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	b description	- Date to I am Designation	- Constant	
Rel No: NA INC WOODY 431/24	SAS e-filing			
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D.O.A 5 42-1V:3	i-Motor Claim Form	m1/10 83916-an	2/12 15:	80
Control of the Contro	I-Motor W/O (Within: OD 2hr	s, 7P 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded			
No approximation of the second	Assessment/Survey Report	<u> </u>		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No:	. NC()/Non-INC().		
Owner / Driver: (Tel:		
Policy No: () Period:	()	Cover Type: (
Confirmed by : (Date:	Time:)	
	-Est. Status (WO): N: 0-2		100%]	
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General Remarks:-		BOTH CALLS	The state of the s	1
() Walk-In Customer: Customer's informat	ion strictly Confidential & S	trictly NO refer of repairer	·	
() Total Loss Case : to e-mail Insurer U				
Drive-In () / Towed-In (); Invoice: YF	ES()/NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done b	У
1) Apply for Transport Allowance ()/ Court				
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
Injury:				
2.9	CONTRACTOR OF THE PROPERTY OF	AND THE PARTY OF THE PARTY PAR	CONTRACTOR STORY	The second second second
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NATION STATE OF THE PARTICULARS :-	1) AR : Accide 2) DA : Dameg 3) TF : Towing 4) FT : Follow-	nt Reporting (\$30); te Assessment (\$100); INC Fee	(\$80) (40/\$45 \$120	
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NATARIS Particulars:- Priver/Owner: Ontact No:	1) AR : Accide 2) DA : Dameg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp	nt Reporting (\$30); to Assessment (\$100); INC (Fee	(\$80) (40/\$45 \$120 \$30 (95) \$75	
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NATARINANT'S Particulars :- Priver/Owner: Contact No: Carnaged Portion:	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) iFT: Follow- For claiming 6) TR: Re-insp 7) N1: Idao D 8) NTUC Addi OD)* *NS: Courte	nt Reporting (\$30); te Assessment (\$100); INC (Fee	\$80) 40/\$45 \$120 \$30 \$25 \$75 \$160	
NATE 1580 Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For cleiming 6) TR : Re-insp 7) N1 : Idao D 8) NTUC Addi OD* *N5: Courte *N6: Repeir *N7: Fost R	nt Reporting (\$30); te Assessment (\$100); INC (Fee	\$80) 40/\$45 \$120 \$30 95) \$75 \$160 \$5 \$5 \$10 \$25	
NATE 1580 Claimant's Particulars: Oriver/Owner: Contact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-ins 7) N1 : Idac D/ 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C	nt Reporting (\$30); te Assessment (\$100); INC (Fee	\$80) 40/\$45 \$120 \$30 \$25 \$75 \$160	
	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-ins 7) N1 : Idac D/ 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C	nt Reporting (\$30); c Assessment (\$100); INC (Fee	\$80) 40/\$45 \$120 \$30 05) \$75 \$160 \$5 \$10 \$25 \$25 \$30	

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.
- 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	20/02/2020 14:51
Date Of Accident	05/02/2020 12:30
Exact Location Of Accident	THE STRATEGY GANTRY
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF6718T
Insured/Policyholder	
Name Of Registered Owner	GB MARKETING
Co Reg No	5XXXX139X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62586721
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA HIACE VAN TURBO 5 DR 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	REPORTING ONLY
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	5087656992-03
Cover Note Number	
Driver	
Name of Driver	TANG WAI CHOON
NRIC No	SXXXX205E

NKIC NO SXXXX205E Date Of Birth 23/06/1947 Occupation OUTDOOR Date Of Driving Pass 15/11/1978 Driving Experience 41 YEARS AND 2 MONTHS Gender MALE Mobile Number (LOCAL) +65-96751105 Fax Number Contact Number OFFICE-96751105

NOEMAIL

EMail Address

Address BLK 20 TELOK BLANGAH CRESCENT

#09-70

1

NO

1

NO

NO

Postcode 090020

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle Vehicle

Insurance Company of Driver's Own Vehicle

4.0

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY

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

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.

Number of Passengers (Including Driver)

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?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS EXITING THE GANTRY FROM THE STRATEGY, AFTER IT DEDUCTED FROM MY ACCOUNT, THE BARRIER WAS OPENED. A FEW SECONDS LATER, I MOVED OUT A LITTLE, THE BARRIER RELEASE AND HIT ONTO 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

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:
 - (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.

GB MARKETING
Blk 1002 Toa Payoh Ind. Park
#06-1417 Singapore 319074
Tel: 6258 6721 Fax: 6259 2085

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

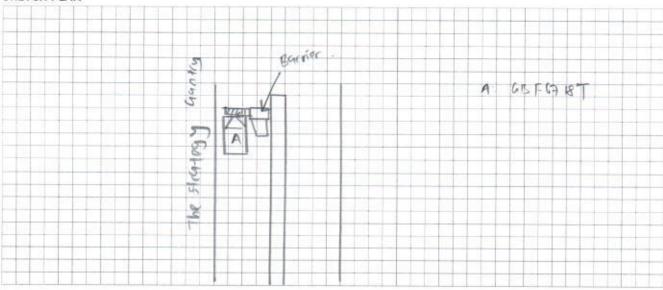
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	REGINSTANCES OF THE ACCIDENT	
Refer to	Hatement.	
I		

DECLARATION

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

Bik 1002 Toa Payoh Ind. Park #06-1417 Singapore 319074 Tel: 6258 6721 Fax: 6259 2085

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.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

		ADD	ENDOM	
)	PARTICULARS OF PE	RSON MAKING THE AMENDI	MENTS:	
	Original Report No :	MNA120022823	Vehicle Registration No: _	GBF6718T
	Name(as shownin NRIC) :	GB MARKETING	NRIC/FIN/Passport No:	5XXXX139X
	(*Vehicle Driver/Ve	hicle Owner) (*) Please delet	e as appropriate	
	Address :			Singapore(
	Contact (Tel)	62586721	Mobile No. :	
	Email Address :			
	Date of Accident	05/02/2020	Time of Accident : 12:30)
	Place of Accident :	THE STRATEGY GANTE	ΥY	
		NTUC Income Insuran	ce Co-operative Ltd	

NRIC/FIN No .:

Date:

GIARMC addendumform_V3

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Poli	cy Query									
Policy N	No.				Date o	of Accident	05/	02/2020 12	:30	
Vehicle	No.(For Motor)	GBF671	8T		Certifi	cate Number				
				1	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5087656992- 03		GB MARKETING	53046139X	GCV	Comprehensive	G8F6718T	GBF6718T	26/01/2020	25/01/2021
	Policy N Vehicle	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. 5087656992-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number 5087656992-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name S087656992- GB	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Policyholder Name NRIC S087656992- GB 53046139X	Policy Query Policy No. Date of the policy No. Certificate Policy No. Certificate Name NRIC Product NRIC Search Select Policy No. Certificate Name NRIC Product Name NRIC Product Name NRIC Product NRIC Search	Policy Query Policy No. Date of Accident Vehicle No.(For Motor) GBF6718T Certificate Number Select Policy No. Certificate Number Name NRIC Product Cover Type O 5087656992- GB 53065139X GCV Comprehensive	Policy Query Policy No. Date of Accident 05/0 Vehicle No.(For Motor) GBF6718T Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. 5087656992- GB 53065139X GCV Comprehensive GBF6718T	Policy Query Policy No. Date of Accident 05/02/2020 12 Vehicle No. (For Motor) GBF6718T Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle Insured No. Object O 5087656992- GB 53046139X GCV Comprehensive GBF6718T GBF6718T	Policy Query Policy No. Date of Accident 05/02/2020 12:30 Vehicle No.(For Motor) GBF6718T Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type No. Object Date O 5087656992- GB 53045330X GCV Comprehensive GBF6718T 26/01/2020

Claim Handling										
Accident MT/1083916										
Policy No.	5087656992-03	Vehicle No.	GBF6718	T		GST Registration	No.			
Certificate No.										
Policyholder Name	GB MARKETING					Policyholder NR30	:	530461393		
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Compreh	Insive		Loading		0		
Contact No.(Mobile)	NIL	Contact No.(Office)				Contact No.(Home)				
Email Address		Special Remark	Special Remark					To: V		
KFK	® No ○ Yes	TCA	® № ()	Ves		eCode eCode Reason		125.71		
NCD Protection	No.	NCD Entitlement(%)	0			Private Hire		No		
♥ Accident Details		Harris Colonial Colonial	4			Private Pire		No.		
		25/15/00/2007/2017/2017								
Report Date	11/02/2020 16:04	Accident Report Within 24 hrs	Yes			Accident Type		Collided into	Property	
Date of Accident	Date of Accident 05/02/2020 Time					Country of Accide	nt.	Singapore		
Reporting Centre		Orange Force				ICM No.				
Accident Location	2 International Business Park The Strategy									
♥ Total Excess Applicable										
Excess Type	Per Accident	Windscreen Excess		100.00						
		The same of the sa		100.00						
OD Standard Excess	andard Excess 600.00			0.00						
VIED OD Excess		TP Standard Excess YIED TP Excess				Driver is Covered		Not Applicat	NA.	
Additional Excess						Univer is Covered		Not Applicat	ole .	
		The State of the S		79-40300						
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00						
♥ Benefits	2000									
GST Registered Informa	-11-11									
OST Registered	No			T Registration Date						
GST Registration No.				T Status Venified		Yes				
Modification History	11/02/2020 16:05:36 System	n changed GST Status Verified from	m No to Yes							
▽ Policyholder Mailing Ad	dress									
Address 1	BLK 1002 #06-1417	Address 2	TOA PAYO	H INDUSTRIAL PARK		Address 3		TOA PAYOH	INDUSTRIAL PARK	
Address 4	SINGAPORE 319074	Address Type	Singapore	address		Post Code		319074		
Unit No.	06-1417	Related Policy Number	50876569			0.750,000		222074		
© OI Driver Info	b-1417	Kelaled Policy reamber	500/0303	92-03						
Driver Name		Port on Time			_					
Unnamed driver Name		Driver Type								
		Driver NRIC				Driver DDS				
Register Date of Driver License		Driver Age				Driving Experience				
Contact No.(Mobile)		Contact No.(Office)				Contact No.(Home	1)			
Address 1		Address 2				Address 3				
Address 4		Address Type	Foreign ad	dress		Post Code				
Unit No.										
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.				Driver Insurer Con	1000			
Registered car?										
Modification History										
0 M N										
Claim 002 New										
Daim Type *	00-MX	Insured Name	GB MARKE	79.4		Insured NRIC		F201512001		
			UD MAKKE	TIPOL				53046139X		
Contact No. (Mobile)	96751105	Contact No.(Home)				Contact No.(Office				
lmail Address		OI Vehicle Number	GBF6718T			TP Vehicle Number				
Salmant Type Claimant Type *	Please Select	Type of Benefit *	Please Sel	ect 🔻						
Claimant Name *	22	Claimant NRIC *		a commen						
Claimant Address			10000	HEST SERVICE						
Daim Description	GBF6718T ON 5 Feb 2020					Name of Preferred	Workshop			
referred Workshop Contact		Insured Liability *	Fully at Fa	ut v	120					
to. Require Finalisation	Yes 😺		_		122	-14		-		
		Preferend Repair Option	Preserved	Workshop, Name unknown	-	GIA report		Received	v	
Pate Registered	20/02/2020 15:08	Claim Close Date				Date Received		20/02/2020	00:00	
teport Taken By	Jackson									
Print AK letter										
				Anna da						
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Attachment										
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ccident No.	MT/1083916	Claim No.		005						
ast Doc. Received	® Yes ○ No	Upload Date		20/02/2020 15:17						
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Attachment	Uploaded By/Date	Category		Urgency		Descrip	tion		Mon Sent?	

	Uploaded By/Date	Folder Date	A	le Name		9	Source	Ad
Video List								
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	NAC_PAYA_UBI_800601(NATIONAL CES) on 20 Feb :	ASSESSMENT CENTRE SERVI 020 15:09	Photos		Normal	Photo	s 2020-2-20	
	NAC_PAYA_UBI_800601(NATIONAL CES) on 20 Feb ;		Photos		Normal		s 2020-2-20	
	NAC_PAYA_UB1_800601(NATIONAL CES) on 20 Feb :		Photos		Normal	Photo	s 2020-2-20	
344	NAC_PAYA_UBI_800601(NATIONAL CES) on 20 Feb :		Photos		Normal		s 2020-2-20	
	NAC_PAYA_UBI_B00601(NATIONAL CES) on 20 Feb :		Photos		Normal	Photo	s 2020-2-20	
	NAC_PAYA_UBI_800601(NATIONAL CES) on 20 Feb 2	ASSESSMENT CENTRE SERVI 020 15:17	Photos		Normal	Photo	s 2020-2-20	
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47.88	NAC_PAYA_UBI_800601(NATIONAL CES) on 20 Feb :	ASSESSMENT CENTRE SERVI 2020 15:17	NR3C/ Driving License	Y	Normal	NRIC/ Driving	License 2020-2-20	
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