NATIONAL Assessment Centre	Services :	veri Jan 65) 📙	NA 11715979	٩		
Date In 1/12/17 18:21	Jeb description		Date & Time Com	pleted	Done b	Y
Ref No MAI IME 170 22893 144	SAS e-filing					
Veh No ΥΝ 7281 P	E-mail (within 8	hrs. AIC Thts)				-
DOA 3014113 13:00	i-Motor Clain	n Form	MT/09720	99 4/12	117	9:11
	i-Motor W/O	(Within OD 2hrs				
OD / TP / Reconing Only	i-Photo Uplos	ided				200
Th feel deal	Assessment/Su	rvey Report				
TP Insurer:	Ass't Report by	Fax/Hand to	Owner/Wksp		Done b Anat (5) 1st Bill 30.00	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No:	YF 3333E	INC ()/Non-INC(χ		
Owner / Driver: (Tel)	
Policy No. () Per	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	lote-Est. Status (V	VO): N: 0-20	0%; P: 21-79%	F: 30-100%	1	
	Varranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	00 () / \$2,000	()		-		
General Remarks:- () Walk-In Customer : Customer's infor			at a large to			
Drive-In () / Towed-In (); Invoice	YES()/N	(O () ; T	owing Co. ()
Remarks:- (INC horline: 6788 6616)			Date&Time Con	iplered	Done	py.
THE CONTRACT CARD PROPERTY AND ADDRESS OF THE PARTY OF TH	ourtesy Car ()				
2) QC Check / Post Repair Inspection	0001) \	-			
3) Upload Resurvey Photo [Repair Cost > \$3	000]	,			-	
Injury: ————	uctoreta, saturate a seco					
Date/Time Actions				7	Lexis	
		10 100-1				- 2700-0
	_ 4		141			
4		1 . D.	eparation Check	1.4	Ant (\$)	Ami (\$
<u> </u>	MA17 . 7465			134	101111111111111111111111111111111111111	Add Bi
Claimant's Particulars :-			Assessment (\$100);	INC (\$80)		
Priver/Owner:		3) TF : Towing 4) FT : Follow-	Fee Through Survey	\$40/\$45 \$120		
Contact No:		5) FT : Fellow-	Through Survey (Resur against INC Only (we	vey) \$30 10 Jan 2005)		
		6) TR : Re-iusp	ection	575		
Damaged Portion:	5	7) NI : Idae DA 8) NTUC Addi	+ SMRI Survey	\$160		-
QC Checked by (Engr-In-Charge):		OD:	Andrew III	5		
C. Sacrico of (DuBran Charge).	VICTOR AND	*No Repair	sy Car / Tpt Allowance Co-ordination	51		
Auditors'-Comments :-			pair Inspection ollest Excess Coordina	52 ion 5	-1	
at 11		TP(N11):7	PIN nINC) against D			
at 2/3:		9) N12: Idac N Invoice dated		ee Charges	1	
		Involve dated	7	ee Charged	医生活	1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.

- 6. 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

维尔斯斯尔 经投资股份的 医 斯特克斯 (1996)	ACCIDENT STATEMENT
Date Of Report	01/12/2017 18:21
Date Of Accident	30/11/2017 13:00
Exact Location Of Accident	NO 8 LOR BAKAR BATU LOADING BAY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YN7281P
Insured/Policyholder	
Name Of Registered Owner	EC3 ASSET MANAGEMENT
Co Reg No	53141033A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62552107
Vehicle Particulars	
Manufacturer	HINO
Model	HINO GH8JRMA-QGS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO.
Policy Number	5068805626-02
Cover Note Number	
Driver	
Name of Driver	CHUA HOCK KENG
NRIC No	S1131703J
Date Of Birth	01/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	08/11/1979
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98383018
Fax Number	
Contact Number	
	ALCOHOLD I

NOEMAIL

Address

BLK 520 AMK AVE 5 #23-4224

Postcode

560520

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

COLLIDED INTO PARKED VEHICLE

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

PLEASE REFER TO 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

YF3333E

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

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.
- 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
- 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 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:

- 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)
 - (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' 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:
 - (i) 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

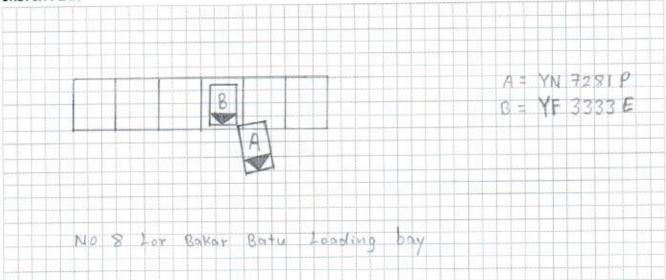
Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Wh	en I	Reve	rsing	My	horn	ry i'n	side	the	No 8
Lor	Bakar	Batu	hoa	ding	bay	into	an	Empty	Lot,
I	Acciden	tally	misji	idge	bit	onto	A	parked	vehicle
on	the	Left	side	mirr	o Y				

DECLARATION

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

OST REG NO.

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

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

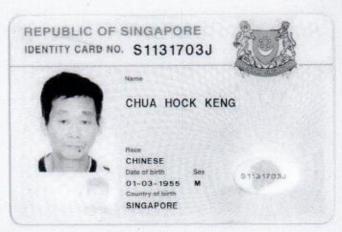
ACCIDENT STATEMENT

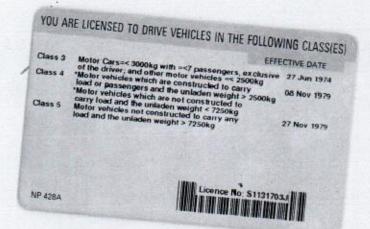
ACCIDENT DATE: 30 / 11 / 17)(DD/	AND
LOCATION: No 8 Lor Bakar	Batu Loading bay
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: YN 72	918
bJINSURANCE COMPANY:	
c)POLICY NUMBER:	
	THIRD PARTY / THIRD PARTY FIRE &THEFT)
e MAKE & MODEL:	WWW. Technological Markets (Control of the Control
	AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CO	
h) PURPOSE OF USING AT ACCIDENT	
I) ARE YOU CLAIMING UNDER YOUR O	
IF NO, PLEASE STATE (THIRD PARTY C	[10] [10] [10] [10] [10] [10] [10] [10]
2. INSURED / POLICY HOLDER	
A)NAME: EC3 Asset Mana	gement (MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: 6255 2107
c) ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO P	OLICY HOLDER
The of passengs. DRIVER	
(Induding diese) a NAME: Chua Hock Ke.	(MALE / FEMALE)
DIMINO// IN// Add DIVI.	CONTACT: 98 3 83 0 1 8
(L) claddress:	
- Walter to Table 1	
*d) DATE OF BIRTH: (//	
e)OCCUPATION: (INDOOR / OUTDO	OR)
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF TH	IE INCUDED'S COMPANYS (VES / NO)
IF NO, RELATIONSHIP OF THE DRI	
5. a) WEATHER CONDITION: (CLEAR / R/	
b)ROAD SURFACE: (DRY / WET / OTH	
6. WAS ANYBODY INJURED (YES / NO)	<u> </u>
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	ESTATION:
8 THIRD PARTY VEHICLE	
No of passenger a) VEHICLE NUMBER: YF 3:	333 E MODEL:
Including alatine) b) DRIVER'S NAME:	
Including driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
Ho of passenger at DRIVER'S NAME	MODEL:
T No of Passanger e DRIVER'S NAME:	0
Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT:
()	
	White grass & ever)
camera: No.	The second secon

email =

fax =









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My Desktop		cy Query						-		
9	Policy N	Vo.				Date of Accid	dent	30/11/	2017 11:42	
	Vehicle No.(For Motor)		YN7281P	YN7281P						
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5068805626-02	EC3 ASSET MANAGEMENT	53141033A	GCV	Comprehensive	YN7281P	YN7281P	01/04/2017	31/03/2018

ccident MT/0972099					
5015800	P060805636.03	Vehicle No.	YN7281P	GST Registration No.	
ilicy No.	5068805626-02 EC3 ASSET MANAGEMENT			Policyholder NRIC	
olicyholder Name	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	
roduct Code	62552107	Contact No.(Office)		Contact No.(Home)	
ontact No.(Mobile)	02332107	Special Remark		eCode	
mail Address		TCA	® No € Yes	eCode Reason	
FK	© No ○ Yes		20		
ICD Protection	No	NCD Entitlement(%)	20		
Accident Details				Accident Type	Collided
teport Date	04/12/2017 09:07	Accident Report Within 24 hrs	Yes		Singapo
Date of Accident	30/11/2017	Time of Accident hh:mm	13:00		2 dapo
Reporting Centre		Orange Force		ICM No.	
Accident Location	NO 8 LOR BAKAR BATU LOADING BAY				
♥ Benefits					
♥ Excess					
Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Informa	ation			2.32.22	
GST Registered	Yes		GST Registration Date	01/05/2015 Yes	
GST Registration No.	M90370135C		GST Status Verified	ites	
Modification History					
→ Policyholder Mailing Ad	dress				
Address 1	7 YISHUN INDUSTRIAL STREET	Address 2	#04-53 NORTH SPRING BIZHUE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	04-53	Related Policy Number	5068805626-02		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHUA HOCK KENG	Driver NRIC	\$11317033	Driver DOB	
Register Date of Driver License	08/11/1979	Driver Age	62	Driving Experience	
Contact No.(Mobile)	98383018	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 520 #23-4224	Address 2	ANG MO KIO AVENUE 5	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	23-4224				
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	← Yes @ No		
Modification History					
Claim 001 New					
Claim Type *	OD-MX •	Insured Name	EC3 ASSET MANAGEMENT	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YN7261P	TP Vehicle Number	
Claim Description	YN7281P / YF3333E ON 30 Nov 201	7		Name of Preferred Workshop	
Preferred Workshop Contact	0	Insured Liability *	Fully at Fault.		
No.	et a	Preferered Repair Option	Preferred Workshop, Name unknown	→ GIA report	
Require Finalisation	Yes *	Claim Close Date		Date Received	
Date Registered	04/12/2017 09:10	manufacture of the same	V		
Report Taken By	LIEW SHAN HUI				
			a 1 a - 2		
Print AK letter			Save Submit		
Attachment			Save Suomit		
		27.0	00000		=0
Attachment	MT/0972099 ● Yes ○ No	Claim No. Upload Date	001 04/12/2017 09:11		20

