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2) QC Chook / Post Requir Inspection	(1)		*	1	
3) Upload Resurvey Photo [Repuir Cost> \$3	000] ()	: ; ,	* **		
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SN08211I000A / National Assessment Centre Services [159721] ENTRY DATE & TIME: 18/01/2021 18:44 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (18/01/2021 18:44 (SGT))



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.

ACCIDENT STATEMENT

Date of Submission	18/01/2021 18:44 (SGT)
Date of Accident	16/01/2021 08:20 (SGT)
Exact Location of Accident	115 Bukit Merah View, Singapore 151115
Additional Location Information	3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

GBK8937M

Toyota

INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	I.M. FREIGHT INTERNATIONAL
Company Reg No	5XXXX339X
Email Address	bryan.ywm@gmail.com
Mobile Phone No	(Phone) +65-98522030
Alternative Phone No	+65-98522030

VEHICLE PARTICULARS

Manufacturer

Vehicle Registration Number

ace
nployment
- Reporting only
ommercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120419904
Cover Note Number	-

DRIVER

Name of Driver	YONG WEI MENG (YANG WEIMING)
NRIC No	SXXXX410Z

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	17/10/2008 12 YEARS AND 3 MONTHS Male (Phone) +65-98522030 - bryan.ywm@gmail.com BLK 505 CHOA CHU KANG STREET 51 #02-181 - 680505 No Employee No
Insurance Company of Other Vehicle Owned by Driver	1 - 1 2
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Parked Vehicle Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	SJJ585H Mazda 5 Private car MR GOH (Phone) +65-94552533

Address

Doctoodo

Address complement

Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.

* HELICHIYA

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

B = 0 555 GR K8937m

Describe Circumstances of the Accident
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was parking infront of me.
The state of the s
AP 1 2 ml A 200 2 left C 1 11 ml 2 left
After I partied my van, I left my van for paral delivery and only realisted that I did
not they engaged my hence brake. The Van rolled theward and consched into the
side of Mr Gon's carl

Declaration

Time

We declare the foregoing particulars are true in every respect, $% \left(1\right) =\left(1\right) \left(1\right) \left($

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel

ACCIDENT'STATEMENT

	and the same of					
ACCID	ENT DATE:	6. 101 1 200)(DD/MM/YY	Y), TIME:(8:20)(HH:WM).
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		E COMPANY:_	NTUC 3419964		-	
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2.,	INSURED / PC	LICY HOLDER			MALE	EEMALE)
	AINAME .	YONE W	IFI MENG	CONTA		98522030
	b) NRIC/FIN/F	ASSPORT:	CHON CHY	- Landerson	102-181	2680505
(/	C) ADDRESS:	BIKSUS	CHUM CHU			•
	* CONTINUE	O 3 d IF DRIVE	ALSO POUCY	HOLDER		•
bellia al	DRIVER				Co. 2004/04/04/2020 #1	
WHO of passongs	GINAME:	The same of the sa	International		MALE /	FEMALE
(Including drives.)	b) NRIC/FIN/F	ASSPORT: 57	2892339X	CONT	ACT:	
(1)	CIADDRESS:					
		uprile /	/ 1(D)	D/MM/YYYY) # # 2 .	
*	*d)DATE OF E	ON: (INDOOR /	STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COL			
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artis et Garage	b)ROAD SUR	FACE: DRY JW DY INJURED (YE	SANOI		,	
6.	WAS ANTIO	TO POUCE (YES	(ROD &			
/.	IF YES, PLEA	SE STATE WHICH	H POLICE STATIC	N:		
8.	THIRD PARTY				MA:	ZDA5
4 Ho of passenger	a) VEHICLE	NUMBER:	55585H bH HOON Y	MODE	L	
[Including driver)	b) DRIVER'S		s of lot	CONT	ACT: 34	552533
(1)	THIRD PARTY					
30	d) VEHICLE	NUMBER:		MODE	L:	
A No of passanger	el DRIVER'S	S NAME:		20117	1 OTH	
(Including driver)) f) NRIC/FIN	I/PASSPORT:		CONI	ACT:	
6. 3						
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email = bryan.ywm@gmail.com

Task Transfer → Exit

Claim Handling

▼ Accident MT/11:	17818				LOS SAL	SUB
Policy No.	5120419904	Vehicle No.	GBK8937M	GST Registration No.	199907611C	
Certificate No.						
olicyholder Name	I.M. FREIGHT INTERNATIONAL			Policyholder NRIC	52892339X	
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading	0	
Contact No.(Mobile)	98522030	Contact No.(Office)	UNIBURE PRINT THE PRINT IN THE	Contact No.(Home)		
mail Address		Special Remark		eCode	No 🗸	
(FK	No Yes	TCA	No Yes	eCode Reason	NO T	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No	
				Filvate fille	NO	
Report Date	18/01/2021 18:41	Accident Report Within	Yes	Accident Type	Collided into Parked Vehicle	
Date of Accident	16/01/2021	24 hrs Time of Accident hh:mm				
Reporting Centre			08:20	Country of Accident	Singapore	
3 53	NATIONAL ASSESSMENT CENTI	Orange Force	No	ICM No.		
Accident Location Total Excess App	115 BUKIT MERAH VIEW MARKET					
xcess Type	Per Accident	Windscreen Excess	122.22			
	To reducit	Willuscreen Excess	100.00			
DD Standard Excess	600.00	TP Standard Excess	0.00			
TED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
Additional Excess						
Total OD Excess Applicable	600.00	Total TP Excess	0.00			
▽ Benefits		Applicable				
	Information					
ST Registered	Yes		GST Registration Date	01/12/2000		
ST Registration No.	199907611C		GST Status Verified	Yes		
odification History	18/01/2021 18:48:40 S 18/01/2021 18:48:40 S	System changed GST Registe System changed GST Registr System changed GST Registr	ered from No to Yes ation No. from null to 199907611C ation Date from null to 01/12/2000			
▽ Policyholder Mai						
Address 1	7B KEPPEL ROAD	Address 2	# TANJONG PAGAR COMPLEX	Address 3	SINGAPORE 089055	
Address 4		Address Type	Singapore address	Post Code	089055	
Unit No.	06-10/11	Related Policy Number	5120428994			
♥ OI Driver Info Driver Name	11		V			
	Unnamed Driver	Driver Type	Unnamed Driver	12001 90021		
Jnnamed driver Name Register Date of Driver		Driver NRIC	S8815410Z	Driver DOB	12/05/1988	
License	17/10/2008	Driver Age	32	Driving Experience	12	
Contact No.(Mobile)	98522030	Contact No.(Office)		Contact No.(Home)		
Address 1	BLK 505 #02-181	Address 2	CHOA CHU KANG STREET 51	Address 3	SINGAPORE 680505	
Address 4		Address Type	Foreign address	Post Code	680505	
Jnit No.	02-181					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBK8937M	Driver Insurer Company	NTUC	
▽ Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
odification History						
▽ Investigation						
	New					
Claim 001 OD-MX	fficer El					
Claim 001 OD-MX ▼ Claim Case O	incer			I.M. FREIGHT INTERNATIONA	AL Insured NRIC	528
♥ Claim Case O	incer	OD-MX	Insured Name	THE LUCTOLLI THE EVINALITORS	AL MISUICU WALC	
♥ Claim Case O	incer	OD-MX	Contact No.(Home)	T.P. TREIGHT INTERNATION	Contact No.(Office)	622
▼ Claim Case O	incer	OD-MX			Contact No.(Office)	622 S11
Claim Case Of Claim Type Contact No.(Mobile) Email Address	incer		Contact No.(Home) OI Vehicle Number	GBK8937M		
Claim Type Contact No.(Mobile) Email Address Claim Description Preferred Workshop Replifier Press Press	referered Preferred Insured Fully at epair Workshop, 남자iity Reaellyed	OD-MX GBK8937M / SJJ585H ON	Contact No.(Home) OI Vehicle Number		Contact No.(Office) TP Vehicle Number	
Claim Type Contact No.(Mobile) Email Address Claim Description Preferred Workshop Regularite Pes	referered Preferred Insured Fully		Contact No.(Home) OI Vehicle Number		Contact No.(Office) TP Vehicle Number Name of Preferred	622 SJJ

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NO

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Print AK letter

Modification History

Approval Reason Remarks Attachment V Accident No. MT/1117818 Claim No. Last Doc. Received Yes ○ No Upload Date 18/01/2021 00:00 Path * Category * Confidential Urgency * Choose File No file chosen Clear Please Select V NO ∨ Normal Choose File No file chosen Clear Please Select V NO Normal Choose File No file chosen V NO ✓ Normal Clear Please Select

Choose File No file chosen Choose File No file chosen

Choose File No file chosen

Attachment	List					
Attachment	Uploaded By/Date		Category	9	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL SERVICES (BUKIT MERAH)) on 18		Photos		Normal	Photos 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL SERVICES (BUKIT MERAH)) on 18		Photos		Normal	Photos 2021-1-18
T	NAC_BUKIT_MERAH_800676(NATIONAL SERVICES (BUKIT MERAH)) on 18		Photos		Normal	Photos 2021-1-18
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	NAC_BUKIT_MERAH_800676(NATIONAL SERVICES (BUKIT MERAH)) on 18		Photos		Normal	Photos 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL SERVICES (BUKIT MERAH)) on 18		Photos		Normal	Photos 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL SERVICES (BUKIT MERAH)) on 18		Photos		Normal	Photos 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL SERVICES (BUKIT MERAH)) on 18		Photos		Normal	Photos 2021-1-18
Ru Free	NAC_BUKIT_MERAH_800676(NATIONAL SERVICES (BUKIT MERAH)) on 18		NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2021-1-18
3	NAC_BUKIT_MERAH_800676(NATIONAL SERVICES (BUKIT MERAH)) on 18		SAS		Normal	SAS 2021-1-18
	Uploaded By/Date	Folder Date	Fi	le Name		Source

Display in New Window Scan and uploading

Hello, NAC_BUKIT_MERAH	_800676			Hale Service		-		The same		Gener	alClaim
My Desktop Notice of Loss	Policy Query			→ Change Language → Change Password → Lo							
	Policy No. Vehicle No.(For Motor)		GBK	GBK8937M			Date of Accident Certificate Number			16/01/2021 18:44	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No,	Insured Object	Commence Date	Expiry Date
	•	5120419904		I.M. FREIGHT INTERNATIONAL	52892339X	GCV	Preferred Workshop Plan	GBK8937M	8	05/01/2021	04/01/2022