NATIONAL Assessment Centre	Services :	64 . 12-10-51 V	101A	12004360	7	
Date In: 25 14 120 14:44	Job description			Time Completed	· Don	e py:
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Veh No. GBE 464 0 B	E-mail (within 8h		1			No.
D.O.A: 2514120 12:35.	i-Motor Claim	Form .	MTI	1091867001	251412	0 15:03
OD / TP / Revoling Only	i-Motor W/O	Within: OD 2hrs.	TP 4hrs)			
	Assessment/Surv		<del>                                     </del>			
TP finsurer:	Ass't Report by		Owner	Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	, tab troposto,		Tel:		Fax:	)
	20 10170	INC (	2370034	n-INC()		
Owner/Driver: (	3B 1217B:		Tel:		)	
Policy No: ( ) Perio	od: (	)		Type: (	)	
Confirmed by : (		Dates		Time:	)	
	ote-Est. Status (W	O): N: 0-20	%; P:	21-79%. F: 80-	100%]	
	arranty: YES (	)/NO(	)			
	0()/\$2,000(	)				
General Remarks	Marie Service Comment		ANGE TO SEE	bordeway Lagin	1.1.	
( ) Walk-In Customer: Customer's inform						
( ) Total Loss Case : to e-mail Insurer						
Drive-In ( )/Towed-In ( ); Invoice:	The second secon	O( ); To	owing (	0. (		)
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Remarks: (INO horline: 6788 6616)		######################################	e entres	Carrie Salar Alexandra	10. 1-1-	
Apply for Transport Allowance ( ) / Co     QC Check / Post Repair Inspection	ourtesy Car ( )		-			
3) Upload Resurvey Photo [Repair Cost > \$30	2001 ( )		1			
3) Opioad Resulvey Filoto (Repair Cost > 450	,000		-			
Injury:					20 5 Va. 1	4 /
Date/Time Actions			HARMAN	TANK AND		<u></u>
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Cluimant's Particulars :-		1) AR : Acciden 2) DA : Damage		ent (\$100); INC		0
Driver/Owner:	23 S ##85644, N.B. 1441 044	3) TF : Towing 4) FT : Fellow-7	Foc		\$120	
		5) FT : Follow-	Through S	urvey (Resurvey)	230	
Contact No:		For claiming 6) TR : Re-iusp	against IN	C Only (wef 10 Jen 2	\$75	
Damäged Portion:	S2 525 - 525 - 525 - 525 - 525 - 525 - 525 - 525 - 525 - 525 - 525 - 525 - 525 - 525 - 525 - 525 - 525 - 525 -	7) N1 : Idao DA	+SMRT		2160	<u> </u>
		8) NTUC Addit	ional Serv	1003:-		
QC Checked by (Engr-In-Charge):		* N5: Courles	y Car / Tr	Allowanse	\$10	
	25.14 <u>17.14 18.14 18.14 18.14 18.14 18.14 18.14 18.14 18.14 18.14 18.14 18.14 18.14 18.14 18.14 18.14 18.14 18.</u>	*N6: Repair *N7: Post Re	pair Inspe	otion	\$25	
Auditors Comments:		*N8: DV / C	olleet Exc	Coordination C) against INC	\$5 \$20	1,
Zat. 1:		9) N12: Idne M			30	E-1094
Dat. 2/3:		Invoice dated		Fee Charg	THE REAL PROPERTY.	
		The state of the state of		*** **********************************		

#### SINGAPORE ACCIDENT STATEMENT

# 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.
- 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

<b>2</b> 15 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ACCIDENT STATEMENT
Date Of Report	25/04/2020 14:44
Date Of Accident	25/04/2020 12:35
Exact Location Of Accident	LOR 6 TOA PAYOH SLIP RD TO PIE
Country/State of Loss	SINGAPORE
A TOTAL CONTRACTOR DE LA CONTRACTOR DE L	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE4640B
Insured/Policyholder	
Name Of Registered Owner	BOON SIONG VEHICLE SERVICE
Co Reg No	2XXXX600D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93883130
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
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	5104706215-01
Cover Note Number	

WOO CHIN MENG Name of Driver SXXXX293D NRIC No 13/08/1959 Date Of Birth OUTDOOR Occupation 15/08/1988 Date Of Driving Pass 31 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-93883130 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

Address

BLK 144 TAMPINES ST 12 #03-372

Postcode

521144

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?

Number of vehicles (including own vehicle)

2

NO

involved in the accident

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

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

FBB1217B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

MOTORCYCLE

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

- 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:
  - 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

BOON SIONG VEHICLES SERVICE

BOON SIONG VEHICLES SERV BLK 1 KAKI BUKIT AVENUE 6 #01-103, SINGAPORE 417883 OFFICE TEL: 6746 5426, 6745 7942 RES TEL: 6746 0708 HP: 9745 8342, 9366 4504

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

(If driver is not the policyholder)

Date & Time:

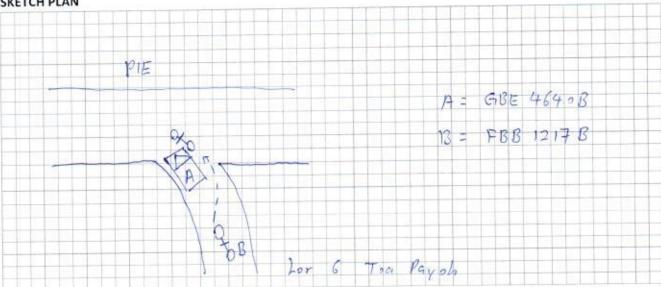
Reporting Centre Personnel's Signature

1

NRIC/FIN No.:

Name:

# SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	stop at the	Slip Rd	Froin Lor	6 Tog Payol
twels	PIE, After	the traffic	was clea	r, I
Start	ed to move,	Suddenly	the unstorey	cle come
Fran	behind and	vertake ma	y veh. A	s the result
the	motorcycle hit	onto my	veh right	front portion

DECLARATION

I/We declare the foregoing particulars are true in every respect.

HP: 9745 8342, 9368 4504

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.:

# ACCIDENT STATEMENT

ACC	IDENT DATE: (25/4)	25 )(DD/MM/YYY	Y), TIME:( 12	: JS )(HH:MM)
LOCA	ATION: Lor 6	Tou Peyol S	lip Rcl	PIE
1	. DETAILS OF VEHICLE  a) VEHICLE NUMBER:	GBE 4640B		17 m
	b)INSURANCE COMPAI	VY: " * Nissan	NU 200	
10	c)POLICY NUMBER:	1 1		
	d)POLICY TYPE: (COMP	REHENSIVE / THIRD PA	RTY / THIRD PA	RTY FIRE &THEFT)
	e)MAKE & MODEL:	Ti Ti	Market Committee Committee	
	f)TYPE:(SALOON / COUR g) VEHICLE CATEGORY: ( h) PURPOSE OF USING A	PRIVATE / COMMERC	CIAL / MOTORC	
	I) ARE YOU CLAIMING UP	TO THE OWNER OF THE PARTY OF TH		101
	IF NO, PLEASE STATE (TH	현 이렇게 보이 되었다면서 되었다면 하면 하게 되었다면 하는데 바다를 하는데 하는데 하다 때		Manager Co. Co.
2.	INSURED / POLICY HOLD		Lepkinto orte	
100	A)NAME:	525 X	IMA	LE / FEMALE)
	b) NRIC/FIN/PASSPORT:_		CONTACT:	9358313
	c)ADDRESS:			
				The state of the s
	* CONTINUE TO 3.d IF DR	RIVER ALSO POLICY HO	OLDER	==1.1Xiii====75
Allo of passenger	DRIVER			
(Including driver)	a) NAME: Woo Chic	i Meng	(MA	LE / FEMALE)
(1)	b) NRIC/FIN/PASSPORT:_		CONTACT:	
()	c)ADDRESS:		9	
	*d)DATE OF BIRTH: (	/ / \(\)	MM/YYYYI	-1
	e)OCCUPATION: (INDOC			
	f) YEARS OF DRIVING EXP		F/1985	9
4.	WAS DRIVER AN EMPLO			Y? (YES / NO)
	IF NO, RELATIONSHIP			
5.	a) WEATHER CONDITION:	(CLEAR / RAINING /	OTHERS	
	b) ROAD SURFACE: (DRY.	/ WET / OTHERS		
	WAS ANYBODY INJURED			
7.	a) REPORTED TO POLICE (	YES / NO)	E:	
	IF YES, PLEASE STATE WH	HCH POLICE STATION		
8.	THIRD PARTY VEHICLE	F		
	a) VEHICLE NUMBER:		MODEL:	
Including driver)	b) DRIVER'S NAME:			
( )	c) NRIC/FIN/PASSPORT:		CONTACT:_	
9.	THIRD PARTY VEHICLE			
No of passenger	d) VEHICLE NUMBER:		MODEL:	
Indudion distant	e) DRIVER'S NAME:			
( ariver)	f) NRIC/FIN/PASSPORT:		CONTACT:_	
	74			
850			14	**

email =

fax =

VIDEO = NO

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		The second second	to a term of the of the lates	SOCIE AND ADDRESS OF THE PARTY		· Chang	e Languag	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident		25/04/2020	14:44	
	Vehicle	No.(For Motor)	GBE46	40B		Cert	ificate Numbe	r			
						Search					
	Select	Policy Na.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104706215- 01		BOON SIONG VEHICLE SERVICE	22676600D	GCV	Preferred Workshop Plan	GBE4640E	GBE4640B	17/12/2019	16/12/2020
						Continue	1				

# Claim Handling

Accident MT/1091867					
Policy No.	5104706215-01	Vehicle No.	G884640B	GST Registration No.	
	310=700215-01	Tence ito	GBC4040B	021 102 100 100	
ertificate No.				Della haldes MRIC	-336766000
olicyholder Name	BOON SIONG VEHICLE SERVICE	757 8	SA SALTA TER	Policyholder NRIC	226766000 0
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading Contact No.(Home)	9
ontact No.(Mobile)	93883130	Contact No.(Office)			No. W
mail Address	09-609-11-06-607	Special Remark	1707 Mar 1800	eCode	No.*
CPK.	* No Yes	TCA	. No Yes	eCode Reason	No
VCD Protection	No	NCD Entitlement(%)	10	Private Hire	(40
Accident Details	-2/807-2000-1-10-8		200		1020012000
Report Date	25/04/2020 14:55	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/04/2020	Time of Accident hh:mm	12:35	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
locident Location	LOR 6 TOA PAYON SLEP RD TO PIE				
♥ Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
IED OD Excess	8:00	VIED TP Excess	00.0	Driver is Covered?	Covered
dditional Excess					
otal OO Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▼ Benefits					
<ul> <li>GST Registered Information</li> </ul>	tion				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
lodification History	25/04/2020 14:57:13 Sys	tem changed GST Status Verified from No	to Yes		
Policyholder Mailing Add	ress				
Address 1	1 KAKI BUKIT AVENUE 6	Address 2	#01-103 AUTOBAY @ KAKI BUK	Address 3	SINGAPOR
Address 4		Address Type	Singapore address	Post Code	417893
Jnit No.		Related Policy Number	5104706215-01		
✓ OI Driver Info					
Onver Name	Unnamed Driver	Driver Type	Unnamed Driver		
innamed driver Name	WOO CHIN MENG	Driver NRIC	5XXXX293D	Driver DOB	13/08/195
legister Date of Driver License	15/08/1988	Driver Age	60	Driving Experience	31
Contact No.(Mobile)	93883130	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 144 ≠03-372	Address 2	TAMPINES STREET 12	Address 3	TAMPINES
00.033.5					
defining d				Post Code	
	SINGAPORE 521144	Address Type	Singapore address	Post Code	521144
Unit No.	03-372		Singapore address		251144
Unit No. Does he own a Singapore		Address Type  Driver Vehicle No.	Singapore address	Post Code  Driver Insurer Company	521144
Unit No. Does he own a Singapore Registered car?	03-372		Singapore address		321144
Unit No. Does he own a Singapore Registered car? Jeclaration	03-372 :: Yes * No	Driver Vehicle No.	1 1		321144
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	03-372		Yes # No		321144
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	03-372 :: Yes * No	Driver Vehicle No.	1 1		321144
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?	03-372 :: Yes * No	Driver Vehicle No.	1 1		321144
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test	03-372 :: Yes * No	Driver Vehicle No.	1 1		321144
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	03-372 :: Yes * No	Driver Vehicle No.	1 1		321144
Unit No. Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test Reading?	03-372 :: Yes * No	Driver Vehicle No.	1 1		321144
Unit No.  Does he own a Singapore legistered car?  eclaration  breathalyser or Blood Test leading?	03-372 :: Yes * No	Driver Vehicle No.	⊚ Yes # No	Driver Insurer Company	
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Unit No. Does he own a Singapore legistered car? ectaration breathalyser or Blood Test leading? Claim 001 New	03-372 :: Yes * No	Driver Vehicle No.	⊚ Yes # No	Driver Insurer Company  Theorem  Theore	ICLE SERVICE IN
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Unit No. Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test Reading?  Claim 001 New Claim Type * Contact No.(Mobile)	03-372 :: Yes * No	Driver Vehicle No.	⊚ Yes # No	Driver Insurer Company  Unsured BOON SIONG VEH Name Contact No. 67457942	ICLE SERVICE IN
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile)	03-372 :: Yes * No	Driver Vehicle No.	⊚ Yes # No	Insured BOON SIONG VEH Name Contact No. (Home) 01	ICLE SERVICE IF
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile)	03-372 :: Yes * No	Driver Vehicle No.	Yes # No	Driver Insurer Company  Insured BOON SIONG VEH No. (Nome) OI Vehicle G8846408	ICLE SERVICE IN CO.
Unit No. Does he own a Singapore legistered car? Sectaration Freathalyser or Blood Test leading? Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description	03-372 :: Yes * No	Driver Vehicle No.	Yes # No	Driver Insurer Company    Insured   BOON SIONG VEH	ICLE SERVICE IN
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Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Claim 001 New  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred  Registered  R	03-372  Ves. * No  O mg  Insured Liability Partially Preferred Repair Preferred Workshop	Driver Vehicle No.  Any injury?  Ary injury?  St Fault  GIA  Baceline	Ves ★ No  OD-MX  GBE4640B / FB	Driver Insurer Company  Theorem BOON SIONG VEH Name Contact No. (Home) OI Vehicle Number  1812178 ON 25 Apr 2020	CLE SERVICE IN N N N N N N N N N N N N N N N N N N
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# Claim Handling(accident reporting Claim Task )

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Video List							
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