NATIONAL Assessment Centr		1 774,021 WH	Date & Time Completed	T	Done by	
Date In: 117/10-19:34	Jeb description		Date & Time Complete			
Ref No: Nally (www 848) my	SAS e-filing			1		
Veh No: 457 5545	E-mail (within Shrs	, AIC 2hrs)				-4
D.O.A: M/1/2-16:12	i-Motor Claim I	Form	M7/1087732-04	11/5/2	9:	44
	i-Motor W/O (W	ithin: OD 2hrs	, TP 4hrs)			
OD : TP! Reporting Only	i-Photo Uploade	ed				
	Assessment/Surve	ey Report				
TP Insurer:	Ass't Report by E	ax / Hand	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: 480	US B	. INC()/Non-INC()		Name of the last	
Owner / Driver: (Tel:)	
	eriod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WC)): N: 0-2	0%; P: 21-79%. P: 8	0-100%]		
Year of Registration: ()	Warranty: YES ()/NO()			- With the
Excess: (\$) Loading: \$1,	000()/\$2,000()	Feb. 107-17 41-50	C 7/57/3 5 1		
			ACCEPTANCE OF THE PARTY.		11.00	
() Walk-In Customer: Customer's info	ormation strictly Confid	dential & Si	rictly NO refer of repair	er.		
() Total Loss Case : to e-mail Insur		12	100			
	e: YES() / NO	();7	Cowing Co: ()
				(BEX 236)	Doneb	v ·
Remarks: (INC hotline: 6788 6616)			Date & Time Complets	10 10 10 10 10 10 10 10 10 10 10 10 10 1	STOKONO, E	3
1) Apply for Transport Allowance ()/				-		The state of the s
2) QC Check / Post Repair Inspection	()			_		
3) Upload Resurvey Photo [Repair Cost > \$	()					
Injury:	,,					
Date/Time Actions		10.14.15.70			OWNE.	
Date time (1000)						
				2000		
,				The Graph	conto and it	Amil (3)
. 1		Invoice Pr	eparation Checklist	The second second	And (S)	Add Bil
Haronon.	183	1) AR : Accide	nt Reporting (\$30);	X 105-2-1		
Immant's Particulars :-	7	2) DA : Damag	e Assessment (\$100); IN	C (\$80) \$40/\$45		
Driver/Owner:	17	3) TF : Towing 4) FT : Follow-	Through Survey	\$120		
Santast Na.		S. HT . Follow-	Through Survey (Resurvey) against INC Only (wef 10 Jan	2005)		
Contact No:		6) TR : Re-insp	oection	2.12		
Damaged Portion:	- 17	7) N1 : Idao D.	A + SMRT Survey	\$160	-	
		OD.	tional Services:-			
C Checked by (Engr-In-Charge):		*N5: Courte	sy Car / Tpt Allowance	\$5 510		
The state of the s	BUT IN BUT	*N7: Post R	Co-ordination epair Inspection	\$25		
Auditors: Comments::		*N8: DV / C	Collect Excess Coordination	\$5 \$20		
'at. 1:		TP (N11):	TP (Non INC) against INC	30		
		Invoice dated	Fee Cha		Contractor Contractor	"特别"
Cat. 2 / 3:	- 1	Involce dated	Fee Cha	rgsd B	经常相较	

10-11 45

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.
- 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.

aroresaid,	
基準的推炼。但經過時,等推出的推進。	ACCIDENT STATEMENT
Date Of Report	11/03/2020 09:34
Date Of Accident	21/01/2020 16:10
Exact Location Of Accident	COLLYER QUAY TWDS SERVICE RD
Country/State of Loss	SINGAPORE
Description of the Description o	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ554S
Insured/Policyholder	
Name Of Registered Owner	LICENCE ONE PTE LTD
Co Reg No	2XXXXX016Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93289818
Alternative Phone No	OFFICE-93289818
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE VAN TURBO 5DR MT
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114681841
Cover Note Number	

23	20	9	므	и
m	W	•	0	,

Name of Driver MUHAMMAD SYAHIED MCANGUS BIN ZAINOL

 NRIC No
 SXXXX915J

 Date Of Birth
 28/03/1994

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/08/2017

Driving Experience 2 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83884269

Fax Number

Contact Number OFFICE-83884269

EMail Address NOEMAIL

BLK 637 ANG MO KIO AVENUE 6 Address

#07-5073

Postcode

Was driver an employee of the Insured's Company

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

SIDE SWIPE Type Of Accident CLEAR Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

1 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

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO

Was there any audio recorded?

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Postcode

Nature Of Damage

Page 2 of 10

560637

OTHER - HIRER

DRY

NO

NO

YES

NO

NO

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBD403B

COMMERCIAL VEHICLE

Address

Insurance Company Name

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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 their surance 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 opies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (POPA)

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)
 - (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) sarrying out and/or dealing with my instructions or responding to any enquiries by me-
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, 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 Rersonal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers of agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Rurposes.
- (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:

LICENCE ONE PTE LTD

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

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

SKETCH PLAI	offer a reposed of the law op-			ejvia t		mbilling
					6755	7
DESCRIBE CIRCO	UMSTANCES OF TH			1 GE	10403n	
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onto my	y vehicle		0			
	K 7 6					***************************************
		* ,	-			
19						
				177		

LICENCE ONE PTE LTD

Policyholder's Signature Date & Time:

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

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

Since $^{\prime\prime}$. Show that the last ϕ_{a}

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Accident details

					1610	
Date and time of accident	Date: 21 1	2071	(DD/MM/Y	Y) Time:	HIDO	(HH·MM)
Exact location of accident	collyer	Quay	turning	ento	Sense	load

Details of vehicle

Vehicle registration number	GB355	40			
Vehicle make and model	Toyola	Heace			
Type of vehicle	Saloon Lorry	MPV Bus	CRV 🗆 Motorcyc	Vane	Others:
Vehicle category	Private	Commerc		lotorcycle	
Purpose of using at said time	Workful	0	ight IV	otorcyca	E []
Are you claiming under your own insurance company?	1	No-er i	f no, please s Reporting on		

Insurance information

Insurance company	MTUC	
Policy number	5114681841-000008	
Type of policy	Comprehensive Third party fire & theft	TD only =
	ma party me & there b	TP only

Insured / Policy holder

Name	Lisanse one Pti Ltz	Male p Female p
NRIC / Fin / Passport number		Male D Female D
Contact	9328 9218	
Address	12-0 7078	

Same as insured above □ (skip to D.O.B) Driver Purpled Monaya Ma 20. Mald

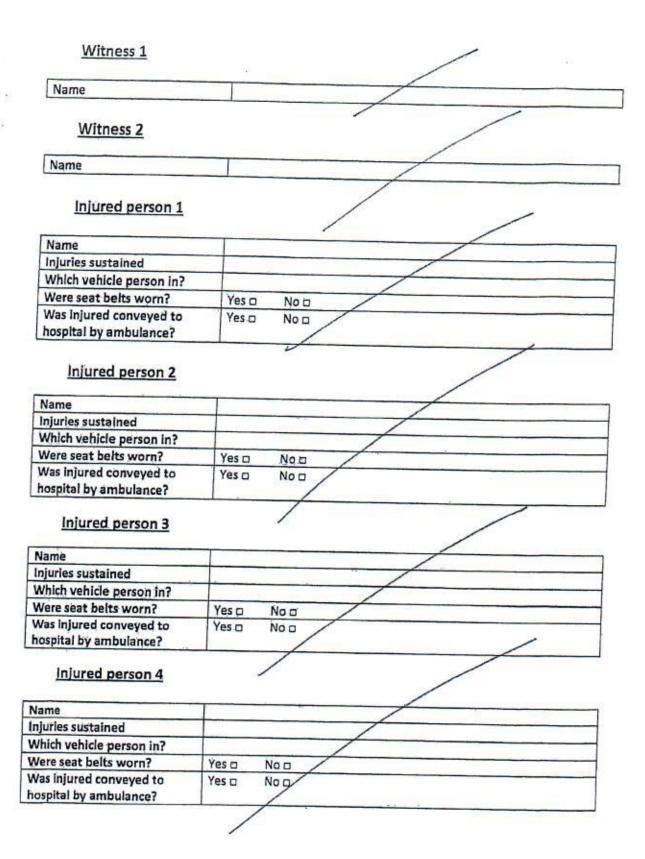
Name	MANGEMENT SYNTHET MEMANS Males	Female o
NRIC / Fin / Passport number	S94 14415 5 Wide	remale
Contact	8388 4269	
Address	6/cok 637 Any Mo the Avenue 6 of 07-5073 Senjapore 560637	
Email address	5-07-5019 Studging 380637	
Date of birth	28 Mar 1994	
Occupation	Indoor D Outdoor D	4
Driving date pass	22 Aug 2012	

General information of the accident

Was driver an employee of	Yes D No.	th.
the insured's company?	If no, relationship of the driver and insured:	Herev
Accident captured by camer Weather condition		
Road surface	Clear Raining Others:	
No of passenger	Dry Wet a	
Passenger 1		(Inclusive of driver
West to see the new		
Name		2
Gender	Male D Female D	
Passenger 2		
Name		
Gender	Male ti Female ti	
Passenger 3		
Name		
Gender	Male D Female D	
Passenger 4		
Gender	Male Female G	
Passenger 5		
Vame		
Gender	Male o Female o	
Passenger 6		
lame		
iender	Male D Female D	
Other information		
Vas anybody injured?	Yes a No.	
/as other vehicle damaged?	Yes a No o	
Details of police action		
eported to police?	Yes D No If yes, please state which police	station.
olice station name	1 1 1 Pressure to thinest police	- CANONI

Third party vehicle 1

Name	
The state of the s	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	GBD 403 R
Vehicle make model	
Third party vehicle 2	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 3	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 4	
Third party vehicle 4	
Name Contact number	
Name Contact number NRIC / Fin / Passport number	
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Hello, NAC_PAYA_UBI_8006	01						· Change L	anguage	• Chan	ge Password	· Log Ou
My Desktop	Policy Query						Position		1102200		
Notice of Loss	511468	1841		Date o	of Accident	21	/01/2020 1	6:10			
	Vehicle	No.(For Motor)	GB15545	S		Certifi	cate Number				
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114681841	5114681841- 000008	LICENCE ONE PTE LTD	201803016Z	GFM	Comprehensive	GBJ5545	GBJ554S	14/12/2019	05/12/2020

Policy No.	5114681841	Policyholder Name	LICENCE	ONE PTE LTD	Policyholder NRIC	2018030162	Z	
Certificate	5114681841-000008	1						
Address	10 KITCHENER LINK ##05-19	KITCHENER LINK ##05-19 CITY SQUARE RESIDENCES SINGAPORE 207225						
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	06/12/2019	Effective Date	06/12/20	19 00:00	Expiry Date	05/12/2020	23:59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Additional Excess		OS: Premium	0					
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	6842330	1	GST Flag	Y		
ngent								
Co- insurance Flag Open	No							
Agent Co- insurance Flag Open Policy Info Certificate Info								
Co- nsurance Flag Open Policy Info Certificate Info						34		
Co- nsurance Flag Open Policy Info Certificate Info Policyh	No	Addre	ss 2	#05-19 CITY SQU	ARE RESIDEN	Address 3	SINGAPORE 207225	
Co- insurance Flag Open Policy Info Certificate info Policyh Address 1	No nolder Mailing Address		ss 2 ss Type			Address 3 Post Code	SINGAPORE 207225 207225	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No nolder Mailing Address	Addre	ss Type ed Policy	#05-19 CITY SQU				
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 10 KITCHENER LINK	Addre Relate Numb	ss Type ed Policy	#05-19 CITY SQU Singapore address				
Co- nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 10 KITCHENER LINK 05-19 d Object: 5114681841-0000	Addre Relate Numb	ss Type ed Policy	#05-19 CITY SQU Singapore address				
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Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen	nolder Mailing Address 10 KITCHENER LINK 05-19 d Object: 5114681841-0000	Addre Relati Numb	ess Type ed Policy er nt Type	#05-19 CITY SQU Singapore address 5115215547		Post Code	207225 Endorsement Content Update Rate for Lorry with	
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen	nolder Mailing Address 10 KITCHENER LINK 05-19 d Object: 5114681841-0000 ements toc Date of Endorsement	Addre Relate Numb 08 Endorseme Basic Informa	ess Type ed Policy er nt Type	#05-19 CITY SQU Singapore address 5115215547 Endorsement Numb	er Endorse Endorsem	Post Code	Endorsement Content Update Rate for Lorry with Tailgate/Crane (1.2 to 4 tons) Refe	

