

Date In: 21/10/19 09:19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MMA/INC 19018487/64	E-mail (within 2hrs, A/C 2hrs)		
Web Ref: GBJ 5865L	I-Motor Claim Form	MT11067640-001	21/10/19 10:03
Date: 19/10/19 13:50	I-Motor W/O (within OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whisp		

Preferred Wksp / ISC Assign Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: GBC 7007X	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	( )
Policy No: ( )	Period: ( )	Cover Type: ( )
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 ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repeler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC Ref: 19018487/64)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

MMA 1907909		Invoice/Repairation Checklist	
Claimant's Particulars:	1) AR: Accident Reporting (\$30):	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100):	INC (\$40)	
Contact No:	3) TP: Towing Fee	\$40.00	
Damaged Partion:	4) FT: Follow-Through Survey	\$120	
QC Checked by (Flag-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$20	
Amplifiers Comments:	For claiming against INC Only (see 19 Jan 2003)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	OD:		
	*N3: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	TP (NI): TP (Non INC) against INC	\$20	
	9) NI2: Idao Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## 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 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. 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.

### ACCIDENT STATEMENT

Date Of Report	21/10/2019 09:19
Date Of Accident	19/10/2019 13:50
Exact Location Of Accident	BLK 22 JLN MEMBINA (DRIVEWAY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5865L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NOBLE ADVANCE PTE LTD
Co Reg No	200304578D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96827185

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5110109580
Cover Note Number	

### Driver

Name of Driver	PHEH BOON SENG
NRIC No	S7216413Z
Date Of Birth	16/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	24/10/1998
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82999910
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 297 PUNGGOL CENTRAL #09-489
Postcode	820297
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	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
Was any injured conveyed to hospital by ambulance?	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:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC7007X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	82651600
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	PHEH BOON SENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBJ5865L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.
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) of:
  - (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.

NOBLE ADVANCE PTE LTD

No. 6, Melling Lane Block C #03-00

Singapore 739145

Tel: 65-6367 7668 Fax: 65-6366 2679

Email: sales@noble-advance.com

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

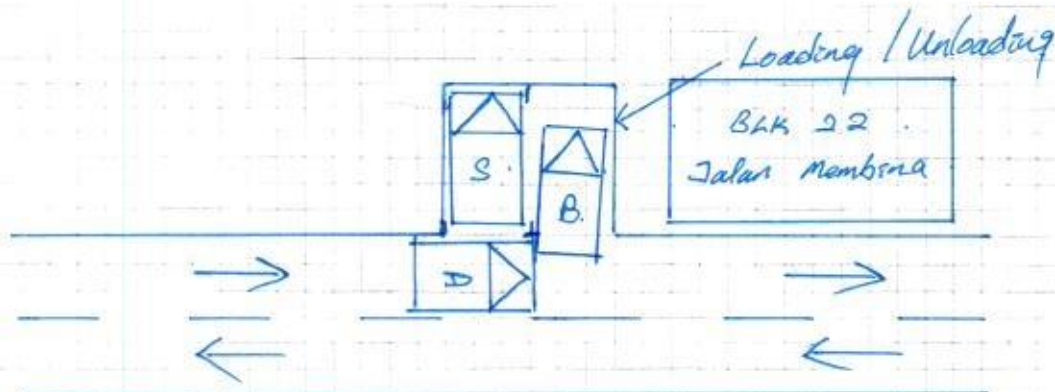
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



(A) GBJ 5865 L

(B) GBC 7007 X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/10/19 at @ 1350 hrs, I was travelling in my vehicle along the driveway of BLK 22, Jalan Membina travelling straight. Suddenly, a lorry (GBC 7007X) on my left, reversed out from the loading/unloading lot and collided with my vehicle front left portion.

## DECLARATION

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

NOBLE ADVANCE PTE LTD  
No. 6, Marsiling Lane Block C #03-00  
Singapore 739145  
Tel: 65-6367 7668 Fax: 65-6366 2679  
Email: sales@noble-advance.com  
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.:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MNA119138833 Vehicle Registration No: GBJ5865L  
Name(as shown in NRIC) : NOBLE ADVANCE PTE LTD NRIC/FIN/Passport No : 200304578B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 82999910  
Email Address : \_\_\_\_\_  
Date of Accident : 19/10/2019 Time of Accident : 13:50  
Place of Accident : BLK 22 JLN MEMBINA (DRIVEWAY)  
Insurance Company: NTUC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

amend CO REG NUMBER TO 200304578D

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



<b>Vehicle No.</b>	GBJ 5865 L.		Model / Make	Toyota Yzace.
Date of Accident	19/10/19.			
Time of Accident	1.350 HRS			
Location of Accident	BLK 22, Jalan Membina (Driveway).			
Exact purpose use during accident	Commercial Use.			
<b>Name of Owner</b>	Noble Advance Pte Ltd.			
Telephone No.	H/P: 9682 7185	Home:	Office:	
NRIC	200304578D.			
Address	89, Phoenix Ave, Phoenix Heights (S) 668387.			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5110109580.			
<b>Name of Driver</b>	As Above If No, Pheh Boon Seng.			
NRIC	872164132.	Any Passengers: N.A.		
Date of birth	16/05/1972.			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	24/10/1998.			
Gender	Male	/	Female	
Contact No.	H/P: 8299 9910	Home:	Office:	
Address	BLK 297 Punggol Central #09-489 (S) 820297.			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Pheh Boon Seng.			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
<b>Vehicle B No.</b>	GBC 7007X	Any Passengers: N.A.		
Name of Driver	TANI.	Contact No.: 8265 1600.		
<b>Vehicle C No.</b>		Any Passengers:		
<b>Vehicle D No.</b>		Any Passengers:		
<b>Vehicle E no.</b>		Any Passengers:		
<b>Vehicle F No.</b>		Any Passengers:		
<b>Vehicle G No.</b>		Any Passengers:		
Witness Name	N.A.	Witness Contact: N.A.		
<b>Accident Portion</b>	Front left portion.			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>				
<b>PARTICULAR WORKSHOP</b>	N-51			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Zi Tong			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5110109580

**Cover :** Comprehensive

1. Index mark and Registration Number of Vehicle

: To Be Advised GBJ 5865

Chassis Number

: ~~NR2052402~~ JTFHT02P800248962

2. Name of Policyholder

: NOBLE ADVANCE PTE LTD

3. Effective Date of Insurance

: 10 Jun 2019

4. Expiry Date of Insurance

: 09 Jun 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder,

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : S\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : S\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : SININS AGENCY PTE. LTD. (00000615123)

Date of Issue : 10 Jun 2019 15:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

## Claim Handling

Accident MT/1067640

Policy No.	5110109580	Vehicle No.	GBJ586SL	GST Registration No.	
Certificate No.					
Policyholder Name	NOBLE ADVANCE PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	2003045788
Product Code	COMMERCIAL VEHICLE INSURAT	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96827185	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>▼ Accident Details</b>					
Report Date	21/10/2019 09:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	19/10/2019	Time of Accident hh:mm	13:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 22 JLN MEMBINA (DRIVEWAY)				
<b>▼ Total Excess Applicable</b>					
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					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History	21/10/2019 10:01:46 System auto update fail: The format of the UEN is incorrect or UEN is invalid.				
<b>▼ Policyholder Mailing Address</b>					
Address 1	6 #03-00 MARSLING LANE	Address 2	SINGAPORE 739145	Address 3	
Address 4		Address Type	Singapore address	Post Code	739145
Unit No.	03-00	Related Policy Number	5110109580		
<b>▼ O1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PHEH BOON SENG	Driver NRIC	S7216413Z	Driver DOB	16/05/1972
Register Date of Driver License	24/10/1998	Driver Age	47	Driving Experience	20
Contact No.(Mobile)	82999910	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 297 #09-489	Address 2	PUNGGOL CENTRAL	Address 3	PUNGGOL GROVE
Address 4	SINGAPORE 820297	Address Type	Singapore address	Post Code	820297
Unit No.	09-489				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NOBLE ADVANCE PTE LTD	Insured NRIC	2003045788
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		O1 Vehicle Number	GBJ586SL	TP Vehicle Number	GBJ586SL
Claim Description	GBJ586SL / GBC7007X ON 19 Oct 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	21/10/2019 10:02
Report Taken By				Date Received	21/10/2019
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1067640	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/10/2019 10:03
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read		Urgency *	Normal
<b>▼ Attachment List</b>			



2/2