NATIONAL Assessment Centre	e Services	twel 1 Jan'os MI	JAIM 118305	, ,	
Date In: 6 4 4-15:31	Jeb description		Date & Time Completed	Done	b
Ref No: HA MC140184614	SAS e-filing				
Veh No: Sch3464x	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 24/8/19-17:55	i-Motor Clair	m Form	m/106728-1031	6/9/19 18.	15
	i-Motor W/O	(Within: OD 2hrs			
OD TP/ Reporting Only	i-Photo Uplo	aded			10.000
	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand t	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: Borr	ir'	, INC(	)/Non-INC()		
Owner / Driver: (			Tel:	)	
Policy No: ( ) Per	riod: (	)	Cover Type: (	)	
Confirmed by : (	WILLIAM THE STATE OF THE STATE	Date:	Time:	)	
Insured/Driver Liability: ( %) [1	Note-Est. Status (V	VO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( ) V	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,00					USI - TIME
Seneral Remarks;-	35-000 mochabosw/2	WASTA 22 7/25	THE PARTY OF THE P	Maria Cont	-
South the first the property of the property o		The state of the state of		3840 511,12	-
( ) Walk-In Customer: Customer's infor		nfidential & Str	ictly NO rater of repairer	·	-
( ) Total Loss Case : to e-mail Insure	r URGENTLY.	-			
Drive-In ( ) / Towed-In ( ); Invoice	:YES( )/N	IO();T	owing Co: (		
temarks:- (INC hotline: 6788 6616)			Date&Time Completed	Done	by ·
	ourtesy Car (	)		1000000	
	( )			7, 1	
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost > \$3	000] (	)	12.		0.00
Injury:					
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÷-1		Invoice Pre	paration Checklist	Ant (S)	Amil (
10 14 06777 ? ·	er, v Annangolf and Strategy		的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	A. TREIN	Add B
aimant's Particulars :-	Barrier State	1) AR : Accident 2) DA : Damage	Assessment (\$100); INC (	\$80)	
ver/Owner:		3) TF : Towing F	co . S	40/\$45 \$120	
		4) FT : Follow-T	hrough Survey (Resurvey)	\$30	AT ANT THE
ntact No:		For claiming a	gainst INC Only (wef 10 Jan 20		
maged Portion:		6) TR : Re-inspec		\$160	
	1	7) N1 : Idao DA · 8) NTUC Addition			
1.C. 1.11. (2. 1.0)		OD.			
Checked by (Engr-In-Charge):	•		Car / Tpt Allowance	\$5 \$10	
For the supplied that the supplies of the supp	s soil (Legistian Court Private)	*N6: Repair C *N7: Fost Rep		\$25	
ditors' Comments :-		*N8: DV / Col	lect Excess Coordination	35	
1:		TP (N11): TP 9) N12: Idne Mo	(Non INC) against INC	30	4_
2/3:		Invoice dated	Pee Charge	d	Street,
213,		Invoice dated	Fee Charge		

a part of 1 and

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**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.
- Information provided must be as <u>truthful</u> and <u>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.
- 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 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.

SHEET SHEET, SHEET SHEET STORY	ACCIDENT STATEMENT
Date Of Report	06/09/2019 15:31
Date Of Accident	29/08/2019 13:55
Exact Location Of Accident	33 MARSILING INDUSTRIAL ESTATE RD 3 GANTRY
Country/State of Loss	SINGAPORE
AND PROPERTY OF THE PROPERTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN3469X
Insured/Policyholder	
Name Of Registered Owner	DILIGENT & TRUST SERVICE
Co Reg No	53358099D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98399122
Alternative Phone No	OFFICE-98399122
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090246124-02
Cover Note Number	
Driver	
Name of Driver	ONG CHIN HWEE
NRIC No	S1783619F
Date Of Birth	10/02/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1969
Driving Experience	49 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98399122
Fax Number	
Contact Number	OFFICE-98399122

NOEMAIL

BLK 314 YISHUN RING ROAD Address

#10-1178

Postcode 760314

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 HIT BY FALLEN TREE / OTHER OBJECTS

1

NO

NO

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

# Circumstances of Accident

REFER TO STATEMENT. I WISH TO ADD IN THE STATEMENT THAT VEHICLE YP 4641Z DID HIT AGAINST THE BARRIER AND IT FELL OFF. AFTER THE BARRIER WAS DAMAGED, THE DRIVER OF VEHICLE YP 4641Z REPLACE BACK THE BARRIER, WHEN I APPROACHED THE GANTRY, THE BARRIER OPENED , WHILE I PASS THROUGH HALFWAY THE BARRIER, IT FELL OFF AND DAMAGED MY VEHICLE RIGHT PORTION. AFTER THE DRIVER OF VEHICLE YP 4641Z REPLACED THE BARRIER, THE VAN PASS THROUGH THE BARRIER. I AM THE SECOND VEHICLE.

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number BARRIER

Vehicle Make/Model/Colour G. TECH PTE LTD

**Details Of Properties** 

Vehicle Category GOVERNMENT

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.
- 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
- (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

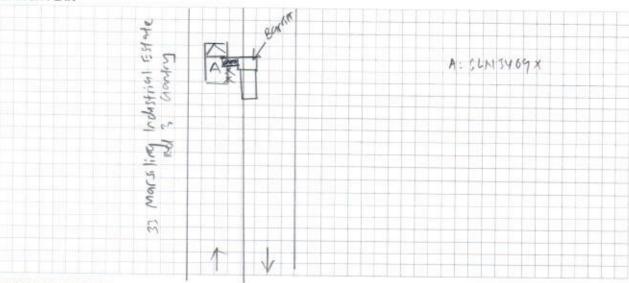
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

leter to	Internal.	

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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Attention to G. Tech Pte Hol

Dear G. Tech person in charge.

On 29th August 2019, time: 2.01pm. In driving 3 customers to No. 33 Warrs. ling Industrial Estate.
(Maple Tree Building).

Driving into the Puilding at gantry 2, after dropping off customers, I drive toward Exit 2, gardry to text.

My car front vites

After gantry barrier west up, I drie out my car but with 1-2 seconds, the barrier suddenly drop on ong car right side door above the edge area and dented my car.

I reported this incident to your staff Noon Mangair and she took photos of the barrier and my car derted area. I also what sapp her the video only in car camera.

Kildly assist on the above notter.

Hope to near from your good effice soon.

Thank you

Driver : Dry chin Hure

CAY no: SLN3469 x 29-AM-2019

<b>eBao</b> Tech						N. HUIO			Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		- Caranagement		WALLS OF	+ Change	Language	• Chanc	e Password	water street days
My Desktop	<b>Policy Query</b>					- 54	i kanak	Seattle	Committee of the	100 00
Notice of Loss	Policy No.				Date	of Accident	2	9/08/2019 1	3:55	
	Vehicle No.(For Motor)	SLN34	69X		Certif	icate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5090246124- 02		DILIGENT & TRUST SERVICE	53358099D	GPC	drivo CLASSIC		SLN3469X		27/04/2020
					Continue					

Sequer	nce Date of Endorseme	nt I	Endorsemen	t Type	Endorsement	Status	Endorsement Content
	sements						
) Insure	d Object: SLN3469X	19600000					
Init No.	10-1178	Relate Numb	d Policy er	5090246124-02			
Address 4			ss Type	Singapore address		Post Code	760314
Address 1	BLK 314 #10-1178	Addre	ss 2	YISHUN RING ROA	D	Address 3	SINGAPORE 760314
→ Policy!	holder Mailing Address						
Certificate nfo							
olicy nfo							
Open							
nsurance lag	No						
Agent Co-	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203		GST Flag	Y	
xcess		TP Excess				toun	g/Inexperience Driver Excess
Outside Singapore OD	1500	Outside Singapore	2000			Vaun	allanyaniana Dilun S
Additional Excess	0	OS Premium	0				
Party Excess	2000	damage Excess	1500		Windscreen Excess	100	
Type Third	rei Accident	Excess					
Date Excess	Per Accident	All Claims					
Policy	29/03/2019	Effective Date	28/04/201	9 00:00	Expiry Date	27/04/2020	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 314 #10-1178 YISHUN RI	NG ROAD SING	APORE 760	314			
Certificate No.					NRIC		
Policy No.	5090246124-02	Policyholder Name	DILIGENT	& TRUST SERVICE	Policyholder NRIC	53358099D	

Accident MT/1061328					
Policy No.	5090246124-02	Vehicle No.	SLN3469X	GST Registration No.	
Certificate No.				wall negistration No.	
Policyholder Name	DILIGENT & TRUST SERVICE			Part - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	12120210
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NR3C	533580990
Contact No. (Mobile)	98399122	Contact No.(Office)	0	Loading	0
Email Address		Special Remark		Contact No.(Home)	0
KFK	® No ○Yes	TCA	0	eCode	nr 🗸
NCD Protection	No		® No ⊜Yes	eCode Reason	
P Accident Details		NCD Entitlement(%)	0	Private Hire	Yes
Report Date	25.000.0000.000				
	06/09/2019 18:13	Acadent Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	29/08/2019	Time of Accident nh:mm	13:55	Country of Academ	Singapore
taparting Centre		Orange Force		ICM No.	
Accident Location	33 MARSILING INDUSTRIAL ESTATE RO	3 GANTRY			
▼ Total Excess Applicable	•				
Excess Type	Par Accident	Windscreen Excess	100.00		
00 Skandard Excess					
(IED OD Excess	1,500.00	TP Standard Excess	2,000.00		
	0,00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
otal OD Excess Applicable	1500.00	Total TP Excess Applicable	2,000.00		
♥ Benefits					
GST Registered Inform	ation				
SST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History	06/09/2019 18:14:34 Sy	stem changed GST Status verified from	m No to Yes		
Policyholder Mailing Ad	idress				
ddress 1	BLK 314 #10-1178	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760314
ddress 4		Address Type	Singapore address	Post Code	760314
Init No.	10-1178	Related Policy Number	5090246124-02		
OI Driver Info					
Viver Name	ONG CHIN HWEE	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	\$1783619F	Driver DOB	10/02/1966
egister Date of Driver License	06/12/1989	Driver Age	53	Driving Experience	29
ornact No.(Mobile)	96399122	Contact No.(Office)	0	Contact No.(Home)	0
doress 1	BLK 314	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760314
ddress 4		Address Type	Singapore address	Post Code	760314
Init No.	10-1178				
WAR NO work to Plantaments	08	Driver Vehicle No.		Driver Insurer Company	
egistered car?	○ Yes ® No			and a second contract of	
egistered car?	() Yes (e) No				
egistered car?	U Yes ∰ No				
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claim 001			○ Yes <b>®</b> No		
claim 001			O Yes   No  DOLIGENT & TRUST SERVICE	Insured NRIC	53358099D
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egistered car?  sclaration  reaths/year or Blood Test  auding?  claim 901 New  laim Type *  ontact No. (Mobile)  mail Address  laimant Type Claimant Type *  laimant Name *  wmant Address  aim Description  efferred Workshop Contact  b.  course Pinalisation  site Ragistared	0 mg  DO-MX  98399122  Please Select  ≥≥  SLN3469X / BARRIER ON 29 Aug 2019  Ves  Ves  Ves  Ves	Any injury?  Insured Name Contact No.(Home) OI Vahide Number Type of Beneft * Claiment NRIC *	DOLIGENT & TRUST SERVICE  ND.  SLN3469X  Please Select  Not at Fault	Consect No.(Office) TP Vehicle Number  Name of Preferred Workshop	BARATER
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