The state of the s	re Services - N			-	200			
Date In: 1/1/20 - 16:17	Jeb description		Date &Time Completed	Done	),			
Ref No: Ha INCOMOSTORS 14	SAS e-filing		i					
Veh No: Sha 74VS	E-mail (within \$1	irs, AIC 2hrs)						
D.O.A: N/W-08:15	i-Motor Claim	Form	WJ 1082600 -001	M/2/20 16:	35			
	i-Motor W/O	i-Motor W/O (Within: OD 2hrs, TP 4hrs)						
OD : TP ! Reporting Only	i-Photo Uploa	ded						
	Assessment/Sur	vey Report						
TP Insurer:	Ass't Report by	y Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:				
TP Particulars: Veh No: 97	76452	. INC(	)/Non-INC( )		(61 - C			
Owner / Driver: (		83	Tel:	)				
Policy No: ( ) P	eriod: (	)	Cover Type: (					
Confirmed by : (		Date:	Time:	)				
Insured/Driver Liability: ( %)	[Note-Est. Status (W	O): N: 0-2	20%; P: 21-79%. P: 30	-100%]				
Year of Registration: ( )	Warranty: YES (	)/NO(	)					
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000 (	( )						
General Remarks			ASSESSMENT OF THE PARTY OF THE	S. C. S. C. S.	100			
( ) Walk-In Customer: Customer's in								
( ) Total Loss Case : to e-mail Insu								
	ce: YES( )/N	0();7	Fowing Co: (		)			
				Done	and the same			
Remarks: (INC hotline: 6788 6616)	District House of the second	94.15	Date&Time Completed	N. S.	, y			
1) Apply for Transport Allowance ( )/	Courtesy Car (	)						
2) QC Check / Post Repair Inspection	( )			-				
			ACCOUNT OF THE PARTY OF THE PAR	10				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )	1 1						
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ( )							
Injury:	\$3000] ( )	Allenters of the			1,000,00			
Injury:	\$3000] ( )				1 ( 10L 8.1			
Injury:	\$3000] ( )				1,000,00			
Injury:	\$3000] ( )			Propiosis	1200, 8.			
Injury :	\$3000] ( )							
Injury:	\$3000] ( )				5.			
Injury:	\$3000] ( )			Ant (S)	Control of the contro			
Injury: Oste/Time Actions	\$3000] ( )	Invoice Pr	eparation Checklist.		Carlo Carlo			
Injury:  Date/Time Actions  Management 96	\$3000] ( )	Invoice Pr	eparation Checklist, ns Reporting (\$30); te Assessment (\$100); INC	Ant (5) (#Bill (580)	Carlo Carlo			
Injury:  Date/Time Actions  Hapoluge  laimant's Particulars:	\$3000] ( )	Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing	eparation Checklist, nt Reporting (\$30); te Assessment (\$100); INC	Ant (5) (in Bill (580) 540/545	Carlo Carlo			
Injury:  Date/Time Actions  Hanoly 9 6.  Inimant's Particulars:	\$3000] ( )	Invoice Pr  1) AR: Accide 2) DA: Damsg 3) TF: Towing 4) FT: Follow 5) ET: Follow	eparation Checklist;  nt Reporting (530);  te Assessment (\$100); INC  Fee  Through Survey  Through Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30	Carlo Carlo			
Injury:  Date/Time Actions  Manage 46:  Inimant's Particulars::	\$3000] ( )	Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming	eparation Checklist,  nt Reporting (530); e Assessment (5100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2)	(\$80) \$40/\$45 \$120 \$30 \$105)	Carlo Carlo			
Injury:  Date/Time Actions  Nanoly 9 6:  Inimant's Particulars::  river/Owner:  ontact No:	\$3000] ( )	Invoice Pr.  1) AR: Accide 2) DA: Damsg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp	eparation Checklist,  at Reporting (\$30);  te Assessment (\$100); INC  Fee  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 2)  pection	(\$80) \$40/\$45 \$120 \$30	Carlo Carlo			
Injury:  Date/Time Actions  Mayou 96.  Inimant's Particulars':  river/Owner:  ontact No:	\$3000] ( )	Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae Da 8) NTUC Addi	eparation Checklist,  nt Reporting (530); e Assessment (5100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2)	(\$80) \$40/\$45 \$120 \$30 \$105) \$75	Carlo Carlo			
Injury:  Date/Time Actions  Managed Portion:	\$3000]	Invoice Pr  1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae D. 8) NTUC Addi OD*	eparation Checklist.  Int Reporting (\$30);  Int Reporting (\$100);  I	(\$80) \$40/\$45 \$120 \$30 \$105) \$75	Carlo Carlo			
Injury:  Date/Time Actions  Managed Portion:	\$3000] ( )	Invoice Pr  1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae D 8) NTUC Addi OD*  *N5: Courte  *N6: Repair	eparation Checklist.  Int Reporting (\$30);  Int Reporting (\$100);  I	(\$80) \$40/\$45 \$120 \$30 \$105) \$75 \$160	Carlo Carlo			
Injury:  Date/Time Actions  Handle 96  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	\$3000]	Invoice Pr  1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae D 3) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R	eparation Checklist;  Introduction (\$30);  Introduction (\$100);  I	(\$80) \$40/\$45 \$120 \$30 \$105) \$75 \$160	Carlotte Committee			
Injury:  Date/Time Actions  Hanselug 6  Injury:  Injury:  Actions  Injury:  Injury:  Actions  Injury:	\$3000] ( )	Invoice Pr  1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C TP (N11):	eparation Checklist.  Int Reporting (\$30); Its Assessment (\$100); INC  Fee  Through Survey Through Survey (Resurvey) Incetion A + SMRT Survey Itional Services:  Sy Cer / Tpt Allowanue Co-ordination Epair Inspection Collect Excess Coordination TP (N-in INC) against INC	(\$80) \$40/\$45 \$120 \$30 \$105 \$75 \$160 \$25 \$30 \$25 \$30	Carlotte Committee			
Injury:  Date/Time Actions	\$3000]	Invoice Pr  1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae D 8) NTUC Addi OD *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C	eparation Checklist.  Int Reporting (\$30); Its Assessment (\$100); INC  Fee  Through Survey Through Survey (Resurvey) Incetion A + SMRT Survey Itional Services:  Sy Cer / Tpt Allowanue Co-ordination Epair Inspection Collect Excess Coordination TP (N-in INC) against INC	(\$80) \$40/\$45 \$120 \$30 \$105 \$75 \$160 \$25 \$30 \$25 \$30	Amu()			

#### 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.

aforesaid.	and the districting of this report at the confine and to copies of the report being made available
The state of the s	ACCIDENT STATEMENT
Date Of Report	24/02/2020 16:17
Date Of Accident	24/02/2020 08:15
Exact Location Of Accident	UBI RD 1 TWDS UBI AVE 1
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG7442S
Insured/Policyholder	
Name Of Registered Owner	SHL MOTOR PTE LTD
Co Reg No	2XXXXX814M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 A
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5109792828
Cover Note Number	
Driver	
Name of Driver	TAN ANN JEE
NRIC No	SXXXX362G
D	

#### Date Of Birth 14/03/1966 Occupation INDOOR Date Of Driving Pass 21/08/1993 Driving Experience 26 YEARS AND 6 MONTHS Gender MALE Mobile Number (LOCAL) +65-96308522 Fax Number Contact Number OFFICE-96308522 **EMail Address** NOEMAIL

Address

17B SERAYA LANE

Postcode

437284

Was driver an employee of the Insured's Company

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

Type Of Accident

COLLISION - HEAD TO REAR

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?

YES

Was any other material or property damaged? 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 VEHICLE B JAMMED BRAKE, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B 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

SLJ7645Z

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

SIM KWONG MONG

NRIC/Passport Number

SXXXX154Z

Contact Number

96353945

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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.
- 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.

UEN NO. 1201611814M

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No .:

# SKETCH PLAN 3 1

Refer to stutement.	

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.;

Hello, NAC_PAYA_UBI_80	0601			to although the			Chang	ge Languag	e 'Chan	ge Password	· Log Ou		
My Desktop	Policy Query												
Notice of Loss	Policy N	Vo.	510979	5109792828			Date of Accident			24/02/2020 08:15			
	Vehicle	No.(For Motor	SGG74	SGG7442S		Certificate Number							
					1	Search							
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date		
	0	5109792828	5109792828- 000039	SHL MOTOR PTE, LTD.	201611814M	GFM	Third Party		SGG74425	14/08/2019	22/05/2020		

Policy No.	5109792828	Policyholder Name	SHL MOT	FOR PTE. LTD.	Policyholder	201611814M	SELECTION IS
Certificate No.	5109792828-000039	and the			NRIC		
Address	51 UBI AVENUE 1 #01-09 PAYA	UBI INDUSTR	IAL PARK	SINGAPORE 408933			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	22/05/2019	Effective Date	23/05/20	019 00:00	Expiry Date	22/05/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	ONE STOP INSURANCE AGENCY	Agent Tel.	6747566	7	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate info							
→ Policyh	older Mailing Address						
ddress 1	51 UBI AVENUE 1	Addres	s 2	#01-09 PAYA UB	I INDUSTRIAL	Address 3	SINGAPORE 408933
ddress 4		Addres	s Type	Singapore addres	s	Post Code	408933
Init No.	01-09	Related Numbe	Policy	5115995291			
Insured	d Object: 5109792828-000039						
♥ Endors	ements						
Sequen	ce Date of Endorsement	Endorsemen	Туре	Endorsement Numl	ber Endorser	ment Status	Endorsement Content
7.0	ate Endorsements						
7.0		Endorsemen	Туре	Endorsement Numi	ber Endorser	ment Status	Endorsement Content

Claim Handling							
occident MT/1085600	12/21/28/10/11		10 W 10 - W				
olicy No.	5109792828		Vehicle No.	SGG7442S		GST Registration No.	
ertificate No.	5109792828-000039						
alicyholder Name	SHL MOTOR PTE, LTD.					Policyholder NR3C	201611814M
roduct Code	PLEET MASTER INSURANCE		Cover Type	Third Party		Loading	0
Contact No.(Mobile)	0		Contact No. (Office)	0		Contact No.(Home)	0
mail Address			Special Remark			eCode	NC V
PK	® No ○ Yes		TCA	® No ○Yes		eCode Reason	terrisa.
CD Protection	No.		NCD Entitlement(%)	0		Private Hire	Was .
P Accident Details			11.000.000.000.000.000.000.000.000.000.			ensets mrs.	Yes
aport Date	24/02/2020 16:33		Accident Report Within 24 hrs	Yes		W2002000	23337 703 004
late of Acoident	24/02/2020					Accident Type	Collision - Head to Rear
eporting Centre	en/os/soco		Time of Accident hh:mm	08:15		Country of Acadent	Singapore
codent Location	0.2002000000000000000000000000000000000		Orange Force			ICM No.	
Total Excess Applicable	UBI RD 1 TWDS UBI AVE 1						
cess Type							
resa type	Per Accident		Windscreen Excess				
D Standard Excess			TP Standard Excess		2.50		
ED OD Excess	0.0			1.	500.00		
dditional Excess	0.0		VIED TP Excess			Driver is Covered?	
otal OD Excess Applicable	20						
	0.0	0	Total TP Excess Applicable				
P Benefits	-11						
7 GST Registered Inform	ALCOHOL:						
iT Registered iT Registration No.	No			GST Registration			
of Registration No.				GST Status Venific	id	Yes	
Policyholder Mailing Ac	idress						
Idress 1			******		50000		
diress 4	SI UBI AVENUE I		Address 2	#01-09 PAYA UBI INDUS	TRIALI	Address 3	SINGAPORE 408933
	2.22		Address Type	Singapore address		Post Code	408933
nt No.	01-09		Related Policy Number	5115995291			
OI Driver Info							
named driver Name	Unnamed Driver		Driver Type	Unnamed Driver			
	TAN ANN JEE		Driver NR3C	SXXXX362G		Driver DOS	14/03/1966
gister Date of Driver License			Driver Age	53		Driving Experience	26
intact No.(Mobile)	96308522		Contact No.(Office)	0		Contact No.(Home)	0
dress 1	17 SERAYA LANE		Address 2	SERAVA VILLE		Address 3	SINGAPORE 437284
idress 4			Address Type	Singapore address		Post Code	437284
nt No.							
oes he own a Singapore igistered car?	○ Yes ® No		Oriver Vehicle No.			Driver Insurer Company	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Division industry	
deration							
eathalyser or Blood Test ading?	0 mg		Any injury?	O Yes ® No			
dification History							
anical reasony							
Claim 001 New							
POZNOVO I							
im Type *	OD-MX V		Insured Name	SHL MOTOR PTE. LTD.		Insured NR3C	201611814M
stact No.(Mobile)			Contact No.(Home)			Contact No.(Office)	* I SECTION AND ADDRESS OF THE PARTY OF THE
all Address			Ol Vehicle Number	SGG74425		TP Vehicle Number	SL)7645Z
mant Type Claimant Type *	Please Select		Type of Benefit *	Please Select	V	NAMES OF STREET	MANUAL CONTRACTOR
ment Name *		22	Claimant NRIC *				
mant Address				territoria de la compansión de la compan		]	
m Description	SGG7442S / SLJ7645Z ON 24 F4	b 2020				Name of Preferred Workshop	
erred Workshop Contact			Insured Liability *	Fully at Fault	V	distriction of the same of the	
uire Finalisation	Yes V			The state of the s	and the second s	12367300	202211-02
	24/02/2020 16:35		Preferered Repair Option  Claim Close Date	Preferred Workshop, Nam-	e unknown 🔻	GIA report	Received
	24/02/2020 16:35 Jackson		Cam Cost Date			Date Received	24/02/2020 00:00
	Parkauli .						
Print AK letter							
				Entre September			
tachment				Save Submit			
dent No.	MT/1085600		200000	22			
			Claim No.	001			
Doc. Received	● Yes ○ No		Upload Date	24/02/200	20 16:36		
	Path *			Ca	tegory *	Confidential Urge	ncy * Description
		71	Browse_	Clear Please Select	4.7300	NO V Normal	V
			Browse	Clear Please Select		NO V Normal	Ø
			Browse	Clear Please Select		No V Normal	
				45.00	0.75		V
			Browse	Clear Please Select		NO V Normal	V
			Browse	Clear Please Select	V	NO V Normal	V

