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D.O.A: 6/3/20-13:20	i-Motor Claim Form	m/1087482-000	112/20 10	:12
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded			
TDI	Assessment/Survey Repo	rt		
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		101.	Fax:	)
TP Particulars: Veh No: 16 W	93137 IN	C( , )/Non-INC( )		
Owner / Driver: (		Tel:		
Policy No: ( ) Per	riod: (	) Cover Type: (		
Confirmed by : (	Date:	Time:	1000(1	11 - 110
		0-20%; P: 21-79%. P: 80-	100%]	<u> </u>
	Warranty: YES ( )/NO	(		
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Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by ·
	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )		1.	
3) Upload Resurvey Photo [Repair Cost > \$3	0000] ( )		community	E 11 E 20 E 14
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 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.
- 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 second second	ACCIDENT STATEMENT
Date Of Report	11/03/2020 10:14
Date Of Accident	06/03/2020 13:20
Exact Location Of Accident	BLK 253 JURONG EAST ST 24 CARPARK
Country/State of Loss	SINGAPORE
是是自己的主义是是是一个人的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YL333E
Insured/Policyholder	
Name Of Registered Owner	MENTRADE MARINE ENGINEERING PTE LTD
Co Reg No	2XXXXX591C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97513233
Alternative Phone No	OFFICE-97513233
Vehicle Particulars	
Manufacturer	ISUZU

Model NHR85EU3ES

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 5113130881

Cover Note Number

Driver

Name of Driver ONG CHUAN HOCK

 NRIC No
 SXXXX791Z

 Date Of Birth
 14/01/1958

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/02/1979

Driving Experience 41 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97513223

Fax Number

Contact Number OFFICE-97513223

EMail Address NOEMAIL

Address

BLK 106 BUKIT BATOK CENTRAL

#05-205

Postcode

650106

Was driver an employee of the Insured's Company YES

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

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

0

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

REFER TO STATEMENT.

# 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

SLW9717T

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

- 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. 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance. 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. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (City) the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (City) the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (City) the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (City) the Insurers of the GIA Records Management Centre established by the General Insurence (City) the Insurers of the GIA Records Management Centre established by the General Insurence (City) the Insurers of the GIA Records Management Centre established by the General Insurence (City) the Insurers of the GIA Records Management Centre established by the General Insurers of the GIA Records Management Centre established by the Gia Records Management Centre est 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 copies of the report being made available aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

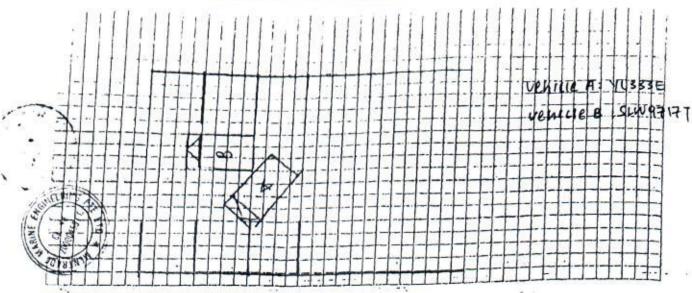
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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)
  - (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, 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/mall 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
- 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:
  - (1) 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 Signatus Date & Time:

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

Reporting Centre Personne's Signature

Name: NRIC/FIN No.:



	On	the	stated	trn	ne o	ind i	date,		- 18				
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DECLARATION

Ve declarating or egoing particulars are true in every respect.

Date & Time:

Driver's Signature (if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

AUM CINIMATAN VE

	:06/03/2020 Accident Time: 1320 (24-HR-Format)
Date of Accident	: O6/03/2020 Accident Time: 1370 : Corpark of 61/2523 Jurong East street 24
Accident Place	W 2222
Vehicle Reg. No. (Car Plate No.)	: YL 333E
Vehicle Make/Model	: 15424
Insurance Company	NTUC INCOME Policy No. 5102948475-01
Owner or Company Name AC No.	: Mentrade Marine 200004591 C
Owner or Company Contact No.	Owner's Hp 9751 3223 Company Tel
DRIVER'S Name / IC No.	: Ong Chuan Hack / 254 7791 &
DRIVER'S Date Of Birth	: 14/01/1958 DRIVER'S License Pass Date 22/02/1979
	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
Relationship of Owner & Driver	: BIK 106 BUE'T BOTOK CONTIGE
DRIVER'S Address	
DRIVER'S Contact No. Alt No.	1) (131 = 223
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including	Driver): 01
	Party Driver's Particular (if anv)
Vehiclo Reg. No: SLW 97177	Vehicle Reg. No:
Vehicle MakeWodel:	
Name Driver:	Name Delyser
IC No. Driver:	District & Add:
Driver's Contact & Add:	Driver's Contact & Add.

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Notice of Loss	Policy N	0.				Date of Accident			06/03/2020		
	Vehicle	No.(For Motor)	YL3338			Certif	icate Number	1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113130881		MENTRADE MARINE ENGINEERING PTE LTD	200004591C	GCV	Comprehensive	YL333E	12.1	18/10/2019	17/10/2020

March	Claim Handling												
Marchane No.     Michael Mode   Mi	Accident MT/1087482		555-20	16600					7 valence				
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The process	Report Date	09/03/2020 17:31	Accident Report Within 24 hrs	Yes			Accident Type		Side S	wipe			
Control Control   Control Control   Control Control   Control Control   Co	Date of Accident		Time of Accident hh:mm	13:15				nt					
Control Cont													
Search   Park Accorded   Search   Sea	Accident Location	CARPARK OF BLK 253 JURDING EAST STREET	Market States										
Standard Florates	♥ Total Excess Applicable												
Micro   Control   Contro	Oxcess Type	Per Accident	Windscreen Excess		100.00								
Micro   Control   Contro													
March Contents   Marc	OD Standard Excess	600.00	TP Standard Excess		0.00								
March   Marc	TED OD Excess		YIED TP Excess				Driver is Covered		Not Ap	plicable			
## 2017 Registration (Information	Additional Excess												
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Contact No (Hobie) Curist No (						_							
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Claimant Name *	mail Address						TP Vehicle Numbe	f.	SLW97	177			
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