Date In: 77 Mig - 09: 4V	Jeb description	Mail 9 13057 Date & Time Completed	Don	e by				
Res No: Unjuranny	SAS e-filing							
Veh No: x5838P.	E-mail (within Shrs, AIC 2hrs)							
D.O.A: 28 N/19-11:00	i-Motor Claim Form	100-9562 to	22/11/14	09:54				
OD / (TP) / Reporting Only	i-Motor W/O (Within: OD 2	r W/O (Within: OD 2hrs, TP 4hrs)						
OD : IT Reporting Only	i-Photo Uploaded							
TP Insurer:	Assessment/Survey Report			10-17-07-07-0				
Tr insurer.	Ass't Report by Fax / Hand	to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:					
TP Particulars: Veh No: Jun	181334 . 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%. P: 80-1	100%]					
Year of Registration: ( )	Warranty: YES ( )/NO (	)						
Excess: (\$ ) Loading: \$1								
General Remarks;	TOTAL TIL COLUMN TAXABLE AND		3, 4,					
( ) Walk-In Customer : Customer's in				-				
( ) Total Loss Case : to e-mail Insu	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	The state of tepaner.						
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( ) / NO( );	Towing Co: (		)				
Remarks;- (INC hotline: 6788 6616)	Secretary and Commercial	Date&Time Completed	Done	by				
	Courtesy Car ( )		2000					
2) QC Check / Post Repair Inspection	( )	-						
3) Upload Resurvey Photo [Repair Cost > :	\$30001	<del></del>						
	,							
Injury: ————————————————————————————————————				7.757				
	•							
Onte/Tune Actions	Invoice Pre	eparation Checklist	Ant(s)	C				
Onte/Tune Actions	1	eparation Checklist it Reporting (\$30);	ficBill	C				
Actions  Actions  Average  aimant's Particulars:-	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing	eparation Checklist, at Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40	fscBill 0) /545	C				
Actions  Actions  Actions  Invertor	Invoice Pre  1) AR; Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-I	eparation Checklist, at Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40	ficialit 0)	10 to				
Actions  Actions  Actions  Invertor	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming	eparation Checklist.  It Reporting (\$30);  Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey)  against JNC Only (wef 10 Jan 2005)	16:Bill 0) /545 5120 530	C				
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Date/Time Actions	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-I 5) FT: Follow-I For claiming 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi QD*	eparation Checklist  It Reporting (\$30);  Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey)  against INC Only (wef 10 Jan 2005)  cotion  + SMRT Survey  onal Services.	16:Bill  0) /545 5120 530 ) \$75	Contraction of the last				
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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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	27/12/2019 09:42
Date Of Accident	26/12/2019 11:00
Exact Location Of Accident	HEAVY VEHICLE PARKING TAMPINES AVE 9
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	XE838P
Insured/Policyholder	
Name Of Registered Owner	NEO & GOH CONSTRUCTION PTE LTD
Co Reg No	1XXXXX895W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67432338
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO FV51SJD2DEA
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
Policy Number	5072577304-04
Cover Note Number	
Driver	
Name of Driver	MUSTAM BIN YUSOF
NRIC No	SXXXX491D

 NRIC No
 SXXXX491D

 Date Of Birth
 27/09/1946

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/01/1968

Driving Experience 51 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91053271

Fax Number

Contact Number OFFICE-91053271

EMail Address NOEMAIL

BLK 872A TAMPINES STREET 86 Address

#02-11

521872 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

Number of Passengers (Including Driver) 1

**Details of Police Action** 

NO Was the accident reported to the police?

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)

YES Are accident photos available for attachment?

Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLU8133U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR 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:
  - 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.

\* 50H CONSTRUCTION OF STRUCTURE OF STRUCTURE

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

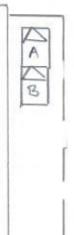
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:



Heavy Vehicle Parling Tumpines Ave of

A: XE838P. B: 56 US1334.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Huter	As 1
- To divien	7(1)-1.
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410-	
A second	

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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS THERE WAS A VEHICLE TURN TWDS THE EXIT POINT. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

# ACCIDENT STATEMENT

HEGY ACCIDENT DATE: 126 / 12 / 2010	_)(DD/MM/YYYY), TIME:(_// : 50 )(HH:MM)
LOCATION: A TEMPINES AVE	of carporit.
1. DETAILS OF VEHICLE	14 828 8
a) VEHICLE NUMBER:	1777
b)INSURANCE COMPANY:	NIOC
CJPOLICY NUMBER: 507	57754-01.
d)POLICY TYPE: (COMPREHE e)MAKE & MODEL:	NSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	APV /VAN / LORRY / MOTORCYCLE / OTHERS)
	ATE / COMMERCIAL / MOTORCYCLE)
	CIDENT TIME: WOLL
	YOUR OWN INSURANCE (YES/NO)
	PARTY CLAIM / REPORTING ONLY
2. INSURED / POLICY HOLDER	JAN CEANY REPORTING ONE!
ALMANAS: NOO L COLO	SAMME AND ME Hd. (MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: 6743238
c)ADDRESS:	
O/NOOKEON.	
* CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOLDER
Ho of passangs DRIVER	
	(MAVE / FEMALE)
bINRIC/FIN/PASSPORT: 5	170491D. CONTACT: 915371
(1.) c)ADDRESS:	
*d)DATE OF BIRTH: ( 174 S	_/ <u>\ \ 9 \ \ 6 \ \ (</u> DD/MM/YYYY)
e)OCCUPATION: (INDOOR /	OUTDOOR)
f)YEARS OF DRIVING EXPRERI	ENCE:
	OF THE INSURED'S COMPANY? (YES / NO)
	HE DRIVER WITH INSURED:
5. a) WEATHER CONDITION; (CL	
b)ROAD SURFACE: (DRY/) WE	
6. WAS ANYBODY INJURED (YES	
7. a) REPORTED TO POLICE (YES	
	POLICE STATION:
8. THIRD PARTY VEHICLE  A No of processinger a) VEHICLE NUMBER: UN8	MAN MODEL:
The Programmer a) VEHICLE NUMBER: SVAN	MODEL:
( Induding driver) b) DRIVER'S NAME:	CONTACT:
9. THIRD PARTY VEHICLE	
	MODEL:
THO OF PRIZINGER OF DRIVER'S NAME.	MODEL.
d) VEHICLE NUMBER:  Ho of psizager of DRIVER'S NAME:  (Including driver) f) NRIC/FIN/PASSPORT:	CONTACT
/ // // // // // // // // // // // // /	

email = munkam & reogoticonst.com.sg fax = VIDEO = X



Policy No.	5072577304-04	Policyholder Name	NEO & GOH	CONSTRUCTION PT	Policyholder NRIC	199104895W		
Certificate No.								
Address	10 UBI CRESCENT #07-83 UBI T	ECHPARK SIM	IGAPORE 408	3564				
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N		
olicy ssue Date	01/07/2019	Effective Date	08/07/2019	00:00	Expiry Date	07/07/2020 23	:59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess	1500		Windscreen Excess	500		
Additional Excess		OS Premium	0					
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/Inexperience Driver Excess		
Agent	VICTOR MOTOR CREDIT PTE LTI	Agent Tel.	68582020		GST Flag	Y		
insurance	No							
nsurance Flag Open	No							
Co- insurance Flag Open Policy Info Certificate Info	No							
nsurance Flag Open Policy Info Certificate Info	No nolder Mailing Address							
nsurance Flag Open Policy Info Certificate Info Policyh		Addre	ss 2	#07-83 UBI TECHP	ARK	Address 3	SINGAPORE 408564	
Insurance Flag Open Policy Info Certificate Info	older Mailing Address		ss 2 ss Type	#07-83 UBI TECHP	Marie A	Address 3 Post Code	SINGAPORE 408564 408564	
nsurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address	Addre	ss Type ed Policy		Marie A		#211 F100 F100 F100 F100	
nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address	Addre Relate	ss Type ed Policy	Singapore address	Marie A		B211310000000000000000000000000000000000	
nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address  10 UBI CRESCENT  d Object: XE838P	Addre Relate	ss Type ed Policy	Singapore address	Marie A		B211310000000000000000000000000000000000	

Claim Handling								
Accident HT/1077356								
Palicy No.	5072577304-04	Vehicle No.	×	E836P			GST Registration No.	
Certificate No.								
Policyholder Name	NEO & GOH CONSTRUCTION PTE LTD					1	Policyholder NRIC	199104895W
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Cover Type Comprehensive			17	Loading	0
Contact No.(Mobile)	0	Contact No. (Office)	6	7432338		70	Contact No.(Home)	0
Email Address	nall Address						eCode	10/.~
KFK	TCA	9	® No ○Yes			eCode Reason		
NCD Protection	Protection No NCD		10	0			Private Hire	No
→ Accident Details								
Report Date	27/12/2019 09:52	Accident Report Within	24 hrs Ye	15		33	Acodent Type	Collision - Head to Rear
Date of Accident	26/12/2019	Time of Accident hh:mi	m) 11	1:00		133	Country of Accident	Singapore
Reporting Centre		Orange Force					ICM No.	
Accident Location	HEAVY VEHICLE PARKING TAMPINES AVE 9							
Total Excess Applicable	te.							
Excess Type	Per Accident	Windscreen Excess			500.00			
	10000000	Variable Control of the Control of t						
OD Standard Excess	1,500.00	TP Standard Excess			0.00			
YIED OD Excess	0.00	YIED TP Excess					Driver is Covered)	
Additional Excess								
Total OO Excess Applicable	1500.00	Total TP Excess Applica	strie					
⊕ Benefits								
☐ GST Registered Informa				200			200217-0307	
SST Registered	Yes (43)				Registration Date		01/04/1994	
GST Registration No. Modification History	M201026431 27/12/2019 09:53-30 Syste	m changed GST Registered	from No to		Status Verified		Yes	
The state of the state of	27/12/2019 09:53:30 Syste 27/12/2019 09:53:30 Syste	m changed GST Registration	an No. from :	null to M2	01026431			
Policyholder Mailing Ad		somewhat was neglected.	or grane fruit		*******			
Address 1	10 UBI CRESCENT	Address 2	92	07-83 08	I TECHPARK		Address 3	SINGAPORE 408564
Address 4		Address Type		ngapore (			Post Code	408564
Unit No.		Related Policy Number		11270865			. san grant	100.00
OI Driver Info		7,000	7. 05					
Driver Name	Unnamed Driver	Driver Type	ur	nnamed D	YYVEF			
Unnamed driver Name	HUSTAM BIN YUSOF	Driver NRIC		0000491		19	Driver DOB	27/09/1946
Register Date of Driver License	18/01/1968	Driver Age	0.00	3 .		3	Driving Experience	51
Contact No.(Mobile)	91053271	Contact No. (Office)	0				Contact No.(Home)	0
Address t	BLK 872A	Address 2	TA	TAMPINES STREET 86			Address 3	SINGAPORE 521872
Address 4		Address Type		Singapore address			Post Code	521872
Unit No.	02-11							
Does he own a Singapore		Driver Vehicle No.					Onver Insurer Company	
Registered car?	○ Yes ® No	Driver venicle no.				- 0	Universitables Company	
Decleration								
Breathalyser or Blood Test	0 mg	Any injury?	6	e yes Or	Ac .			
Reading?	12.00	(40)48-0404-010	2.79		× 11			
understand the same								
Modification History								
Claim 001 New								
Claim Type +	00-MX V	Insured Name	No.	50 & GO+	CONSTRUCTION PT		Insured NRIC	199104895W
Contact No.(Mobile)		Contact No.(Home)	7000	2848901			Contact No.(Office)	67432338
	ADMINISHED CONCORET CON C	Ol Vehicle Number	100					
Email Address Claimant Type Claimant Type •	ADMINUNEOGOHCONST.COM.S		400	E838P lease Sek	ect V		TP Vehicle Number	SLU8133U
Claimant Type Claimant Type * Claimant Name. *	Please Select   ≥≥	Type of Benefit * Claimant NRIC *	Įp.	mast Still	- V			
Claimant Address	22	was made and the				-1		
Claim Description	XE838P / SLU8133U ON 26 Dec 2019					=	Name of Preferred Works	thod
Preferred Workshop Contact		2275V W0527/4	-	WE 22 F	727		The state of the s	
No.		Insured Liability +		lot at Fau	1000	-	may 1000 per	
Require Finalisation	Yes	Preferend Repair Optio	on o	referred t	Vorkshop, Näme unknown		GIA report	Received V
Date Registered	27/12/2019 09:54	Claim Close Date	1			112	Date Received	27/12/2019 00:00
Report Taken By	Jackson							
Print AK letter								
			Se	ve Sub	mit			
Attachment				-				
0.170								
9								
Accident No.	MT/1077356	Claim No.			001			
Last Doc. Received	Yes ○ No	Upload Dat	te		27/12/2019 09:55			
	Path */				Category +		Confidential U	Argency * Description *
0	2770)((		Browse	Clear	Please Select	v	NO V Nort	3-01-00 (1) 110-00 (1) 110-00 (1) 110-00 (1) 110-00 (1) 110-00 (1) 110-00 (1) 110-00 (1) 110-00 (1) 110-00 (1)
			Browse		Please Select		(a) V Non	
			Browse		Please Select	-	Non	
			Browse	-	Please Select	V	None September 1	
			SEEDING CO.	1	750000000			
			Browse	Clear	Please Select	v	Nort	mai 💟

