NATIONAL Assessment Centre Services		-
Date In 08/12/2017 14:40 Jeb descriptio	Date & Time Completed	Done by
Ref No NA INC17023365 K4 SAS e-filing		
	n Blass, AIC 2hraj	
DOA 07/12/2017 18:30 i-Motor Cl:	im Form : MT/0972876	8/12/17 15:3
	O (Within: OD 2hrs, TP 4hrs)	
OD TP ' Peporting Only i-Photo Upl	oaded	
Assessment/S	Survey Report	
TP Insurer: Ass't Report	by Fax / Hand to Owner/Wksn	
Preforred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:
TP Particulars: Veh No: Roof Top	INC()/Non-INC()	
Owner / Driver: (_ Tel:)
Policy No: () Period: () Cover Type: ()
Confirmed by : (Date: Time:)
	(WO): N: 0-20%; P: 21-79%. F: 80-10	0%]
Year of Registration: () Warranty: YES (
Excess: (\$) Loading: \$1,000 ()/\$2,00	00()	
General Remarks:-		5.1
() Walk-In Customer: Customer's information strictly C		V/4 1 = 14-10 = 24-10
() Total Loss Case : to e-mail Insurer URGENTLY		
	NO(); Towing Co. (,)
Director ()		17 - BJ - N
Remarks:- (INC horline: 6788 6616)	Date&Time Completed	Done by
Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	
Injury:		
	CONTRACTOR OF STREET	1,341 44.6 1. 1.
Date/Time Actions	(miles) 330% (miles) > 3 and ut	N. S.
		The second second
With the second		
: NA 1707 K 94	Invoice Preparation Checklist	Amt (5) Amt
: NA 1707594	Invoice Preparation Checklist	Ant (S) Amt
773	1) AR : Accident Reporting (\$30); 2) DA : Darriage Assessment (\$100); INC (\$40)	Lat Bill Add
Claimant's Particulars :-	1) AR : Accident Reporting (\$30); 2) DA : Darriage Assessment (\$100); INC (\$30); 3) TF : Towing Fee \$40 4) FT : Follow-Through Survey	1st Bill Add
Claimant's Particulars :- Oriver/Owner:	1) AR: Accident Reporting (\$30); 2) DA: Darriage Assessment (\$100); INC (\$30); 3) TF: Towing Fee 4) FT: Follow-Through Survey SANT: Follow-Through Survey (Resurvey)	1st Bill Add
Claimant's Particulars :- Oriver/Owner:	1) AR: Accident Reporting (\$30); 2) DA: Darmage Assessment (\$100); INC (\$30); 3) TF: Towing Fee \$40 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 200) 6) TR: Re-inspection	1st Bill Add
Claimant's Particulars :- Driver/Owner: Contact No:	1) AR: Accident Reporting (\$30); 2) DA: Darrage Assessment (\$100); INC (\$3 3) TF: Towing Fee \$40 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 200) 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey	1st Bill Add
Claimant's Particulars :- Driver/Owner: Contact No:	1) AR: Accident Reporting (\$30); 2) DA: Darrage Assessment (\$100); INC (\$3 3) TF: Towing Fee \$40 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 200) 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey 8) NTUC Additional Services:	1st Bill Add
Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion:	1) AR: Accident Reporting (\$30); 2) DA: Darrage Assessment (\$100); INC (\$30); 3) TF: Towing Fee \$40 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 200); 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey 8) NTUC Additional Services: OD* *N5: Courtesy Car / Tpt Allowance	1st Bill Add
Claimant's Particulars ;- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AR: Accident Reporting (\$30); 2) DA: Darrage Assessment (\$100); INC (\$30); 3) TF: Towing Fee \$40 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 200); 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey 8) NTUC Additional Services: OD* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Foat Repair Inspection	1st Bill Add
Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors! Comments:-	1) AR: Accident Reporting (\$30); 2) DA: Darrage Assessment (\$100); INC (\$3 3) TF: Towing Fee \$40 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 200) 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey 8) NTUC Additional Services: OD* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination	1st Bill Add
Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AR: Accident Reporting (\$30); 2) DA: Darrage Assessment (\$100); INC (\$30); 3) TF: Towing Fee \$40 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 200); 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey 8) NTUC Additional Services: OD* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Foat Repair Inspection	1st Bill Add

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 5. 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	08/12/2017 14:40
Date Of Accident	07/12/2017 18:30
Exact Location Of Accident	38 NANYANG CRESCENT (NTU - SARACA HALL)
Country/State of Loss	SINGAPORE
ALL CHEST IS SUBJECT OF THE SECOND IN	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GU5405P
Insured/Policyholder	
Name Of Registered Owner	SONG KWANG ELECTRIC SERVICE
Co Reg No	07098300C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83420043
Alternative Phone No	OFFICE-83420043
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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	0081544747-13
Cover Note Number	
Driver	
Name of Driver	PERIASAMY SENTHILNATHAN
Passport No/FIN	G3289261U
Date Of Birth	07/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83420043
Fax Number	
Contact Number	OTHERS-83420043

NOEMAIL

Address

SONG KWANG ELECTRIC SERVICE

Postcode

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

NO

NO

1

NO

NO

YES

NO

NO

ROOFTOP

General Information of the Accident

HIT BY FALLEN TREE / OTHER OBJECTS Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident?

NO Was any body injured in the Accident?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number 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

- 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.
- 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.

SONG KWANG ELECTRIC SERVICE

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

(If driver is not the policyholder)

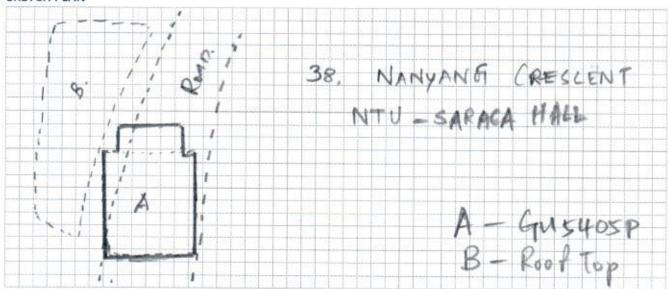
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		1 driving	in The	Cocation o	n 32,
Paricing The Trung	the lift	Side L	SARACA H Infortunally	ALL J	n 32, try to touched

DECLARATION

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

SONG KWANG ELECTRIC SERVICE

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 .:







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 11 Sep 2017
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 11 Sep 2017
passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change La	nguage	Change Passwo	rd · Log Ou
My Desktop	Poli	icy Query								,
Notice of Loss	Policy	No.				Date of Ac	cident	07/12	/2017 18:30	
	Vehicle	No.(For Motor)	GU5405P							
					3	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	0081544747-13	SONG KWANG ELECTRIC SERVICE	07098300C	GCV	Third Party	GU5405P	GU5405P	01/04/2017	30/04/2018

Policy No.	0081544747-13	Policyholder Name	SONG KWANG ELECTRIC SERVI	Policyholder NRIC	07098300C
Address	42 LORONG LOW KOON SINGAP	ORE 536452			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	22/03/2017	Effective Date	01/04/2017 00:00	Expiry Date	30/04/2018 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	PEK CHEE KHEE LAWRENCE	Agent Tel.	67463438	GST Flag	Y
Co- insurance Flag Open Policy Info	No				
Certificate Info					
Policyh	older Mailing Address				
Address 1	42 LORONG LOW KOON	Address 2	SINGAPORE 536452	Address 3	
Address 4		Address Type	Singapore address	Post Code	536452
Unit No.		Related Policy Number	5017789191-11		
♪ Insured	Object: GU5405P				
• Endorse	ements				
Sequenc	Date of Endorsement	Endorser	ment Type Endorsemen	t Status	Endorsement Content

Claim Handling					
ccident HT/0972876					
folicy No.	0061544747-13	Vehicle No.	GU5405P	GST Registration No.	
Policyholder Name	SONG KWANG ELECTRIC SERVICE			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party	Loading	
Contact No.(Mobile)	83420043	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	® No ⊕ Yes	TCA	@ No @ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		
Accident Details		POSTONIO DE POSTONIO DE POSTONIO DE LA CONTRACTORIO			
leport Date	08/12/2017 15:21	Accident Report Within 24 hrs	Yes	Accident Type	Oth
		Time of Accident hh:mm			
Date of Accident	07/12/2017		18:30	Country of Accident	Sing
leparting Centre		Orange Force		ICM No.	
Accident Location	38 NANYANG CRESCENT (NTU - SARACA HAL	L)			
♥ Benefits			20020000		-
Coverage			Sum Insured		
AB			2000		
⇒ Excess	12.00	14/3/2010/04/2010/00/00		Value and Annual Control of the Cont	-
Iwn damage Excess	0.00	Additional Excess		Windscreen Excess	
Innamed Driver Excess		Outside Singapore OD Excess			
hird Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Informa					
SST Registered	No		GST Registration Date	42	
ST Registration No. Indification History			GST Status Verified	No	
nou-section distory					
Policyholder Mailing Ad	drace				
		Address 2	CINCADORE FACAES	Address 3	
ddress 1 ddress 4	42 LORONG LOW KOON	Address Type	SINGAPORE 536452 Singapore address	Post Code	
Init No.		Related Policy Number	5017789191-11	Pusi Code	
OI Driver Info		Related Policy Number	3017/03131-11		
Priver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Innamed driver Name	PERIASAMY SENTHILINATHAN	Driver NRIC	G3289261U	Driver DOB	
egister Date of Driver License		Driver Age	28	Driving Experience	
ontact No.(Mobile)	83420043	Contact No.(Office)	0	Contact No.(Home)	
ddress 1	SONG KWANG ELECTRIC SERVI	Address 2		Address 3	
	SONG KWANG ELECTRIC SERVI		14/10/00/00/01/00/01		
Address 4		Address Type	Singapore address	Post Code	
Unit No. Does he own a Singapore					
legistered car?	€ Yes @ No	Driver Vehicle No.		Driver Insurer Company	
a ele mello a					
eclaration reathalyser or Blood Test	2000	12/19/12/12/V			
leading?	0 mg	Any injury?	Yes No		
lodification History					
Lanca responsable Maria	n .				
Claim 001 OD-MX New					
laim Type *	OD-MX ▼	Insured Name	SONG KWANG ELECTRIC SERVI	Insured NRIC	
ontact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
mail Address		OJ Vehicle Number	GU5405P	TP Vehicle Number	
laim Description	GU5405P / ROOFTOP ON 7 Dec 2017	NOW THE PROPERTY OF THE PARTY O		Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Partially at Fault *		
o.	Yes		Preferred Workshop, Name unknown	GIA report	-
equire Finalisation		Preferered Repair Option	Therred Horkshop, Marine Unknown		
ate Registered	08/12/2017 15:30	Claim Close Date		Date Received	
eport Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
			Save Submit		
Attachment					
coident No.	MT/0972876	Claim No.	001		
		Upload Date	08/12/2017 15:30		
ast Doc. Received	Yes ○ No	Optoed Date	WOY 1676 WAY 13.30		

