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Date In: 9/2/20-12:26	Jeb description		Date &Time Completed	Done	py.
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Veh No: 6 87 40072.	E-mail (within)	shrs, AIC 2hrs)			
D.O.A: 8/2/20 - 08:05	i-Motor Clair	n Form	100-9 545 6 MILLI	912/2011	v:36
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OD : Reporting Only	i-Photo Uplo:	aded			1000000
TRI	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp		70.7
Preferred Wksp / INC Assign Wksp / QW: (Tol:	ax:	
TP Particulars: Veh No: Ja	2808H	, INC()/Non-INC()	Y.	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	o de la composição
Insured/Driver Liability: (%)	[Note-Est. Status (W	70): N: 0-2	0%; P: 21-79%. P: 80-	100%]	19
Year of Registration: ())/NO()		
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Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/	Courtees Con (1	7.6		0.07
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	/ Courtesy Car (
2) QC Check / Post Repair Inspection	()				
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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 aforesaid.

aforesaid.	nd never by consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/07/2020 12:26
Date Of Accident	08/07/2020 08:05
Exact Location Of Accident	HOUGANG MALL OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ4007D
Insured/Policyholder	
Name Of Registered Owner	MEGA FILMS ENTERPRISES PTE LTD
Co Reg No	1XXXXX772R
Email Address	NOEMAIL
Mobile Phone No	

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA

Model HIACE VAN TURBO 4DR AT

Exact Purpose for which vehicle was being used at

time of accident

WORKING

OFFICE-62826292

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5108844243-01

Cover Note Number

Driver

Name of Driver TAY SAY HEONG

 NRIC No
 SXXXX205F

 Date Of Birth
 11/11/1954

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/12/1981

Driving Experience 38 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96554453

Fax Number

Contact Number OFFICE-96554453

EMail Address NOEMAIL

BLK 452 HOUGANG AVENUE 10 Address

#04-567 530452

Postcode

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

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

NO

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

NO Was notice of intended Prosecution given?

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

SGF8018H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

96179768 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- 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 <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.
- 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:
 - (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, 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.

Mega Films Enterprises Pte Ltd

10 Ubi Crescent #03-11 Ubi Techpark Singapore 408564

Tel: (65) 6282 6292 Fax: (65) 6382 0179

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 .:

Houging mall open space carpate

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

lenge.	vehicle	B	PYH	from	carparte	1st and	hif o	np my	vehick
10/1	prtion.								
			- 15						
									-

DECLARATION Enterprises Pte Ltd

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

#03-11 Ubi Techpark Singapore 408564

Tel: (65) 8282 6292 Fax: (65) 6382 0179

Of

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

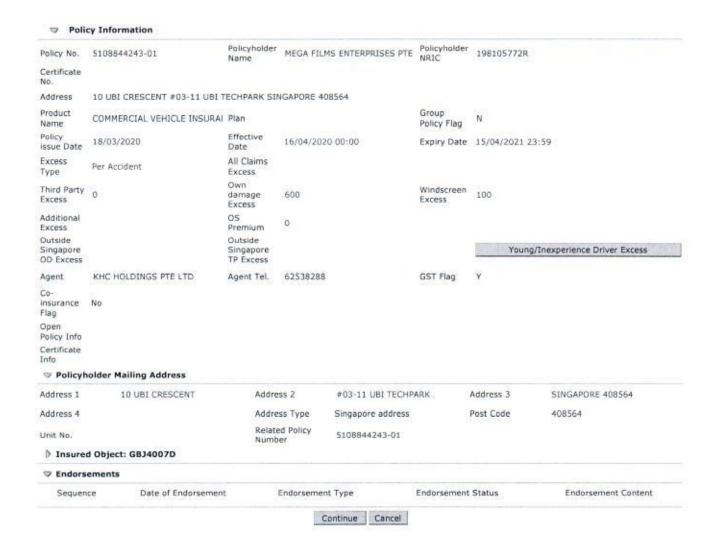
ACCIDENT DA	TE:(8 /7 /2)(DI	D/MM/YYYY), TIME:(08:05.)(HH:MM)
LOCATION:	Houghing Mall	open space ca	rpark
	S OF VEHICLE	***	50
	CLE NUMBER: 463 4:		
b)INSU	RANCE COMPANY: N	700	200
c)POLI	CY NUMBER: 508844V	43-01.	
d)POLI	CY TYPE: (COMPREHENSIVE	/ THIRD PARTY / THIS	RD PARTY FIRE &THEFT)
e)MAK	E & MODEL:		
f)TYPE:(SALOON / COUPE / MPV /	AN / LORRY / MOT	ORCYCLE / OTHERS)
g)VEHI0	CLE CATEGORY: (PRIVATE /	COMMERCIAL / MC	TORCYCLE)
h)PURP	OSE OF USING AT ACCIDEN	IT TIME: WY	rling.
i) ARE Y	OU CLAIMING UNDER YOUR	OWN INSURANCE	(YES/NO)
IF NO,	PLEASE STATE (THIRD PARTY	QLAIM / REPORTING	G ONLY)
2. INSURE	D / POLICY HOLDER		il and the second
A)NAM	E: Mega Films Enter	prises He Ud	(MALE / FEMALE)
b) NRIC	/FIN/PASSPORT:	CON	TACT: 62826297
c)ADDF	RESS:		
	and the second		
	INUE TO 3.d IF DRIVER ALSO	POLICY HOLDER	
THE of passenge DRIVER	7.5		N
(Including die or) a) NAMI	A CONTRACTOR OF THE STATE OF TH		_(MALE / FEMALE)
(1)	/FIN/PASSPORT:	CON	TACT: 9655445).
c)ADDR	!ESS;		
*d)DATE	OF BIRTH: (//)(DD/MM/YYY	Y)
	UPATION: (INDOOR / OUT		
f)YEARS	OF DRIVING EXPRERIENCE:		
4. WAS DE	RIVER AN EMPLOYEE OF T	HE INSURED'S CO	MPANY? (YES / NO)
IF NO,	RELATIONSHIP OF THE DE	RIVER WITH INSUF	RED:
5. a)WEAT	HER CONDITION: (QLEAR / 1	RAINING / OTHERS_	
	SURFACE: (DRY)/ WET / OT		
	YBODY INJURED (YES / NO)		
7. a)REPOR	RTED TO POLICE (YES / NO)		
	PLEASE STATE WHICH POLICE	CE STATION:	
8. THIRD PA	ARTY VEHICLE	•	
He of passenger a) VEH	IICLE NUMBER: 14-8-18	MODE MODE	L:
Including driver) b) DRI	VER'S NAME:		0110076
11 12 12 12 12 12 12 12 12 12 12 12 12 1	C/FIN/PASSPORT:	CON	TACT: 96/7975
Y, THIRD PA		0.0222-2	
[1] [4] [1] [2] [2] [4] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	ICLE NUMBER:	MODE	1:
Including delica e) DRIV	VER'S NAME:		
Including driver) f) NRIC	J/HN/PASSPORT:	CON	TACT:
()			

email =

fax =

VIDEO = X

Hello, NAC_PAYA_UBI_800601							· Change	Language	+ Chan	ge Password	· Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy N	io.				Date o	f Accident	0	8/07/2020 0	8:05	
	Vehicle	No.(For Motor)	GB3400	70		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108844243- 01		MEGA FILMS ENTERPRISES PTE LTD	198105772R	GCV	Preferred Workshop Plan	GBJ4007D	GBJ4007D	16/04/2020	15/04/2021



Claim Handling					
Accident MT/1096456					
Policy No.	5108844743-01	Vehicle No.	GB34007D	GST Registration No.	198105772R
Certificate No.				24,14,14,20,114,13,34	
Policyholder Name	MEGA FILMS ENTERPRISES PTE LTD			Policyhalder NR3C	198105772R
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	0	Contact No. (Office)	62826292	Contact No.(Home)	
Email Address		Special Remark	02020232	eCode	0
KEK	® No ○ Yes	TEA	® No ⊜ Yes	eCode Reason	11.4
NCD Protection	Ng	NCD Entitlement(%)	20		1141
→ Accident Details	ATT (2	res bounding ay	20	Private Hire	No
Report Date	09/07/2020 (2:33				
		Accident Report Within 24 hrs		Accident Type	Collision - Major Minor Road
Date of Accident	08/07/2020	Time of Academ hh:mm	08:05	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	HOUGANG MALL OPEN SPACE CARPARK				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
118-12-70 Profession (C.)					
OD Standard Excess	600,00	TP Standard Excess	0.00		
VIED OD Excess	0.00	YIED TF Excess		Onver is Covered?	
Additional Excess					
Yoral OD Excess Applicable	600.00	Total TP Excess Applicable			
9 Benefits					
□ GST Registered Inform	ation				
GST Registered	Yes		GST Registration Date	20/10/1997	
GST Registration No.	198105772R		GST Status verified	Yes -	
Modification History	09/07/2020 12:35:27 9ye	tem changed GST Status verified fro	m No to Yes		
→ Policyholder Mailing Ad	ttau				
Address 1	10 UBI CRESCENT	Address 2	*03-11 UBI TECHPARK	Address 3	SINGAPORE 408554
Address 4		Address Type	Singapore address	Post Code	408564
unit No.		Related Policy Number	5108844243-01		
♥ OI Driver Info					
Onver Name	unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAY SAY HEONG	Driver NRIC	51063205F	Driver DOB	11/11/1954
Register Date of Driver License	26/12/1981	Driver Age	65	Driving Experience	36
Contact No.(Mobile)	96554453	Contact No.(Office)	o	Contact No. (Home)	c
Address 1	BLK 452	Address 2	HOUGANG AVENUE 10	Address 3	\$3NGAPORE \$30452
Address 4		Address Type	Singapore address	Post Code	530452
Une No.	04-567				
Does he own a Singagore	○ Yes ® No	Driver Venicle No.		Driver Insurer Company	
Registered car?	T00000750000			private toakeer Company	
Declaration					
Breathalyser or Blood Test	0 mg	NAME OF THE PARTY			
Reading?	0.09	Any injury?	○ Yes No		
Hodification History					
MODERN MOTOR					
Claim 001 New					
Daim Type *	DD-MX	Insured Name	MEGA FILMS ENTERPRISES PTE	Insured NRIC	198105772R
Contact No.(Mobile)	96635066	Centact No.(Home)	PEGA PILOS GITTERPRISES PIE		1901007748
mail Address		Ot Vehicle Number	G5140070	Contact No.(Office) TP venicle Number	ereanted.
	Please Select	Type of Benefit *		IP Venicle number	SGP8018H
Samant Name +	28	Caimare NRIC +	Please Select		
Daimant Address					
Daim Description	GB34007D / SQF8018H ON 8 3ul 2020			Name of Preferred Workshop	
heferred Workshop Contact	The same of the sa	\$2000000000000000000000000000000000000		Name or Preferred Workshop	
10,		Insured Dablity *	Not at Fault		
lequire Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Pata Registered	09/07/2020 12:36	Claim Close Date		Date Received	09/07/2020 00:00
eport Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
-					
9					
	MT/1096456	Clern No.	100		
scodem No.	MT/3096456 ® Yes ○ No	Claim No. Upload Date	001 09/07/2020 12:37		
codem No.				Confidential Urgen	cy * Description *
codem No.	● Yes ○ No		09/07/2020 12:37	Confidential Urgen	cy • Description •
scodem No.	● Yes ○ No	Upload Date	09/07/2020 12:37 Category •	(1)	V
Coolern No.	● Yes ○ No	Upload Date Browse Browse	09/07/2020 12:37 Category • Clear Please Select Glear Please Select	▼ Normal Normal	<u> </u>
codem No.	● Yes ○ No	Upload Date Browse Browse Browse	O9/07/2020 12:37 Category * Clear Please Select Clear Please Select	▼ Normal W Normal W Normal	¥
Acodem No.	● Yes ○ No	Upload Date Browse Browse	09/07/2020 12:37 Category • Clear Please Select Glear Please Select	▼ Normal Normal	<u> </u>

