NATIONAL Assessment Centre Services. WELL TOURS WITH MOJALO Done by Date & Time Completed Jeb description Date In: 3/3/20 -10:04 Ref No: 49/ 140200 04633/2 SAS e-filing E-mail (within Shrs, AIC 2hrs) Veh No: 434 92504 30 3 10:15 m11089966001 i-Motor Claim Form D.O.A : 3/20-10:00 i-Motor W/O (Within: OD 2lirs, TP 4hrs) OD "TP)! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tol: Preferred Wksp / INC Assign Wksp / QW: ( )/Non-INC ( Veh No: 40475781 TP Particulars: ) Tcl: Owner / Driver: ( ) Cover Type: ( Period: ( Policy No: ( ) Time: Date: Confirmed by: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: ( Warranty: YES ( )/NO( Year of Registration: ( )/\$2,000 ( Loading: \$1,000 ( Excess: (\$ General Remarks:-> ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY. ) Total Loss Case ); Invoice: YES ( ); Towing Co: ( Drive-In ( ) / Towed-In ( Done by Date& Time Completed Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Amt (3) Invoice Preparation Checklist Add Bill MADONYOS . 1) AR : Accident Reporting INC (\$80) Claimant's Particulars :-2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) Contact No: \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-\$5 QC Checked by (Engr-In-Charge): \*N5: Courlesy Car / Tpt Allowance 510 \*N6: Repair Co-ordination \$25 \*N7: Fost Repair Inspection Auditors! Comments :-55 \*N8: DV / Collect Excess Coordination \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idae Mobile Fee Charged Involce dated Cat. 2 / 3: Fee Charged Invoice dated

in part of their

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 1. 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.
- 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

(1) F-1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	ACCIDENT STATEMENT
Date Of Report	30/03/2020 10:04
Date Of Accident	28/03/2020 10:05
Exact Location Of Accident	MANDAI ESTATE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	GBH9250U
nsured/Policyholder	
Name Of Registered Owner	CCTVBROS & CONSTRUCTION PTE LTD
Co Reg No	2XXXXX634H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90089112
Alternative Phone No	OFFICE-90089112
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at ime of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	NO
Policy Number	5113013787
Cover Note Number	
Driver	
Name of Driver	ONG WU SHENG
NRIC No	SXXXX969J
Date Of Birth	22/09/1990
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2011
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90089112

OFFICE-90089112

NOEMAIL

43 THONG SOON GREEN Address

787349 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO Was any body injured in the Accident?

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.

NO

NO

Number of Passengers (Including Driver)

2

Passenger 1

: HOSSON MOTALEB NAME:

: MALE GENDER:

**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

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?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

**GBG7578T** Vehicle Registration Number NISSAN Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

TENG PECK HUA Name of Driver

SXXXX182F NRIC/Passport Number

Contact Number

94555009

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 11

## 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 <u>truthful</u> and <u>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.
- 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:
  - (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.

EUTO \* CC INGRO

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

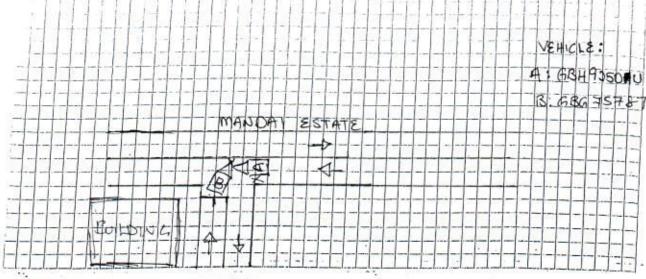
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel spignature

Name:

NRIC/FIN Ho:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

12.	ON	THE S	CATED	DATE	E Tin	18, 1	WAS	TRAVE	ELING	ON
MAN	DAI 8	ESTATE.	WHILE	1	WAS	TEAVELING	- ALI	OF	A S	. Nagaau
VEHIC	12 "1	8" R	ush 0	U7 0	F TAE	BUILD	NNG	GANT	ry.	1 TRIED
To	AVOID	BUT	VEHICI	E "13"	CAME	STRA	GHT	To	my	LEA7
SIDE	AND	COLL	1080	0N70	my	VEAICLE.	1	HAUS	A	PASSENGE
N	BOARE	· .								
	GER: 1									
	. HOSSI	N MOT	ALEB							
	9LE.	1652								
										1,61

DECLARATION

I/We class 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:

MRIC/FIN No :

Date of Accident	28 3 2020 Accident Time: (0 6 8 (24-HR-Format)
Accident Place	: Manda: Estate
Vehicle Reg. No. (Car Plate No.	: C181+9250U
Vehicle Make/Model	TOYOTA   HI-ACE
Insurance Company	: NTMC Policy No. 5113013787
Owner or Company Name /IC N	O. : CCTVBROS & CONSTRUCTIONY PTE LTD
Owner or Company Contact No.	Owner's Hp 9008 9/12 Company Tel
DRIVER'S Name / IC No.	ONG. WU SHENG
DRIVER'S Date Of Birth	22-09-1990 DRIVER'S License Pass Date Zo MAY 201
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others Ouner
DRIVER'S Address	: 43 THONG SOON GREEN .
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: wilson ecctubes com   admin @ my car sy
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): 02 HOSSON MOTALES / MALE
Was there any video Captured by o Exact purpose for which vehicle w	ear camera: YES \NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: GBG 757	8 T Vehicle Reg. No:
Vehicle Make Wodel: NISSAL	Vehicle Make\Model:
Name Driver: TENG PECK	HUA Name Driver:
IC No. Driver: 5 1551187	
Driver's Contact & Add: 9455	

1.00

 $\mathcal{A}^{-1}$ 

. 8

						<b>加度</b> 数至于			Genera	lClaim
00601						+ Chang	e Languag	+ Chan	ge Password	· Log Out
Polic	y Query									
Policy N	10.	8		- 3	Date	of Accident	E	28/03/2020 1	0:05	
Vehicle	No.(For Motor)	GBH9250U		- ()	Certificate Number					
					Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5113013787		CCTVBROS & CONSTRUCTION PTE LTD	201525634H	GCV	Preferred Workshop Plan	G8H9250U	GBH9250U	05/11/2019	04/11/2020
	Policy N Vehicle Select	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No. Certificate Number	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number Name CCTVBROS & CONSTRUCTION	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number Name NRIC  CCTVBROS & CONSTRUCTION 201525634H	Policy Query  Policy No. Date  Vehicle No.(For Motor) GBH9250U Certificate Search  Select Policy No. Certificate Number Name Policyholder NRIC  O 5113013787 CONSTRUCTION 201525634H GCV	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  Number  Name Name NRIC  CCTVBROS & Preferred CONSTRUCTION 201525634H GCV  Workshop	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  Certificate Number  Select Policy No.  Certificate Number  Name Policyholder Product Cover Type No.  CCTVBROS & Preferred CONSTRUCTION 201525634H GCV Workshop G8H9250U	Policy Query  Policy No.  Date of Accident 28/03/2020 1  Vehicle No.(For Motor)  Search  Select Policy No. Certificate Number  Policyholder NRIC  Name NRIC  CCTVBROS & Preferred  CONSTRUCTION 201525634H GCV  Product Cover Type No. Object  Preferred  No. Object  Preferred  OBH9250U  OBH9250U  Preferred  OBH9250U  OB	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  Name Name NRIC  O 5113013787  Change Language Change Password  Policy Policy No.  Date of Accident 28/03/2020 10:05  Certificate Number  Name NRIC  Policyholder NRIC  NRIC  Product Cover Type Vehicle No.  Object Date  CCTVBROS & Preferred  Workshop GBH9250U GBH9250U 05/11/2019

Policy No.	5113013787	Policyholder Name	CCTVBROS	& CONSTRUCTION P	Policyholder NRIC	201525634H	
Certificate lo.							
Address	18 MANDAI ESTATE #05-05 MUI	TI-WIDE IND	USTRIAL BUI	ILDING SINGAPORE 7	729910		
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	30/09/2019	Effective Date	05/11/2019	9 00:00	Expiry Date	04/11/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policy	holder Mailing Address						
Address 1	18 MANDAI ESTATE	Addre	ess 2	#05-05 MULTI-WID	E INDUSTRI	Address 3	SINGAPORE 729910
Address 4		Addre	ess Type	Singapore address		Post Code	729910
Unit No.	03-01	Relat Numb	ed Policy per	5113013787			
	ed Object: GBH9250U						
) Insure							
▶ Insure ♥ Endors	sements						

laim Handling					
ccident HT/1089966					
Nicy No.	5113013787	Vehicle No.	G8H9250U	GST Registration No.	
ertificate No.					
nicyholder Name	CCTVBROS & CONSTRUCTION PTE LTD			Policyholder NRIC	201525634H
oduct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading	0
ntact No.(Mobile)	90089112	Contact No.(Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	No. V
C	® No ○Yes	TCA	No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
port Date	30/03/2020 10:13	Academt Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	28/03/2020	Time of Accident hh:mm	10:05	Country of Accident	Singapore
	28/03/2020	Orange Force		ICM No.	
porting Centre		Grange rocks		(A)	
ident Location	MANDAI ESTATE				
Total Excess Applicable	was promised	Windscreen Excess	100.00		
oess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D OD Excess	0.00	YIED TP Excess		Driver is Covered?	
ditional Excess	2000				
rai OD Excess Applicable	600.00	Total TP Excess Applicable			
The state of the s	900.00	Level 11 Excess with seasons			
Benefits	***				
GST Registered Informa			GST Registration Date	17/12/2018	
Registered	Yes 201525434H		GST Registration Date GST Status Verified	17/12/2018 Yes	
T Registration No.	201525634H 30/03/2020 10:14:44 Syst	em changed GST Registered from to			
direation reactory	30/03/2020 10:14:44 5vet	em changed GST Registered from No em changed GST Registration No. fr em changed GST Registration Date	om nut to 201525634H		
Policyholder Mailing Ad		- MANUFACTURE AND	(A 1) (1) (1) (A 1) (A 1) (A 1) (A 1)		
dress 1	18 MANDAI ESTATE	Address 2	#05-05 MULTI-WIDE INDUSTRI	Address 3	SINGAPORE 729910
	TO WHATME ESTATE	Address Type	Singapore address	Post Code	729910
dress 4	03-01	Related Policy Number	5113013787		
il No.	03-01	Related Policy Humber	3113013707		
OI Driver Info	Unnamed Driver	Driver Type	Unnamed Driver		
ver Name named driver Name	ONG WU SHENG	Driver NRIC	SXXXX969)	Driver DOB	22/09/1990
gister Date of Driver License		Driver Age	29	Driving Experience	6
			0	Contact No.(Home)	0
ntact No. (Mobile)	90089112	Contact No. (Office)			SINGAPORE 787349
dress 1	43 THONG SOON GREEN	Address 2	HEETON PARK	Address 3	
dress 4		Address Type	Singapore address	Post Code	787349
net No.					
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company.	
claration					
eathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes  No		
notices:					
odification History					
discasor restory					
Claim 001 New					
	-	The state of the s	CONTRACT A CONCERNICATION OF	Tennend MRTC	201525634H
im Type *	00-MX	Insured Name	CCTVBROS & CONSTRUCTION P	Insured NRIC	The second distriction of the second distric
ntact No. (Mobile)	90089112	Contact No.(Home)	ND,	Contact No. (Office)	NR.
nall Address	wilson@cctybros.com	OI Vehicle Number	GBH9250U	TP Vehicle Number	G8G7578T
amant Type Claimant Type *		Type of Benefit *	Please Select		
amant Name .*	22	Claimant NRIC *		_	
aimant Address				- 17 020% Named II	
am Description	GBH9250U / GBG7578T ON 28 Mar 2020		Name (av itt	Name of Preferred Workshop	
eferred Workshop Contact		Insured Diability •	Not at Fault		
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ne Registered	30/03/2020 10:15	Claim Close Date		Date Received	30/03/2020 00:00
port Taken By	Dackson				
Print AK letter					
Total Control of the					
1125			Save Submit		
Attachment					
•					
cident No.	MT/1089966	Claim No.	001		
st Doc. Received	Yes ○ No	Upload Date	30/03/2020 10:16		
	Path *		Category *	Confidential Urge	ncy * Description
		Browse	Clear Please Select	V Normal	V
		Browse	Clear Please Select	▼ Normal	<u> </u>
		27991101		TOTAL STREET	- 5-0150V
		Bourse	Clear Please Select	V NO V Normal	7
		Browse		V Normal	120
		Browse Browse	Geer Please Select		2000

