NATIONAL Assessment Centi		- (VIB	Date &Time Complete	d	Done by	8 1
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p. 431	SAS e-filing	15.	1	-		
Veh No: GET ITYS	E-mail (within Shr	s, AIC 2hrs)				•
	i-Motor Claim	Form	M1087778-0	1 4/2/	w lot	94
D.O.A: 3/12-12:00	i-Motor W/O (Within: OD 2hrs	, TP 4hrs)			
OD : TP . Reporting Only	i-Photo Upload	led				
0	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by		o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	- TOWNS)
The second secon	ngizR	INC ()/Non-INC()		
	13101		Tel:)	
Owner / Driver: (eriod: ()	Cover Type: ()	
Policy No. (driod. (Date:	Time:)	
Confirmed by : (Note-Pet Status (W		.0%; P: 21-79%. P:	80-100%]		18.
Thousand The Control of the Control	Warranty: YES ()/NO()			
Year of Registration: ()						
Excess: (\$) Loading: \$1	,000 ()/32,000 (and a contract	A PARTIE SAN SERVICE	45 COM	4	
General Remarks:		The second second	Tax Branch de Contra			
() Walk-In Customer : Customer's in	formation strictly Conf	fidential & S	trictly NO refer of repa	irer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.	*				
	ice: YES () / No	01 1.	Towing Co: (5)
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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.

- 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.	
法国的国际大陆 和国际企业的国际	ACCIDENT STATEMENT
Date Of Report	11/03/2020 09:54
Date Of Accident	07/02/2020 12:00
Exact Location Of Accident	CHULIA ST TWDS CHURCH ST
Country/State of Loss	SINGAPORE
D	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	

Driver

MUHAMMAD SYAHIED MCANGUS BIN ZAINOL Name of Driver

SXXXX915J NRIC No 28/03/1994 Date Of Birth OUTDOOR Occupation 22/08/2017 Date Of Driving Pass

2 YEARS AND 5 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-83884269 Mobile Number

Fax Number

OFFICE-83884269 Contact Number

NOEMAIL EMail Address

Address

BLK 637 ANG MO KIO AVENUE 6

#07-5073

Postcode

560637

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

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE

Type Of Accident 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?

I have been approached by unknown person(s)

YES NO

soliciting/offering accident claims assistance. 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SGN7392R

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)

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of milerial 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 accitiving 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 aid 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, 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 actident 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
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers of agents (including their (awyers/law firms), which may be sited outside of Singapore, for one or more of the above surposes:
- 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)

Date & Time:

Reporting Centre Personners Signature Name:

NRIC/FIN No.

	SKETCH PLAN		Church Breet
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9	and stale passon	7-	
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Į		A	
	ECLARATION We declare the foregoing particulars are t	rue in every respect.	X
LICENCE	ONE PTE LTD	VM	
	ite & Time: (If a	ver's Signature driver is not the policyholder) e & Time:	Reporting Centre Personne's Signature Name: NRIC/FIN No.:

Salaria Ship A-Assalan Cida

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 flability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 7 2	12020	(DD/MM/YY)	Time:	1200PM	(HH:MM)
Exact location of accident	chulsa	SHALL	turning	40	charl	

Details of vehicle

Vehicle registration number	GR 2 2246
Vehicle make and model	Tayota Hige
Type of vehicle	Saloon MPV CRV Van Van CRV Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	a Toole Ruf
Are you claiming under your own insurance company?	Yes D No if no, please select: Third part claim Reporting only D

Insurance information

Insurance company	MTUC		
Policy number	5114681 84	1-000008	
Type of policy	Comprehensive	Third party fire & theft	TP only

Insured / Policy holder

Name	Licenco	One	ne	461	Male o	Female a
NRIC / Fin / Passport number	016	2	A STATE OF THE STA			-
Contact	9328	9816	3			
Address						-

Driver

Same as insured above □ (skip to D.O.B)

Name	Mohal Pyahiec Moongus Bin Wino! Males Female 0
NRIC / Fin / Passport number	9151
Contact	8488 4268
Address	407-5673 Supapore 560637
Email address	July Control
Date of birth	28 Mar 1984
Occupation	Indoor D Outdoor D
Driving date pass	22 Aug 2017

General information of the accident

Was driver an employee of	Yes D No D	110-00
the insured's company?	If no, relationship of the driver and insured:	Herer
Accident captured by camera		
Weather condition	Clear Raining Others:	
Road surface	Dry p Wet a	
No of passenger		(Inclusive of driver
Passenger 1		
Name .		
Gender	Male D Female D	
Passenger 2		
Name		
Gender	Male ii Female p	
Passenger 3		
Name		
Gender	Male D Female D	
Passenger 4		
Name		
Gender	Male Female T	
Passenger 5		
Name		
Gender	Male D Female D	
Passenger 6		
Name		
Gender	Male Female	
Other information		
Was anybody injured?	Yes O No P	
Was other vehicle damaged?	Yes D No D	
Details of police action		
Reported to police?	Yes No If yes, please state which police	station.

Third party vehicle 1	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
venicle make model	
Third party vehicle 2	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SGN 7392 R
Vehicle make model	
Third party vehicle 3	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 4	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 5	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 6	
Name	
Name Contact number	
Third party vehicle 6 Name Contact number NRIC / Fin / Passport number Vehicle registration number	
Name Contact number NRIC / Fin / Passport number	

Name	
Witness 2	
Name	
Injured person 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes a No a
Was injured conveyed to	Yes.o Noo
hospital by ambulance?	100
Injured person 2	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No.D
Was injured conveyed to no nospital by ambulance?	Yes D No D
Injured person 3	
lame	
njuries sustained	
Vhich vehicle person in?	
Vere seat belts worn?	Yes D No D
Vas injured conveyed to ospital by ambulance?	Yes. D No D
Injured person 4	
juries sustained	
ame juries sustained /hich vehicle person in? /ere seat belts worn?	Yes D No D

Hello, NAC_PAYA_UBI_80060	01						· Change Li	anguage	• Chan	ge Password	· Log Ou
My Desktop		y Query									
Notice of Loss	Policy No. 5114681841 Date of Accident 07/02/2020 12:00										
	Vehicle	No.(For Motor)	GB35545	5		Certifi	cate Number				
						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	GBJ554S	GB)554S	14/12/2019	05/12/2020

olicy No.	5114681841	Policyholder Name	LICENCE	ONE PTE LTD	Policyholder NRIC	201803016Z	
Certificate	5114681841-000008						
Address	10 KITCHENER LINK ##05-19	CITY SQUARE	RESIDENCE	S SINGAPORE 207225			
Product	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	06/12/2019	Effective Date	06/12/20	19 00:00	Expiry Date	05/12/2020	23:59
Excess	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				Your	ng/Inexperience Driver Excess
		Annua Tal	6842330	1	GST Flag	Y	
	ABWIN PTE LTD	Agent Tel.	0042330				
Co- insurance Flag Open Policy Info Certificate	ABWIN PTE LTD	Agent Fel.	0042330				
Co- insurance Flag Open Policy Info Certificate Info		Agent Tel.	0042330	•			
Co- insurance Flag Open Policy Info Certificate Info Policy	No		ess 2	#05-19 CITY SQU	re residen	Address 3	SINGAPORE 207225
Co- insurance Flag Open Policy Info Certificate Info PolicyI Address 1	No holder Mailing Address	Addr			RE RESIDEN	Address 3 Post Code	SINGAPORE 207225 207225
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Co- insurance Flag Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No. Insure	nolder Mailing Address 10 KITCHENER LINK 05-19 ad Object: 5114681841-0000	Addr Addr Rela Num	ess 2 ess Type ted Policy ber	#05-19 CITY SQU/ Singapore address	4/436		207225 Endorsement Content
Co- insurance Flag Open Policy Info PolicyI Address 1 Address 4 Unit No. Insure	nolder Mailing Address 10 KITCHENER LINK 05-19 ad Object: 5114681841-0000	Addr Addr Rela Num	ess 2 ess Type ted Policy ber ent Type ation	#05-19 CITY SQU/ Singapore address 5115215547	er Endors	Post Code	207225 Endorsement Content Update Rate for Lorry with
Co- insurance Flag Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No. Insure Endors Seque	nolder Mailing Address 10 KITCHENER LINK 05-19 ad Object: 5114681841-0000 sements nce Date of Endorsement	Addr Addr Relai Num 008 Endorsem Basic Inform	ess 2 ess Type ted Policy ber ent Type ation	#05-19 CITY SQU/ Singapore address 5115215547 Endorsement Numb	er Endors	Post Code	Endorsement Content Update Rate for Lorry with Tailgate/Crane (1.2 to 4 tons) Refer

		Secretary Res	COMMENS	OST Resistration No.	
licy No.	\$1146B1041	Vehicle No.	GB)554S	GST Registration No.	
tificate No.	5114681841-000008			Policyholder NRIC	201803016Z
TANK THE PARTY OF	LICENCE ONE PTE LTD	- Course Time -	Comprehensive	Loading	0
duct Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Contact No.(Home)	0
ntact No.(Mobile)	93289818	Contact No.(Office)	0	37 33	N: V
nail Address		Special Remark	2	eCode	97.34
K	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	120
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	11/03/2020 10:02	Acadent Report Within 24 hrs	Yes	Accident Type	Side Swipe
te of Accident	07/02/2020	Time of Accident Nhomm	12:00	Country of Accident	Singapore
porting Centre	VIII 2010	Orange Force		TCM No.	
cident Location	CHULIA ST TWDS CHURCH ST	7.70.00 NO. 10.00 NO.			
Total Excess Applicable	Gradu 21 THES GIOTOLS				
sess Type	Per Accident	Windscreen Excess	100.00		
Dess Type	THE PROPERTY OF	A MICHAEL TO STORE STORE			
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
ditional Excess	2003				
nai OD Excess Applicable	2000.00	Total TP Excess Applicable			
P Benefits	Bank, 90				
GST Registered Informa	tion				
T Registered	No		GST Registration Date		
T Registration No.	11000		GST Status Venfied	Yes	
dification History					
Policyholder Mailing Ad	dress				
odress 2	10 KITCHENER LINK	Address 2	#05-19 CITY SQUARE RESIDEN	Address 3	SINGAPORE 207225
ddress 4	Anna Ser (Mesone) 738/03	Address Type	Singapore address	Post Code	207225
në No.	05-19	Related Policy Number	5115215547		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	MUHAMMAD SYAHIED MCANGU	Driver NRIC	\$300009153	Oriver DOB	28/03/1994
egister Date of Driver License		Driver Age	25	Driving Experience	2
ontact No. (Mobile)	83884269	Contact No.(Office)	0	Contact No.(Home)	0
	83884209 BLK 637	Address 2	ANG MO KIO AVENUE 6	Address 3	YIO CHU KANG HEIGHTS
ddress 1	SINGAPORE 560637	Address Type	Singapore address	Post Code	560637
ddress 4		And the Libra			
init No.	07-5073	William Company of the Company of th		Driver Insurer Company	
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		priver traurer company	
A CONTRACTOR OF THE CONTRACTOR		WAS WEE			
reathalyser or Blood Test	0 mg	Any injury?	O Yes ® No		
eclaration reathelyser or Blood Test eading?	Omg	Any injury?	O Yes ® No		
reathelyser or Blood Test eading?	Omg	Any injury?	○ Yes ® No		
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reathwlyser or Blood Test eading? odification History	Omg	Any muny?	O ves ® №		
reathelyser or Blood Test eading? odification History	Omg	Any Injury?	O ves ⊕ No		
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reathwyser or Blood Teat eading? eadingabon History Claim 001 New	ор-мх	Insured Name		Insured NRTC Contact No. (Office)	201803016Z 65674722
reathwyser or Blood Teat eading? oddication History Claim 001 New Laim Type * Contact No.[Mobile]	ОО-МX 93289818	Insured Name Contact No.(Home)	LICENCE ONE PTE LTD		-
reathelyser or Bleed Teat eading? addication History Claim 001 New laim Type * entact No.(Mobile)	OC-MX 93289818 softerence@yehos.com	Insured Name Contact No.(Home) Of Vehicle Number	LICENCE ONE PTE LTD	Contact No. (Office)	65674722
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reachelyser or Blood Test eaching? Claim OD3 Max laim Type * entact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name *	OC-MX 93289818 softerence@yehos.com	Insured Name Contact No.(Home) Of Vehicle Number	LICENCE ONE PTE LTD	Contact No. (Office)	65674722
reachelyser or Blood Test eading? Claim OD3 Max Claim Type * entact No.(Mobile) mail Address lamant Type Claimant Type * lamant Name * lamant Name *	OD-MX 93299818 softerence@yehoo.com Please Select	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	LICENCE ONE PTE LTD	Contact No. (Office) TP Vehicle Number	65674722 SGN7392R
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