NATIONAL Assessment Centre	Services (MFT + Jamos)	MINUA 11913 3325	
Date In 8/10/19 14:13	Jeb description	Date &Time Completed	Done by
Rellie MAI IMC19017709/64.	SAS c-filing		
West No.	E-mail (within Shrs, AIC 2hrs)		
5/10/19 13:00 ·	i-Motor Claim Form	MT11065899001	8110/19 14:56
(II) O ' Reporting Only	I-Motor W/O (Within: OD 2	Ditt, TP 4hrs)	
	Assessment/Survey Report		
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Profound Wisp / INC Assign Wisp / QW: (AX:
11 Particulius: Veh No:	J2 16378 . INC	()/Non-INC()	
Owner / Driver: (J 2 163 7 B	Tcl:)
Policy No: () Pario	d: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	100%]
	arranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000			
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Drive-In ()/Towed-In (); Invoice:		Towing Co: (•)
(INC hethics 6700 610) Sec. 1) Apply for Transfort Allowance ()/Cou. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300]	rrtosy Car ()	See IS Trees and or South the sect.	in the intensity
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Lumant's Particulars ;	1) AR I Accide	nt Reporting (530);	30.00
iver/Owner:	3) TF : Towing	P 540	V243
	4) FT : Follow-	Through Survey Through Survey (Resurvey)	\$120 \$30
miact No:	· For staining	atainst ING Only (wef 10 Jan 200))
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rditors Comments:	NS:DV/C	ellect Excess Coordination	23
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	Involce dated	Fee Charged	MEGN

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.
- 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 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

Significant Section Control of the C	ACCIDENT STATEMENT
Date Of Report	08/10/2019 14:13
Date Of Accident	05/10/2019 13:00
Exact Location Of Accident	ORCHARD LINK INFRONT MANDARIN ORCHARD
Country/State of Loss	SINGAPORE
PROPERTY OF THE PROPERTY OF TH	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE6599A
Insured/Policyholder	
Name Of Registered Owner	MASINDO LOGISTIC PTE. LTD.
Co Reg No	200301939M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66533509
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5101145685-01
Cover Note Number	
Driver	
Name of Driver	TAN WEI KWANG (CHEN WEIGUANG)
NRIC No	S7302242H
Date Of Birth	24/01/1973
Occupation	INDOOR
Date Of Driving Pass	31/07/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97515068
Fax Number	
Contact Number	

NOEMAIL

Address

BLK 262A COMPASSVALE ST #11-123

Postcode

541262

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

Ť

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

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

I WAS TRAVELLING ALONG ORCHARD LINK TWDS ORCHARD RD SOMEWHERE INFRONT MANDARIN ORCHARD, I WAS ON THE SECOND LANE FROM THE RIGHT, SUDDENLY VEH B FROM THE THIRD LANE ABRUPTLY CUT INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION.

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

SJZ1637B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

S8264036C

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.
- 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

NRIC/FIN No.:

	*///					
7. x	28/A) = } =	51			
Orchard						

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please	Refer	t.	Statemen -	f

DECLARATION

I/We declare the foregoing particulars are true in eyery/respect.

Policyholder Signature Date & Time:

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

Name: NRIC/FIN No.:

eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_8	00601					• Change	Language	c + Chang	ge Password	• Log Ou
My Desktop	Policy Que	гу								3
Notice of Loss	Policy No.				D	ate of Accident		05/10/2019	14:12	
	Vehicle No.(For M	lotor) GBE	5599A		Ce	ertificate Number				
					Search	h				
	Select Policy N	lo. Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 51011456	685-	MASINDO LOGISTIC PTE, LTD.	200301939M	GCV	Comprehensive	GBE6599/	GBE6599A	01/09/2019	31/08/2020

Claim Handling

Policy No. Certificate No.						
Certificate No.	5101145685-01	Vehicle No.	GBE6599A		GST Registration No.	200301939M
Policyholder Name	MASINDO LOGISTIC PTE, LTD,	19000000	Lighteen of probabilities		Policyholder NRIC	200301939M
Product Code Contact No.(Mobile)	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive		Loading Contact No.(Home)	0
Email Address	66533509	Contact No.(Office) Special Remark			eCode	No ♥
KFK	* No () Yes	TCA	. No Yes		eCode Reason	100.7
NCD Protection	No	NCD Entitlement(%)	10		Private Hire	No
▽ Accident Details						
Report Date	08/10/2019 14:52	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Change / Cross I
Date of Accident	05/10/2019	Time of Accident hh: mm	13:00		Country of Accident	Singapore
Reporting Centre		Orange Force			ICM No.	
Accident Location	ORCHARD LINK INFRONT MANDARIN ORCI	HARD				
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen 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?	Covered
Additional Excess	0.00	The state of the s		0.00	Dillo D Corolog	0010100
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
▽ Benefits				9000		
	ion					
GST Registered	Yes		GST Reg	stration Date	15/09/2003	
GST Registration No.	200301939M			us Verified	Yes	
Modification History	08/10/2019 14:54:40 Sy 08/10/2019 14:54:40 Sy	stem changed GST Registration Date from stem changed GST Status Verified from No	01/01/2015 to 15/09 to Yes	/2003		
→ Policyholder Hailing Addr Address 3	12 CO C C C C C C C C C C C C C C C C C C	Nation 2	PROMEST	-	Address 3	
Address 1 Address 4	9 TUAS BASIN LINK	Address 2 Address Type	SINGAPORE 6387 Singapore addres		Address 3 Post Code	638763
Unit No.		Related Policy Number	5101145685-01		POSC CODE	638/63
♥ OI Driver Info		Reales Fully Number	2101143003-01			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	TAN WEI KWANG (CHEN WEIGU.	Driver NRIC	57302242H		Driver DOB	24/01/1973
Register Date of Driver License	31/07/1998	Driver Age	46		Driving Experience	21
Contact No.(Mobile)	97515068	Contact No.(Office)			Contact No.(Home)	
Address 1	BLK 262A #11-123	Address 2	COMPASSVALE ST	REET	Address 3	SINGAPORE 541262
Address 4		Address Type	Singapore address	•	Post Code	541262
Unit No. Does he own a Singapore Registered car?	11-123 • 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						
- 5H 5				ОО-МХ	Insured MASINDO LOGIST	TIC PTE, LTD. Indured 200301
Claim 001 New				/ podecondeter	Contact	Contact
Claim 001 New				OD-MX 97306107	Contact No. (Home)	Contact No. (Office)
Claim 001 New Claim Type * Contact No.(Mobile)				/ podecondeter	Contact No. (Home) OI Vehicle GBE6599A	NRIC E00397
Claim 001 New Claim Type * Contact No.(Mobile)				/ podecondeter	Contact No. (Home)	No. Contact No. (Office T Venicle Number
Claim Type * Contact No.(Mobile) Email Address				/ podecondeter	Contact No. (Hiome) Of Vehicle Number	NRIC S05627; Contact No. N
Claim Type * Contact No.(Mobile) Email Address Claim Description	Insured Liability			97306107	Contact No. (Hiome) Of Vehicle Number	Contact No. (Office) TP Velvice Number Name of
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Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Solution No. Ves Date Registered Report Taken By ### Print AK letter Attachment #### Accident No.	 Repair Preferred Workshop 	, Name unknown Preport Received		08/10/2019 14:55	Contact No. (Home) OI Vehicle Number N 5 Oct 2019 Claim Close	NRIC 2005000 NRIC 20050000 NRIC 20050000 NRIC 20050000 NRIC 20050000 NRIC 20050000 NRIC 20050000 NRIC 200500000 NRIC 2005000000 NRIC 2005000000000000000000000000000000000
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Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Bookske No. Ves Date Registered Report Taken By ### Print AK letter Attachment Accident No. Last Doc, Received Choose File No file chosen Choose File No file chosen	MT/1065899 Wes © No	Name unknown Preport Received	Save Submit	08/10/2019 14:55 LIEW SHAN HUI 08/10/2019 14:56 Category * Please Select	Contact No. (Riome) OI Vehicle Number N 5 Oct 2019 Claim Close Date Confidential Vr NO V	NRIC 200500 Contact No. 100 Med 27: (Office) TP Vehicle Number Name of Preferred New Kehop Date Received D8/10/
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Claim Handling(accident reporting Claim Task)

2,000,000	Uploaded By/Date Folder Date		ile Name		Source	
Video List	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 08 Oct 2019 14:55	Photos		Normal	Photos 2019-10-8	
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TO AND	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 08 Oct 2019 14:56	NRIC/ Driving License	Y	Normal	NR3C/ Driving License 2019-10-8	
Attachment	Upleaded By/Date	Category	9	Urgency	Description	

Display in New Window Scan and uploading