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NATIONAL Assessment Centre	Services  well	1 Jan'08 II N 0	Date & Time Complet	ed	Done by	
Date In: 111/2 - 11:43	Jeb description		Date to 1	-		
Ref No: 14 14 (201346)24	SAS e-filing			+		
Veh No: GY 776X	E-mail (within 8hrs,	AIC 2hrs)			1. 11	N.
D.O.A: 41 M2-17:00	i-Motor Claim F	orm	WJ 1115/89-00	1 5/12	2 11:4	<u></u>
	i-Motor W/O (W	ithin; OD 2hrs,	(P 4hrs)			
OD / TP / Reporting/Only	i-Photo Uploade	ed				
V	Assessment/Surve	y Report				
TP Insurer:	Ass't Report by F	ax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
	G-12D:	INC (	)/Non-INC(	)		
	Park		Tel:		)	
Owner / Driver: (	riod: (	)	Cover Type: (		)	
Policy No. (		Date:	Time:		)	
Confirmed by : (	Note-Est. Status (WC	)): N: 0-20	%; P: 21-79%. P	: 80-100%]		
Thousand The Thous	Warranty: YES (	)/NO(	)			
Year of Registration. (	Tractality.	)				
Excess: (\$ ) Loading: \$1,0	77 \$2,000 (	7	3777 (88.84)			
General Remarks:	Adams Copfi	dential & St	ictly NO refer of rep	airer.		
General Remarks:-  ( ) Walk-In Customer: Customer's info	ormation strictly Comm	idential d or	5			
( ) Total Loss Case : to e-mail Insur	er URGENTLY.			,,		)
	3/100/		owning (.O. t			
Drive-In ( )/ Towed-In ( ); Invoice	e: YES ( ) / NO	)( );1	owing Co: (	9		
Dive-in ( ).	e: YES( )/ No	)( );1	Date&Time Compl	erad (	Done by	,
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SN0920C50006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 05/12/2020 11:43 (SGT)

SUBMITTED BY: Celine Fong Wai Li

VERSION: 1 (05/12/2020 11:43 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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

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.

#### ACCIDENT STATEMENT

05/12/2020 11:43 (SGT) Date of Submission 04/12/2020 17:00 (SGT) Date of Accident Yishun Ring Rd, Singapore Exact Location of Accident Additional Location Information

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GY7076X

#### INSURED/POLICYHOLDER

Country/State of Loss

Is company? HOCK TEO SENG KOON KEE Name Of Registered Owner 0XXXX000E Company Reg No mikelima@singnet.com.sg Email Address (Phone) +65-62828288 Mobile Phone No (Office) +65-62828288 Alternative Phone No

#### VEHICLE PARTICULARS

Nissan Manufacturer Urvan Model Variant

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?

Vehicle Category

**Employment** 

No - Reporting only Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company Type of Coverage ThirdPartyFireTheft Fleet Policy 5030010028-12 Policy Number Cover Note Number

#### DRIVER

LIM SOON HOCK Name of Driver SXXXX905H NRIC No 06/04/1964 Date Of Birth Outdoor ..... Occupation

Accident report SN0920C50006

ate Of Driving Pass	24/05/1983	
iving experience	37 YEARS AND 7 MONTHS	
ender	Male (Phone) +65-90188821	
obile Number	(Priorie) 103-30100021	
t. Phone Number mail Address	mikelima@singnet.com.sg	
mail Address daress	BLK 33 MARSILING DRIVE	
ddress complement	#03-371	
ostcode	730033	
the driver the policyholder?	No	
No Relationship of the Driver with the Insured	Employee	
Driver Own Other Vehicles?	No	
ehicle Registration Number of Other Vehicle Owned by Driver		
	-	
nsurance Company of Other Vehicle Owned by Driver	-	
GENERAL INFORMATION OF THE ACCIDENT		
	Side Swipe	
Type of Accident Weather Conditions	Raining	
Reather Conditions Road Surface	Wet	
Road Sunace		
OTHER INFORMATION		
	53	
Was any foreign vehicle involved in the accident?	No	
Number of vehicles involved in the accident	2	
Mas anybody injured in the Accident?	No	
Was any injured conveyed to hospital by ambulance?	- Yes	
Was any other material or property damaged?	1	
Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)		
soliciting/offering accident claims assistance?	No	
Soliciting/offering accident significant		
DETAILS OF POLICE ACTION		
Company (19 Sept.		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?		
CIRCUMSTANCES OF ACCIDENT		
REFER TO STATEMENT.		
REFER TO STATE ME. V.		
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 OTH	ER VEHICLE PROPERTY 1	
- Number	SGB9020P	
Vehicle Registration Number Vehicle Manufacturer		
Vehicle Model		
Vehicle Variant	. •	
Vehicle Colour		
Vehicle Category	Private car	
Name of Driver	TANFLINGROOM	
NDIC No.	5XXXX/03H	
Contact Number	(Phone) +65-96565970	
Address	-	
Address complement		
Postcode		
		Page 2 of 13

Insurance Company Name Nature Of Damage

Details of property damaged in accident

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.
- 3. 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.
- 6. 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 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.
- 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' law yers/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
- (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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

### **HOCK TEO SENG KOON KEE**

52 Ubi Avenue 3 #02-47 Frontier Singapore 408867

Policyholder's Signature / Date &

Tel: 62828288, 62889163 Fax: 63833370

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

10 Ring nude: y

cribe C	troumstances	of the Acc	ident	Con	12d	Vekele	17 (1)	us en	iorina th	e carparle
rance	and sudden	y he j	gmmed	brala	. 1	couldn's	614/0	e my	Ulhicle	iΛ
	d hit onto									
				J						
(4				91						
i i i i i i i i i i i i i i i i i i i										

We declare the foregoing particulars are true in every respect. 為美三道大牌五十二座門牌02-四七

OM KEE HOCK

52 U KEE

Policyholder's Signature / Date & Time

Fro

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

Witnessed by Reporting Centre Personnel

## ACCIDENT STATEMENT

ACCII	DENT DATE: (4/17/12)	DD/MM/YYYY), TIME:( 17 : 00 )(HH:	MM)
LOCA	HON: YIShun Ring R	<del>d</del> :	_
1.	DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPANY:	1076X N700	
	c)POLICY NUMBER:	E / THIRD PARTY / THĬRD PARTY FIRE &TH	IEFT)
	g) VEHICLE CATEGORY: (PRIVATE ) h) PURPOSE OF USING AT ACCIDE	/V AN / LORRY / MOTORCYCLE / OTHER / COMMERCIAL / MOTORCYCLE)	:S) ·
<b>2.</b> .	I) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PAR' INSURED / POLICY HOLDER	IY CLAIM / REPORTING ONLY)	
	A) NAME:	CONTACT: 6282820	88
Main of	* CONTINUE TO 3.d IF DRIVER ALS	O POLICY HOLDER	·
(Including driver)	a) NAME:	(MADE / FEMALE CONTACT:90 [8 8 8	21.
	*d)DATE OF BIRTH: (/_ e)OCCUPATION: (INDOOR / OUT f)YEARS OF DRIVING EXPRERIENC WAS DRIVER AN EMPLOYEE OF	THE INSURED'S COMPANY? (YES / N	 NO)
	IF NO, RELATIONSHIP OF THE	DRIVER WITH INSURED: / RANNING / OTHERS	
6. 7.	WAS ANYBODY INJURED (YES / NO a)REPORTED TO POLICE (YES / NO IF YES, PLEASE STATE WHICH PO		
the of passenger	THIRD PARTY VEHICLE  a) VEHICLE NUMBER: 5 43 4:  b) DRIVER'S NAME: 741	M II/OOA	
( 1)	THIRD PARTY VEHICLE		76_
Ho of passenger	d) VEHICLE NUMBER:	MODEL:	·
(Induding driver)		CONTACT: <u>:-</u>	
		celima @singuet.com.sg	
	fax =		

Hello, NAC_PAYA_UBI_800	601		1,100				• Change	Language	• Chan	ge Password	› Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy No	).				Date o	of Accident	0	4/12/2020 1	17:00	
	Vehicle N	No.(For Motor)	GY7076	X		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	5030010028- 12		HOCK TEO SENG KOON KEE	04155000E	GCV	Third Party, Fire & Theft	GY7076X	GY7076X	12/07/2020	11/07/2021

olicy No.	5030010028-12	Policyholder Name	HOCK TEO	SENG KOON KEE	Policyholder NRIC	04155000E		
ertificate o.								
ddress	NIL							
roduct lame	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N		
olicy sue Date	01/07/2020	Effective Date	12/07/2020	00:00	Expiry Date	11/07/2021 2	3:59	
xcess	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0		
Additional Excess		OS Premium	0					
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	J/Inexperience Driver Exc	ess
Agent	INDEX AGENCY PTE LTD	Agent Tel.			GST Flag	Y		
Co- nsurance Flag	No							
Open Policy Info								
Certificate Info								
Policyl	holder Mailing Address							
Address 1	NIL	Addr	ess 2			Address 3		
Address 4		Addr	ess Type	Singapore address		Post Code	999999	
Unit No.		Relat Num	ed Policy ber	5068271086-06				
<b>▶</b> Insure	ed Object: GY7076X							
	sements							
T Endors							Endorsement Co	

aim Handling					
ident MT/1112489					
icy No.	5030010028-12	Vehicle No.	GY7076X	GST Registration No.	
tificate No.					
licyholder Name	HOCK TEO SENG KOON KEE			Policyholder NRIC	04155000E
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party, Fire & Theft	Loading	0
ntact No.(Mobile)	0	Contact No.(Office)	62828288	Contact No.(Home)	0
nail Address		Special Remark		eCode	Nc ♥
rk .	No ○ Yes	TCA	No ○Yes	eCode Reason	
	No	NCD Entitlement(%)	20	Private Hire	No
D Protection	NO	Trab Emiliani, 177			
Accident Details		Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
eport Date	05/12/2020 11:46				Singapore
ite of Accident	04/12/2020	Time of Accident hh:mm	17:00	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	Yishun Ring Rd				
7 Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	0.00		
Standard Excess	0.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess					
	0.00	Total TP Excess Applicable			
otal OD Excess Applicable	0.00	roter in Excess Applicable			
7 Benefits					
GST Registered Informa			GST Registration Date		
ST Registered	No		GST Registration Date GST Status Verified	Yes	
ST Registration No.	05/12/2020 11/10/07 0	em changed GST Status Verified fro		1	
odification History	05/12/2020 11:46:07 5950	em changed 651 Status vermed no	WI 110 CO 11CO		
Policyholder Mailing Ad				Address 3	
ddress 1	NIL	Address 2	A STATE OF THE STA		000000
ddress 4		Address Type	Singapore address	Post Code	999999
nit No.		Related Policy Number	5068271086-06		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	LIM SOON HOCK	Driver NRIC	S1631905H	Driver DOB	06/04/1964
egister Date of Driver License	24/05/1983	Driver Age	56	Driving Experience	37
	90188821	Contact No.(Office)	0	Contact No.(Home)	0
ontact No.(Mobile)		Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730033
ddress 1	BLK 33				730033
ddress 4		Address Type	Singapore address	Post Code	730033
Init No.	03-371				
ooes he own a Singapore	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
egistered car?					
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	○ Yes   • No		
eading?	333.40 B				
lodification History					
Claim 001 New					
Claim out					
Claim Type *	OD-MX	Insured Name	HOCK TEO SENG KOON KEE	Insured NRIC	04155000E
		Contact No.(Home)		Contact No.(Office)	62828288
Contact No.(Mobile)	NIL		GY7076X	TP Vehicle Number	SGB9020P
mail Address		OI Vehicle Number		Territore rearriber	1
laimant Type Claimant Type	Please Select	Type of Benefit *	Please Select		
laimant Name *	22	Claimant NRIC *			
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Claim Description	GY7076X / SGB9020P ON 4 Dec 2020			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Fully at Fault		
lo. tequire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	05/12/2020 11:48	Claim Close Date		Date Received	05/12/2020 00:00
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Report Taken By	Jackson				
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M. Maria			Save Submit		
Attachment					
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Accident No.	MT/1112489	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	05/12/2020 11:52		
PARTICIPATION CONTRACTOR	Path •		Category *	Confidential Urgi	ency * Descrip
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Attachment	Uploade	ed By/Date	Category	?	Urgency	Description	Msg Sent? (CO)
EST BANG		ONAL ASSESSMENT CENTRE SERVI Dec 2020 11:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-5	
1		ONAL ASSESSMENT CENTRE SERVI Dec 2020 11:51	SAS		Normal	SAS 2020-12-5	
	NAC_PAYA_UBI_800601( NATIO CES) on 05 I	ONAL ASSESSMENT CENTRE SERVI Dec 2020 11:51	Photos		Normal	Photos 2020-12-5	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 11:51	Photos		Normal	Photos 2020-12-5	
6	NAC_PAYA_UBI_800601( NATIO CES) on 05 I	DNAL ASSESSMENT CENTRE SERVI Dec 2020 11:49	Photos		Normal	Photos 2020-12-5	
6		ONAL ASSESSMENT CENTRE SERVI Dec 2020 11:49	Photos		Normal	Photos 2020-12-5	
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t A		DNAL ASSESSMENT CENTRE SERVI Dec 2020 11:49	Photos		Normal	Photos 2020-12-5	
8		ONAL ASSESSMENT CENTRE SERVI Dec 2020 11:49	Photos		Normal	Photos 2020-12-5	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 11:49	Photos		Normal	Photos 2020-12-5	
Video List	Uploaded By/Date					© Source	