Date In: IVIN 19. 09:18 Je	b description	Date & Time Completed	Done	pi
	SAS e-filing	•		
	E-mail (within Shrs, AIC 2hrs)			
	-Motor Claim Form	1 cer {62} follow	Mirlia 8	4:47
- Dir	-Motor W/O (Within: OD 2)	urs, TP 4brs)		2.00
OD (TP) Reporting Only	-Photo Uploaded			
A	Assessment/Survey Report			2 Smile
TP Insurer:	ss't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tol:	Fax:	
TP Particulars: Veh No: SH 8097 B	INC	( )/Non-INC( )	1000 to 1000	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (	)	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Note-l	Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( ) Warra	nty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )			
General Remarks:				
( ) Walk-In Customer : Customer's information	on strictly Confidential & S	Strictly NO refer of repairer.		
		Janeary 140 15tat of tepamon		
( ) Total Loss Case : to e-mail Insurer UR				
Drive-In ( )/ Towed-In ( ); Invoice: YES	S( )/NO( );	Towing Co: (		)
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	by
TO DESCRIPTION OF THE PROPERTY				
	ev Car ( )	1	2.124.16	
1) Apply for Transport Allowance ( )/ Courtes	sy Car ( )		S. 122 1 A	
Apply for Transport Allowance ( )/Courtes     QC Check / Post Repair Inspection	sy Car ( )			
1) Apply for Transport Allowance ( )/ Courtes	sy Car ( ) ( ) ( )			
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# 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.
- 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

atoresaid.	
SEASON STATEMENT AND ASSESSED.	ACCIDENT STATEMENT
Date Of Report	12/12/2019 09:18
Date Of Accident	11/12/2019 18:25
Exact Location Of Accident	JUNC WAN THO AVE & PHENG GECK AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG7030G
Insured/Policyholder	
Name Of Registered Owner	V10 AUTO
Co Reg No	53391664W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 ACENTA 1.5 DCI 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	THIRD PARTY
Fleet Policy	YES
Policy Number	5106689708

### Driver

Cover Note Number

Name of Driver	WEE MING YANG		
NRIC No	S8815978J		
Date Of Birth	11/05/1988		
Occupation	OUTDOOR		
Date Of Driving Pass	13/11/2008		
Driving Experience	11 YEARS AND 0 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-98228882		
Fax Number			
	CANA-CORRESPONDED TO SECURITIVE CONTRACTOR		

Contact Number OFFICE-98228882

EMail Address NOEMAIL

BLK 113 POTONG PASIR AVENUE 1 Address

#07-844

Postcode 350113

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 DRIZZLING Road Surface WET

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?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

YES

NO

# Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG WAN THO AVE. AS I NOTICED THAT VEHICLE B WAS APPROACHED THE STOPPED LINE OF PHENG GECK AVE. I SLOW DOWN MY VEHICLE, VEHICLE B SLOW DOWN TOO. I SAW THAT VEHICLE B SLOW DOWN, I PROCEED FORWARD, SUDDENLY VEHICLE B DASH FORWARD FROM PHENG GECK AVE. VEHICLE B REAR RIGHT PORTION INTACT WITH MY VEHICLE FRONT PORTION.

# 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 SH8097B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver EE HOE KEE NRIC/Passport Number S13272851

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly 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.
- 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:
  - 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.

Reg No 53391664W

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

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

# SKETCH PLAN A-GBG70304 B: SH8097B JAN The AVE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	flatement.	
	174		

DECLARATION A

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

Reg No.

Policyholder's Signature Date & Time:

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

Reporting Centre Personner's Signature Name: NRIC/FIN No.:

<b>eBao</b> Tech							(	eneralC	laim		
Hello, NAC_PAYA_UBI_800601							· Change L	anguage	· Change P	assword .	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date of	Accident	11/1	2/2019 18:25	53	
	Vehicle	No.(For Motor)	GBG7030G			Certificate Number					
					Si	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106689708		V10 AUTO	53391664W	GFT	Third Party	GBG7030G	GBG7030G	09/12/2019	
					Co	ntinue					

Policy No.	5106689708	Policyholder Name	V10 AU	то	Policyholder	53391664	V	
Certificate		Hame			NRIC		0 ==	
Address	19 KIM CHUAN TERRACE SING	APORE 537041						
roduct lame	FLEET INSURANCE	Plan			Group	N		
Policy	28/12/2018	Effective	20/12/2	018 00:00	Policy Flag			
ssue Date xcess	20) 12/2010	All Claims	20/12/2	018 00:00	Expiry Date	27/12/2019	23:59	
Гуре		Excess						
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0		
Additional Excess		OS Premium	519.55					
Outside		Outside						
Singapore OD Excess		Singapore TP Excess			Young		ng/Inexperience Driver Excess	
gent	HONG WEI VEHICLE PTE LTD	Agent Tel.	64647339		GST Flag	Υ		
surance lag pen olicy Info ertificate	No							
	nolder Mailing Address							
ddress 1	19 KIM CHUAN TERRACE	E Addres	ss 2	SINGAPORE 537041		Address 3		
Address 4		Addres	ss Type	Singapore address	Post Code		537041	
Jnit No.		Relate Numbe	d Policy er	5107316482				
Insure	d Object: GBG7030G							
<b>■</b> Endors	ements							
	28/12/2018 00:00	Basic Informat Endorsement	ion	000001286973062	Endorseme Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBB8661E 28-12-2018 \$1,241.20 2. GBC4363L 28-12-201 \$1,241.20 3. GBH6775S 28-12-2018 \$1,241.20 5. GWS413E 28 12-2018 \$1,241.20 5. GWS413E 28 12-2018 \$1,241.20 5. GWS715S 28 12-2018 \$1,241.20 10 view of this amendment, an additional premium of \$8,046.40 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.	
							Thank you for giving us the	

	not been collected.				
occident HT/1075363					
halicy No.	5106589708	Vehicle Na.	G9G7030G	GST Registration No.	
Sertificate No.					
olicyholder Name	V10 AUTO			Poscyholder NRIC	53391664W
roduct Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
ontact No. (Mobile)	90068701	Contact No.(Office)	0	Contact No.(Home)	0
meil Address	00	Special Remark		eCode	19.8
FK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
CD Protection  Accident Details	No	NCD Entitlement(%)	.0	Private Hire	No
eport Date	12/12/2019 09 44	W 4000 To W 500 To W 500 TO W 500 TO	44000		
ate of Accident		Accident Report Within 24 hrs		Acodem Type	Collision - Major Minor Read
eporting Centre	11/12/2019	Time of Accident his min	18:25	Country of Accident	Singapore
codent Location -	JUNC WAN THO AVE & PHENS GECK AVE	Crange Force		ICM No.	
© Excess	JUNG WAN I HU AVE & PHENG GECK AVE				
Pen damage Excess	2.00	Tarabasa Panasa			
nnamed Driver Excess	0.00	Additional Excess		Windscreen Excess	0.00
	Y Washing C	Outside Singapore OD Excess			
hird Party Excess	1,500.00	Outside Singapore TP Excess			
GST Registered Inform	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status ventical	Yes	
lodification History			1,1779,1779,1769,11172	1766	
Policyholder Mailing Ad					
ddress 1	19 KIM CHUAN TERRACE	Address 2	SINGAPORE 537041	Address 3	
ddress 4		Address Type	Singapore address	Post Code	537041
nd No.		Related Policy Number	5107316482		
OI Driver Info		20112010			
inver Name Innamed driver Name	Urnamed Driver WEE MING YANG	Driver Type Driver NRIC	Unnamed Driver 586159783	Carlo Company	
egister Date of Driver License				Driver DOB	11/05/1988
ontact No.(Mobile)	98228582	Driver Age	31	Driving Experience	11
ddrass 1	8UK 113	Contact No.(Office) Address 2	POTONG PASIR AVENUE 1	Contact No.(Home)	0
ddress 4	30,113	Address Type		Address 3	SINGAPORE 350113
nit No.	07-844	Contrast type	Singapore address	Post Code	350113
loss he own a Singapore	☐ Yes ( No	Driver Vehicle No.			
egistered car?	C. res & res :	Office vehicle No.		Driver Insurer Company	
eclaration					
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