NATIONAL Assessment Ce	Jcb description	Date &Time Completed	Done by
Date In: 11/1/12-10! TT	SAS e-filing		
Ref No: Najmenousshy			
Veh No: JEW 7 645	E-mail (withia Shrs, AIC 2hrs)	1.00 0 20.11	11/10 11:31
D.O.A : 11/2/20-08+20	i-Motor Claim Form	M7/1083841-001	WALE JEST
OD : TP ! Reporting Only	i-Motor W/O (Within: OD 2)	hrs, TP 4hrs)	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW			Fax:
TP Particulars: Veh No:	DIC	()/Non-INC()	W
Owner / Driver: (1 - 8 - 0 / 1	Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 30-	-100%]
Year of Registration: () Warranty: YES ()/NO ()	
The state of the s	\$1,000()/\$2,000()	7-50-	
General Remarks;			No.
General Remarks	s information strictly Confidential &	The state of the s	
		* - A	
() Total Loss Case : to e-mail I		Towing Co: (.)
		- 1	107-03884 TSC:
Remarks: (INC hotline: 6788 66	16)	Date&Time Completed	Done by
) / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cos	t>\$3000] ()		
Injury:	The second secon	- In 1928	
Date/Time Actions		and the second second	Metadlows.
	2.0		
	-1		
1			Anit (S) Ami (S
(lea-sup)	Invoice F	reparation Checklist	fit Bill Add Bi
4 Elicatul	1) AR : Acci	dent Reporting (\$30);	(\$80)
laimant's Particulars:-	2) DA : Dam 3) TF : Towi	ake Wateraus /and/	\$40/\$45
river/Owner:	4) FT : Follo	w-Through Survey	\$120 \$30
ontact No:	5) FT : Follo	w-Through Survey (Resurvey) ng against INC Only (wof 10 Jan 2	
	6) TR : Re-it	spection	\$75
amaged Portion:	7) N1 : Idao	DA + SMRT Survey Iditional Services:-	2100
	OD.		
C Checked by (Engr-In-Charge):	*NS; Cour	riesy Car / Tpt Allowance	\$10
The State of the S	N7: Fost	sir Co-ordination Repair Inspection	\$25
Auditors' Comments :-	•N8: DV	/ Collect Excess Coordination	\$5 \$20
at. 1:	TP (N11) 9) N12: Idao	: TP (Non INC) against INC	301
	Invoice date	d Fee Charg	MARKETON CALLED
at. 2/3;	Invoice date	J Fee Charg	ed Particular

90

3 - pot 11 + 20

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.

By the lodgement of this report to the insurers, yo aforesaid.	the hereby consent to the archiving of this report at the centre and to copies of the report being made available
Marin Company of the	ACCIDENT STATEMENT
Date Of Report	11/02/2020 10:55
Date Of Accident	11/02/2020 08:20
Exact Location Of Accident	MCE (AYE) BEFORE KEPPEL EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW7645S
Insured/Policyholder	
Name Of Registered Owner	ROYAL STAR TRANSPORT
Co Reg No	5XXXX501D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91075928
Alternative Phone No	OFFICE-91075928

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w	eh	10	-	De		CII		re

TOYOTA Manufacturer **WISH 1.8 A** Model

Exact Purpose for which vehicle was being used at WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No. Please state action to be taken Vehicle Category

REPORTING ONLY PRIVATE HIRE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

YES Fleet Policy

5108686394 Policy Number

Cover Note Number

Driver

ISMAIL BIN A KAHAR Name of Driver

SXXXX591F NRIC No Date Of Birth 14/04/1989 OUTDOOR Occupation Date Of Driving Pass 26/07/2016

3 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-87497362 Mobile Number

Fax Number

OFFICE-87497362 Contact Number

NOEMAIL EMail Address

BLK 374 JURONG EAST STREET 32 Address

#05-476

600374 Postcode

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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

Was any other material or property damaged?

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

YES NO

2

Number of Passengers (Including Driver)

GENDER:

NAME:

: FEMALE

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 FRONT VEHICLE JAMMED BRAKE. I COULDN'T STOP MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION. THERE WERE 3 VEHICLES INVOLVED IN THIS ACCIDENT.

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

SFV800X

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Name of Driver

BAYER ARNT

NRIC/Passport Number

GXXXX946M

Contact Number

Vehicle Category

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SME8549B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE HIRE

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.

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.:

	A: SKLV76VS
	8: SEV800X
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RIBE CIRCUMSTANCES OF THE ACCI	
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William Committee of the Committee of th	

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.:

Hello, NAC_PAYA_UBI_80060	1						• Chang	je Languag	e · Chang	ge Password	· Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	olicy No. 5108686394 Date of Accident					11/02/2020 0	8:20			
	Vehicle	No.(For Motor)	SKW764	455	Certificate Number		- 1				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108686394	5108686394- 000003	ROYAL STAR TRANSPORT	53356501D	GFM	Third Party	SKW76455	SKW76455	14/05/2019	03/04/202

Policy No.	5108686394	Policyholder Name	ROYAL ST	TAR TRANSPORT	Policyholder NRIC	53356501D	
Certificate No.	5108686394-000003						
Address	BLK 26 #11-166 JALAN BERSE	H KELANTAN C	OURT SING	SAPORE 200026			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	04/04/2019	Effective Date	04/04/20	19 00:00	Expiry Date	03/04/2020 23	1:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
OF EXCESS							
Agent	ASSURE (SINGAPORE) PTE. L'	TD Agent Tel.	6803875	1	GST Flag	Υ	
Agent Co- insurance Flag Open	ASSURE (SINGAPORE) PTE. L'	TD Agent Tel.	6803875	1 11-0-0-10	GST Flag	Υ	
Agent Co- insurance Flag		TD Agent Tel.	6803875	1 11 10 - 10	GST Flag	Y	
Agent Co- Insurance Flag Open Policy Info Certificate Info		TD Agent Tel.	6803875	1 11 10 20 10	GST Flag	Y	
Agent Co- insurance Flag Open Policy Info Certificate Info Policy!	No	TD Agent Tel.	0.000	JALAN BERSEH		Y Address 3	KELANTAN COURT
Agent Co- insurance Flag Open Policy Info Certificate Info Policy Address 1	No holder Mailing Address	Addre	0.000			Address 3 Post Code	KELANTAN COURT 200026
Agent Co- insurance Flag Open Policy Info Certificate Info	No holder Mailing Address BLK 26 #11-166	Addre Addre	ess 2 ess Type ed Policy	JALAN BERSEH			
Agent Co- insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address BLK 26 #11-166 SINGAPORE 200026	Addre Addre Relate Numb	ess 2 ess Type ed Policy	JALAN BERSEH Singapore address			
Agent Co- insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	No holder Mailing Address BLK 26 #11-166 SINGAPORE 200026 11-166 ad Object: 5108686394-0000	Addre Addre Relate Numb	ess 2 ess Type ed Policy	JALAN BERSEH Singapore address			
Agent Co- Insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure Endors	No holder Mailing Address BLK 26 #11-166 SINGAPORE 200026 11-166 ad Object: 5108686394-0000 sements	Addre Addre Relate Numb	ess 2 ess Type ed Policy er	JALAN BERSEH Singapore address			
Agent Co- insurance Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No. Insure Endors Sequer	No holder Mailing Address BLK 26 #11-166 SINGAPORE 200026 11-166 ad Object: 5108686394-0000 sements	Addre Addre Relate Numb	ess 2 ess Type ed Policy er	JALAN BERSEH Singapore address 5112030060		Post Code	200026
Agent Co- insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure Endors Sequer	No holder Mailing Address BLK 26 #11-166 SINGAPORE 200026 11-166 ad Object: 5108686394-0000 sements Date of Endorsement	Addre Addre Relate Numb 03 Endorseme Basic Informa	ess 2 ess Type ed Policy er	JALAN BERSEH Singapore address 5112030060 Endorsement Numbe	r Endorse	Post Code	200026

laim Handling					
ocident MT/1083846				444	
icy No.	\$108686394	Vehicle No.	SKW7645S	GST Registration No.	
rtificate No.	5108686394-000003			MATERIAL STREET	
icyholder Name	ROYAL STAR TRANSPORT			Palicyholder NRIC	53356501D
duct Code	PLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
tact No.(Mobile)	91075928	Contact No.(Office)	0	Contact No.(Home)	0
il Address		Special Remark		eCode	ac.∨
	No ○ Yes	TCA	No ○ Yes	eCode Reason	
Protection	No	NCO Entitlement(%)	0	Private Hire	Yes
Accident Details					
ort Date	11/02/2020 11:29	Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision
e of Accident	11/02/2020	Time of Accident hh:mm	08:20	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
	MCE (AYE) BEFORE KEPPEL EXIT	orange rosse			
dent Location					
Total Excess Applicable					
ess Type	Per Accident	Windscreen Excess	0.00		
A USBOOK AND DO		TR Promised Service	1,500.00		
andard Excess 0.00		TP Standard Excess	1,500.00	Driver is Covered?	
O OO Excess	0.00	YIED TP Excess		Durat is Covered.	
itional Excess					
II OD Excess Applicable	0.00	Total TP Excess Applicable			
Benefits	OMAN CO.				
GST Registered Informa			***		
Registered	No		GST Registration Date GST Status Verified	Yes	
Registration No.			GS1 Status Venned	166	
ification History					
	ä				
Policyholder Mailing Ad			19.00002234.7	0.0000000000	CONTRACTOR OF THE PARTY
dress 1	BLK 26 #11-166	Address 2	JALAN BERSEH	Address 3	KELANTAN COURT
dress 4	SINGAPORE 200026	Address Type	Singapore address	Post Code	200026
t No.	11-166	Related Policy Number	5112030060		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver	PERSONAL PROPERTY.	
amed driver Name	ISMAIL BIN A KAHAR	Driver NRIC	\$30000591F	Driver DOB	14/04/1989
ister Date of Driver License	26/07/2016	Driver Age	30	Driving Experience	1
ntact No.(Mobile)	87497362	Contact No.(Office)	0	Concact No.(Home)	0
iress I	BLK 374	Address 2	JURONG EAST STREET 32	Address 3	JURONG EAST COURT
iress 4	SINGAPORE 600374	Address Type	Singapore address	Post Code	600374
t No.	05-476	Contract Contract			
es he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
gistered car?	○ Yes ® No	Driver venicle No.		Direct pages company	
000000					
daration eathelyser or Blood Test	N-1-0	TO SOLUTION SALES			
ading?	0 mg	Any injury?	○ Yes ® No		
dification History					
Claim 001 New					
m Type #	OD-MX	Insured Name	ROYAL STAR TRANSPORT	Insured NRIC	53356501D
im Type *	Contraction of the Contraction o		The state of the s	Contact No.(Office)	
tact No.(Mobile)	94677133	Contact No.(Home)	CVW78450	TP Vehicle Number	SPVBDCX
ail Address		OI Vehicle Number	SKW76453	in venice number	at Ewiton
imant Type Clamant Type *		Type of Benefit *	Please Select		
mant Name *	22	Claimant NRIC *			
mant Address					
im Description	SKW7645S / SFV800X ON 11 Feb 2020	AND THE RESERVE THE PERSON NAMED IN COLUMN 1		Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Fully at Fault		
quire Finalisation	Yes 🔍	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	11/02/2020 11:31	Claim Close Date		Date Received	11/02/2020 00:00
59					
port Taken By	leckson				
Print AK letter					
			Save Submit		
Attachment					
,					
77		2000	001		
cident No.	MT/1083846	Claim No.			
n Doc. Received	® Yes ○ No	Upload Date	11/02/2020 11:32		
	Path •	215000	Category *	Confidential Urger	ncy * Description
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		Browse	o Clear Please Select	♥ NO V Normal	V
		Browse		No V Normal	▽
		Browse		V NO V Normal	v v
ACCOUNTS OF THE PARTY.					
		Browse	e Please Select	V Normal	<u> </u>
		The same	n Para Sience Calery	W Normal	

