		NA 120032349	The same of the sa
Date In: 14/2/20-10:08	Jcb description	Date & Time Completed	Done by
Res No: Ma sucros youry	SAS e-filing		
Veh No: 4Bhayors	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 175/10-11:15	i-Motor Claim Form	m7 1088192-04	14/3/20 10:25
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OD / TP / Reporting Only	i-Photo Uploaded		
TRI	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:
TP Particulars: Veh No: f	BC 6000x INC ()/Non-INC()	5.18
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-1	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()		
General Remarks:-	All the second second		3.04
() Walk-In Customer : Customer's in	dada Latina da manda alaman da antinana	trictly NO refer of repairer	4.77
() Total Luss Case : to e-mail Inst		thetay 140 Talet of Tepanett	
		Francis Co. /	
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO();	Fowing Co: (
Remarks:- (INC hoffine: 6788 6616))))	Date&Timo Completed	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	\$30001 ()		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()	-	
3) Upload Resurvey Photo [Repair Cost> Injury:	\$3000] ()		
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Date/Time Actions NA 20 MM aimant's Particulars:	Invoice Pre	t Reporting (\$30); Assessment (\$100); INC (\$8	fit Bill Add Bil 10) 1/545
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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.
- 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.

 By the lodgement of this report to the insurers, year aforesaid. 	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
White the state of	ACCIDENT STATEMENT
Date Of Report	14/03/2020 10:08
Date Of Accident	13/03/2020 11:15
Exact Location Of Accident	TAI SENG ST TWDS TAI SENG LINK
Country/State of Loss	SINGAPORE
维护的多数的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG7402S
Insured/Policyholder	
Name Of Registered Owner	EAST ASIA TRANSPORTATION SERVICES
Co Reg No	2XXXX600W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN

Exact Purpose for which vehicle was being used at WORKING

time of accident

Model

Are you claiming under your own insurance policy

for repair to your vehicle?

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

NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

5112923613 Policy Number

Cover Note Number

Driver

Name of Driver TAY HOCK KHEE NRIC No SXXXX554F Date Of Birth 25/03/1965 Occupation OUTDOOR Date Of Driving Pass 11/08/1984

Driving Experience 35 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96888980

Fax Number

Contact Number OFFICE-96888980

EMail Address NOEMAIL Address BLK 12 KAMPONG ARANG ROAD

#04-198

Postcode 431012

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)

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? YES
I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NO

2

NAME: :

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, AS I WANTED TURN RIGHT TWDS TAI SENG LINK. I TURN ON MY VEHICLE INDICATOR LIGHT, VEHICLE B WAS AT THE BACK OF MY VEHICLE, OVERTAKING MY VEHICLE AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBC6000X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MUHAMMAD FAIZAL BIN KASTI

NRIC/Passport Number SXXXX582C

Contact Number

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 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.

Policyholder's Signature Date & Time:

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

ne: NRIC/FII

Reporting Centre Personnel' Name:

Signature

NRIC/FIN No .:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VIII. V.		
Refer to statemen	٠.	
*		
FCI ARATION		

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 .:

eBao Tech					(12 TZ)					Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						Change	e Language	· Chang	ge Password	· Log Out
My Desktop	Policy Query										
Notice of Loss	Policy N	No.				Date of	Accident	[1	3/03/2020 1	1:15	
	Vehicle	No.(For Motor)	GBG7	74025		Certific	ate Number			- 120	
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5112923613		EAST ASIA TRANSPORTATION SERVICES	29267600W	GCV	Preferred Workshop Plan	GBG7402S	GBG7402S	11/10/2019	10/10/2020
					Co	ntinue					

Sequence Date of Endorsement		E	Endorsement Type			Status	Endorsement Content
♥ Endorse	ements						
▶ Insured	Object: GBG74025						
Jnit No.		Related Number	d Policy	5112923613			
Address 4	SINGAPORE 520712	Addres		Singapore address	,	Post Code	520712
Address 1	BLK 712 #13-154	Addres	s 2	TAMPINES STREET	71	Address 3	TAMPINES STARLIGHT
→ Policyh	older Mailing Address						
Certificate Info							
Policy Info							
insurance Flag Open	No						
Co-	NET TOTO FILE LID	nyent tel	004444//		GST Flag	1	
OD Excess Agent	REV AUTO PTE LTD	TP Excess Agent Tel.	68444477			Young/I	nexperience Driver Excess
Outside Singapore		Outside Singapore					
Additional Excess		OS Premium	0				
Third Party Excess	0	damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess Own					
Policy issue Date	04/10/2019	Effective Date	11/10/2019	9 00:00	Expiry Date	10/10/2020 23:	59
Product Name	COMMERCIAL VEHICLE INSURAI				Group Policy Flag	N	
Address	BLK 712 #13-154 TAMPINES ST	REET 71 TAME	PINES STAR	LIGHT SINGAPORE 5	20712		
Certificate No.					Simme.		
Policy No.	5112923613	Policyholder Name	EAST ASIA	TRANSPORTATION S	Policyholder NRIC	29267600W	

Continue Cancel

Claim Handling Accident MT/1088192						
September 1	Part Market	50009EXQ				
olicy No. ertificate No.	5112923613	Vehicle No.	98G7402S	GST Registration No.		
Policyholder Name	EAST ASIA TRANSPORTATION SERVICES			Policyholder NRJC	29267600W	
Product Code	COMMERCIAL VEHICLE INSURA:	Cover Type	Preferred Workshop Plan	Loading	0	
omati Address R ® No ○ Yes		Contact No.(Office)	0	Contact No.(Home)	0	
		Special Remark		eCode	No.	
		TCA	® No ○Yes	eCode Reason	Wednesday.	
CO Protection	No .	NCD Entitlement(%)	10	Private Hire	No	
W Accident Details					2.514	
eport Date	14/03/2020 10:23	Accident Report Within 24 hr	s Yes	Accident Type	Side Swipe	
ate of Accident	13/03/2020	Time of Accident hhomm	11:15			
aporting Centre		Orange Force		Country of Accident	Singapore	
coident Location	TAI SENG ST TWDS TAI SENG LINK			ICM No.		
Total Excess Applicable	The state of the s					
xcess Type	Per Accident	Washington &				
	To receive	Windscreen Excess	100.0	10		
D Standard Excess	600.00	TP Standard Excess				
ED OD Excess			0.0			
Iditional Excess	0.00	YIED TP Excess		Driver is Covered?		
	222.00					
otal OD Excess Applicable	600.00	Total TP Excess Applicable				
7 Benefits						
GST Registered Inform	2,000					
T Registered T Registration No.	Yes		GST Registration Date	01/04/2012		
T Registration No.	M90367339A	m channel CET have been	GST Status Verified	Yes		
	14/03/2020 10:25:08 Syste	m changed GST Registered from m changed GST Registration No.	10m null to M90367339A			
Policyholder Hailing Ad		m changed GST Registration Date	from null to 01/04/2012			
		200000	Ultransport President			
idress 1	BLK 712 #13-154	Address 2	TAMPINES STREET 71	Adoress 3	TAMPINES STAALIGHT	
Stress 4	SINGAPORE 520712	Address Type	Singapore address	Post Code	520712	
Vt No.		Related Policy Number	5112923613			
OI Driver Info						
iver Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	TAY HOCK KHEE	Driver NR3C	SXXXX554F	Driver DOB	25/03/1965	
pitter Date of Driver License	11/08/1984	Driver Age	54	Driving Experience	35	
ntact No.(Mobile)	96888980	Contact No.(Office)	0	Contact No.(Home)	0	
dress 1	BLK 12	Address 2	KAMPONG ARANG ROAD	Address 3	DI TANJONG RHU	
dress 4	SINGAPORE 431012	Address Type	Singapore address	Post Code		
it No.	04-198	405000000		Final Code	431012	
es he own a Singapore	○ Yes ® No	Driver Vehicle No.				
gistered car?		Silver venue no.		Driver Insurer Company		
claration						
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ading?		Any injury?	☐ Yes ® No			
dification History						
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Claim 001 New						
m Type *	ОВ-МХ	Insured Name	EAST ASIA TRANSPORTATION :	Insured WRIC	29267600W	
stact No.(Mobile)	Acres de la companya del companya de la companya del companya de la companya de l	Contact No.(Home)	The state of the s		4749/900W	
all Address		OI Vehicle Number	C0C74036	Contact No.(Office)		
	Disass Salari		G8G7402S	TP Vehicle Number	FBC6000X	
	Please Select	Type of Benefit *	Please Select	j		
mant Name *	22	Claimant NRIC *	- Committee of the Comm	1		
mant Address					-	
m Description	GBG7402S / FBC6000X ON 13 Mar 2020			Name of Preferred Workshop		
ferred Workshop Contact		Insured Liability *	Not at Fault	12		
pure Finalisation	Yes 🔍	Preferered Repair Option	Preferred Workshop, Name unk	Charles and the second of the second	Received	
e Registered	14/03/2020 10:25	Claim Close Date		Date Received	14/03/2020 00:00	
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