Date In: 19/19-1741	Jcb description	Date & Time Completed	Done	pì
Res No: NasiNC 19015513ty	SAS e-filing			
Veh No: YNYSSYR	E-mail (within Shrs, AIC 2hrs)	T		
D.O.A: 331719-15:30	i-Motor Claim Form	M7/1060675-00,	2/4/19 2	r.v
	i-Motor W/O (Within: OD 2hr	-		
OD TP Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report	i		
TP Insurer:	Ass't Report by Fax / Hand t	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SUL 143	linc ()/Non-INC()	2	
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	te-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	==Units 18=12
	arranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000	()/\$2,000()	17		
General Remarks:				
() Walk-In Customer : Customer's inform				
() Total Loss Case : to e-mail Insurer	URGENTLY.	N GALLERY		
Deline to Control of the Control of the				-
Drive-In ()/ Towed-In (); Invoice: Y	YES()/NO(); To	owing Co: (K1)
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ Cou 2) QC Check / Post Repair Inspection		owing Co: (Date&Time Completed	Done	by ·
Remarks: (INC hodine: 6788 6616) 1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300	rrtesy Car()		Done)	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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	02/09/2019 17:11
Date Of Accident	30/08/2019 15:30
Exact Location Of Accident	STEVENS RD TWDS PIE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YN4334R
Insured/Policyholder	
Name Of Registered Owner	TAY CHOON HUAT
NRIC No	S1218329A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97394881
Alternative Phone No	OFFICE-97394881
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB71ER4SDEC (CBU)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085375396-02
Cover Note Number	
Driver	
Name of Driver	GOVINDARAJU SURULIRAJAN
Passport No/FIN	G6240451K
Date Of Birth	13/04/1977
Occupation	OUTDOOR
Date Of Driving Pass	02/12/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87132944
Fax Number	NOT THE PROPERTY OF SCHOOL STATES
Contact Number	OFFICE-87132944

NOEMAIL

Address

BLK 321 TAMPINES STREET 33

#09-124

Postcode

520321

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

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)

2

involved in the accident

20023

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:

.

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

REFER TO STATEMENT.

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

SLK1406G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 12

SKETCH PLAN

IMPORTANT NOTICE

- 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 withholding 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. 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.
- 7. 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)
 - (i) 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
- 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN				
		IIIII,	Bus Stop.	LITTI
	Bus No. 960		/	
	0.8	V	 	
	DV.			
12	Bus D		· · · · · · · · · · · · · · · · · · ·	
	7 -			3-11
131	4			
(A) YN A33 4	0	24 . 0 1	, , , , , ,	-
		Teven Kead	towards PIE	
(B) 9LK 1406	iG.			
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT			
On	30/08/19 at	1 @ 1530 hrs	, / was	travelling in
my borry (4	N 4334 R) as			
the autre		ng withen		weng sport
0 11 1				
into my po	the and co	11-1-1	the left	e la la la
, 11 /			190 me g	front left
partion of	my lorry.			.52
/				
	M			
4/10/10/10/10				
		100		
FCI ADATION		11/11/14		
ECLARATION We declare the foregoing part	ticulars are tri A	-84		\sim 1
seems the foregoing part	solars are true in every resp	Lavos	1	Y
	LEMON	Claring a ray		Jan
licyholder's Signature	Driver's Signature	3 60	Reporting Centre Per	zonner den t
ite & Time:	(If driver is not the p	olicyholder)	Name:	somer's Signature

Name:

lehicle No.	YN 4334 B Model/Make Mit - Counter.
Pate of Accident	30 /08 / 19.
ime of Accident	1530 HRS
ocation of Accident	Steven Road toward PIE.
xact purpose use during acc	ident Commercial Used.
Name of Owner	TAY CHOON HUAT
Telephone No.	H/P: 9739 488 / Home: Office:
VRIC	31218329 A.
Address	BLK 321 Tampines S1 33 4 09-124 68 (2032)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5085375396-02.
one) iii	
Name of Driver	As Above If No, Gourndaraju Surulcrajan.
NRIC	G 6240451 K. Any Passengers: Voi (m).
Date of birth	13 /04/ 1977 .
Occupation	Outdoor / Indoor
Driving License Pass Date	27/02/2009.
Gender	Male / Female
Contact No.	H/P: 27/3 2944 Home: Office:
Address	171. 4/3 6/11 / 2101101
Driver have any own vehicle	No, If yes, Reg No.
	Employee, If no, state
Relationship Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	no, mes, was
Name And Contact No.	
	No. If Yes, Where?
Police Report	No. If Yes, Where? SLK 1406 G Any Passengers: Not swe.
Vehicle B No.	Contact No. :
Name of Driver	Any Passengers :
Vehicle C No. Vehicle D No.	Any Passengers :
	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Witness Contact :
Witness Name	
Accident Portion	
Camera Recorder	Yes / No
Email Address	N.A.
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting.
FAX NO	6741 0510
WORKSHOP EMAIL APPRESS	s sales @ n51. com. sg



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: 5085375396-02 Cover: Comprehensive

Index mark and Registration Number of Vehicle : YN4334R

Chassis Number : FEB71EA00022

2. Name of Policyholder : TAY CHOON HUAT

3. Effective Date of Insurance : 29 Nov 2018
4. Expiry Date of Insurance : 28 Nov 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) : \$\$1,500 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$500

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : THINK ONE CREDIT PTE LTD

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

: META AGENCY PTE. LTD. (00000573430)

Date of Issue

: 15 Nov 2018 12:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change L	anguage	• Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Date	of Accident	3	0/08/2019	15:30	
	Vehicle	No.(For Motor)	YN4334	4R		Certi	ficate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5085375396- 02		TAY CHOON HUAT	S1218329A	GCV	Comprehensive	YN4334R	YN4334R	29/11/2018	28/11/2019
						Continue					

Policy No.	5085375396-02	Policyholder Name	TAY CHOON	N HUAT	Policyholder NRIC	S1218329A	
Certificate No.		THE ITE					
Address	BLK 321 #09-124 TAMPINES ST	REET 33 SING	APORE 5203	321			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	15/11/2018	Effective Date	29/11/2018	3 00:00	Expiry Date	28/11/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	1500		Windscreen Excess	500	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 321 #09-124	Addre	ess 2	TAMPINES STREET	33	Address 3	SINGAPORE 520321
Address 4		Addre	ess Type	Singapore address		Post Code	520321
Unit No.		Relati	ed Policy per	5085375396-02			
] Insure	d Object: YN4334R	907400	1817/4				
□ Endors	sements						
Sequer	nce Date of Endorsemen	3 2	Endorsemen	t Tunn	Endorsement	Ctatus	Endorsement Content

ccident MT/1060675					
skey No.	5085375396-02	Vehicle No.	YN4334R	GST Registration No.	
ertificate No.	and the second second	, remarking ,	throught.	dat migration inc.	
olicyholder Name	TAY CHOON HUAT			Policyholder NRIC	012102201
roduct Code	COMMERCIAL VEHICLE INSURA:	Cover Type	Comprehensive	Loading	51218329A
orrect No. (Mobile)	97394881	Corract No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	To: V
FK	® No ○ Yes	TEA	® No ⊜Yes	eCode Reason	(22.2)
CD Protection	No.	NCD Entitlement(%)	15	Private Hire	No
Accident Details	255	with Europeanities)	49	PTIVALE PILIA	NO.
port Date		400400400000000000000000000000000000000	NASCO	000000000000	P22 24:53 (1921) 1931 (2715) (2715)
	02/09/2019 21:20	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Change / Cross lane
te of Accident	30/08/2019	Time of Accident hh:mm	15:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	STEVENS RD TWDS PIE				
Excess					
vn damage Excess	1,500.00	Additional Excess		Windscreen Excess	500.00
named Driver Excess		Outside Singapore OD Excess			
and Party Excess	0.00	Outside Singapore TP Excess			
- Benefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
T Registration No.	P0		GST Status Verified	Yes	
diffication History					
O THE SECOND CONTRACTOR					
Policyholder Mailing Ad tress 1	BLK 321 #09-124	Address 2	TANDREC COOPE 33	Address N	CHIEFFORD PRODUCT
	MATERIAL PROPERTY.	553	TAMPINES STREET 33	Address 3	SINGAPORE 520321
Idress 4		Address Type	Singapore address	Post Code	520321
rt No.		Related Policy Number	5085375396-02		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	GOVINDARAJU SURULIRAJAN	Driver NRIC	G6240451K	Driver DOB	13/04/1977
gister Date of Driver License	02/12/2010	Driver Age	42	Driving Experience	8
mact No. (Mobile)	87132944	Cornact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 321	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE 520321
dress 4		Address Type	Singapore address	Post Code	520321
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