NATIONAL Assessment Centre Services. Wet 1 Janos MAIA NOVINA Done by Date In: 13 6/2 - 16:16 Date & Time Completed Jeb description SAS e-filing Ref No: 14/14(200) \$593/24 E-mail (within Shrs, AIC 2hrs) Vch No: 23/6/20 16:45 i-Motor Claim Form 100/101/00) D.O.A : i-Motor W/O (Within: OD 2hrs, TP 4hrs) TP ! Reporting Only OD i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: ( )/Non-INC ( INC ( Veh No: E228182 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: ( )/NO( Warranty: YES ( 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 ); Towing Co: ( Drive-In ( ); Invoice: YES ( )/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 Anif (S) Amt (1) Invoice Preparation Checklist fit Bill Add Bill NA2003329 . 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee \$120 Driver/Owner: 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection \$160 Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. \$5 QC Checked by (Engr-In-Charge): \*NS: Courlesy Car / Tpt Allowance \$10 \*N6: Repair Co-ordination \$25 \*N7: Fost Repair Inspection \*N8: DV / Collect Excess Coordination 55 Auditors' Comments :-\$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idas Mobile Fee Chargea Involce dated Cat. 2 / 3: Fee Charged Invoice dated

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number EMail Address

Gender

- 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.
- 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.

<b>设备</b> 的编码。在16年12日的16日的16日的16日的16日的16日的16日的16日的16日的16日的16	ACCIDENT STATEMENT
Date Of Report	23/06/2020 16:26
Date Of Accident	20/06/2020 16:00
Exact Location Of Accident	BUKIT TIMAH RD BEFORE BUKIT TIMAH FLYOVER
Country/State of Loss	SINGAPORE
The state of the s	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL9855J
Insured/Policyholder	
Name Of Registered Owner	BOOMERANG LEASING & RENTAL
Co Reg No	5XXXX684E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8L A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5116457236
Cover Note Number	
Driver	
Name of Driver	CHARANJIT SINGH S/O BULWANT SINGH
NRIC No	SXXXX132J
Date Of Birth	24/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	24/03/2012

8 YEARS AND 2 MONTHS

(LOCAL) +65-87877717

OFFICE-87877717

MALE

NOEMAIL

75 YISHUN AVENUE 11 Address

#03-09

768860 Postcode

Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

5

Number of Passengers (Including Driver)

NAME:

: JAGJIT KAUR

GENDER:

: FEMALE

Passenger 2

Passenger 1

NAME:

: RAZVIN KAUR RACHEL

GENDER:

: FEMALE

Passenger 3

NAME:

: ARZVIN KAUR ANGEL

GENDER:

: FEMALE

Passenger 4

NAME:

: RAJVEER SINGH SHAWN

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

EZ2818Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Page 2 of 14

PRIVATE CAR Vehicle Category

CHEW CHIA SHAO MIN Name of Driver

NRIC/Passport Number

96660211 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

CHARANJIT SINGH S/O BULWANT SINGH Name

Approximate Age

NECK & BACK Injuries Sustain SJL9855J Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance? Address Postcode

**DETAILS OF INJURED PERSON 2** 

JAGJIT KAUR Name

Approximate Age

**NECK & BACK** Injuries Sustain SJL9855J Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

NO

Address Postcode

#### **DETAILS OF INJURED PERSON 3**

RAZVIN KAUR RACHEL Name

Approximate Age

**NECK & BACK** Injuries Sustain Injured person in which vehicle? SJL9855J YES Were seat belts worn? Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 4**

ARZVIN KAUR ANGEL Name

Approximate Age

NECK & BACK Injuries Sustain Injured person in which vehicle? SJL9855J YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **DETAILS OF INJURED PERSON 5**

RAJVEER SINGH SHAWN Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**NECK & BACK** 

SJL9855J

YES

NO

#### 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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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:
- 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:
  - (i) 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, involces, 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.

BOOMERANG LEASING & RENTAL

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.

DECLARATION

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

BOOMERANG LEASING & RENTAI

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.:

SCARS CONSTRUCTOR VI

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.

This form must be filled up by the policy holder and/or authorised driver.

- Information provided must be as fruitful and accurate as possible: Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

# Accident details

Date and time of accident	Date: Jo 3	Vine 20)	o (DD/M	M/YY) Time:	1600	(HH:MM)
Exact location of accident	Bukst	Kingh	Karol	Before	bukst	Finoh
					770.00	Hy

#### Details of vehicle

Vehicle registration number	311.98551
Vehicle make and model	Harla Stream.
Type of vehicle	Saloon MPV CRV Van
Vehicle category	Private Commercial Motorcycle Others:
Purpose of using at said time	Prevate
Are you claiming under your own insurance company?	Yes  No if no, please select: Third part claim Reporting only

#### Insurance information

Insurance company	NTUC
Policy number	5116457236
Type of policy	Comprehensive Third party fire & theft TP only

#### Insured / Policy holder

Name	Boomerany	Learny	1	Lental	Adala =	Familia.
NRIC / Fin / Passport number	7	auring	~	Remod	Male 🗆	Female
Contact			1000			
Address						

#### Driver

# Same as insured above □ (skip to D.O.B)

Name	Charanget Singh so Bulwant Males Female
NRIC / Fin / Passport number	1329 Female 0
Contact	8787 771
Address	75 Tishun Avenue 11 #03-09 Sanjapore 768860
Email address	019 0111 100000
Date of birth	24 June 1977
Occupation	Indoor D Outdoor
Driving date pass	24 Mar 2012

# General information of the accident

Was driver an employee of the insured's company?	Yes No No If no, relationship of the driver and insured:	+18rer
Accident captured by camera?	Yes D No D	
Weather condition	Clear Raining Others:	
Road surface	Dry D Wet	
No of passenger	5	(Inclusive of driver)

## Passenger 1

Name			
Gender	Male 🗆	Female D	

### Passenger 2

Name			
Gender	Male 🗆	Femalea	

#### Passenger 3

Name			
Gender	Male 🗆	Female_B	

## Passenger 4

Name			
Gender	Male	Female p	73-1-2

## Passenger 5

Name	and the second	
Gender	Male 🗆	Female a

## Passenger 6

Name			
Gender	Male 🗆	Female D	

# Other information

Was anybody injured?	Yese	No 🗆	
Was other vehicle damaged?	Yes	No a	

# Details of police action

Reported to police?	Yes 🗆	No	If yes, please state which police station.
Police station name		-	, , , , , , , , , , , , , , , , , , ,

# Third party vehicle 1 (Vehicle B)

Name	Chew Chiq Shop Min
Contact number	9666 0211
NRIC / Fin / Passport number	4816
Vehicle registration number	58185
Vehicle make model	

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Witness 1

Name	
Witness 2	

# Injured person 1

Name	Charanget Singh 8/0 Bulwant Singh
Injuries sustained	Nick & Bock
Which vehicle person in?	371.9855 7
Were seat belts worn?	Yes - No D
Was injured conveyed to hospital by ambulance?	Yes a No.

Injured person 2

Name	Jagast Kaur	
Injuries sustained	Nick & back	
Which vehicle person in?	31498557.	
Were seat belts worn?	Yes No a	
Was injured conveyed to hospital by ambulance?	Yes D No.D	

## Injured person 3

Name	Raiveer Singh Shows
Injuries sustained	Nick & Bock
Which vehicle person in?	871.98557.
Were seat belts worn?	Yes. Ro D
Was injured conveyed to hospital by ambulance?	Yes D No.

## Injured person 4

Name	Pazvin Kour Rachel
Injuries sustained	Nick of Back
Which vehicle person in?	SJL 90'55J
Were seat belts worn?	Yes No a
Was injured conveyed to hospital by ambulance?	Yes D No. 2

Arzvin kaur Angel Neck & Beick III 9855 I Featt Sept Bett Les Ambulonce No.

<b>eBao</b> Tech					E VILLE			Genera	alClaim			
Hello, NAC_PAYA_UBI_80	0601				VIII COLOR		Change	e Languag	e • Char	nge Password	· Log Out	
My Desktop	Policy Query											
Notice of Loss	Policy N	la.				Date o	f Accident		20/06/2020	16:00		
	Vehicle	No.(For Motor)	SJL98553			Certificate Number						
					8	Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5116457236		BOOMERANG LEASING & RENTAL	53408684E	GPC	drivo CLASSIC	SJL98553	SJL9855J	02/03/2020	01/03/2021	
				2000/00/00/00	C	Continue						

Sequen			ndorsemen		Endorsement		Endorsement Content
▼ Endors	NAME OF THE OWNER.					1100-0	
Jnit No.	01-07 d Object: SJL98553	Numb		5116762241			
Address 4	01.07		ss Type d Policy	Singapore address		Post Code	828747
Address 1	17 PUNGGOL FIELD WA			#01-07 WATERWOO	STATE OF	Address 3	SINGAPORE 828747
	older Mailing Address	200			8000ec	V-10000-7-1010	COOMERWAY START OF THE SAME
Certificate info							
Open Policy Info							
lag	NO.						
Co- nsurance	No						
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/Inexperience Driver Excess	
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	02/03/2020	Effective Date	02/03/202	0 00:00	Expiry Date	01/03/2021 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	17 PUNGGOL FIELD WALK #0:	1-07 WATERWO	ODS SINGA	PORE 828747			
Certificate No.							
Policy No.	5116457236	Policyholder Name	BOOMERA	NG LEASING & RENTA	Policyholder NRIC	53408684E	

Claim Handling										
Accident HT/1095101	39339334909	30000-5000-000		eeussionio			12thaceannain			
Policy No.	5116457236	Vehicle No.		SJL98551			GST Registration No.			
Certificate No.										
Profect Code	BOOMERANG LEASING & RENTAL	02000000			225		Policyholder NRJC	534086848		
Contact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type		drivo CLASSIC			Loading	0		
	0	Contact No. (Office)		O.			Contact No.(Home)	0		
Email Address	8 to 0 to	Special Remark		00			eCode	10. V		
NCD Protection	® No ○ Yes	TCA	£20 8	® № ()	res		eCode Reason	ME:		
Accident Details	NO.	NCD Entitlement(%	9	0			Private Hire	Yes		
Report Date	23/06/2020 16:43			S						
Date of Accident		Accident Report Wit		Yes			Accident Type	Collision - Change / Cross lane		
	20/06/2020	Time of Accident his	cmm	16:00			Country of Accident	Singapore		
Reporting Centre		Orange Force					ICM No.			
Accident Location	BUKIT TIMAH RO BEFORE BUKIT TIMAH F	LYOVER								
→ Total Excess Applicable										
Excess Type	Per Accident	Windscreen Excess			100.00					
OD Standard Excess	2,000.00	TP Standard Excess		1,500.00						
VIED OD Excess	0.00	YIED TP Excess		1,500.00			Driver is Covered?			
Additional Excess	0.00	THED IT EXCESS					Driver is Covered?			
Total OD Excess Applicable	2000.00	Total TP Excess App	ticable							
♥ Benefits		The second rate								
♥ GST Registered Inform	ation									
GST Registered	140			GS	T Registration Date					
GST Registration No.					T Status Venfied		Yes			
Modification History	23/06/2020 16:44:25 Syst	tem changed GST Status	Ventied from	No to Yes						
♥ Policyholder Hailing Ad	dress									
Address I	17 PUNGGOL FIELD WALK	Address 2		#01-07 W	ATERWOODS		Address 3	SUNGAPORE 828747		
Address 4		Address Type		Singapore	address.		Post Code	028747		
Unit No.	01-07	Related Policy Numb	ter	51167622	41					
♥ OI Driver Info										
Driver Name	Unnamed Driver	Driver Type		Unnamed I	Oriver					
Unnamed driver Name	CHARANJIT SINGH S/O BULWAY	Driver NRIC		\$00000132	3		Driver DOB	24/05/1977		
Register Date of Driver License	24/03/2012	Driver Age		42			Driving Experience	8		
Contact No.(Mobile)	87677717	Contact No.(Office)		0			Contect No.(Home)	0		
Address 1	75 YISHUN AVENUE 11	Address 2		THE CANO	PY		Address 3	SINGAPORE 768860		
Address 4		Address Type		Singapore	address		Post Code	768860		
Unit No.	03-09									
Does he own a Singapore Registered car?	O Yes ® No	Driver Vehicle No.					Driver Insurer Company			
megistered carr										
Declaration										
Breathalyser or Blood Test Reading?	0 mg	Any injury?		® Yes ()	No					
nasary.										
Modification History										
Modification History										
Claim 001 New										
Claim Type *	00-MX	Insured Name		Acres seeks moves	NG LEASING & RENTA		Insured NRIC	53408684E		
Contact No.(Mobile)		Contact No.(Home)		NDL			Contact No.(Office)	NEL		
Email Address		OI Vehicle Number		SJL98553			TP Vehicle Number	EZ2818Z		
Claimant Type Claimant Type *	Please Select	Type of Benefit *		Please Sel	ect v					
Claimant Name *	>>	Claimant NRIC +	1	2						
Claimant Address					ALCOHOL: NAME OF THE OWNER,					
Claim Description	\$3L98553 / EZ2818Z ON 20 Jun 2020						Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability *		Not at Fau	t v					
Require Finalisation	Yes	Preferend Repair Op	ption	Preferred	Workshop, Name unknown	V	GIA report	Received		
Date Registered	23/06/2020 16:45	Claim Close Date		S CALL		235	Date Received	23/06/2020 00:00		
Report Taken By	Jackson									
Print AK letter	example.									
			125							
and Color Color Color			5	lave Sut	mt					
Attachment										
	Value and the second	020040			-220					
Acadent No.	MT/1095101	Claim No			100					
Last Doc, Received	® Yes ○ No	Upload 0	Date		23/05/2020 16:46					
	Path *			T. marrie	Category *			ncy * Description *		
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