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Veh No YK	11/2017 09:10	i-Motor Claim	Form	:MT/09710	25 24	n]) [2:50
D.O.A	[11/201]	i-Motor W/O (Within: OD 2hrs	TP 4hrs)			12
OD TP ! Pepon	ing Only	i-Photo Upload					
	-/	Assessment/Surv	vey Report	1			e 000
TP Insurer:		Ass't Report by	Fax / Hand	o Owner/Wksp			
1 MI 1 MC	Assign Wksp / QW: (Tel:	Fax:)
	Veh No:	SLM 4053	K INC ()/Non-INC ()		
TP Particulars:	Yen ivo.	1111000		Tel:)	
Owner / Driver: () Pe	riod: ()	Cover Type: (
Policy No: (Date:	Time:)	
Confirmed	COLUMN CO	Note-Est. Status (W	(O): N: 0-2	20%; P: 21-79%.	F: 80-100%]		
Insured/Driver Li		Warranty: YES ()/NO()			
Year of Registrat	Loading: \$1,0						
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General Remarks:			Edoptial & G	Strictly NO rafer of r	epairer.	- 20	
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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 repudiate policy ability.
- 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 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

foresaid.	ACCIDENT STATEMENT
	24/11/2017 09:46
Date Of Report	
Date Of Accident	24/11/2017 09:10 PIE TWDS CHANGI NORTH
Exact Location Of Accident	
Country/State of Loss	SINGAPORE
DECEMBER OF THE PROPERTY OF TH	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YK7212E
Insured/Policyholder	
Name Of Registered Owner	DISTRI-LINK (SINGAPORE) PTE LTD
Co Reg No	199002087N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91057040
Alternative Phone No	OFFICE-91057040
Vehicle Particulars	
Manufacturer	NISSAN
Model	PKF212NHRN
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	0082071756-14
Cover Note Number	
Driver	

KORISSANY B AHMAD Name of Driver

S1625148H NRIC No 19/02/1963 Date Of Birth OUTDOOR Occupation 23/05/1997 Date Of Driving Pass

20 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91057040 Mobile Number

Fax Number

OTHERS-91057040 Contact Number

NOEMAIL EMail Address

Address

BLK 539 WOODLANDS DRIVE 18

#04-115

Postcode

730539

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

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

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

PLS REFER TO THE ATTACHED 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

SLM4053K

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

WEE LIONG CHENG (HUANG LIANGQING)

NRIC/Passport Number

S7237856C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

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

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

24/11/2017

Name:

NRIC/FIN No.:

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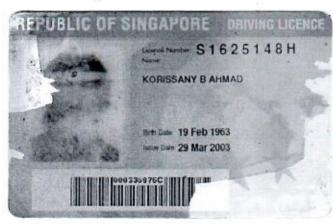
Policy on Ider's Signature
Date & Time

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

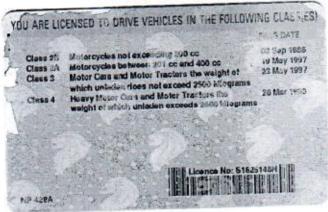
Name: NRIC/FIN No.: I WAS TRAVELLING ALONG PIE TWDS CHANGI NORTH ON THE 3RD LANE .I OVERTAKE VEH X FROM THE RIGHT.AFTER I OVERTAKE VEH X, BEFORE CHANGING LANE,I CHECK THERE'S NO ONCOMING VEH I ON MY SIGNAL TO SWERVED MY VEH BACK TO 3RD LANE.,WHILE CHANGING LANE MY VEH HIT ONTO VEH B THAT ARE CHANGING LANE TOO.AFTER THE IMPACT VEH B SPINNING AND FACING ONCOMING VEH.











eBaoTech							GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601		The same state of		Charles Delication		Change La	nguage	· Change Passwor	d + Log Out
My Desktop	Poli	cy Query								¥
Notice of Loss	Policy P	vo.				Date of Acc	cident	24/11	/2017 09:10	
	Vehicle	No.(For Motor)	YK7212E							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	e	0082071756-14	DISTRI-LINK (SINGAPORE) PTE LTD	199002087N	GCV	Third Party	YK7212E	YK7212E	01/11/2017	31/10/2018
					100	Continue				

Polic	y Information				
olicy No.	0082071756-14	Policyholder Name	DISTRI-LINK (SINGAPORE) PTE	Policyholder NRIC	199002087N
ddress	2 PEAKVILLE GROVE SINGAPOR	487733			
Product Name	COMMERCIAL VEHICLE INSURAL	Plan		Group Policy Flag	N
olicy ssue Date	11/10/2017	Effective Date	01/11/2017 00:00	Expiry Date	31/10/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	KOH THIEN HOCK ANDREW	Agent Tel.	68420221	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	holder Mailing Address				
Address 1	2 PEAKVILLE GROVE	Address 2	SINGAPORE 487733	Address 3	
Address 4		Address Type	Singapore address	Post Code	487733
Unit No.		Related Policy Number	0082071756-14		
1 Insure	ed Object: YK7212E				
⊕ Endor	sements				
	nce Date of Endorsement	Endors	ement Type Endorseme	ent Status	Endorsement Content

laim Handling					
ccident MT/0971025				aga senanga wama	
Policy No.	0082071756-14	Vehicle No.	YK7212E	GST Registration No.	
Policyholder Name	DISTRI-LINK (SINGAPORE) PTE LTD			Policyholder NRIC	
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party	Loading	
Contact No.(Mobile)	91057040	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
	© No Yes	TCA	⊕ No Ves	eCode Reason	
CFK:		NCD Entitlement(%)	10		
VCD Protection	No.	NED Endoement by			
Accident Details	71177777776 22 22 2	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Report Date	24/11/2017 12:37			Country of Accident	Singapo
Date of Accident	24/11/2017	Time of Accident hh:mm	09:10		Jiligape
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI NORTH				
▽ Benefits					
♥ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
	0.00	Outside Singapore TP Excess			
Third Party Excess					
GST Registered Informa			GST Registration Date		
GST Registered	No		GST Status Verified	No	
GST Registration No.					
Modification History					
→ Policyholder Mailing Ade	1-0				
		Address 2	SINGAPORE 487733	Address 3	
Address 1	2 PEAKVILLE GROVE	Address Type	Singapore address	Post Code	
Address 4			0082071756-14		
Unit No.		Related Policy Number	0002071730-14		
⇒ OI Driver Info			Unanted Dalace		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	KORISSANY B AHMAD	Driver NRIC	S1625148H		
Register Date of Driver License	23/05/1997	Driver Age	54	Driving Experience	
Contact No.(Mobile)	91057040	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 539	Address 2	WOODLANDS DRIVE 18	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#04-115				
Does he own a Singapore	Yes iir No	Driver Vehicle No.		Driver Insurer Company	
Registered car?					
Declaration					
Breathalyser or Blood Test		Any injury?	Yes @ No		
	0 mg	COL 1.250. L.			
Reading?					
Readings					
Modification History					
	à				
Modification History	à la				
Modification History Claim 001 OD-MX New	Action 1995	Insured Name	DISTRI-LINK (SINGAPORE) PTE	Insured NRIC	
Modification History Claim 001 OD-MX New Claim Type *	OD-MX •	Insured Name Contact No.(Home)	DISTRI-LINK (SINGAPORE) PTE	Insured NRIC Contact No.(Office)	
Claim 001 OD-MX New Claim Type * Contact No.(Mobile)	Action 1995	Contact No.(Home)			_
Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address	06-MX •		DISTRI-LINK (SINGAPORE) PTE YK7212E	Contact No.(Office)	_
Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description	Action 1995	Centact No.(Home) OI Vehicle Number	YK7212E	Contact No.(Office) TP Vehicle Number	
Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address	06-MX •	Contact No.(Home)		Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	06-MX •	Centact No.(Home) OI Vehicle Number	YK7212E	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	
Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No.	OD-MX • VK7212E / SLM4053K ON 24 Nov 2017	Centact No.(Home) Of Vehicle Number Insured Liability *	YK7212E Partially at Fault ▼	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	OD-MX YK7212E / SLM4053K ON 24 Nov 2017 Yes	Centact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	YK7212E Partially at Fault ▼	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	
Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX YK7212E / SLM4053K ON 24 Nov 2017 Yes Yes 4 24/11/2017 12:45	Centact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	YK7212E Partially at Fault ▼	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	OD-MX YK7212E / SLM4053K ON 24 Nov 2017 Yes Yes 4 24/11/2017 12:45	Centact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	Partially at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	
Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX YK7212E / SLM4053K ON 24 Nov 2017 Yes Yes 4 24/11/2017 12:45	Centact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	YK7212E Partially at Fault ▼	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	
Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX YK7212E / SLM4053K ON 24 Nov 2017 Yes Yes 4 24/11/2017 12:45	Centact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	Partially at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	OD-MX YK7212E / SLM4053K ON 24 Nov 2017 Yes Yes 4 24/11/2017 12:45	Centact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	Partially at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	OD-MX YK7212E / SLM4053K ON 24 Nov 2017 Yes Yes 4 24/11/2017 12:45	Centact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	Partially at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	
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