NATIONAL Assessment Centre Services	(v.e., 19.004) = 2.	MWA 120	41357
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Veh No. GBD 2003 J E-mail (within	Shrs, AIC 2hrs;		B
1 Motor Clair	m Form !Ma	11090451-	914120 11:24.
	(Within: OD 2hrs. TP 4hr	3)	
Assessment/Su		1	
TD Nonemark	y Fax / Hand to Own	er/Wksp	1
Preferred Wksp / INC Assign Wksp / QW: (Tol		Fax:)
TP Particulars: Veh No: GBB 1949.T.	INC()/	Non-INC()	
Owner/Driver: (Te	l:)
Policy No: () Period: () Cov	er Type: (
Confirmed by : (Date:	Time:)
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	The state of the s		
General Remarks:	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BEALT AVAILABLE	
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() Total Loss Case : to e-mail Insurer URGENTLY.			
Drive-In () / Towed-In (); Invoice: YES () /	NO(); Towin		
Remarks - (INC horling: 6788 6616)	DA CONTRACTOR	e&Time Completed	Done by
Apply for Transport Allowance ()/ Courtesy Car ()		
2) QC Check/Post Repair Inspection ()		
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Injury:			
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N 20075	Involce Prepar	tuon Checklist V	Control of the Contro
MA 2002652	1) AR : Accident Rep	orting (\$30);	C (\$30)
Chumant's Particulars :-	2) DA : Damage Asso 3) TF : Towing Fee		\$40/\$45
Driver/Owner:	4) FT . Fellow-Throu	gh Survey gh Survey (Resurvey)	530
Contact No:	For claiming again:	TING Only (Mel 10 year	2005) \$75
Damäged Portion:	6) TR: Re-impection 7) NI: Idao DA + SM	IRT Survey	
Dining of Formation	8) NTUC Additional	Services:-	
QC Checked by (Engr-In-Charge):	NS: Courlesy Car	/Tp Allowance	\$5
	*N6: Repair Co-or	nspection	525
Auditors Comments :	N8: DV / Collect	Exocas Coordination on INC) against INC	\$5
Cal. I:	9) N12: Idno Mobile	1	30
Dat. 2 / 3:	invoice dated	Fee Chi Fue Chi	THE TOTAL OF THE PARTY OF THE P
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.

- 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, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ALL STREET, ST	ACCIDENT STATEMENT
Date Of Report	09/04/2020 10:37
Date Of Accident	20/03/2020 12:00
Exact Location Of Accident	INSIDE 17 DEFU LANE 8
Country/State of Loss	SINGAPORE
Designation of the Designation o	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD2003J
Insured/Policyholder	
Name Of Registered Owner	LONG WIN AIRCONDITION ENGINEERING PTE LTD
Co Reg No	2XXXXX470G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65451718
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5082171305-03
Cover Note Number	
Driver	
Name of Driver	WANG FOK ENG
NRIC No	SXXXX358I
Date Of Birth	02/09/1939
Occupation	INDOOR
Date Of Driving Pass	18/06/1971
Driving Experience	48 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94518008
Fax Number	
Contact Number	

NOEMAIL

Address

BLK 222 SIMEI ST 4 #07-18

Postcode

520222

Was driver an employee of the Insured's Company YES

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

.

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 2

Number of vehicles (including own vehicle)

- /

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)

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

WHILE REVERSING INSIDE THE 17 DEFU LANE 8, SUDDENLY VEH B COME FROM BEHIND, AS THE RESULT, I ACCIDENTALLY GRAZED ONTO VEH B LEFT FRONT PORTION. MY VEH NO SERIOUS DAMAGE THEN I NEVER MAKE ANY REPORT UNTIL I RECEIVED A LETTER FROM MY INSURANCE COMPANY INFO ME TO FILE A REPORT.

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

GBB1949T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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.
- 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:
 - 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature

Time

Date &

Enginee

Refer to Statement				
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	Keter	to	Statement	

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.:

Policy Search

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Notice of Loss	Policy 1	No.				Dat	te of Accident	2	0/03/2020 1	0:31	
	Vehicle	No.(For Motor)	GBD	20033		Cer	rtificate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5082171305- 03		LONG WIN AIRCONDITION ENGINEERING PTE LTD	200005470G	GCV	Comprehensive	GBD2003	GBD20033	26/07/2019	25/07/2020
				10.2000000	_	Continu	a				

Claim Handling

cident MT/1090451					
Hicy No.	5082171305-03	Vehicle No.	GBD20031	GST Registration No.	200005470
ertificate No.					
olicyholder Name	LONG WIN AIRCONDITION ENGINEERING	PTE LTD		Policyholder NRIC	200005470
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
ontact No.(Mobile)	DMILE	Contact No.(Office)		Contact No. (Home)	
mail Address		Special Remark		eCode	No. T
FK	+ No Yes	TCA	» No Yes	eCode Reason	
		NCD Entitlement(%)	20	Private Hire	No
CD Protection	No	MCD Dibberners (197	20		
Accident Details				Francis Para	Collided into
eport Date	02/04/2020 11:09	Accident Report Within 24 hrs	Yes	Accident Type	
ate of Accident	20/03/2020	Time of Accident hh: mm	14:30	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
coident Location	NO 15 DEFU LAND #				
 Total Excess Applicable 					
xcess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600,00	TP Standard Excess	0.00		
IED OD Excess		YIED TP Excess		Driver is Covered?	Not Applica
dditional Excess					
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
	400.00				
→ Benefits	100				
✓ GST Registered Informat	And the second second				
ST Registered	Yes		GST Registration Date	01/09/2000	
ST Registration No.	200005470G		GST Status Verified	Yes	
odification History	02/04/2020 11:10:15:5 02/04/2020 t1:10:15:5	System changed GST Registration Date from System changed GST Status Verified from N	n 01/01/2015 to 01/09/2000 to to Yes		
Policyholder Mailing Add	ress		58 APC (1500)		
ddress 1	1 TOH AVENUE	Address 2	TOM ESTATE	Address 3	SINGAPOR
ddress 4		Address Type	Singapore address	Post Code	508031
init No.		Related Policy Number	5108539630-01		
OI Driver Info					
		Driver Type			
Vriver Name				Driver DOB	
innamed driver Name		Driver NRIC		511161 505	
				State of Francisco	
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