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E-mail (violis Sire, Al Cabas)	1
DO. 1 P. Peportung Only  I-Motor W/O (Winis: OD 2 Int. TP 4hrs)  I-Photo Uploaded  TP Insurer:  Assessment/Survey Report  Assessment/Survey Report  Assessment/Survey Report  Assessment/Survey Report  Total Confirmed by: (  Date: Total  Insured/Driver Liability: (  Policy No: (  Period: (  Date: Total  Insured/Driver Liability: (  Warranty: YES (  ) /NO (  Excess: (S ) Loading: \$1,000 (  ) /\$2,000 (  Centeral Remarks: (  ) Walk-la Customer: Customers information strictly Confidential & Strictly NO refer of repairer.  (  ) Walk-la Customer: Customers information strictly Confidential & Strictly NO refer of repairer.  (  ) Walk-la Customer: Customers information strictly Confidential & Strictly NO refer of repairer.  (  ) Walk-la Customer: Customers information strictly Confidential & Strictly NO refer of repairer.  (  ) Walk-la Customer: Customers information strictly Confidential & Strictly NO refer of repairer.  (  ) Walk-la Customer: Customers information strictly Confidential & Strictly NO refer of repairer.  (  ) Walk-la Customer: Customers information strictly Confidential & Strictly NO refer of repairer.  (  ) Walk-la Customer: Customers information strictly Confidential & Strictly NO refer of repairer.  (  ) Walk-la Customer: Customers information strictly Confidential & Strictly NO refer of repairer.  (  ) Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In (  ) / Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In (  ) / Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In (  ) / Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In (  ) / Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In (  ) / Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In (  ) / Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In (  ) / Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In (  ) / Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In (  ) / Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In (  ) / Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In (  ) / Total Luss Case :	
I-Motor W/O (Within: OD 2hn, 7P 4hn)   I-Photo Uploaded    -Photo Uploaded   Assessment/Survey Report	sia
I-Photo Uploaded   Assessment/Survey Report	
Prefetred Wksp / INC Assign Wksp / QW: { Tel: Fax:   Tel: Fax:   Tel: Fax:   Tel:	
Ass't Report by Fax / Hand to Ownert/Wksp	
Preferred Wksp   INC Assign Wksp   QW; { Tol: Fax:	
TP Particulars:  Owner / Driver: (  Defends: (  Defends: (  Date: Time:   Defends: (  Defends: (  Date: Time:   Defends: (  Defends: (  Date: Time:   Defends: (  Date: Time:   Defends: (  Defe	
Owner / Driver: (	-
Confirmed by: (   Date: Time: )   Insured/Driver Liability: ( %)   Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%)   Year of Registration: ( ) Warranty: YES ( ) / NO ( )	-
Insured/Driver Liability: ( %) [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%]  Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks: ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co ( 1/2  Remarks: (IN(C hoffine: 6788 6616))	
Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks: ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( 1/2)  Remarks: (INC hodine: 6788 6616)	
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Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.   Total Loss Case : to e-mail Insurer URGENTLY.   Drive-In (	
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Total Loss Case : to e-mail Insurer URGENTLY.   Drive-In (	100
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (   Remarks: (INC hodine: 6788 6616)   Date   Sirrie Completed   Done	
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Invoice Preparation Checklist  Actions  Actions  Invoice Preparation Checklist  Invoice Preparation  Invoi	
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Invoice Preparation Checklist   Intent's Particulars   Invoice Preparation Checklist   Intent's Particulars   Intent's Particular   Intent's Particulars   Intent's Particular   Intent's Particul	
Invoice Preparation Checklist   Internation   Invoice Preparation Checklist   Internation   Intern	-
Invoice Preparation Checklist   Internation   Invoice Preparation Checklist   Internation   Intern	
1) AR : Accident Reporting (\$30);   2) DA : Darmage Assessment (\$100); INC (\$30)     2) DA : Darmage Assessment (\$100); INC (\$30)     3) TF : Towing Fee	Ami
2) DA: Damage Assessment (\$100); INC (\$80)	Add
2007   2007	-
4) FT : Follow-Through Survey   \$120	
For claiming against INC Only (wef 10 Jan 2005)     10 aged Portion:   6) TR: Re-inspection   \$75     7) N1: Idae DA + SMRT Survey   \$160     8) NTUC Additional Services:-     OD*   *N5: Courtesy Car / Tpt Allowance   \$5     *N6: Repair Co-ordination   \$10     *N7: Post Repair Inspection   \$25	
13ged Portion:   6) TR: Re-inspection   \$75	
7) N1 : Idao DA + SMRT Survey \$160  8) NTUC Additional Services:-  Checked by (Engr-In-Charge):  *N5: Courtesy Car / Tpt Allowance \$5  *N6: Repair Co-ordination \$10  itors' Comments:-  *N7: Post Repair Inspection \$25	
Checked by (Engr-In-Charge):  *N5: Courtesy Car / Tpt Allowance \$5  *N6: Repair Co-ordination \$10  itors' Comments:-  *N7: Fost Repair Inspection \$25	
*Note Repair Co-ordination 510  itors' Comments:-  *N7: Post Repair Inspection 525	
*Note Repair Co-ordination 510  itors' Comments:-  *N7: Post Repair Inspection 525	
itors Comments:- *N7: Fost Repair Inspection \$25	
	-
*N8: DV / Collect Excess Coordination 55	
TP (N11): TP (Non INC) against INC \$20	
9) N12: Idaa Mobile 30  Invoice dated Fee Chargea 3	

# 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.
- 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

<ol> <li>By the lodgement of this report to the insurers, you hereby con aforesaid.</li> </ol>	sent to the archiving of this report at the centre and to copies of the report being made available
CONTROL OF	ACCIDENT STATEMENT
Date Of Report	16/10/2019 14:49
Date Of Accident	16/10/2019 11:05
Exact Location Of Accident	4 TUAS AVE 13
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA7123D
Insured/Policyholder	
Name Of Registered Owner	MEI DE ENGINEERING PTE LTD
Co Reg No	200409513W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97362281
Alternative Phone No	OFFICE-97362281
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 MANUAL
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

MALE

Policy Number

5062794553-05

Cover Note Number

#### Driver

Name of Driver HOSSAIN BILLAL Passport No/FIN G6598844K Date Of Birth 07/08/1989 Occupation OUTDOOR Date Of Driving Pass 20/05/2015

**Driving Experience** 4 YEARS AND 4 MONTHS

Gender

Mobile Number (LOCAL) +65-86198071

Fax Number

Contact Number OFFICE-86198071

**EMail Address** NOEMAIL Address

90 ONAN ROAD

Postcode

424510

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

ē

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)

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.

3

Number of Passengers (Including Driver)

NAME:

100

Passenger 1

GENDER:

: MALE

Passenger 2

NAME:

30.

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

GBH5541G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

### 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:

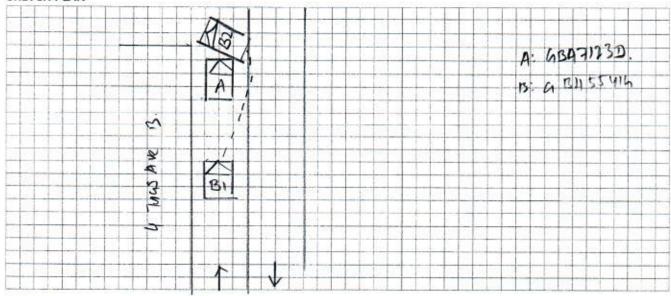
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

# SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- THE ACCIDENT	
Refer to Husement.	
	17-1
	2

# DECLARATION

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 Personne's Signature Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING SLOWLY ALONG THE STATED VENUE. VEHICLE B WAS AT BACK OF MY VEHICLE OVERTAKE MY VEHICLE AND HE MAKE A LEFT TURN TWDS 4 TUAS AVE 13 AND HIT ONTO MY VEHICLE FRONT PORTION.

# **ACCIDENT STATEMENT**

	1 Dettus primusis	and the second s
	1. DETAILS OF VEHICLE	*
	ajvehicle number: 6247030	
	b)INSURANCE COMPANY: WTV	27
	C)POLICY NUMBER: 5067794533 -	
	d)POLICY TYPE: (COMPREDENSIVE / TH	HRD PARTY / THÌRD PARTY FIRE &THEFT
	e)MAKE & MODEL:	
	f)TYPE: (SALOON / COUPE / MPV / VAN g) VEHICLE CATEGORY: (PRIVATE / COI h) PURPOSE OF USING AT ACCIDENT TH	MMERCIAL / MOTORCYCLE) ME: 40000
	I) ARE YOU CLAIMING UNDER YOUR ON IF NO, PLEASE STATE (THIRD PARTY CL	WN INSURANCE (YÉS/NO) AIM / REPORTING ONLY)
2	. INSURED / POLICY HOLDER	
	A) NAME: Mei De Engineering	
	b) NRIC/FIN/PASSPORT:	CONTACT: 97363181.
	c)ADDRESS:	
	1.000/57/1/570.0	<u> </u>
du al a	* CONTINUE TO 3.d IF DRIVER ALSO PO	LICY HOLDER
And of bassanga	DRIVER HOWAIN BILLIAL	-7
Claduding driver	DINAME: HOSEOTH ALECSON	(MALE / FEMALE)
(1)		MALE / FEMALE)
(7)	b)NRIC/FIN/PASSPORT: 46598841	1/0/1-0-
(1) (3) 2mult.	c)ADDRESS:	IL CONTACT: 86198071
(7)	*d)DATE OF BIRTH: ( 7 / 8 / 1989	J(DD/MM/YYYY)
(7)	c)ADDRESS:	J(DD/MM/YYYY)
Small.	*d)DATE OF BIRTH: (	INSURED'S COMPANY? (YES / NO)
mult.	*d)DATE OF BIRTH: ( / / 8 / 1989)  e)OCCUPATION: (INDOOR / OUTDOOR f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIVE	INSURED'S COMPANY? (YES / NO)
mule.	*d)DATE OF BIRTH: ( ) / 989 e)OCCUPATION: (INDOOR / OUTDOOR f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIVE a) WEATHER CONDITION: (CLEAR / RAIN	INSURED'S COMPANY? (YES / NO) ER WITH INSURED:
7 mu) ( . 4.	*d)DATE OF BIRTH: ( / / / /	INSURED'S COMPANY? (YES / NO) ER WITH INSURED:
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) mult - 4. 5.	*d)DATE OF BIRTH: (///////_	INSURED'S COMPANY? (YES / NO) ER WITH INSURED: ING / OTHERS S
7 mu) ( - 4. 5. 6. 7.	*d)DATE OF BIRTH: ( / / / / / / / / / / / / / / / / / /	INSURED'S COMPANY? (YES / NO) ER WITH INSURED: ING / OTHERS S
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mull.  4. 5. 6. 7. No of passenger Including driver) (1-) 9.	*d)DATE OF BIRTH: (	INSURED'S COMPANY? (YES / NO) ER WITH INSURED: SING / OTHERS SATION: CONTACT: CONTACT: CONTACT: CONTACT: CONTACT: CONTACT:
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Policy N	No.				Date	of Accident	16	10/2019 11	05	
Vehicle	No.(For Motor)	GBA71	23D		Certi	ficate Number	10			
				1	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5062794553- 05		MEI DE ENGINEERING PTE LTD	200409513W	GCV	Comprehensive	GBA7123D	GBA7123D	06/11/2018	05/11/2019
	Policy ! Vehicle	Policy Query Policy No. Vehicle No.(For Motor)  Select Policy No.	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  5062794553-	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No. Certificate Number Name  0 5062794553-  O 5062794553-  O ENGINEERING	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No. Certificate Number Name Policyholder Name Nation Nati	Policy Query   Date	Policy Query  Policy No. Date of Accident  Vehicle No.(For Motor) GBA7123D Certificate Number  Search  Select Policy No. Certificate Number Name Policyholder Name Nanc Nanc Search  Select Policy No. Certificate Number Name Object Name Nanc Search Nanc Search Se	Policy Query  Policy No. Date of Accident 16/ Vehicle No.(For Motor) GBA7123D Certificate Number  Search  Select Policy No. Certificate Number Name Policyholder Name Name Name Name Name Name Name O S062794553- ENGINEERING 200409513W GCV Comprehensive GBA7123D	Policy Query  Policy No. Date of Accident 16/10/2019 11  Vehicle No.(For Motor) GBA7123D Certificate Number  Search  Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle Insured Object  MEI DE Name NRIC MOTO GBA7123D	Policy Query  Policy No.  Vehicle No.(For Motor)  Search  Select Policy No.  Certificate Number Policyholder Name NRIC  Select Policy No.  Search  Sea

Sequenc	Date of Endorsement	E	ndorseme	nt Type	Endorsement	Status	Endorsement Content
₹ Endors	ements						
Insured	Object: GBA7123D						
nit No.		Related Numbe	Policy er	5094942565-02			
ddress 4		Addres		Singapore address	3	Post Code	424510
ddress 1	90 ONAN ROAD	Addres	s 2	SINGAPORE 424510	)	Address 3	
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0- nsurance lag	No						
gent	DIRECT BUSINESS DEPT	Agent Tel.	NIL		GST Flag	Y	
Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
xcess Outside		Premium	0				
dditional		Excess OS			Excess		
Third Party	0.0	Own damage	600		Windscreen	100.0	
Excess Type		All Claims Excess					
Policy ssue Date	29/09/2018	Effective Date	06/11/20	18 00:00	Expiry Date	05/11/2019 23	3:59
Product Name	COMMERCIAL VEHICLE INSURAL				Group Policy Flag	N	
Address	90 ONAN ROAD SINGAPORE 424	510					
Certificate No.							
	5062794553-05	Policyholder Name	MEI DE E	NGINEERING PTE LTD	Policyholder NRIC	200409513W	

Claim Handling								
Accident MT/1067168								
Policy No.	5062794553-05		Vehicle No.	GBA71230		water was a second	52450	
Certificate No.						GST Registration	n No.	
olicyholder Name	MEI DE ENGINEERING	S PTE LTD						
roduct Code	COMMERCIAL VEHICL		Cover Type	Company		Policyholder NR3	IC.	200409513W
ontact No.(Mobile)	97362281		Contact No.(Office)	Comprehensive 0		Loading		0
mail Address			Special Remark			Contact No.(Hon	ne)	0
nk.	® No ○ Yes		TCA			eCode		791. 🗸
OD Protection	No			® No ○ Yes		eCode Reason		
Accident Details			MCD Entitlement(%)	0	59	Private Hire		No
port Date	16/10/2019 14:59		Accident Report Within 24 hrs	Yes	8	Accident Type		Collision - Change / Cross land
on of Accident	16/10/2019		Time of Accident hh:mm	11:05			2507	
porting Centre			Orange Force	*******		Country of Accide	ent	Singapore
cident Location	4 TUAS AVE 13		ALTERNATION OF THE PARTY OF THE		A.	ICM No.		
Excess								
in damage Excess		*****						
named Driver Excess		600.00	Additional Excess		N.	Windscreen Exces	56	100.00
			Outside Singapore OD Excess					
nd Party Excess		0.00	Outside Singapore TP Excess					
Benefits								
GST Registered Infor	mation							
Registered	Yes			GST Registration Date		19/08/2	2004	
Registration No.	20040	09513W		GSY Status Venfied		Yes	oute.	
Ification History	16/10/	2019 15:00:30 Sys	stem changed GST Registered from N	A Mar Mary				
	201 201	2019 15:00:30 Syr	stem changed GST Registration No. fr stem changed GST Registration Date:	om null to 200409513W from null to 19/08/2004				
Policyholder Hailing A	Address							
ress 2	90 ONAN ROAD		Address 2	53NGAPORE 424510		doress 3		
reas 4			Address Type	Singapore address				
No.					P	ost Code		424510
Of Driver Info			Related Policy Number	5094942565-02				
er Name	Unnamed Driver							
amed driver Name			Driver Type	Unnamed Driver				VIII DA LOUIS DE LA CONTRACTOR DE LA CON
	HOSSAIN BILLAL		Driver NRIC	G6598844K	D	river DOB		07/08/1989
ster Date of Driver Licens			Driver Age	30	Di	riving Experience		4
ect No.(Mobile)	96198071		Contact No.(Office)	0	C	ontect No.(Home	1)	0
ress 1	90 ONAN ROAD		Address 2	SINGAPORE 424510	Ad	ddress 3		
ress 4			Address Type	Singapore address	Po	est Code		424510
No.								729310
is he own a Singapore istered car?	○ Yes  No		Driver Vehicle No.		1929			
The state of the s			Solder vertical lies.		Dr	iver Insurer Con	npany	
aration								
thalyser or Blood Test	0 mg		Valentinian Lan	055000 Sto				
fing?	o my		Any injury?	○ Yes  No				
fication History								
5.00								
aim 001 New								
Type •	OD-MX	V	Materials area shall in		.00			
ect No.(Mobile)	97362281	-	Insured Name	MEI DE ENGINEERING PTE LTD	Ins	ured NAIC		200409513W
Address	The state of the s		Contact No.(Home)	65706518	Cor	ntact No.(Office)		68424203
	mei_de_engineering@hc		OI Vehicle Number	GBA71230	TP	Vehicle Number		GBH\$541G
ant Type Claimant Type •	Please Select	V	Type of Benefit *	Please Select				
ant Name *		>>	Claimant NRJC +	The Party of the P				
ant Address			THE PARTY OF THE					
Description	GBA7123D / GBH5541G	ON 16 Det 2019				ne of Preferred V		
rred Workshop Contact			Insured Liability +	No at Face			workshop	
		V		Not at Fault			5	5-2-2
re Finalisation	Yes		Preferend Repair Option	Preferred Workshop, Name unknown	n V GIA	report	1	Received v
re Finalisation	Yes							18/10/2010 00:00
Registered	16/10/2019 15:01		Claim Cose Date		Dat	e Received	1	16/10/2019 00:00
Registered t Taken By	en constant de la con		Claim Close Date		Dat	e Received		16/10/2019 00:00
Registered t Taken By	16/10/2019 15:01		Claim Close Date		Det	e Received	-	18/10/2019 00:00
	16/10/2019 15:01				Det	e Received	1	10/10/2019/00/50
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Registered t Taken By Int AK letter	16/10/2019 15:01	=		eve Submt	Den	e Received		10/10/20/19 00:00
Registered t Taken By	16/10/2019 15:01			eve Submit	Det	e Received		10/10/2019 00 00
Registered t Taken By rink AK letter achment	16/10/2019 15:01 Jackson				Dat	e Received		10/10/20/19 00 00
Registered t Taken By rink AK letter	16/10/2019 15:01 Jackson MT/1067166		Claim No.	001	Dati	e Received		10/10/20/19 00:00
Registered  t Taken By  inc AK letter  schment	16/10/2019 15:01 Jackson MT/1067168 Yes    No				Det	eReceived		10/10/20/19 00:00
Registered Taken By Int AK latter Int AK ment	16/10/2019 15:01 Jackson MT/1067166		Claim No.	001	920	Confidential		
registered Taken By Int AK latter Chiment	16/10/2019 15:01 Jackson MT/1067168 Yes    No		Claim No.	16/10/507a 12:01		Confidential	Urgency	Description •
registered Taken By Int AK latter Chiment	16/10/2019 15:01 Jackson MT/1067168 Yes    No		Claim No. Upload Date Browse	00] 16/10/2019 15:01 Category • Clear Please Select	V [nc	Confidential V	Urgency (	Description •
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video List	NAC_PAYA_UBI_B00601( NAT CES) on 16	IONAL ASSESSMENT CENTRE SERVI i Oct 2019 15:01	Photes		Normal	Pho	Nos 2019-10-16	
5	CES) on 10	TONAL ASSESSMENT CENTRE SERVI 6 Oct 2019 15:01	Photos		Normal	Pho	otos 2019-10-16	
1	NAC_PAYA_UBI_800601( NAT CES) on 16	TONAL ASSESSMENT CENTRE SERVE 5 Oct 2019 15:01	Photos		Normal	Pho	otos 2019-10-16	
	NAC_PAYA_UBI_800601( NAT CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 5 Oct 2019 15:01	Photos		Normal	Ph	otos 2019-10-16	
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15	NAC_PAYA_UBI_800601( NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 6 Oct 2019 15:01	Photos		Normal	Ph	otos 2019-10-16	
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T.	NAC_PAYA_UBI_BD0601( NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 6 Oct 2019 15:01	Photos		Normal	Pf	octos 2019-10-16	
N.	NAC_PAYA_USI_800603( NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 6 Oct 2019 15:01	Photos		Normal	Py	notos 2019-10-16	
2Mi	NAC_PAYA_UBI_800601( NA CES) on	TIONAL ASSESSMENT CENTRE SERVI 6 Oct 2019 15:01	Photos		Normal	p	hotos 2019-10-16	
20	NAC_PAYA_UB1_800601( NAC_PAYA_	TTONAL ASSESSMENT CENTRE SERVI 16 Oct 2019 15:01	Photos		Normal	P	hotos 2019-10-16	
	NAC_PAYA_UBI_800601( NAC_PAYAUBI_800601( N	ATIONAL ASSESSMENT CENTRE SERVI 16 Oct 2019 15:01	Photos		Normal	р	hotos 2019-10-16	
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1	NAC_PAYA_UBI_800601( N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 16 Oct 2019 15:01	SAS		Normal		SAS 2019-10-16	
49 000	NAC_PAYA_UB1_800601( N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 16 Oct 2019 15:01	NRIC/ Driving License	Y	Normal	MRIC/ D	riving License 2019-10-16	
45 MR	3 20	saded By/Date	Category	9	Urgency		Description	(00)