Date In: 13/8/20-14:35	Jeb description	Date &Time Completed	Doi	ie pi
Ref No: 49/14(225088747 124	SAS e-filing			
Veh No: GBE9454P.	E-mail (within 8hrs, AIC 2hrs)			
D.O.A: 5/9/20-12:00	i-Motor Claim Form	100-6210011001	018/21	VIIV
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr.			4
OB 7 17 7 Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
This work.	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW;	(Tel: Fa	x:	
TP Particulars: Veh No: Sh	93476K INC ()/Non-INC()	- 6	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-10	0%]	27
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:-	Late From the second			
Remarks:- (INC hotline: 6788 6616)				
The state of the s	**************************************	Date&Time Completed	Done	223
The state of the s	/ Courtesy Car ()			72.3
1) Apply for Transport Allowance ()	/ Courtesy Car ()			773
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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
- 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.
- 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

Service Control of the Control of th	ACCIDENT STATEMENT
Date Of Report	17/08/2020 14:35
Date Of Accident	15/08/2020 20:00
Exact Location Of Accident	BARTLEY RD EAST
Country/State of Loss	SINGAPORE
Line Constitution in the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE9454P
Insured/Policyholder	
Name Of Registered Owner	W'RAY CONSTRUCTION PTE LTD
Co Reg No	2XXXXX544R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67483312
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
Exact Purpose for which vehicle was being used at time of accident	
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	5108759847-01
Cover Note Number	
Driver	
Name of Driver	MD FERDOUS MD ESMAILE MRIDHA
Passport No/FIN	GXXXX458M
Date Of Birth	01/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2016
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86908296
Fax Number	
Contact Number	OFFICE-86908296
EMail Address	NOEMAIL

1 SIMS LANE Address #06-04 Postcode 387355 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 COLLISION - CHANGE/CROSS LANE 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) 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 SGA3456K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

2

Insurance Company Name Nature Of Damage

Postcode

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:
 - (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.

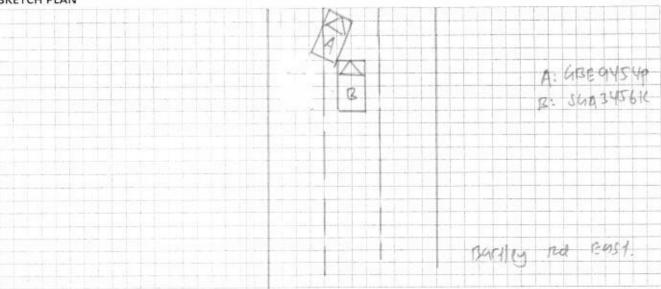
DO NAM * OF

Policyholder's Signature Date & Time: 101

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

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On H9	101	date	and	f:m	t. /	W45	trave	ling	ahna	130	rtles	, pd	E491.	
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DECLARATION

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.:

ACCIDENT STATEMENT

ACC	DENT DATE: 15/8	1/12/DD/MM/YY	YY), TIME:(20 :00)(HH:M
	ATION: BARILY		
100	MON.	777	
1.	DETAILS OF VEHICL	.E	£00
	a) VEHICLE NUMBE	can firstly	
	b) INSURANCE CO	1 100	
(4)	CIPOLICY NUMBER	5108759847-01.	
			ARTY / THÍRD PARTY FIRE &THEF
		Burking an an arrange and real contract and real contract and	ARTT / THIRD FARTT FIRE WITTE
	e)MAKE & MODEL:		DRY / HOTOPOYCLE / OTHERS
			RRY / MOTORCYCLE / OTHERS)
		ORY: (PRIVATE / COMMER	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		NG AT ACCIDENT TIME:	
		IG UNDER YOUR OWN IN	
		TE (THIRD PARTY CLAIM /	REPORTING ONLY)
2.	INSURED / POLICY		110
		Construction Pte	
	b) NRIC/FIN/PASSPO	DRT:	CONTACT: 6 1 4 8 3 3 1 5
	c) ADDRESS:		
M		IF DRIVER ALSO POLICY	HOLDER
Ho of passanga	DRIVER	60	
(Including driver)	a)NAME:		(MALE / FEMALE)
(1.3	DJINKIC/FIN/FASSFC	ORT:	CONTACT: 86998791
	c)ADDRESS:		
	*-UD ATE OF BIRTH		5 0 11 1 82000
)(DI	D/MM/TTTT)
	- 400 March 2000 (2001 120 March 2000 March	NDOOR / OUTDOOR)	
	f)YEARS OF DRIVING		RED'S COMPANY? (YES / NO
4,		SHIP OF THE DRIVER W	그렇게 되었다면서 어린 이 경기를 하는 것이 없는데 하면 하는데 하면 하는데
5		TION: (CLEAR / RAINING	
5.		(DRY / WET / OTHERS	/ OTHERS
4	WAS ANYBODY INJU		
	a) REPORTED TO PO		
<i>(*)</i>		TE WHICH POLICE STATIO	NAI:
0	THIRD PARTY VEHICL		/N
ide of maranage	a) VEHICLE NUMB	ED. CHAJYT 6K	MODEL:
the of harmone	b) PRIVER'S NAME	Thang Shagoying	MODEL
	O NRIC/FIN/PASS	PORT: 5 767 58847	CONTACT:
(M) 0	THIRD PARTY VEHICL	E	CONTACT
The second secon	d) VEHICLE NUMBER	ER.	MODEL:
the of passenger	a) DRIVER'S NAME	-N	
Induding driver) fl NDIC/EIN/DACCI	POPT:	MODEL:
1	1) INVIO/LIN/L 4991	VM.	CONIACI
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100 mm			

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761					My Desktop			
13	15/08/2020 20:00	of Accident 15/0	Date of			lo.	Policy N	Notice of Loss
		cate Number	Certific	GBE9454P		Vehicle No.(For Motor)		
			Search					
		Cover Type Vehicle No.	Policyholder Product	Policyholder Name	Certificate Number	Policy No.	Select	
05/2020 05/05/2021	9454P GBE9454P 06/05/2020	Comprehensive GBE9454P	200723544R GCV	W'RAY CONSTRUCTION PTE, LTD.		5108759847- 01	0	
	o. Object	Cover type No.	NRIC	W'RAY CONSTRUCTION	Number	5108759847-		

Sequence Date of Endorsement			ndorsement Type	Endorsement :	Status	Endorsement Content
Endorse	ements					
Insured	Object: GBE9454P					
nit No.	06-04	Related Number				
ldress 4		Address	Type Singapore address		Post Code	387355
dress 1	1 SIMS LANE	Address	2 #06-04 ONE SIMS	LANE /	Address 3	SINGAPORE 387355
Policyh	older Mailing Address					
ertificate nfo						
pen olicy Info						
o- isurance lag	No					
gent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Υ	
utside ingapore D Excess		Outside Singapore TP Excess			Young/I	Inexperience Driver Excess
dditional xcess		OS Premium	0			
hird Party xcess	0	Own damage Excess	600	Windscreen Excess	100	
xcess ype	Per Accident	All Claims Excess				
olicy ssue Date	15/04/2020	Effective Date	06/05/2020 00:00		05/05/2021 23	:59
roduct lame	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N	
ddress	1 SIMS LANE #06-04 ONE SIMS	LANE SINGAP	ORE 387355			
Certificate No.		metric:		MAIC		
Policy No.	5108759847-01	Policyholder Name	W'RAY CONSTRUCTION PTE. LT	Policyholder NRIC	200723544R	

Claim Handling					
Accident HT/1100153					
Policy No.	5108759847-01	Vehicle No.	G8E9454P	GST Registration No.	
Certificate No.					
Policyholder Name	WRAY CONSTRUCTION PTE. LTD.			Policyholder NRIC	2007235448
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	67483312	Contact No.(Home)	0
Email Address		Special Remark		eCode	18.00
KPK	® No ⊜ Yes	TCA	⊕ No ∨es	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
○ Accident Details ○					
Report Date	17/08/2020 14:56	Accident Report Within 24	hrs yes	Acodent Type	Collegion - Change / Cross lane
Date of Accident	15/09/2020	Time of Accident his mm	20:00		
Reporting Centre	1000000	Orange Force	900.000	Country of Accident	Singapore
Accident Location	BARTLEY RD BAST	Stangerone		ICM No.	
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
		The second second	100.00		
OD Standard Excess	600,00	TP Standard Excess	0.00		
YTED OD Excess	0.00	VIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable			
▽ Benefits					
₩ GST Registered Inform	ation				
GST Registered			eer -		
7176000 Toracol L	Yes 200723544R		GST Registration Date	21/01/2008	
GST Registration No.		m changed GST Registered from	GST Status Venfied	Yes	
Modification History	17/08/2020 16:57:38 Syste	m changed GST Registration No m changed GST Registration De	from nuti to 200723544R		
Policyholder Mailing Ad		m changed GST Registration De	se from mult to 21/01/2008		
Address 1					
Address 4	1 SIMS LANE	Address Type	#06-04 ONE SIMS LAME Singapore address	Address 3 Post Code	SINGAPORE 367355
Unit No.	06-04	Related Policy Number	5108759847-01	Post Code	387355
OI Driver Info	30.04	remied runcy reamper	5100759047-01		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MD FERDOUS MD ESMAILE MRI	Driver NRIC	G84314589	Driver DOB	01/03/1984
Register Date of Driver License		Driver Age	36		
Contact No.(Mobile)	16908296			Driving Experience	4
		Contact No.(Office)	Φ.	Contact No.(Home)	0
Address 1	1 \$395 LANE	Address 2	ONE SIMS LANE	Address 3	SINGAPORE 187355
Address 4		Address Type	Singépore address	Post Code	367355
Unit No.	06-04				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or filood Test Reading?	D mg	Any injury?	○ Yes ® No		
38					
Modification History					
Production reality					
Claim 001 New					
111/10 (100 / 102 H 1 1 1 1 1 1 H 1 1 1 1 H 1 1 H 1 1 H 1 1 H 1 1 H 1					
		102000000000000000000000000000000000000	F		100000000000000000000000000000000000000
Clarm Type •	DD-MX	Insured Name	WYLAY CONSTRUCTION PTE. LT	Insured NRIC	200723544R
Contact No (Mobile)		Contact No.(Home)		Contact No. (Office)	68416626
Email Address		OI Vehicle Number	G8E9454P	TP Vehicle Number	SGA3456K
Claimant Type Claimant Type *	Please Select 💛	Type of Benefit +	Please Select		
Claimant Name +	22	Claimant NRIC *			
Claimant Address					
Claim Description	GBE9454P / SGA3456K ON 15 Aug 2020			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Fully at Fault		
No. Require Finalisation	Yes 💙	Preferend Repair Option	Preferred Workshop, Name unknown	W 614 e	Factorial Control
Date Registered	17/08/2020 14:58	Claim Close Date	preferred morkatop, name unknown	GIA report	Received V
	12 0100 1000 1000	Craim crose siere		Data Received	17/08/2020 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
9					
Accident Nu	MT/1100153	Claim No.	001		
Last Doc. Received	⊕ Yes ○ No	Upload Date	17/08/2020 15:24		
	Pach *			Park and a second	Strain Approximate
	Pacit 7		Category *	Confidencial urgen	
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