NATIONAL Assessment Centre Services. [Well Jan'05] MUB POUY 1108 Done by Date In: 8)4h - 09: 15 Jcb description Date & Time Completed Ref No: NA INC 2000 TOSY hy SAS e-filing Veh No: JMCHIZH E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form M 109 1072-001 21:40 of 1/8 D.O.A: 7/4/20 - 06:35 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / (P) Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Veh No: WE 6551C TP Particulars:)/Non-INC(INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: () Confirmed by : (Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks: Les reconstructions and the second second second) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks: (INC hotline: 6788 6616) Date&Time Completed Done by 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Time Actions Anit (S) Amt (3) Invoice Preparation Checklist 119200 2693 Add Bill fit Bill 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 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 Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 * NS: Courtesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Post Repair Inspection Auditors! Comments :-+N8: DV / Collect Excess Coordination 55 \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idno Mobile · 公共市了2000 Invoice dated Fee Charged 2at. 2 / 3: Fee Charged Invoice dated

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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 aforesaid.

aforesaid.	a series and the series are the series and the series and the series are the series are the series and the series are the seri
	ACCIDENT STATEMENT
Date Of Report	08/04/2020 09:25
Date Of Accident	07/04/2020 06:30
Exact Location Of Accident	JURONG WEST ST 91 TWDS JURONG WEST ST 93
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC1023H
Insured/Policyholder	
Name Of Registered Owner	LE TIAN ENTERPRISE
Co Reg No	5XXXX084X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81267669
Alternative Phone No	OFFICE-81267669
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101645662-01
Cover Note Number	
Driver	
Name of Driver	TAN MUI HWA
NRIC No	SXXXX208H
Date Of Birth	14/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2007
Driving Experience	12 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81267669
Fax Number	

OFFICE-81267669

NOEMAIL

Address

BLK 329 YISHUN RING ROAD

#11-1418

Postcode

760329

OWNER

Was driver an employee of the Insured's Company NO

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

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

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.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : -

GENDER: : MALE

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

GBE655K

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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 <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.
- 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:
 - (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.

ENTERPRISE ENTERPRISE

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

The second of



On above date I time, I was driving my vehicle A (SMC1023H)
traveling along Ivong West Street 91 tods Jurong West Steel 93 on
single lane, two way and. Somewhere at the entrance of Jurong
Camp 2, I slowed down and stopped my vehicle and wanted to
turn in to Juraing Camp J. Out of Sudden, vehicle B (GBE 655K)
come from rear and collided onto the near portron of myvehide.

DECLARATION

I/We declare the dolegoing 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.:

Vehicle No.	SMC 1023H Model/Make Harda Shuttle Hybrid
Date of Accident	7/4/2020
Time of Accident	0630 HRS
Location of Accident	Along Jurong West Freet 91 touchs Jurong West St 93
Exact purpose use during a	
Name of Owner	Le Tian Enterprise
Telephone No.	H/P: 8126 +669 Home: Office:
NRIC NRIC	53357084×
Address	BUK 329 Yishun Ring Road #11-1418 5(760329)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC NEPORTING ONLY
Type of Coverage	
Policy No.	Comprehensive Third Party Third Party / Fire / Theft
Folicy No.	
Name of Driver	As Above If No, Tan Mui Huya
NRIC	STATIZOSH Any Passengers:) (M)
Date of birth	14/6/1974
Occupation	Outdoor / Indoor
Driving License Pass Date	6/8/2007
Gender	Male / Female
Contact No.	H/P: 81267669 Home: Office:
Address	BLK 329 Yohun Ring Read # (1-1418 S(760329)
Driver have any own vehicle	
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	(No.) If Yes, Who?
Name And Contact No.	(Ne) III (es) (Miles)
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	GBE 655K Any Passengers : —
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear portion
Camera Recorder	Yes / No
Email Address	yiduent @ gmail com
Email Florida	The state of the s
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510
WORKSHOP EMAIL ADDRES	s sales @ n51. com. sg

Hello, NAC_PAYA_UBI_800601							· Chan	ge Languag	e 'Chan	ge Password	· Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy I	No. (For Motor)	[[07/04/2020 0	/04/2020 06:30			
	venice	No.(For Motor)	BMC10	23H			ficate Number				
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101645662- 01		LE TIAN ENTERPRISE	53357084X	GPC	drivo CLASSIC	SMC1023H	SMC1023H	26/06/2019	25/06/2020

Policy No.	5101645662-01	Policyholder Name	LE TIAN E	NTERPRISE	Policyholder NRIC	53357084X	- 41 1
Certificate No.					INKIC		
Address	BLK 329 #11-1418 YISHUN RIN	IG ROAD SING	APORE 760	329			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	12/06/2019	Effective Date	26/06/201	9 00:00	Expiry Date	25/06/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y	
Co- nsurance Flag	No				il 2		
Open Policy Info							
Certificate Info							
→ Policyh	older Mailing Address						
ddress 1	BLK 329 #11-1418	Address	s 2	YISHUN RING ROAD		Address 3	SINGAPORE 760329
		Address	s Type	Singapore address	1	Post Code	760329
Address 4		Dolated	Policy				
1772	11-1418	Numbe		5101645662-01			
Jnit No.	11-1418 Object: SMC1023H			5101645662-01			
Address 4 Jnit No. Insured Endorse	Object: SMC1023H			5101645662-01			

Claim Handling							
Accident MT/1091072							
Policy No.	5101645662-01	Vehicle No.	SMC1023H	GST Registration No.			
Certificate No.							
Policyholder Name	LE TIAN ENTERPRISE			Policyholder NR3C	53357084X		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0		
Contact No.(Mobile)	(Mobile) 81267669 C		0	Contact No.(Home)	0		
Email Address		Special Remark		eCode	nc v		
KFK	® No ○ Yes	TCA	® No ⊜Yes	eCode Keason			
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes		
Accident Details					168		
leport Date	08/04/2020 09:33	Arridant Bassa Steel - Na L	742				
The state of the s		Accident Report Within 24 hrs		Accident Type	Collision - Head to Rear		
ate of Accident	07/04/2020	Time of Accident Nhomm	06:30	Country of Acadent	Singapore		
eporting Centre		Orange Force		ICM No.			
codent Location	JURONG WEST ST 91 TWOS JURONG WE	ST ST 93					
Total Excess Applicable	•						
xcess Type	Per Accident	Windscreen Excess	100.00				
D Standard Excess.	2,000.00	TP Standard Excess	1,500.00				
ED OD Excess	500.00	YIED TP Excess		Driver is Covered?			
dditional Excess	0						
ital OD Excess Applicable	2500.00	Total TP Excess Applicable					
♥ Benefits							
GST Registered Inform	ation						
ST Registered	No		GST Registration Date				
ST Registration No.			GST Status Venfled	Yes			
dification History							
Policyholder Hailing Ad	Idress						
Myess 1	BLK 329 #11-1418	Address 2	YESHUN RING ROAD	Address 3	SINGAPORE 760329		
idress 4		Address Type	Singapore address	Post Code	760329		
it No.	11-1418	Related Policy Number	5101645662-01	10 5 5 5 MARS	700323		
OI Driver Info	**************************************	Course Court General	3101043002-01				
iver Name	Unnamed Driver	Driver Type	Unnamed Driver				
named driver Name	TAN MUI HWA	Driver NRIC	SXXXX208H				
gister Date of Driver License		Driver Age		Driver DOS	14/05/1974		
	5.(Mobile) 81267669 Contact No.(Office) 8LX 329 Address 2		45	Driving Experience	12		
			0	Contact No.(Home)	SINGAPORE 760329		
dress 1			YISHUN RING ROAD	Address 3			
dress 4	Address Type		Singapore address	Post Code	760329		
nt No.	11-1418						
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company			
claration							
eathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No				
dification History							
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Claim 001 New							
122373 Y							
im Type •	ор-мх 🔻	Insured Name	LE TIAN ENTERPRISE	Insured NRIC	53357084X		
mact No.(Mobile)	MIL	Contact No. (Home)	NIL	Contact No.(Office)	NJL		
nii Address		OI Vehicle Number	SMC1023H	TP Vehicle Number	GBESSK		
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		ellevicio		
mant Name *	22	Claimant NRIC +					
mant Address							
m Description	SMC1023H / G8E655K ON 7 Apr 2020			Name of Preferred Workshop			
erred Workshop Contact		Insured Liability *	Not at Fault				
uire Finalisation	Yes						
			Preferred Workshop, Name unknown	GSA report	Received		
e Registered	08/04/2020 09:35	Claim Close Date		Date Received	08/04/2020 00:00		
ort Taken By	Jackson						
Print AK letter							
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