NATIONAL Assessment Centre Services. [Well Jan'05]MNA 119134148 Done by Date & Time Completed Date In: 9/10/19-18:30 Jeb description Res No: Hally Classes SAS e-filing E-mail (within 8hrs, AIC 2hrs) Vch No: 9 019 i-Motor Claim Form D.O.A : 3 W7/1069018-000 i-Motor W/O (Within: OD 2hrs, TP 4hrs) Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: ( Tel: Veh No: (4 5764 )/Non-INC ( TP Particulars: INC ( Tel: Owner / Driver: ( Cover Type: ( ) Period: ( Policy No: ( Time: Date: Confirmed by : ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Insured/Driver Liability: ( Year of Registration: ( Warranty: YES ( )/NO( Loading: \$1,000 ( )/\$2,000 ( Excess: (\$ General Remarks. ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. ); Towing Co: ( Drive-In ( )/ Towed-In ( ); Invoice: YES ( ) / NO ( Date&Time Completed Done by Remarks: (INC hotline: 6788 6616) ) / Courtesy Car ( 1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection ) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Ant (S) Amt (S) Invoice Preparation Checklist fu Bill MAIMOZETS. 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \*NS: Courtesy Car / Tpt Allowance 510 \*N6: Repair Co-ordination \$25 \*N7: Fost Repair Inspection Auditors' Comments: 35 \*N8: DV / Collect Excess Coordination \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idac Mobile Fee Charges Invoice dated at. 2/3: Fee Charged Invoice dated

is a part of their

#### SINGAPORE ACCIDENT STATEMENT

#### 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 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

foresaid.	Management and American Company of the Company of t
A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	09/10/2019 18:30
Date Of Accident	07/10/2019 21:40
Exact Location Of Accident	TELOK BLANGAH ST 31
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ3212G
Insured/Policyholder	
Name Of Registered Owner	PRIVILEGE LIMOUSINE SERVICES PTE LTD
Co Reg No	201726851N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81833239
Alternative Phone No	OFFICE-81833239
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 2.0 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	THIRD PARTY
Fleet Policy	YES
Policy Number	5111566730
Cover Note Number	
Driver	
Name of Driver	HIRWAN BIN SUKAIMAN
NRIC No	S7822313H

 NRIC No
 \$7822313H

 Date Of Birth
 14/08/1978

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/11/2009

Driving Experience 9 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87544116

Fax Number

Contact Number OFFICE-87544116

EMail Address NOEMAIL

BLK 467 SEGAR ROAD Address

#04-190

670467 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

COLLISION - CHANGE/CROSS LANE Type Of Accident

DRIZZLING Weather Conditions

WET Road Surface

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

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

REFER TO STATEMENT.

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** 

SHF710H Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

QUAH KOK CHIN Name of Driver

NRIC/Passport Number

96733335 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Page 2 of 15

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

HIRWAN BIN SUKAIMAN

BODY

SLZ3212G

YES

NO

# 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 aforesald.
- 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.

PRIVILEGE LIMO SERVICES P/L

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.:

Helok Blevych Street 31

Vehicle A: SLZ 32129 Vehicle B: SHF710H

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle A time, date above said traveling along Telok Blangah Street 31. Saw Vehicle B (SHF FIOH) ang straight without giving any signal the middle road, so I made MU MOVE stop at overtake his vehicle out of sudden vehicle B vehicle left and collided portion.

DECLARATION

We declare the foregoing particulars are true in every respect.

PRIVILEGE LIMO

BERVICES P/L

Policyholder's Signature

Date & Time:

Driver's Signatule

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Ho HRS  Telok Blangah Street 31  Wort  Vilege Limousine Services Pte Ltd  185329 Home: Office:  +26851N  Tagare Industrial Are #01-20 Tagare 8 S (78780)  THIRD PARTY REPORTING ONLY  UTUC  There Party Third Party / Fire / Theft  3662784 511566730  Ive If No, Hirwan Bin Sutaiman  182313H Any Passengers:  18 1978  Dr / Indoor  11 12009  1 Female  187594116 Home: Office:  19759 Conditional Home: Office:  19759 Conditional Home: Office:  19759 Conditional Home: Office:  19759 Conditional Home: Office:
North Work Strices Pte Ltd  1833239 Home: Office:  726851N  Tagore Industrial Are #01-Do Tagore 8 S (78780)  THIRD PARTY REPORTING ONLY  JTUC  Third Party Third Party / Fire / Theft  3663784 5/11566730  The If No, Hirwan Bin Sutaiman  1822313H Any Passengers:  18/1978  Dr / Indoor  11/2009  1 Female  87544/16 Home: Office:  467 Segar Road #04-190 S (670467)
North Vilege Limousine Services Pte Ltd  183329 Home: Office:  +26851N  Tagare Industrial Are #01-20 Tagore 8 S [78780]  THIRD PARTY REPORTING ONLY  UTUC  Third Party Third Party / Fire / Theft  3663784 5111566730  Ive If No, Hirwan Bin Sulaiman  822313H Any Passengers:  18 / 1978  Or / Indoor  111 / 2009  1 Female  8754 4116 Home: Office:  5467 Segar Road #04-190 S (670467)
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My Desktop	Policy Query										
Notice of Loss	Policy No. 5111566730					Date of Accident 07			7/10/2019 2		
	Vehicle	No.(For Motor)	SLZ321	2G		Certific	cate Number				
					15	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111566730	5111566730- 000007	PRIVILEGE LIMOUSINE SERVICES PTE LTD	201726851N	GFM	Third Party	SLZ3212G	SLZ3212G	01/08/2019	31/07/2020

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K	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason		
D Protection	No	NCD Entitlement(%)	0	Private Hire	Not available	
Accident Details						
port Date	09/10/2019 10:06	Accident Report Within 24 hrs	Yes	Accident Type	Unknown	
de of Accident	07/10/2019	Time of Accident hh:mm	21:40	Country of Accident	Singapore	
porting Centre		Orange Force		3CM No.		
cident Location	NA .					
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cess Type	Per Accident	Windscreen Excess				
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tal CO Excess Applicable	0,00	Total TP Excess Applicable	1,500.00			
Benefits						
GST Registered Informa			12.2			
T Registered	No.		GST Registration Date GST Status Venfled	Yes		
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dification History						
Policyholder Hailing Ad	dress					
dress 1	421 TAGORE INDUSTRIAL AVEN	Address 2	#01-20 TAGORE 8	Address 3	SINGAPORE 787805	
dress 4	THE STREET, SECURITIES AND ASSESSMENT	Address Type	Singapore address	Post Code	787805	
er No.	01-05	Related Policy Number	5111565591			
OI Driver Info	02-03	Health June Harris	5510000000			
of Driver 1mio		Driver Type				
named driver Name		Driver NRJC		Driver DOB		
gister Date of Driver License		Driver Age		Driving Experience		
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