	e Services.   well sanos			
Date In: 11/1/10:40	Jeb description	Date & Time Completed	Done	pì.
Ref No: MAJINE Y GUDY GATY	SAS e-filing			
Veh No: 90018705	E-mail (within Shrs, AIC 2hrs)			4
D.O.A: 17/11/11 - 12002	i-Motor Claim Form	m/11/6999-01	Mily	1410
OD TO UD	i-Motor W/O (Within: OD 2h	irs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded		_	
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No:	. INC	)/Non-INC( ).		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Per	riod: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [1	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( ) V	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,00				
General Remarks:-				<u> </u>
( ) Walk-In Customer: Customer's infor				
( ) Total Loss Case : to e-mail Insure	r URGENTLY.	Par service of the service of		
Drive-In ( )/ Towed-In ( ); Invoice	: YES( ) / NO( );	Towing Co: (		)
Remarks; (INC hotline: 6788 6616)		Date&Time Completed	Done	by
	ourtesy Car ( )		<u> </u>	
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ( )	114		
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Myodia:  Inimant's Particulars::  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	1) AR: Accides 2) DA: Darmag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idac DA  8) NTUC Addit OD*  *N5: Courtes  *N6: Repair  *N7: Fost Re  *N8: DV / C	Eparation Checklist.  At Reporting (\$30);  e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey)  against INC Only (wef 10 Jan 200 ection  a + SMRT Survey lional Services:-  by Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination  P (Non INC) against INC	Ant (\$)  (\$EBill)  (\$10/\$45  \$120  \$30  \$55  \$160  \$55  \$10  \$25  \$55  \$20  \$30	Amt(3)

SN09211C0006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 12/01/2021 10:40 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (12/01/2021 10:40 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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.

### **ACCIDENT STATEMENT**

Date of Submission	12/01/2021 10:40 (SGT)
Date of Accident	13/12/2020 12:00 (SGT)
Exact Location of Accident	13 Bartley Rd, Singapore
Additional Location Information	gantry
Country/State of Loss	Singapore

## **DETAILS OF OWN VEHICLE**

Mitsubishi

Vehicle Registration Number		GBJ1820S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PLATINUM WINES & SPIRITSPTE LTD
Company Reg No	2XXXXX547K
Email Address	hr@platinumpws.com
Mobile Phone No	(Phone) +65-92977072
Alternative Phone No	+

#### VEHICLE PARTICULARS

Manufacturer

Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?  Vehicle Category	No - Reporting only Commercial vehicle

## INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107176335-01
Cover Note Number	-

#### DRIVER

Name of Driver	ET TALEBY MUSTAPHA
Passport No/FIN	GXXXX938W
Date Of Birth	25/12/1972
Occupation	Outdoor

Date Of Driving Pass 24/04/2014 Driving experience 6 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-94899640 Alt. Phone Number Email Address hr@platinumpws.com Address **6B TRENGGANU STREET** Address complement Postcode 058460 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? No Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION 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. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No

#### SKETCH PLAN

## **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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>.
- 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, acknow ledge, 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 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' 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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Reg. No. 201320547K

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Sketch Plan

A: ars J1870s

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## Declaration

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

Witnessed by Reporting Centre Personnel

## ACCIDENT STATEMENT

ACC	IDENT DATE: 13/ 12/	1(DD/MM/YYYY)	, TIME:( 12:00 )(HH:MM)
LOCA	ATION: 13 Bartley	nd country	
1.	a) VEHICLE NUMBER:	20181081 201714 :YI	22 2
	c)POLICY NUMBER:		**************************************
			Y / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	<u> </u>	<u> </u>
	g) VEHICLE CATEGORY: (I h) PURPOSE OF USING AT	PRIVATE / COMMERCIA ACCIDENT TIME:	
	i) ARE YOU CLAIMING UN		
2	IF NO, PLEASE STATE (TH INSURED / POLICY HOLDI		PORTING ONLY)
2.	AND ADDRESS OF THE PARTY OF THE	-K	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:		CONTACT: 92977072
	THE RESERVE OF THE PROPERTY OF		
	U. ()		
M. A	* CONTINUE TO 3.d IF DR	IVER ALSO POLICY HOL	DER
* No of passenga	DRIVER		()
(Including driver)	a)NAME:		CONTACT: 9 4899642.
(1.)	c) ADDRESS:		CONTACT: 140 170 D.
= -	*d)DATE OF BIRTH: (	/)(DD/M	M/YYYY)
	e)OCCUPATION: (INDOO		
	f) YEARS OF DRIVING EXPE		
4.			O'S COMPANY? (YES / NO)
.5	IF NO, RELATIONSHIP C a) WEATHER CONDITION:		
	b)ROAD SURFACE: (DRY)		·
6.	WAS ANYBODY INJURED		
	a) REPORTED TO POLICE (	YES / NO)	
	IF YES, PLEASE STATE WH	ICH POLICE STATION:_	
4 Mr al harman	THIRD PARTY VEHICLE	May & M	
( ) is a passenger	a) VEHICLE NUMBER:	TAILIN	_MODEL:
(Including driver)	C) NIPIC (FIN (PASSPORT)		_CONTACT:
(_) 9	c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE		_CONTACT:
× 11 1	d) VEHICLE NUMBER:		MODEL:
V No of passenger	e) DRIVER'S NAME:		
(Including driver)	f) NRIC/FIN/PASSPORT:_		MODEL:
()			

email = hr@platiaumpres.com

fax = Shawn.loh@platiaumpres.com

VIDEO =

<b>eBao</b> Tech										Genera	<b>IClaim</b>
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Notice of Loss	Policy N	0.				Date o	of Accident	13/	12/2020 12	:00	_
	Vehicle	No.(For Motor)	GBJ182	0S		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107176335- 01		PLATINUM WINES & SPIRITS PTE. LTD.	201320547K	GCV	Comprehensive	GBJ1820S	GBJ1820S	30/01/2020	29/01/2021
					C	Continue					

Policy No.	5107176335-01	Policyholde Name	PLATINUM	WINES & SPIRITS PT	Policyholder NRIC	201320547K	
Certificate No.							
Address	6B TRENGGANU STREET SINGAP	ORE 058460	)				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	14/01/2020	Effective Date	30/01/202	20 00:00	Expiry Date	29/01/2021 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate info							
Policyh	older Mailing Address						
Address 1	6B TRENGGANU STREET	Addr	ess 2	SINGAPORE 05846	)	Address 3	
Address 4		Addr	ess Type	Singapore address		Post Code	058460
Jnit No.	07-01	Relat Num	ed Policy ber	5114279805-01			
<b>▶</b> Insured	d Object: GBJ1820S						111000 A 1725 A 172
<b>▽</b> Endors	ements						
Sequen	ce Date of Endorsement		Endorseme	nt Tuno	Endorsement	Ctatue	Endorsement Content

State   Stat	aim Handling					
State   Stat	cident MT/1116999				GST Registration No.	
MATIONS   MATI	icy No.	5107176335-01	Vehicle No.	GBJ1820S	GST REGISTRATION NO.	
March   Marc					Policyholder NRIC	201320547K
Control   Cont	- I - I - I - I - I - I - I - I - I - I					
Care	duct Code	COMMERCIAL VEHICLE INSURAL				
Section   Sect	ntact No.(Mobile)	92977072	Contact No.(Office)	0		
Monitary	ail Address			00		
Procession   No.   No	K	● No ○ Yes				No
Marche   120000001   1000000000000000000000000	D Protection	No	NCD Entitlement(%)	0	Private nite	
In Face of Account 1970 1970 1970 1970 1970 1970 1970 1970	Accident Details				Accident Type	Side Swine
1012/2013   1012	port Date	12/01/2021 10:43	Accident Report Within 24 hrs			
Section   Sect	te of Accident	13/12/2020	Time of Accident hh:mm	12:00		Singapore
The Inforcement   The Infor	porting Centre		Orange Force		ICM No.	
Standard Economic   Stan	cident Location	13 Bartley Rd				
Secretar Decisions	Total Excess Applicable					
Second Decrease   Second Dec	cess Type	Per Accident	Windscreen Excess	100.00		
Standard Decision						
150 Col Excels	Standard Excess	600.00	TP Standard Excess	0.00		
Marche   M	ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
### Contact Note	iditional Excess					
We separated Internation	tal OD Excess Applicable	600.00	Total TP Excess Applicable			
Time pagemation   Value   Code Pagemation Date   32/09/213   Value	7 Benefits					
Talegarterian   Feb.	GST Registered Informa	ition		COTA	23/09/2013	
2012/00/PM   20	T Registered					
1500/2021 104-05 System Charges Colf Registration Date Part   1512/2021 104-05 System Charges Colf Registration Date Part	ST Registration No.		tom changed CCT Degistered from A	No to Yes		
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## April 2   Ap	Policyholder Mailing Ad			CINCADORE OFFICE	Address 3	
## ADDRESS 1 OF TREADS PLANTAGE TYPE  ## ADDRESS 25/12/1972  ## ADDR	ddress 1	6B TRENGGANU STREET				058460
TO Driver Turk	ddress 4				Post Code	030400
Manamed Driver   Mana	Init No.	07-01	Related Policy Number	5114279805-01		
Claim On 1	OI Driver Info					
### SPATE   Proving Experience   Contact No. (Prince)   Province   Prince	river Name	Unnamed Driver			Dativer DOR	25/12/1972
gater base of Orner Locals 2 (AVA/2014   Driver Age 4 4	nnamed driver Name	ET TALEBY MUSTAPHA	Driver NRIC			
address 1  of TRENCIGANU STREET  Address 2  SINGAPORE 058460  Address 3  of TRENCIGANU STREET  Address 1  Address 1  Address 1  Address 1  Address 1  Address 2  SINGAPORE 058460  Address 3  Onver Local to One a Singapore  operated car?  Onver Local to One a Singapore  operated car?  One of the One of the One of the Control of One of the One o	egister Date of Driver License	24/04/2014	Driver Age			The second secon
Address 1 of TRENCEANU STREET  Address Type Singapore address Post Code OSB460  Driver Vehicle No. Driver Insurer Company  Claim Ro. No. No. Driver Blood Test Omg Any Injury? Oyes ® No  Claim OS1 Next  Claim OS1 Next  Claim OS1 Next  Claim Type Consect No. (Hone)  Claim Steps  Claim No. Oot  Claim No. Oot  Claim Steps  Claim No. Oot  Claim Steps  Claim No. Oot	Contact No.(Mobile)	94899640	Contact No.(Office)			
Address 4 Agrees type any	ddress 1	6 TRENGGANU STREET	Address 2			
priver Vehicle No.  Driver Insurer Company  Sequation  Any Injury?  Over ® No  No.  No.  No.  No.  No.  Operation Veta ® No.  No.  No.  No.  No.  No.  No.  No.	ddress 4		Address Type	Singapore address	Post Code	058460
Personal Advisors  Caim Type * OD-HX	Jnit No.					
Presentalyser or Blood Test O mg Any Injury?  O Mg OD-MX Insured Name PLATINUM WINES & SPIRITS PI Insured NBIC Contact No. (Monole) Type of Benefit * Preses Select Columnant Name Contact No. (Monole) Contact No. (Monole) Contact No. (Monole) Contact No. (Monole) No. No. Contact No. (Monole) No. Contact No. (Monole) No. Contact No. (Monole) No. Contact No. (Monole) No. Contact No. No. No. Contact No. No. No. Contact No.	Does he own a Singapore	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
Any injury?  Or Se No  Northcation History  Claim 901 Nax  Claim 17pe * OD-MX	Registered carr					
Reading?  Claim Type * OD-MX	peclaration					
Claim 901 Nex  Claim 901 Nex  Contact No. (Mobile)  Type of Bonefit * Piesse Select  Type of Bonese Clear	Breathalyser or Blood Test	0 mg	Any injury?	○ Yes  No		
Claim 091 Nex    Claim 17ye *	Reading?					
Claim Type * OD-MX						
Claim Type * OD-MX	Addification History					
Claim Type * OD-MX	Claim 001 New					
Contact No. (Mobile) Collists No. (Clear Please Select (Mobile) No. (Normal (Mobile)) Contact No. (Mobile) Contact No. (Mobile) Collists No. (Clear Please Select (Mobile) No. (Normal (Mobile)) Collists No. (Clear Please Select (Mobile) No. (Normal (Mobile)) Collists No. (Clear Please Select (Mobile) No. (Normal (Mobile)) Collists No. (Clear Please Select (Mobile) No. (Normal (Mobile)) Collists No. (Clear Please Select (Mobile) No. (Normal (Mobile)) Collists No. (Clear Please Select (Mobile) No. (Normal (Mobile)) Collists No. (Clear Please Select (Mobile) No. (Normal (Mobile)) Collists No. (Clear Please Select (Mobile) No. (Normal (Mobile)) Collists No. (Clear Please Select (Mobile) No. (Normal (Mobile)) Collists No. (Clear Please Select (Mobile) No. (Mobile) Collists No. (Clear Please Select (Mobile) No. (Clear Please	ind had been men					
Contact No. (Home)  Contact No. (Mobile)  OI Vehicle Number  GB31820S  TP Vehicle Number  Name of Preferred Workshop  Claim No. at Fault  No. at Fault  Vest  The seceived  The seceived  Talinative Submit  The seceived Submit Subm			Jacoused Name	PI ATTINUM WINES & SPIRITS PT	Insured NRIC	201320547K
Contact No, (Mobile)  Contact No, (Mobile)  Claimant Type Please Select  V Type of Benefit Please Select  Claimant Type Please Select  V Type of Benefit Please Select  Claimant Name *		IOD-WX				
Claimant Type Claimant Type   Please Select	Contact No.(Mobile)			GB11820S		
Claimant Name *						
Claim Description   GB118205 ON 13 Dec 2020   Insured Liability *   Not at Fault   V   Not at Require Finalisation   Yes   V   Preferered Repair Option   Preferred Workshop, Name unknown   V   GIA report   Received   Date Registered   Iz/01/2021 10:44   Claim Close Date   Iz/01/2021 00:00    Attachment   Save   Submit    Attachment   Save   Submit   Iz/01/2021 10:46   Last Doc. Received   Yes   No   Upload Date   Iz/01/2021 10:46   Last Doc. Received   Yes   No   Upload Date   Iz/01/2021 10:46   Browse   Clear   Please Select   V   No   Normal   V   Browse   Clear   Please Select   V   No   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   No   V   Normal   V   Browse   Clear   Please Select   V   Normal				Please Select		
Claim Description  GB31820S ON 13 Dec 2020  Preferred Workshop Contact No.  Yes Preferred Repair Option Date Registered  12/01/2021 10:44  Report Taken By Print AK letter  Attachment  Accident No.  MT/1116999 Claim No.  Oo1 Last Doc. Received  Path *  Browse  Clear Please Select  No. Normal V Nor	Claimant Name *	>>	Claimant NRIC *		HAT STATE OF THE S	
Claim Description   GB11820S ON 13 Dec 2020   Insured Liability * Not at Fault   Y   No.   Require Finalisation   Yes   Yes   Yes   Yes   Ves	Claimant Address				Name of Preferred Workshop	
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Preferred Repair Option Preferred Workshop, Name unknown ✓ GLA report  Date Registered  12/01/2021 10:44  Claim Close Date  Claim No.  Accident No.  MT/1116999  Claim No.  O01  Accident No.  MT/1116999  Claim No.  O01  Last Doc. Received  Preferred Workshop, Name unknown ✓ GLA report  Save Submit  Attachment  Save Submit  Accident No.  MT/1116999  Claim No.  O01  Accident No.  Path *  Browse  Clear Please Select  NO Normal ✓  Normal ✓  Normal ✓  Browse  Browse  Clear Please Select  NO Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Browse  Browse  Clear Please Select  NO Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Browse  Clear Please Select  NO ✓ Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Normal ✓  Browse  Browse  Date Received  12/01/2021 10:46			Insured Liability *			
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