Date In: 1/1/22 - 18:03	Jeb description		Date & Time Completed	Done	201
Ref No: 14/1402008350/24	SAS e-filing				1
Vch No: 609 99752	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 10/12-00:30	i-Motor Clai	m Form	M7 1599 696-021	กเทา	18:14
	i-Motor W/C	(Within: OD 2hrs			502020
OD / (TP) / Reporting Only	i-Photo Uplo	aded			Vi U Series
TD	Assessment/Su	uvey Report			
TP Insurer:	Ass't Report b	y <u>Fax / Hand</u> to	0 Owner/Wksp		MWW.
Preferred Wksp / INC Assign Wksp / QW: (			Tol:	Fax:	
TP Particulars: Veh No: N	C3597R	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	Note-Est. Status (V	VO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000	( )			
General Remarks:-				State State	
( ) Walk-In Customer : Customer's in	nformation strictly Cor	The state of the state of the			
( ) Total Loss Case : to e-mail Inst					
		10 ( ) . T.	· - C- /		1
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Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection	) / Courtesy Car (	)		Done	by
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Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NALWY 75  Inimant's Particulars:  priver/Owner:  ontact No:  amaged Portion:	) / Courtesy Car (	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addition OD*	Date&Time Completed  Paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$30); Assessme	Anit (\$) Tet Bill 80) 0/\$45 \$120 \$30 5) \$75	Amu
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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.
- 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.	
Martin Committee of the	ACCIDENT STATEMENT
Date Of Report	12/08/2020 18:03
Date Of Accident	10/08/2020 00:30
Exact Location Of Accident	BLK 704 AMK AVE 8 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA9975Z
Insured/Policyholder	
Name Of Registered Owner	JHAUTO TRADING
Co Reg No	5XXXX776L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97718731
Alternative Phone No	OFFICE-97718731
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN PANEL LWB 3.0 5DR 5MT AIRBAG 2WD
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5114140514
Cover Note Number	
Driver	
Name of Driver	GOH JIN HUI
NRIC No	SXXXX012F
Date Of Birth	07/04/1992
Occupation	INDOOR
Date Of Driving Pass	24/11/2010
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97718731
Fax Number	
Contact Number	OFFICE-97718731
EMail Address	NOEMAIL

BLK 700B ANG MO KIO AVENUE 6 Address #09-322 562700 Postcode Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OWNER Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Weather Conditions CLEAR Road Surface DRY 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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 0 **Details of Police Action** Was the accident reported to the police? YES If Yes, Please state which Police Station Police Station Name PAYA LEBAR NEIGHBOURHOOD POLICE POST ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270, POSTCODE: 530114, Police Station Address **COUNTRY: SINGAPORE** Police Station Contact TEL NO: 1800-2899999 - FAX NO: 62815961 Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - F/20200812/2053. Attachment(s) Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number	SHC3097R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
	Page 2 of 29

Nature Of Damage

No. Of Passenger (Including Driver)

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims plocess.
- This form must be completed by the Policyholder and/or the Authorised Driver
- information provided must be as truthful and accurate as possible. Any wiful 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.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the G/A 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.
- 3 Consent under the Personal Data Protection Act (PDPA)

conderstand, acknowledge, agree and consent that

- (ii) 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 but 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 polica), for the purpose(s)
  - (it processing handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
  - (ii) I vestigating the accident and/or my dame.
  - (ull 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
- all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' (awyers/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 shed outside of Singapore, for one or olors of the above Europeses.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and indinagement 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 traud. 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.

Policyholder's Signature Date & Time:

Oriver's Signature

If dover is not the policyholder!

Date & Time:

Reporting Centre Perio Mamo!

Signature

NRIC/FIN No

Veh A: GBA 99752 Veh B: SHC 3097R



Refer to	police report	F/20200812/2053
		120,000 101 205 3
		2
		A
	/	
A	iculars are true in every respect	
ATION DING		

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Squature Name: NRIC/FIN No :

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident 108 / 01/207 o(dd/mm/yy)	Time of Accident: 20 (24-HR-FORMAT)
Vehicle No. : GBA 9915 Z Vehicle Mal	ke & Model: Nissan urvan e25
Exact location of Accident: 704 Aug mo	Kio Ave & Carpark
Policyholder's Name / IC No. : JHAUTO TE	CADING
	\$ 92(30 12 F (As Above)
Driver's Contact No. : 9771 8731	Company Contact No:
Driver's Address: BIK 700B Ang	Mo kia Ave 6 #09-322 SC562700)
Insurance Company: NTUL	Email address (if any): Sales 6 garage 13.com.59
Relationship between Owner & Driver: Owner   Spouse / Children / Friend / Parer	or Others specify:
What do you wish to claim? (Please TICK on	e only)
Own Insurance / Other Vehicle (The one s	you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Passenger Name :	Gender :
Weather condition & Road conditions? (On the d	lay of accident)
Clear & Dry / Raining & Wet / After	er-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Came	ra? Yes / No
Any Injuries: Yes / No (If YES) Injur	ed Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No. (If YEs	S) Which Police Station:
	Other Party(s) Details:
. Driver's Name / IC No:	
Driver's Contact No:	
2. Driver's Name / IC No:	A STATE OF THE STA
Driver's Contact No:	Insurance Company (If any):
Independent Witness (If Any):	
Preferred Workshop Name:	

<sup>#</sup>If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



# POLICE REPORT (NP299)

Police Station Of Origin
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114 Tel No: 1800-2899999

E/20200812/2053

1 of 2

Report No. F/20200812/2053

Date/Time Report Made 12/08/2020 14:32	Vide Report No.			Station Diary No	
Name Of Informant GOH JIN HUI	Address APT BLK 700B ANG MO KIO AVENUE 6 #09-32 SINGAPORE 562700				
ID Type / ID No. NRIC NO / S9213012F	\$100 CONTRACTOR	Contact No. Home/Office , Mobile 97718731			
Nationality SINGAPORE CITIZEN	Email A	ddress		P	
Occupation	Sex	Age	Date of Birth	Race	
SELF EMPLOYED	Male	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Chinese	
Institution/School Name	Langua English	Language			
Date/Time Of Incident 10/08/2020 00:00	Location Of Incident 704 ANG MO KIO AVENUE 8 HDB-ANG MO KIO SINGAPORE 560704 beside car park lot number 64				

## Brief details.

I am the owner of the Van bearing registration number GBA9975Z. I am lodging this police report for insurance claim purposes as my van was badly damaged with reference F/20200810/0019.

On 08/08/2020, I parked and secured my van at Blk 704 Ang Mo Kio Avenue 8, beside car park lot number 64. Everything was normal and intact.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sgt 3 MUHAMMAD IZZUWAN BIN SYED	
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2020 14:32
Officer In-Charge Of Case: F / Hougang N.P.C / SI MUHAMMAD HELMI BIN MOHD KHALID Contact No.: 64890999	Classification Of Case:
A. 11 12 12 04.	

Authentication Stamp







2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200812/2053

On 10/08/2020, I received a call from one Police Investigation Officer informing me that my van that was parked was damaged due to a fire break out caused by the taxi bearing registration number SHC3097R that was parked beside my van. I immediately came down to scene and spoke to the police officer at scene. They passed me a reference case card and advised me to proceed with insurance claim.

I called my workshop to notify them about the matter and they advised me to lodge a police report first. This is the first time such incident has happened. This police report is for insurance claim purposes.

Signature Of Officer Recording The Report: Signature Of Informant: F / Sqt 3 MUHAMMAD IZZUWAN BIN SYED Date/Time: Signature Of Interpreter: 12/08/2020 14:32 Not applicable Classification Of Case: Officer In-Charge Of Case: F / Hougang N.P.C / SI MUHAMMAD HELMI BIN MOHD KHALID Contact No.: 64890999

Authentication Stamp

Singapore Police Force



## Certificate of Insurance

	ND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS A	
ROAD TRANSPORT ACT, 1987 (MALAYSI	
MOTOR VEHICLES (THIRD PARTY RISKS)	An over the first of the first over the first of the first of the first of the first over the fi
Certificate Number: 5114140514-0000	
<ol> <li>Index mark and Registration Number</li> </ol>	
Chassis Number	: JN1MG4E25Z07B1011
<ol><li>Name of Policyholder</li></ol>	: JHAUTO TRADING
<ol> <li>Effective Date of Insurance</li> </ol>	: 15 Nov 2019
4. Expiry Date of Insurance	: 14 Nov 2020
<ol><li>Persons or Classes of Persons entitle</li></ol>	f to drive#
(a) The Policyholder.	DESCRIPTION OF THE PROPERTY OF
	on the Policyholder's order or with his/her permission.
the Motor Vehicle or has been s	is permitted in accordance with the licensing or other laws or regulations to drive o permitted and is not disqualified by order of a Court of Law or by reason of any
	behalf from driving the Motor Vehicle.
6. Limitations as to Use#	and a second and in connection with the Californialder's as bileas's business
	sure purposes and in connection with the Policyholder's or Hirer's business.
	rs or goods in connection with the Policyholder's or Hirer's business.
This Policy does not cover	
(a) Use for racing, pace-making, reli	ability trial or speed-testing.
(b) Use whilst drawing a trailer exce	pt the towing of any one disabled mechanically propelled vehicle.
	by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) of the Road Transport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	N/A
EXCESS (SECTION 2)	5\$1,500
INSURE WITH COE	YES
HIRE PURCHASE COMPANY	THIAM HENG AUTO (S) PTE LTD
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Compens	nich this Certificate relates is issued in accordance with the provisions of the Motor ation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)  5 AUTO (5) PTE LTD (00000613992)  14:28 hrs  For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE
Countersigned By:	

Chief Executive

**Authorised Officer** 

eBaoTech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	601				and the second		• Chang	e Languag	e + Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Na.	C.			Date	of Accident	-	10/08/2020 (	00:30	
	Vehicle No. (For Motor)		GBA997	9975Z Certificate N		icate Number	ber				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114140514	5114140514- 000002	JHAUTO TRADING	53240776L	GFM	Third Party, Fire & Theft	GBA9975Z	GBA9975Z	15/11/2019	14/11/2020
						Continue	]				

		Policyholder			Policyholder		
Policy No.	5114140514	Name	JHAUTO T	RADING	NRIC	53240776L	
Certificate Vo.	5114140514-000002						
Address	BLK 14 #01-398 DEFU LANE 10	DEFU INDUST	RIAL ESTA	TE SINGAPORE 539195	5		
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	15/11/2019	Effective Date	15/11/201	9 00:00	Expiry Date	14/11/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore DD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	THIAM HENG AUTO (S) PTE LTD	Agent Tel.	64695691		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 14 #01-398	Addres	s 2	DEFU LANE 10	,	Address 3	DEFU INDUSTRIAL ESTATE
Address 4	SINGAPORE 539195	Addres	s Type	Singapore address	,	ost Code	539195
Jnit No.	B1-1635	Related		5114140514			
Insure     In	d Object: 5114140514-000002						
	ements						
Sequen	ce Date of Endorsement	Endorsemen	Туре	Endorsement Number	Endorsen	nent Status	Endorsement Content
	ate Endorsements						

Claim Handling					
Accident MT/1099696					
Palicy No.	5114140614	Vehicle No.	GBA99752	GST Registration No.	
Certificate No.	5114140514-000002				
olicyholder Name	THAUTO TRADING			Policyholder NRIC	53240776L
oduct Code	PLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft.	Loading	0
intact No.(Motion)	97710731	Contact No. (Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	V-V-
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Ensitiement(%)	0	Private Hire	No
Accident Details					
port Date	12/08/2020 18:12	Academ Report Within 24 hrs	Yes	Acadent Type	Damaged whilst parked
te of Accident	10/08/2020	Time of Accident hh:mm	00:30	Country of Accident	Singapore
porting Centre		Orange Force	1 55.65	ICM No.	an gapana
cident Location	BLK 704 AMK AVE 8 CARPARK			1011 100	
Total Excess Applicable					
cess Type	Per Accident	Windspreen Excess	0.00		
		WHO SO CHOOLS	0.00		
Standard Excess	0.00	TP Standard Excess	1,500.00		
D OD Excess	0.00	VIED TP Excess		Driver is Covered?	
ditional Excess					
al OD Bacess Applicable	0.00	Total TP Excess Applicable			
Benefits		Total Inches			
GST Registered Inform	ation				
Registered	No.		GST Registration Date		
T Registration No.	110		GST Status Ventied	2901	
diffication History			55 Julia 41 11 16		
Policyholder Mailing Ad	ldress				
dress t	BLK 14 #01-398	Address 2	DEFU LANE LD	Address 3	DEPU INDUSTRIAL ESTATE
dress 4	SINGAPORE 539195	Address Type	Singapore address	Post Code	539195
rt No.	B1-1635	Related Policy Number	5114140514	Total Grove	229293
OI Driver Info	37,1732	COLUMN TO SERVICE	2117170217		
ver Name	Unnamed Driver	Dover Type	Unnamed Driver		
named driver Name	GOH 31N HUI	Driver NRIC	59213012F	Driver DOS	07/04/1992
jister Date of Oriver License		Driver Age	28		
	97710731			Driving Experience	9
rtact No.(Mobile)		Contact No.(Office)	0	Contact No. (Home)	0
iress 1	BLK 7008	Address 2	ANG MD KID AVENUE 6	Address 3	AMK CENTRAL HEIGHTS
iress 4	SINGAPORE 562700	Address Type	Singapore address	Post Code	562700
t No.	09-322				
es he own a Singapore gistered car?	○ Yes ® No	Onver Vehicle No.		Driver Insurer Company	
Claration					
atharyser or Blood Test ading?	0 mg	Any injury?	☐ Yes ® No		
dification History					
and an artist of the second					
Claim 001 New					
NEWS 1		NOTIFICAL PROPERTY.			
m Type •	OD-MX.	Insured Name	JHAUTO TRADING	Insured NRIC	53240776L
tact No.(Mobile)	97718731	Contact No. (Home)		Contact No. (Office)	65564960
ei Address	G2H_W2H@HOTMAIL.COM	Of Vehicle Number	GBA9975Z	TP Venicle Number	5HC3097R
mant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
mant Name +	22	Claimant NR3C *			
mant Address					
m Deworlption	GBA9975Z / SHC3097K ON 10 Aug 2020			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liegility *	Not at Fault.		
uire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	12/08/2020 18:14	Claim Close Date		Date Received	12/08/2020 00:00
ort Taken By	Jackson	100 TABLE   100 TA			water and a
Print AK letter					
		3	Save Submit		
ttachment			(1)		
ident No.	MT/1099696	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	12/08/2020 18:17		
		7,77,0010		Continue	2020
-771	Path 1		Category *	Confidential Urgen	
		Browse.		Normal V Normal	
		Browse		Normal V Normal	<u> </u>
		Browse	. Cear Please Select	Normal V Normal	•
		Browse	. Cear Rease Select	e Normal	9
		Browse	Clear Please Select S	Normal V Normal	V
			1 second Facility of the Control of	7	777

