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OD P Reporting Only	i-Photo Uplo:	aded			100
	Assessment/Su	rvey Report			
TP Insurer:			Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
The state of the s	1611 U	INC ()/Non-INC()	- W	
Owner / Driver: (16110		Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	-
Confirmed by : (Date:	Time:)	
	te-Est. Status (V	VO): N: 0-20	%; P: 21-79%. F: 80-	100%]	
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2) QC Check / Post Repair Inspection	()			*	
3) Upload Resurvey Photo [Repair Cost > \$300	001 ()			
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	N.O 53	Invoice Pre	paration Checklist	Anif (S)	Amt (5)
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laimant's Particulars :-	1000	2) DA : Damage	Assessment (\$100); INC (madfold of the latest and the latest	
river/Owner:		3) TF : Towing F 4) FT : Follow-T	hrough Survey	\$120	
ontact No:	itt	5) FT : Follow-T	hrough Survey (Resurvey) goinst INC Only (wef 10 Jan 200	\$30	
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C Charlest har (Mary 12 Charles)		OD:			
C Checked by (Engr-In-Charge):			Car / Tpt Allowance	\$5	
STRONE SECTIONS NO. RESPECTATION OF STROLL MAY	Philipper lock that	*N6: Repair C *N7: Fost Rep	mir Inspection	\$25	
uditors' Comments :-		+N8: DV / Co	Heet Excess Coordination (Non INC) against INC	\$5 \$20	7
t. 1;		9) N12: Idao Mo	bile	30	-
t_2/3;		Involce dated	Fee Charge	1	CHECK!

Invoice dated

SER 12'

Fee Charged

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.
- Information provided must be as <u>truthful and accurate</u> 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.

- 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
00/04/2018 14:06

 Date Of Report
 09/01/2018 14:06

 Date Of Accident
 08/01/2018 19:40

Exact Location Of Accident TRAFFIC JUNC OF PIONEER RD & TUAS AVE 2

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN4598X

Insured/Policyholder

Name Of Registered Owner VERTEX AUTOMOBILE PTE LTD

Co Reg No 200605693R Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-67429368

Vehicle Particulars

Manufacturer DONGFENG

Model C12-934 4.5L MANUAL TURBO

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?

Osa-

NO

If No, Please state action to be taken

THIRD PARTY

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 5063546275-04

Cover Note Number -

Driver

 Name of Driver
 NEO AH HENG

 Passport No/FIN
 F7106257X

 Date Of Birth
 31/12/1965

 Occupation
 OUTDOOR

 Date Of Driving Pass
 23/09/2009

Driving Experience 8 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97201084

Fax Number

Contact Number

EMail Address NOEMAIL

Address

156A GUL CIRCLE

OTHER - HIRER

Postcode

629614

Was driver an employee of the Insured's Company

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 - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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

I WAS TRAVELING ALONG PIONEER RD WHILE APPROACHING JUNC OF TUAS AVE 2, I SAW THE LIGHT FROM GREEN CHANGE TO EMBER, I STARTED TO SLOW DOWN MY VEH AND PREPARE TO STOP. ALL OF A SUDDEN, I FELT AN STRONG IMPACT FROM BEHIND, DUE TO THE IMPACT, MY VEH BEEN PUSH FORWARD OUT FROM THE STOP LINE. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO XE1611U) FROM BEHIND HIT ONTO MY VEH REAR PORTION.

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

Vehicle Make/Model/Colour

XE1611U

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MANDEEP SINGH

NRIC/Passport Number

G7493481T

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.

W1

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

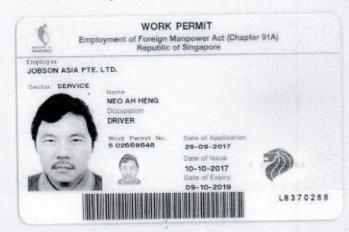
NRIC/FIN No.:

	<i></i>		
s Ave 2			
	ALA pook forward		A = YN 459
	A		B = XE 160
	A		7 76 19
	[8]		
	AIP	Pioneer Rd	
CRIBE CIRCUMSTAN	CES OF THE ACCIDENT		
01	Refer to	44 16 4 L	
Please	Refer to	Statement	
	Ketty		
	No to		

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 Class 3

Class 4

23 Sep 2009

Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg

Licence No:F7106257X

NP 428A

VISIT PASS Immigration Regulations NEO AH HENG MALAYSIAN 31-12-1965 M F7106257X 10-10-2017 09-10-2019 YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		To a large state of the same		St. St. of St. o		Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Ac	cident			
	Vehicle	No.(For Motor)	YN4598X							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5063546275- 04	VERTEX AUTOMOBILE PTE LTD	200605593R	GFT	Third Party	YN4598X	YN4598X	12/11/2017	
			(11001118001		10	Continue				

Policy No.	5063546275-04	Policyholder Name	VERTEX AUTOMOBILE PTE L'	TD Policyholder NRIC	200605693R
Address	96 JALAN JURONG KECHIL SI	NGAPORE 598599	TEST VICTOR		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	09/11/2017	Effective Date	12/11/2017 00:00	Expiry Date	11/11/2018 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent Co- insurance Flag Open Policy Info Certificate Info	LIAN FONG CREDIT & TRADII	NG Agent Tel.	NIL	GST Flag	Y
500 00	96 JALAN JURONG KECHIL	Address 2	SINGAPORE 598599	Address 3	
Address 1 Address 4	90 JALAN JORONG RECHIL	Address Type Related	Singapore address	Post Code	598599
Unit No.		Policy Number	5063546275-04		
	d Object: YN4598X				
▼ Endors	Date of	. According to the second second	Endorsement		**************************************
Sequen	ce Endorsement E	ndorsement Type	Number	dorsement Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBB3508Z 08-01-2018 \$437.97 In view of this amendment, an additional premium of \$437.97 (inclusive of GST) is payable under your

5063546275-04	Vehicle No.	YN4598X	GST Registration No.	
VERTEX AUTOMOBILE PTE LTD			Policyholder NRIC	20060
FLEET INSURANCE	Cover Type	Third Party	Loading	0
67429368	Contact No.(Office)		Contact No.(Home)	
	Special Remark		eCode	No.
® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
(A), (A) = (A), (A)		0	Private Hire	No
140	Real Southern Control	137.02		
09/01/2018 16:59	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
		19:40	Country of Accident	Singa
08/01/2010		-	ICM No.	
TRACETO MINO OF DIONEER RD & THAS AVE 2				
TOUTTE JONE OF FLOREEN NO W 1949 AVE 2				
0.00	Additional Excess		Windscreen Excess	
1 500 00	The second secon			
	outside airigapore in cacess			
		GST Registration Date		
No			No	
		Martines and Martin		
iress				
	Address 2	SINGAPORE 598599	Address 3	
	Address Type	Singapore address	Post Code	5985
	Related Policy Number	5063546275-04		
Unnamed Driver	Driver Type	Unnamed Driver	2002 2000	
NEO AH HENG	Driver NRIC	F7106257X	Driver DOB	31/12
23/09/2009	Driver Age	52	Driving Experience	8
97201084	Contact No.(Office)		Contact No.(Home)	
156A # GUL CIRCLE	Address 2	SINGAPORE 629614	Address 3	
	Address Type	Singapore address	Post Code	6296
O Yes @ No	Driver Vehicle No.		Driver Insurer Company	
0,110				
9 ma	Any injury?	O Yes ⊕ No		
0.119	and the latest of the latest o	And and the U		
h'				
Will.				
parameter and the second	TOTAL CONTRACTOR		Control page	2000
OD-MX	Insured Name	VERTEX AUTOMOBILE PTE LTD		2006
	Contact No.(Home)			6468
	OI Vehicle Number	YN4598X	-	XE16
YN4598X / XE1611U ON 8 Jan 2018			Name of Preferred Workshop	0
0	Insured Liability *	Not at Fault		
Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
09/01/2018 17:04	Claim Close Date		Date Received	09/0
LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
10 (0)				
		For School		
		Seve Subline		
	VERTEX AUTOMOBILE PTE LTD FLEET INSURANCE 67429368 ® No O Yes No 09/01/2018 16:59 08/01/2018 TRAFFIC JUNC OF PIONEER RD & TUAS AVE 2 0.00 1,500.00 tion No dress 96 JALAN JURONG KECHIL Unnamed Driver NEO AH HENG 23/09/2009 97201084 156A # GUL CIRCLE O Yes ® No 0 mg	VERTEX AUTOMOBILE PTE LTD FLEET INSURANCE 67429368 Contact No. (Office) Special Remark TCA No NCD Entitlement(%) O9/01/2018 16:59 Accident Report Within 24 hrs Time of Accident hh:mm Orange Force TRAFFIC JUNC OF PIONEER RD & TUAS AVE 2 0.00 Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess 1,500.00 Outside Singapore TP Excess 2 Address Type Related Policy Number Unnamed Driver NEO AH HENG Driver NRIC 23,09/2009 97201084 Contact No. (Office) Address 2 Address Type O Yes No Driver Vehicle No. Omg Any Injury? Insured Name Contact No. (Home) OI Vehicle Number VN4598X / XE1611U ON 8 Jan 2018 D Insured Liability * Preferered Repair Option Claim Close Date	VEXTEX AUTOMOBILE PTE LTD FLEET INSURANCE Contact No. (Office) Special Remark No O vice No No No No O vice No O Additional Excress Outside Singapore TP Excress 1,500.00 Outside Singapore TP Excress 1,500.00 Outside Singapore TP Excress No O Vice No O Vice No O Vice No Vice Vice Vice Vice Vice Vice Vice Vice	WETER AUTONOSHILE PTE LTD FALET RISURANCE Cover Type Conset No. (Office) Special Benank Special

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