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Date Imply 12-12:35	Jeb description	Date &Time Completed	Done	by
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Veh No: ADTOL	E-mail (within Shrs, AIC 2hrs	5)		
D.O.A 8 42- 214	i-Motor Claim Form	m/1083683-001	10/10/10	5:39
WENG COMMING OF CONTROL	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		
OD (TP) ' Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	rt		
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: 5	ULDJE INC	C()/Non-INC()	0.00	marino e
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 ()	The same of the sa	81678
Excess: (\$) Loading:	\$1,000()/\$2,000()			
General Remarks:-			20%	
() Walk-In Customer: Customer's	information strictly Confidential 8	The state of the s		31-
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() Total Loss Case : to e-mail Ir			·	
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p. 12 45

ENTRY DATE & TIME: 10/02/2020 12:35 SUBMITTED BY: Jackson Ho Zhao Tian

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.
- 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

100 C C 100 V 10 V	ACCIDENT STATEMENT	
Date Of Report	10/02/2020 12:35	
Date Of Accident	08/02/2020 20:40	
Exact Location Of Accident	KRANJI WAY	
Country/State of Loss	SINGAPORE	
the state of	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XD513G	
Insured/Policyholder		

HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD

Co Reg No 1XXXXX775C
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-98618163

 Alternative Phone No
 OFFICE-98618163

Vehicle Particulars

Name Of Registered Owner

Manufacturer ISUZU Model CXZ50K

Exact Purpose for which vehicle was being used at 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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number 5115052120

Cover Note Number

Driver

Name of Driver GUI XINMIN
Passport No/FIN GXXXX786N
Date Of Birth 02/03/1973
Occupation OUTDOOR
Date Of Driving Pass 30/12/2014

Driving Experience 5 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98618163

Fax Number

Contact Number OFFICE-98618163

EMail Address NOEMAIL

Address

18 PASIR RIS AVENUE PASIR RIS BEACH PARK

Postcode

519685

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

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)

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 TRAVELLING ALONG THE STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B OVERTAKING MY VEHICLE FROM BEHIND, HE CUT OUT OPPOSITE DIRECTION OF KRANJI WAY AND CUT BACK TOWARDS TO MY LANE AS THERE WAS DIVIDER AHEAD. VEHICLE B HIT ONTO MY VEHICLE RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLH2051E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.

Policyholder's Signature Date & Time:

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

NRIC/FIN No .:

Name:

Reporting Centre Personnel's Signature

TCH PLAN		
	1 - 20 - 1 M	A. XDS136. 3: SUNTOSIE
CRIBE CIRCUMSTANCE	OF THE ACCIDENT	
Refer to star-	iment.	
CLARATION		
	Fill I	
e declare the foregoing pa	iculars 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.:

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Hello, NAC_PAYA_UBI_80 My Desktop		cy Query					Change	Languay	ic chai	ge rassitoro	
Notice of Loss	Policy No. 5115052120					Date o	f Accident	3	08/02/2020	20:40	
	Vehicle	No.(For Motor)	XD5130			Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115052120	5115052120- 000007	HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD	199305775C	GFM	Third Party, Fire & Theft	XD513G	XD513G	30/12/2019	29/12/2020

olicy No.	5115052120	Policyholder Name	носк сн	UAN HONG WASTE MA	Policyholder NRIC	199305775C	
ertificate	5115052120-000007						
ddress	18 PASIR RIS AVENUE SINGAPO	RE 519685					
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olicy		Effective	20112120	0.00.00	Policy Flag Expiry Date	29/12/2020	23-50
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Address 4			ess Type	Singapore address		Post Code	519685
Unit No.	d Object: 5115052120-00000	Numi	ed Policy per	5108329518-01			
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Endors	NO. 2001012-12-06-00-00-00-00-00-00-00-00-00-00-00-00-	Endorse	ont Type	Endorsement Numbe	r Endorse	Chalus	Endorsement Content
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Sequer	30/12/2019 00:00	Endorsemi Basic Informa Endorsement	ation	000001287207364	Endorsem Effective	ment Status	Thank you for giving us the opportunity to serve you. We confirm that from 30 Dec 2019, the following vehicles are subject to Endorsement M42(B) - THIRD-PARTY WORKING RISKS: VEHICLE NUMBER 1) XD1766L 2) XD21192 3) XD2499B 4) XD3334L 5) XD3349U 6) XD3894L 7) XD513G 8 XD5446J 9) XD5832C 10) XD8477A 11) XD853ZZ 12) XD9127D 13) XD9367C 14) XD9548Y 15)
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Contact No. (Mobile) 97326396	7. 17889 788					
Contact No. (Mobile) 97326396 Contact No. (Home) NIL Contact No. (Office) 65827183 mail Address OI Verlice Number XD513G TP Verlice Number Sut20518 Type of Benefit * Please Select V Claimant Type * Please Select V Claimant Address Claim Cose Date Claim Cose Date Claim Cose Date Claim No. MT/1083683 Claim No. D01 Astrachment Path * Category * Confidential Urgency * Description Please Select V No. Normal V Claim N	laim Type •	OD-MX V	Insured Name	HOCK CHUAN HONG WASTE MA	Insured NRIC	199305775C
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Islamant Type Claimant Type Please Select				and the same of th	TP Vehicle Number	SUH20518
Save Submit Save Save		Please Select				
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