

Date In: 20/1/20 10:52	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI/IMC20001200164	E-mail (within 2hrs, A/C 2hrs)		
Web No: GBB 7883 M	I-Motor Claim Form	MT/1081023-001	20/1/20 17:23.
TP/A: 18/1/20 17:00.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Professional Wksp / INC Assign Wksp / OW: ( ) Tot: ( ) Fax: ( )

TP Particulars: Vch No: SBS 3960 K. 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: 80-100%]

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 repoler.

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

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

Remarks: (INC Reference: 6788/6616)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

MNA 2000701	Invoice Preparation Checklist:	Amnt (\$)	Amnt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bugr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 19 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QJ):		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Coordination \$10		
	*NF: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$6		
	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 willful 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	20/01/2020 10:52
Date Of Accident	18/01/2020 17:00
Exact Location Of Accident	LENTOR AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7883M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ORNGE HARVEST PTE. LTD.
Co Reg No	2XXXXX830N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94233431

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108381705
Cover Note Number	

### Driver

Name of Driver	XIAN HONGYUN
NRIC No	GXXXX709K
Date Of Birth	07/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96911125
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	2 KAKI BUKIT AVE 1 #02-01
Postcode	417938
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	SIDE SWIPE
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?	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) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG LENTOR AVE ON THE THIRD LANE, THERE WAS A MERGING LANE ON MY LANE AND SECOND LANE, AT THE MERGING LANE SUDDENLY A VEH COME SO FAST FROM SECOND LANE TRY TO OVERTAKE MY VEH, I SLOW DOWN TO GIVE WAY TO THE VEH TO PASS BY. SUDDENLY I FELT AN IMPACT FROM MY LEFT, THEN I REALIZED A SBS BUS FROM THE BUS LANE HIT ONTO MY VEH LEFT REAR 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	SBS3960K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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

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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.



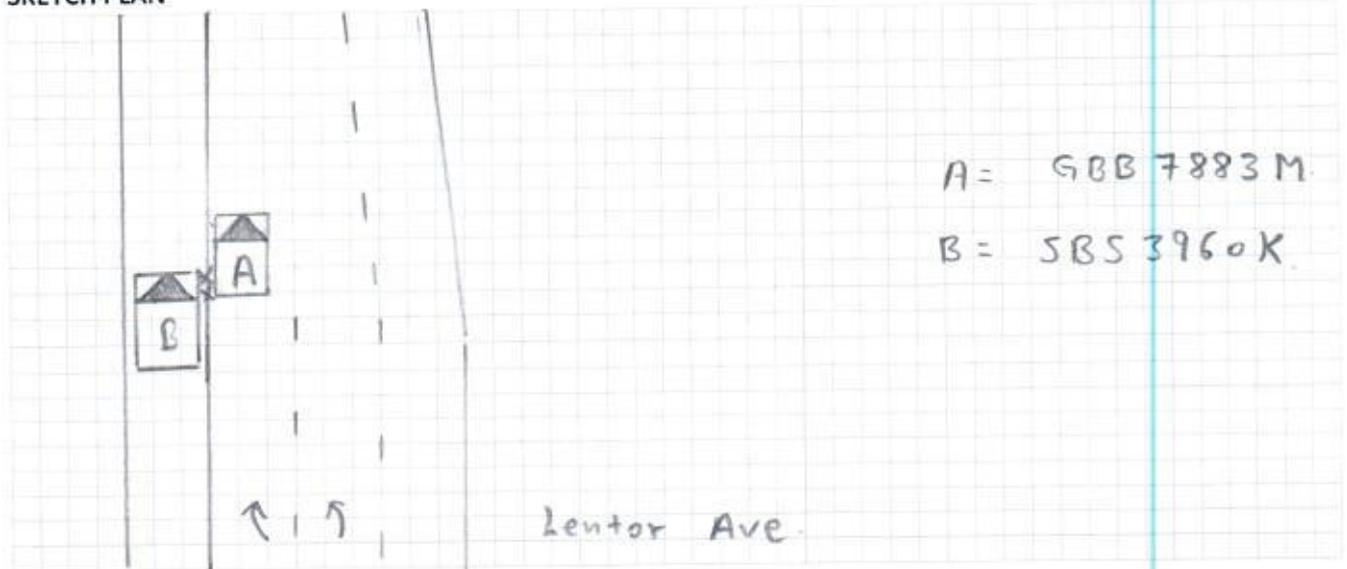
Policyholder's Signature  
Date & Time:

*Xian Hong Yun*

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

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

SKETCH PLAN



A = GBB 7883 M  
B = SBS 3960 K

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:

Xian Hong Yun

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

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

**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** : 5108381705

**Cover** : Third Party

- |  |                           |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle   | : <b>GBB7883M</b>         |
| Chassis Number   | : JN1SC2F24Z0801381       |
| 2. Name of Policyholder  | : ORNGE HARVEST PTE. LTD. |
| 3. Effective Date of Insurance   | : 01 Apr 2019             |
| 4. Expiry Date of Insurance  | : 31 Mar 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.<br>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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : INSURE LINK PTE LTD (00000614836)  
Date of Issue : 29 Mar 2019 17:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Income Link Pte Ltd  
2, Jalan... 208-16  
... (407)  
Tel: 644 4571  
Fax: 644 0040

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1081023

Policy No.	5108381705	Vehicle No.	GBB7883M	GST Registration No.	NA
Certificate No.					
Policyholder Name	ORNGE HARVEST PTE. LTD.			Policyholder NRIC	201020830N
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	94233431	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	20/01/2020 17:18	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/01/2020	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LENTOR AVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	1000.00	YIED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	1000.00				

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	22/11/2010
GST Registration No.	201020830N	GST Status Verified	Yes
Modification History	20/01/2020 17:22:03 System changed GST Registration No. from NA to 201020830N 20/01/2020 17:22:03 System changed GST Registration Date from 01/01/2015 to 22/11/2010 20/01/2020 17:22:03 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	5108381705		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/03/1985
Unnamed driver Name	XIAN HONGYUN	Driver NRIC	GXXXX709K	Driving Experience	1
Register Date of Driver License	03/12/2018	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	96911125	Contact No.(Office)		Contact No.(Home)	
Address 1	2 KAKI BUKIT AVENUE 1	Address 2	#02-01	Address 3	SINGAPORE 417938
Address 4		Address Type	Singapore address	Post Code	417938
Unit No.	02-01				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	GD-MX	Insured Name	ORNGE HARVEST PTE. LTD.	Insured NRIC	201020830N
Contact No.(Mobile)	97671125	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	GBB7883M	TP Vehicle Number	SBS39
Claim Description	GBB7883M / SBS3960K DN 18 Jan 2020			Name of Preferred Workshop	0
Preferred Workshop		Insured Liability	Not at fault		
Estimated No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	20/03/2020 17:23	Date Received	20/01/2020
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1081023	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/01/2020 17:23
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

