	tre Services. wet	LANGE HILL	6769		-
Date In: 6/9/19- 16:41	Jeb description	Date	&Time Completed	Don	ie by
Res No: Na JINC 19 2 158 45 pm	SAS e-filing				
Veh No: hwobugm	E-mail (within 8hrs,	AIC 2hrs)			
D.O.A: 6/9/19-14:55	i-Motor Claim F	orm	061325-001	6/4/19	18:00
OD : TP ! Reporting Only	i-Motor W/O (W	ithin: OD 2hrs, TP 4hrs			tetomannen eran
OB - 11 - Reporting Only	i-Photo Uploade	d			
TP Insurer:	Assessment/Surve	y Report			
	Ass't Report by Fr	ax / Hand to Owne	r/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ax:)
TP Particulars: Veh No: W	97916	. INC(,)/N	on-INC()	pyrate super-sis	
Owner / Driver: (Tel:)	oracida esperante
Policy No: () P	eriod: () Cover	Туре: ()	
Confirmed by : (D	ate:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO)	: N: 0-20%; P:	21-79%. P: 30-1	00%]	-
Year of Registration: ()	Warranty: YES ()	/NO()			
Excess: (\$) Loading: \$1,	000()/\$2,000()			
General Remarks -		100 Television	allestick.	33 T	
() Walk-In Customer: Customer's infe	The state of the s			-	
() Total Loss Case : to e-mail Insur					
Drive-In ()/ Towed-In (); Invoice	e: YES () / NO () ; Towing (Co: (, , ,)
Remarks:- (INC hotline: 6788 6616)	COUNTY OF THE PERSON NAMED IN	14	market i Color	THE RESERVE OF	Shi
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1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars:- river/Owner: ontact No: amaged Portion:	Courtesy Car ()	Preparation R: Accident Reporting A: Darrage Assessmen F: Towing Fee T: Follow-Through Sur T: Follow-Through Sur T: claiming against JNC R: Re-inspection 1: Idac DA + SMRT Su TUC Additional Service D* 15: Courtesy Car / Tpt A 16: Repair Co-ordinatio 17: Fost Repair Inspecti	Checklist. (\$30); (\$100); INC (\$80 S40/2 rey (Resurvey) Only (wef 10 Jan 2005) rvey \$1. Illowanue In Scoordination against INC	Anii (5) fit Bill 120 130 175 60 25 110 125 55 120 30	Ami(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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	06/09/2019 16:41
Date Of Accident	06/09/2019 14:55
Exact Location Of Accident	BISHAN FLYOVER
Country/State of Loss	SINGAPORE
VALUE OF STREET, STREE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GW8609M
Insured/Policyholder	
Name Of Registered Owner	MENG CHENG TRANSPORT & SERVICES
Co Reg No	53378329A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE 4DR
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5101580291-01
Cover Note Number	

(LOCAL) +65-82813166

Driver

Name of Driver	MOHAMMAD HASHIM BIN ANDI
NRIC No	S1698422A
Date Of Birth	14/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE

Mobile Number Fax Number

Contact Number OFFICE-82813166

EMail Address NOEMAIL

Address BLK 247 JURONG EAST STREET 24

#03-02

Postcode 600247

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

JINEK - HIKER

Insurance Company of Driver's Own Vehicle

8

Vo. tal

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

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. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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

SMF9791G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

ABDUL RAZAK M AMIN

NRIC/Passport Number

Contact Number

84209490

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

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

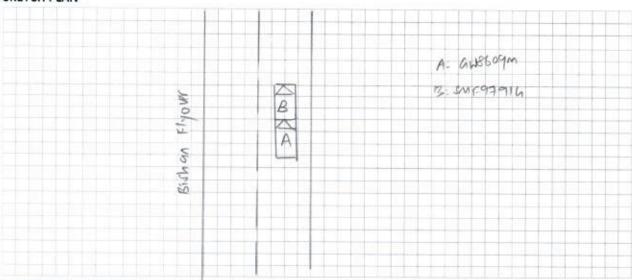
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The second second second		
refer to	Hayemot.	

DECLARATION ANS

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) Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

eBao Tech									G	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	Change Pa	ssword ,	Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	io.				Date of A	Accident	06/09	9/2019 14:35		
	Vehicle	No.(For Motor)	GW8609M			Certificate Number					
					Se	sarch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101580291- 01		MENG CHENG TRANSPORT & SERVICES	53378329A	GFT	Third Party, Fire & Theft	GW8609M	GW8609M	03/11/2018	
					Cor	ntinue					

Policy No.	5101580291-01	Policyholder Name	MENG C	HENG TRANSPORT & SE	Policyholder NRIC	53378329A	
Certificate lo.		71173345467			MARKS		
ddress	BLK 531A #04-113 UPPER CR	OSS STREET HO	NG LIM C	OMPLEX SINGAPORE 05:	1531		
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy sue ate	25/10/2018	Effective Date	03/11/20	018 00:00	Expiry Date	02/11/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional excess		OS Premium	815.92				
Outside Singapore OD Excess		Outside Singapore TP Excess				Your	ng/Inexperience Driver Excess
Agent Co- nsurance Flag Open Policy Info Certificate	ALL INS AGENCY PTE, LTD.	Agent Tel.	FAX 645	14549	GST Flag	Υ	
Policyl	holder Mailing Address						
ddress 1	BLK 531A #04-113	Addre	ess 2	UPPER CROSS STRE	ET	Address 3	HONG LIM COMPLEX
ddress 4	SINGAPORE 051531	Addre	ess Type	Singapore address		Post Code	051531
Jnit No.	04-113	Relat Numb	ed Policy	5099177068-01			
D Insure	d Object: GW8609M	Nome	Je!				
	sements						
Sequer	Date of Endorsement 14/12/2018 00:00	Endorseme Basic Informa Endorsement	ation	Endorsement Number	Endorsem Effective	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBA21K 14-12-2018 \$813.14 In view of this amendmen an additional premium of \$813.14 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it you could make payment to us within 14 days from the date of the letter. For cheque payment, please issue the cheque in favour of "NTU Income" with your name and polic number indicated on the reverse o the cheque. Alternatively, you coul also make payment at any of our branches by cash or NETS.
i	10/05/2019 00:00	Basic Informa Endorsement		000001287067800	Endorsem Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extende to cover the following vehicle(s) a follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBB3056K 10-05-2019 \$443.00 In view of this amendme an additional premium of \$443.00 (inclusive of GST) is payable under

Claim Handling The premium on this policy has Accident MT/1061325	a not been collected.				-1
Policy No.	5101580291-01	Vehicle No.	GW8609M	GST Registration No.	
Certificate No.					
Policyholder Name	MENG CHENG TRANSPORT & SERVICES			Policyholder NRIC	533783294
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90088701	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	The V
KFK	No ○ Yes	TCA	® No ○Yes	eCode Reason	· ·
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details		VACHORIO CONTRACTOR			
Report Date	06/09/2019 17:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/09/2019	Time of Accident Inhomm	14:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Academ Location	BISHAN PLYOVER				
▽ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singagore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
▽ Benefits					
♥ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Venfied	Yes	
Modification History					
-	automore d				
Policyholder Hailing Ad Address 1		Name of the last o			- Los verilla communication
Address 4	BLK 531A #04-113 SINGAPORE 05:1531	Address 2	UPPER CROSS STREET	Address 3	HONG LIM COMPLEX
Unit No.	04-113	Address Type	Singapore address	Poet Code	051531
OI Driver Info	04-113	Related Policy Number	5099177068-01		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMAD HASHIM BIN ANDI	Driver NRIC	\$1696422A	Driver DOB	14/05/1965
Register Date of Driver License		Driver Age	54	Driving Experience	4
Contact No.(Mobile)	82813166	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 247	Address 2	JURONG EAST STREET 24	Address 3	SINGAPORE 600247
Address 4		Address Type	Singapore address	Post Code	600247
Unit No.	03-02		on gap and and case	Post Code	000247
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ yes ® No		
Modification History Claim 001 New					
Claim Type +	00-MX V	Insured Name	MENG CHENG TRANSPORT & SE	Insured NRIC	53378329A
Contact No.(Mobile)	92395579	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	GW8609M	TP Vehicle Number	SMF9791G
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *		200	
Claimant Address					
Claim Description Preferred Workshop Contact	GW8609M / SMF9791G ON 6 Sept 2019			Name of Preferred Workshop	
No.		Insured Liability *	Fully at Fault		727
Require Finalisation	Yes U	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/09/2019 18:00	Claim Close Date		Date Received	06/09/2019 00:00
Report Taken By	Dackson				
Print AK letter					
Attachment			Save Submit		
9					
Accident No.	MT/1061325	Claim No.	991		
Last Doc. Received	91/1061325	Upload Date	001		
The same of the sa		uproad Date	06/09/2019 18:01	ENSERVE! W	2 2 02
	Path *	Brown Co.	Category *	Confidential Urgen	MEG. 7.803.0013.00.00
		Browse.		NO V Normal	•
		Browse.	Clear Please Select	NO V Normal	

