Type of Informant:			
Race: Boyanese		Language:	Institution / School Name:			
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:				

General Inform	mation of the Accide	nt - Fall of the same of the s	The state of the s		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/08/2019 17:00	Type of Location Car Park	
	E CRESCENT				
Clear	110			Road Speed Limit:	
Table 1 and		Traffic Control: Not Controlled	1000	raffic Volume: No Traffic	
Type of Collis Moving Vehicl	ion: e Against - Parked Ve	a	Anyone conveyed by imbulance:		

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
GBB5150H	Van	ТОУОТА	HIACE MANUAL	Silver	Slightly Damaged	0	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20190810/2002

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver				I ID NI		S8015133J
Name	SADEK BIN MOHAMED SOOKOR			ID No.		580151333
Related Vehicle	NIL			Conta	ct No.	81626428
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 2B,2A,2,3,4 Date of Expiry: NIL	
Date Treatment	NIL		Date Dis	charge	NIL	
	ted Medical Leave	NIL	Degree of Injury		NIL	

Brief Details.

On 08/09/2019 between 1700Hrs to 2300Hrs I parked my vehicle, a silver hiace manual van (GBB5150H) at the open spaced car park at Anchorvale crescent directly opposite MacDonalds. I parked my vehicle head into the lot first. When I returned to my vehicle, I noticed a scratch on the left rear of my vehicle body. I am unsure who caused the damage but I assume that the damage might be caused when a vehicle is reversing in to the lot. I have no in car camera at the rear of my vehicle. I am unsure if there is any CCTV around the vicinity. The person that caused the damage did not leave any details as well.





3 of 3

Report No. T/20190810/2002

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: L / Sgt 1 LIM JING KAI, DARYL JEROME	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2019 00:10
Officer In Charge Of Case: TP / HRT /	Classification Of Case:
Insp GOH GEOK LYE Contact No.: 65476148	SN 130
Authentication Stamp NP168 Signature:	Told

Singapore Police Force



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

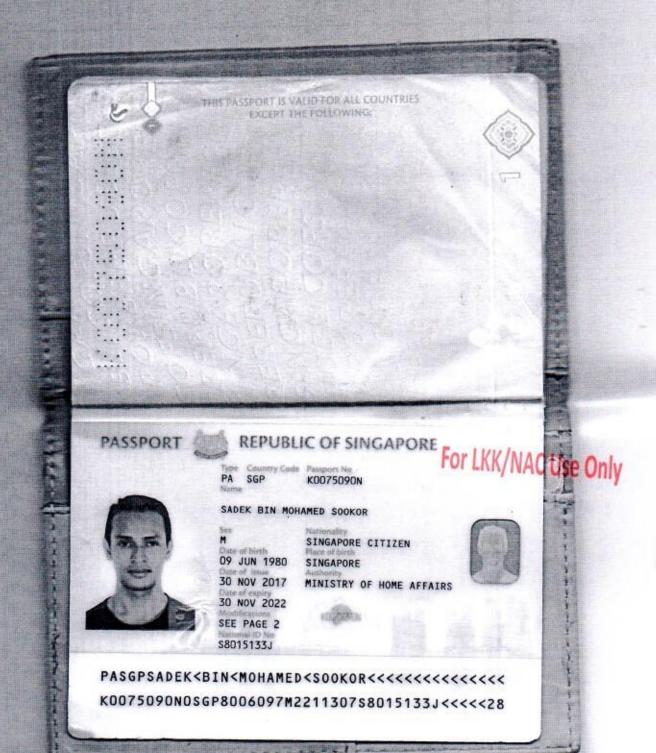
EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 01 Apr 2002
Class 2A Motorcycles between 201 cc and 400 cc 11 Jan 2005
Class 3 Motorcycles > 400 cc 16 Apr 2006
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
of passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg

For LKK/NAC Use Only

NP 428A





GeneralClaim

10/05/2019 09/05/2020

Object

GCV Comprehensive GBB5150H GBB5150H

eBaoTech Log Out · Change Password · Change Language Hello, NAC_PAYA_UBI_800601 **Policy Query** My Desktop 08/08/2019 10:42 Date of Accident Notice of Loss Policy No. Certificate Number GBB5150H Vehicle No.(For Motor) Search Commence Date Expiry Date Vehicle Insured Policyholder NRIC Policyholder Name Certificate Product Cover Type

53227794E

Policy No.

5109274512

Number

WENG SOON AUTO & LEASING

Select

Continue

Claim Handling

cident MT/1057171	5109274512	Vehicle No.	GBB5150H		GST Registrat	ion No.	
licy No.	Water British Co.				=,500 1	1000 E	
rtificate No.	WENG SOON AUTO & LEASING				Policyholder N	IRIC	
licyholder Name	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading			
oduct Code intact No.(Mobile)	92727979	Contact No.(Office)			Contact No.()	iome)	
nail Address	36145353	Special Remark			eCode		
	- No Yes	TCA	* No Yes		eCode Reason		
K.	No	NCD Entitlement(%)	20		Private Hire		
D Protection	NO						
Accident Details	79 2102 000 1000 000 000	Accident Report Within 24 hrs	Yes		Accident Type	8	
eport Date	10/08/2019 14:44	Time of Accident hh:mm	17:00		Country of A	ccident	
ate of Accident	08/08/2019	Orange Force			ICM No.		
eporting Centre		Oldinge Force					
ccident Location	ANCHORVALE CRESCENT OPEN CARPARK						
Total Excess Applicable				100.00			
ccess Type	Per Accident	Windscreen Excess		100.00			
D Ctyndard Eurass	2,000.00	TP Standard Excess		1,500.00			
D Standard Excess	0.00	YIED TP Excess		0.00	Driver is Co	vered?	
IED OD Excess	2007						
dditional Excess	2000.00	Total TP Excess Applicable		1,500.00			
gtal OD Excess Applicable							
Benefits	ion						
GST Registered Informat	No.		GST Registra	tion Date			
ST Registered	No.		GST Status V	erified	N	0	
ST Registration No.	10/08/2019 14:45:37 Syste	m auto update fail: time-out					
lodification History							
Policyholder Mailing Add	ress			Market and	77.870.870.000.87		
Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-13 KAKI BUKIT	AUTOHUB	Address 3		
Address 4		Address Type	Singapore address		Post Code		
Unit No.	10-200	Related Policy Number	5101466438-01				
OI Driver Info	A 15 (1995)						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		57979100000000		
Unnamed driver Name	SADEK BIN MOHAMED SOOKOR	Driver NRIC	580151333		Driver DOB		
Register Date of Driver License	05/01/2009	Driver Age	39		Driving Exp	erience	
Contact No.(Mobile)	81626428	Contact No.(Office)			Contact No	.(Hame	
Address 1	BLK 3668 #04-183	Address 2	SEMBAWANG CRESC	ENT	Address 3		
ACASTAN TOWNS		Address Type	Singapore address		Post Code		
Address 4	SINGAPORE 752366	000 2000 00 00 200					
Unit No.	04-183	Driver Vehicle No.			Driver Insu	irer Con	
Does he own a Singapore Registered car?	Yes + No	Diver venice wo.					
A STATE OF THE STA							
Declaration Breathalyser or Blood Test	0 mg	Any injury?	Yes · No				
Reading?	Uning						
Modification History							
The state of the s							
Claim 001 New							
				On My	Insured	WENG	
Claim Type *				OD-MX	Name Contact	-	
NAME OF THE PARTY					No.		
Contact No.(Mobile)					(Home)		
Email Address					Vehicle Number	GBB5	
				GB85150H / UNKNOWN	201201000		
Claim Description				ABOJIJOH / UNKNOWN	The standard of the standard o		
Preferred 0	Insured Liability Not at Fo	sult 🔻					
Workshop 0 Beauset No. Yes	Preference Preferred Workshop,	(slA	ived •		Claim	_	
Finalisation Yes	Option			10/08/2019 14:46	Close		

LIEW SHAN HUI

Print AK letter

Save | Submit

Attachment								
Attachment								
Wildram No.	MT/10	57171		Claim No.		001		
cident No.		es D No		Upload Date		10/08/2019 14:47		
st Doc. Received	120 12					Category *	Confide	intial
		Path *			Clear	C0000700-00 C	▼ NO	
Choose File No fi	le chosen						* NO	
Choose File No fi	le chosen				Clear	Fiedde Select	* NO	-
Choose File No fi	le chosen				Clear	Please Select	▼ NO	-
Choose File No fi	le chosen				Clear	Please Select	▼ NO	-
Choose File No fi	le chosen				Clear	Please Select	▼ NO	
Choose File No fi	le chosen				Clear	Please Select	, luo	
Message Read								
Attachment Li	st			20	9	Henancy		Desi
Attachment		Uploaded By/Date		Category	1	Urgency		
	NAC_PAYA_UB1_80060	01(NATIONAL ASSESSMENT CENTR 10 Aug 2019 14:47	E SERVICES) o	NRIC/ Driving License		Normal	NRIC/ Dr	riving l
\$100 Agr	NAC_PAYA_UB1_80060	01(NATIONAL ASSESSMENT CENTR 10 Aug 2019 14:47	E SERVICES) o	NRIC/ Driving License		Normal	NRIC/ Di	riving (
1	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTR 10 Aug 2019 14:47	E SERVICES) o	SAS		Normal		SAS 2
	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTR 10 Aug 2019 14:47	E SERVICES) 0	Photos		Normal	,	Photos
	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTR 10 Aug 2019 14:47	E SERVICES) o	Photos		Normal	3	Photos
	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTR 10 Aug 2019 14:47	RE SERVICES) 0	Photos		Normal	9	Photos
	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTE 10 Aug 2019 14:47	RE SERVICES) o	Photos		Normal	9	Photos
	NAC_PAYA_UB1_8006	501(NATIONAL ASSESSMENT CENT) 10 Aug 2019 14:47	RE SERVICES) o	Photos		Normal		Photos
	NAC_PAYA_UBI_8006	501(NATIONAL ASSESSMENT CENT 10 Aug 2019 14:47	RE SERVICES) o	Photos		Normal	9	Photos
	NAC_PAYA_UBI_8006	601(NATIONAL ASSESSMENT CENTI 10 Aug 2019 14:47	RE SERVICES) o	Photos		Normal		Photos
	NAC_PAYA_UB1_B006	601(NATIONAL ASSESSMENT CENT 10 Aug 2019 14:46	RE SERVICES) o	Photos		Normal		Photo
	NAC_PAYA_UB1_8000	601(NATIONAL ASSESSMENT CENT 10 Aug 2019 14:46	RE SERVICES) 0	Photos		Normal		Photo
3	NAC_PAYA_UBI_800	601(NATIONAL ASSESSMENT CENT 10 Aug 2019 14:46	RE SERVICES) o	Photos		Normal		Photo
	NAC_PAYA_UB1_800	601(NATIONAL ASSESSMENT CENT 10 Aug 2019 14:46	RE SERVICES) o	Photos		Normal		Photo
	NAC_PAYA_UBI_800	601(NATIONAL ASSESSMENT CENT 10 Aug 2019 14:46	RE SERVICES) o	Photos		Normal		Photo
	NAC_PAYA_UB1_800	0601(NATIONAL ASSESSMENT CENT 10 Aug 2019 14:46	RE SERVICES) o	Photos		Normal		Photo

Display in New Window Scan and uploading