SAS c-Illing  Veh 190: GBJ 2044C  E-mail(bymhashrr, Atoshus)  I-Motor Claim Form  I-Motor W/O (Wilhlest OD 2hrs, TP 4brs)  I-Photo Uploaded  Assessment/Survey Report					* 17
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SN08213A0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 10/03/2021 10:24 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (10/03/2021 10:24 (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
- 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 10/03/2021 10:24 (SGT) Date of Accident 07/03/2021 11:00 (SGT) **Exact Location of Accident** Jln Bukit Ho Swee, Singapore Additional Location Information TOWARDS LOWER DELTA Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBJ3044C** 

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **EVERGAZ CONSTRUCTION PTE LTD** Company Reg No 1XXXXX695H **Email Address** evergaz8@gmail.com Mobile Phone No (Phone) +65-92708003 Alternative Phone No +65-93927531

### VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5116560667 Cover Note Number

#### DRIVER

Name of Driver NOI BOON YUE NRIC No SXXXX742C

Date Of Driving Pass	01/08/1984
Driving experience	36 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93927531
Alt. Phone Number	(Filotie) +03-93927331
Email Address	- evergaz8@gmail.com
Address	
100 100 100 100 100 100 100 100 100 100	BLK 299B TAMPINES STREET 22 #09-638
Address complement	-
Postcode	522299
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	2.,
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
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	
PLEASE REFER TO SKETCH PLAN	
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 OTHE	ER VEHICLE PROPERTY 1
	001110075
Vehicle Registration Number	
Vehicle Manufacturer	Toyota
Vehicle Model	*
Vehicle Variant	*
Vehicle Colour	
Vehicle Category	Private car

Private car

THOMAS

(Phone) +65-98176571

Vehicle Category

Name of Driver

Contact Number Address

Address complement

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

# SKETCH PLAN

# **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 <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, 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 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.

永華建築工程和人有限公司 EVERGAZ CONSTRUCTION PTE LTD 10, Anson Road #05-16 // "Is national Plaza Singapore 079901	10/03/2	21 an	10/03/2-02/
Policyholder's Signature / Date & Driv Time & Ti	s Signature (If driver is not the policy		y Reporting Centre
Sketch Plan		Personnel	
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A) GBJ 3044C	TO THE REAL PROPERTY OF THE PARTY OF THE PAR		
B) SGU 4337D			

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# Declaration

I/We declare the foregoing particulars are true in every respect.

VERGAZ CONSTRUCTION PTE LTD

10 Anson Road, #05-16 lemational Plaza Singapore 070903 12 275 3500 Fax: 377 410

Policyholder's Signature / Date & Time

At

10/03/21

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

10/03/2021

Witnessed by Reporting Centre Personnel

# AGCIDENT STATEMENT

ACCIDENT DATE: 07,03,700 (DD/MM/YYYY	), TIME: ( /1 . UO ) (HHMM)
LOCATION: JOHN BUYKIT HOSWELL	BOWAR DACIA
DETAILS OF VEHICLE  GIVEHICLE NUMBER: GBJ SOVYC  b)INSURANCE COMPANY: MOUC  C)POLICY NUMBER:  d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR  B)MAKE & MODEL:	
F)TYPE: (SALOON / COUPE / MPV /VAN / LORRY  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA  h) PURPOSE OF USING AT ACCIDENT TIME:  1) ARE YOU CLAIMING UNDER YOUR OWN INSUR  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REI	AL LMOTORCYCLE)  LOUATM WM  RANCE (YES/NO)  PORTING ONLY)
2. INSURED / POLICY HOLDER  A) NAME: WHILGAZ COMPROUND  b) NRIC/FIN/PASSPORT:  C) ADDRESS:	CONTACT: 92706003
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLD OF pressonges DRIVER  (Including driver) DINRIC/FIN/PASSPORT: \$15937420  CIADDRESS:	MALEY FEMALE) CONTACT: 9392713
6) OCCUPATION: (INDOOR / OVIDOOR)  F) DATE OF DRIVING PAISE  4. WAS DRIVER AN EMPLOYEE OF THE INSURER  IF NO, RELATIONSHIP OF THE DRIVER WITH  5. a) WEATHER CONDITION: (QUEAR / RAINING / OT  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POUCE (YES / NO)  IF YES, PLEASE STATE WHICH POUCE STATION:	INSURED:
Ho of passenger of VEHICLE NUMBER: SGV 4337D- Including driver) b) DRIVER'S NAME: THOMAS ON NRIC/FIN/PASSPORT:	MODEL: 10401A
9. THIRD PARTY VEHICLE  A) VEHICLE NUMBER:  O) DRIVER'S NAME:  Including driver) f) NRIC/FIN/PASSPORT:	MODEL:

email = ENERGAZ8 Q.GMAIL. Com.

# Claim Handling

Accident MT/1123774						
Policy No.	5116560667	Vehicle No.	GBJ3044C		GST Registration No.	
Certificate No.						
Policyholder Name	EVERGAZ CONSTRUCTION PTE LTD				Policyholder NRIC	199
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehe	ensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)			Contact No.(Home)	
Email Address		Special Remark			eCode	No
KFK	No Yes	TCA	No   No	Yes	eCode Reason	Parision.
NCD Protection	No	NCD Entitlement(%)	10		Private Hire	No
Report Date	09/03/2021 18:40	Accident Report Within 24 hrs	Yes		Accident Type	Coll
Date of Accident	07/03/2021	Time of Accident hh:mm	11:10		Country of Accident	Sing
Reporting Centre		Orange Force			ICM No.	
Accident Location	Jln Bukit Ho Swee					
<b>▽</b> Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		100.00		
OD Standard Excess	600,00	TP Standard Excess		0.00		
YIED OD Excess	especialistics.	YIED TP Excess		0.050	Driver is Covered?	Not
Additional Excess		MASSOCIALIS			The second secon	
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
<b>▽</b> Benefits				.51.55		
<b>▽</b> GST Registered Informa	ation					
SST Registered	No		GS	ST Registration Date		
SST Registration No.	(100-a)			ST Status Verified	Yes	
Modification History	09/03/2021 18:41:05 System	n changed GST Status Verified fro	m No to Yes			
Policyholder Mailing Ad	dress					
Address 1	10 ANSON ROAD	Address 2	#05-16 II	NTERNATIONAL PLAZA	Address 3	SI
Address 4		Address Type	Singapore	address	Post Code	07
Unit No.	05-16	Related Policy Number	51165606	567-01		
Driver Name		Driver Type				
Unnamed driver Name		Driver NRIC			Driver DOB	
Register Date of Driver License		Driver Age			Driving Experience	
Contact No.(Mobile)		Contact No.(Office)			Contact No.(Home)	
Address 1		Address 2			Address 3	
Address 4		Address Type	Foreign ac	ddress	Post Code	
Unit No.						
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Insurer Company	
Modification History						
Claim 002 New						
Claim Type *	OD-MX V	Insured Name	EVERGA7	CONSTRUCTION PTE	Insured NRIC	19
Contact No.(Mobile)		Contact No.(Home)	LYLKGAZ	22.30.100.1011112	Contact No.(Office)	82
Email Address		OI Vehicle Number	GBJ3044	<u> </u>	TP Vehicle Number	SC
Claim Description	GBJ3044C / SGV4337D ON 7 Mar 2021	January (Territory)	00000440		Name of Preferred Workshop	
Preferred Workshop Contact	5555446 / 5544537 D ON / Pidi 2021	Insured Liability *	Fully at F	Fault 🔻		
No. Require Finalisation	Yes	Preferered Repair Option		d Workshop, Name unknown	GIA report	R
Date Registered	10/03/2021 10:37	Claim Close Date			Date Received	10
Report Taken By	ROSLI WAHAB					L.,
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Attachment						

	Uploaded By/Date Folder Da	ite	File Name		9	)	Source
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**eBao**Tech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

My Desktop Notice of Loss

**Policy Query** 

Policy No. Vehicle No.(For Motor) GBJ3044C Date of Accident

Certificate Number

Change Language

07/03/2021 09:12

Change Password

Search

Policy No. Select

Certificate Number

Policyholder Name

Policyholder NRIC

Product Cover Type

Vehicle No.

Insured Object

Commence

Expiry Date Date

5116560667

EVERGAZ CONSTRUCTION 199407695H PTE LTD

GCV

Log Out

Comprehensive GBJ3044C GBJ3044C 21/03/2020 20/03/2021

Continue