Date In: 13/11/19-12:30	Jeb description	Date & Time Completed	Done	by:
Ref No: NAJING 1902014 TY	SAS e-filing			
Vch No: YPAINSP.	E-mail (within Shrs, AIC 2hrs)			3.
D.O.A: 10/11/9-17:07	i-Motor Claim Form	M7 1071191-01	13/11/15 14	130
	i-Motor W/O (Within: OD 2hr		17.101, 11	
OD TP Reporting Only	i-Photo Uploaded	1	,	
TP Insurer:	Assessment/Survey Report			1200-11000
Tr insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel;	Fax:	Me minus
TP Particulars: Veh No: xp	7059E . INC (	)/Non-INC()	29	2W//==Silip
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	20
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1	1,000 ( )/\$2,000 ( )			
General Remarks:-		acamera, a constant a	Carr Silving	14
( ) Walk-In Customer: Customer's in	formation strictly Confidential & St	nctly NO rater of repairer.		
( ) Total Loss Case : to e-mail Insu	irer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invo	ice: YES( )/NO( );T	owing Co: (		)
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	hv -
	/ Courtesy Car ( )	Dates 11110 Coulty and	2010	
2) QC Check / Post Repair Inspection	( )	<del> </del>		
3) Upload Resurvey Photo [Repair Cost >				
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Injury: Date/Time Actions NAIつるもり aimant's Particulars:-	Invoice Prep 1) AR: Accident 2) DA: Damage	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	fit Bill	
Injury:  Date/Time Actions  NAいっとして、 NAいっとして、 Actions  National Serviculars:	Invoice Prep 1) AR: Accident 2) DA: Damage 3) TF: Towing For	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); The Same Same Same Same Same Same Same Sam	75t Biff (0) (/\$45 \$120	
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Injury:  Date/Time Actions  NAI 508647  Laimant's Particulars:-  iver/Owner:  Intact No:  Imaged Portion:  Checked by (Engr-In-Charge):  Iditors' Comments:-	Invoice Prepared to the state of the state o	paration Checklist:  Reporting (\$30);  Assessment (\$100); INC (\$8 to \$40 to the \$40 to t	Tst Bill  100  1/545  5120  530  )  575  5160  55  510	Add Bill
Injury:  Date/Time Actions	Invoice Prepared to the state of the state o	Caration Checklist:  Reporting (\$30);  Assessment (\$100); INC (\$80);  Reporting (\$100); INC (\$80);  Research (\$100); INC (\$80);  Research (\$100); INC (\$80);  Research (\$100);	Tst Bill	

### 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.
- 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.
- 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	13/11/2019 12:30
Date Of Accident	12/11/2019 17:00
Exact Location Of Accident	JUNC LOYANG WAY & LOYANG AVE
Country/State of Loss	SINGAPORE
A CONTRACTOR OF THE CONTRACTOR	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP9123P
Insured/Policyholder	
Name Of Registered Owner	ATLAS TRANNSPORT & LOGISTICS PTE LTD
Co Reg No	201813846M

Co Reg No 201813846M
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-82689205

 Alternative Phone No
 OFFICE-82689205

Vehicle Particulars

Manufacturer MITSUBISHI

Model FUSO FK62FMZ1RDEC

Exact Purpose for which vehicle was being used at WORKING time of accident

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 5102249860-01

Cover Note Number

Driver

Name of Driver NG CHENG CHUAN

 NRIC No
 \$1321498J

 Date Of Birth
 27/12/1958

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/08/1980

Driving Experience 39 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83327285

Fax Number

Contact Number OFFICE-83327285

EMail Address NOEMAIL

BLK 525 CHOA CHU KANG STREET 51 Address

#06-291

Postcode 680525

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR DRY Road Surface

#### 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?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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

ON STATED DATE AND TIME, I WAS TURNING RIGHT FROM LOYANG WAY TWDS LOYANG AVE AS TRAFFIC JUNCTION WAS GREEN ARROW, VEHICLE B WAS TRAVELLING ALONG 1ST LANE, HE WAS TOO CLOSE TO MY VEHICLE AND HIT ONTO MY VEHICLE RIGHT PORTION.

# Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

**Details of Witness 1** 

JORDAN KWEK Name

97612398 Phone Number

Email Address

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

XD7059E Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

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.
- 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.

(1,0.51

Policyholder's Signature

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

Date & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Loying Ave

A: 4P9 M3P. B: 107059E.

The property of the property o

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## 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 Personnel's Signature Name:

NRIC/FIN No.:

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			- Control of the Cont	A CONTRACTOR OF THE PARTY OF TH	and the latest	• Change	Languag	e Char	nge Password	· Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy I	Vo.	0		73	Date o	of Accident		12/11/2019	17:00	
	Vehicle	No.(For Motor)	YP9123	3P	1000	Certifi	cate Number				
					10	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102249860- 01		ATLAS TRANSPORT & LOGISTICS PTE LTD	201813846M	GCV	Preferred Workshop Plan	YP9123P	YP9123P	25/07/2019	24/07/2020
					C	ontinue					

Policy No.	5102249860-01	Policyholder Name	ATLAS TRA	NSPORT & LOGISTIC	Policyholder NRIC	201813846M	
Certificate No.							
Address	BLK 217 #12-150 SERANGOON	AVENUE 4 SE	RANGOON G	REEN SINGAPORE 55	0217		
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy Issue Date	25/07/2019	Effective Date	25/07/201	9 00:00	Expiry Date	24/07/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Υ:	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	older Mailing Address						
Address 1	BLK 217 #12-150	Addres	ss 2	SERANGOON AVENU	JE 4	Address 3	SERANGOON GREEN
Address 4	SINGAPORE 550217	Addres	ss Type	Singapore address		Post Code	550217
	12-150	Relate Numbe	d Policy er	5111576852			
Unit No.							
Unit No.	d Object: YP9123P						
w200000	ACCUPATION OF						

ccident MT/1071191					
DIKY NO.	5102249860-01	Vehicle No.	YP9123P	GST Registration No.	201813846M
ertificate No.					
Skyholder Name	ATLAS TRANSPORT & LOGISTICS PTE LTD			Policyholder NRIC	201813846M
oduct Code	COMMERCIAL VEHICLE INSURA:	Cover Type	Preferred Workshop Plan	Loading	0
mtact No.(Mobile)	82689205	Contact No.(Office)	0	Contact No.(Home)	0
neil Address		Special Remark		eCode	10:97
K	● No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details	neo .	Herr Chinden Bully 18			88
		The control account and the control and the co	CARDOC CO.	Auditor Time	Follows Course / Cours Inc.
port Date	13/11/2019 14:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
te of Accident	12/11/2019	Time of Accident hh:mm	17:00	Country of Accident	Singapore
porting Centre		Grange Force		ICM No.	
cident Location	JUNC LOYANG WAY & LOYANG AVE				
<ul> <li>Total Excess Applicable</li> </ul>					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
ID OD Excess	0.00	VIED TP Excess		Driver is Covered?	
drional Excess					
tal OD Excess Applicable	600.00	Total TP Excess Applicable			
P. Benefits					
GST Registered Informa	tion				
T Registered	Yes		GST Registration Date	18/07/2018	
T Registration No.	201813846M		GST Status Verified	Ves	
diffication History	13/11/2019 14:19:49 System	m changed GST Status Verified from	n No to Yes		
Policyholder Mailing Ad	dress				
Idress 1	BLK 217 #12-150	Address Z	SERANGOON AVENUE 4	Address 3	SERANGOON GREEN
Idress 4	SINGAPORE 550217	Address Type	Singapore address	Post Code	550217
Nt No.	12-150	Related Policy Number	5111576852		
OI Driver Info					
iver Name	Unnamed Onver	Driver Type	Unnamed Driver		
named driver Name	NG CHENG CHUAN	Driver NR3C	513214983	Driver DOB	27/12/1958
		Driver Age	60	Driving Experience	39
igister Date of Driver License					
intect No.(Mobile)	83327295	Contact No. (Office)	0	Contact No.(Home)	•
idress 1	BLK 525	Address 2	CHOA CHU KANG STREET \$1	Address 3	SINGAPORE 680525
dress 4		Address Type	Singapore address	Post Code	660525
			11-11-11-11-11-11-11-11-11-11-11-11-11-		200000000
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