Date In: 17/18- 10:34				
	Jeb description	Date & Time Completed	Don	: by
Re[No NA INC 800 3 9 24	SAS e-filing			
Veh No: 68830692	E-mail (within this, AIC :	thrs)		(4)
D.O.A : 16/1/8-18:00	i-Motor Claim Form	M710978241	17/1/18 1	80:
	i-Motor W/O (Within:			
OD TP ' Reporting Only	i-Photo Uploaded			
V	Assessment/Survey Re	port		
TP Insurer:	Ass't Report by Fax / I			15.15
Preferred Wksp / INC Assign Wksp / QW:	- control of the cont		Fax:	
		NC()/Non-INC()	95 POLITY	
Owner / Driver: (DID-MAIK	Teli)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
	6) [Note-Est Status (WO): 1	I: 0-20%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO			
Excess: (\$) Loading:				
Jeneral Remarks:-			ion 4	
() Walk-In Customer's Customer's	information strictly Confidentia	1 & Strictly NO refer of repairer		
() Total Loss Case : to e-mail In	surer URGENTLY.			
Drive-In ()/ Towed-In (); Inv	voice: YES () / NO (); Towing Co: (14 11)
Remarks:- (INC horline: 6788 661	6)	Date&Time Completed	Don	by
		Dateer His Compte va		e decap
Apply for Transport Allowance ()/ Courtesy Car ()		1	
2) QC Check / Post Repair Inspection		The second secon		
11111 D DI	5 520001 / \			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
Injury:	> \$3000] ()			
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Injury: ————————————————————————————————————		e Preparation Checklist	Ant (S)	
Injury: ————————————————————————————————————	Inveio	Locident Reporting (\$30);	Ist Bill	
Injury: Actions A1800VoX Aimant's Particulars:	Inveit	Accident Reporting (\$30); Damage Assessment (\$100); INC (Ist Bill 580)	
Al&ooyo\ imant's Particulars:-	Inyeic 1) AR: A 2) DA: I 3) TF: I 4) FT: F	cecident Reporting (\$30); Damage Assessment (\$100); INC (owing Fee Sollow-Through Survey	1st Bill \$80) 40/\$45 \$120	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.

- 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.

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Date Of Report 17/01/2018 10:34

Date Of Accident 16/01/2018 10:00

Exact Location Of Accident BLK 747A TAMPINES ST 71 OPENSPACE CARPARK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB3069Z

Insured/Policyholder

Name Of Registered Owner LEK CHUAN AUTOCRAFT PTE LTD

Co Reg No 198502085E Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-64822911

Vehicle Particulars

Manufacturer TOYOTA

Model DYNA 150 MANUAL 3SEATER

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 THIRD PARTY

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 5094852664

Cover Note Number

Driver

Name of Driver JAYAPRAGASAM S/O RAJOO

 NRIC No
 \$2065028A

 Date Of Birth
 17/02/1947

 Occupation
 OUTDOOR

 Date Of Driving Pass
 12/05/1967

Driving Experience 50 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93726901

Fax Number

Contact Number OFFICE-93726901

EMail Address NOEMAIL

Address BLK 118 SERANGOON NORTH AVENUE 1

#02-231 550118

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 Registration Number of Driver's Own

enicle

Insurance Company of Driver's Own Vehicle

-

1

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2
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.

Number of Passengers (Including Driver)

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

REFER TO 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 SHB9901K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

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.
- 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 companies.
- 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:

- (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)
 - (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
- 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.
- 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.

來泉機械修理私人有限公司 EK CHUAN AUTOCRAFT PTE LTD

5 Kim Chuan Lane Singapore 537070 O: (65) 6482 2011 F: (65) 6481 2911 Driver's Signature

Date & Time:

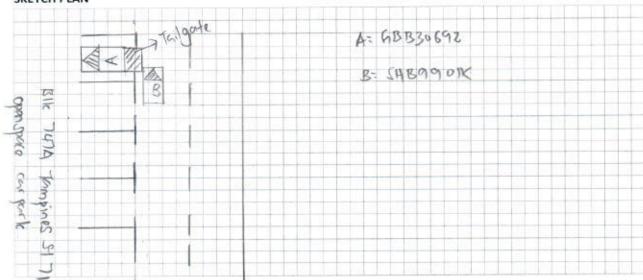
(If driver is not the policyholder)

Date & Time:

sonnel's Signature Reporting Centry

Name:

NRIC/FIN No .:



ESCRIBE CIRCUMSTANCES OF THE ACCIDENT
on 16/1/18 10:00 I was stationary purked along Blk 7474
ampines of 71 openspace carparle Clouding Lunbanding boy). Indidenly
rehicle 13 was speeding and hit onto my vehicle Ctailgnte portion
COME
lamoged and a motocycle on my vehicle fall and danged.

DECLARATION

來泉機機能學型私人有限公司

LEK CHUAN AUTOCRAFT PTE LTD 5 Kim Chuan Lane Singapore 537070

O: (65) 6482 2911 F: (65) 6481 2911 Policyholder's Signature

Date & Time:

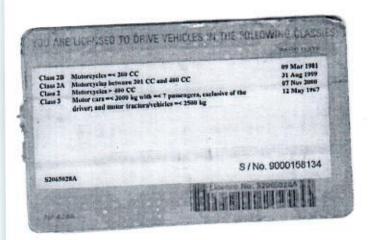
Driver's Signature (/ (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:









eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601		To mileson	Name and Address of the Owner, where	N. HILLOWIPE		Change Lan	guage	Change Passwo	ord + Log Out	
My Desktop	Polic	cy Query						· ·		- 6	
Notice of Loss	Policy No. Vehicle No.(For Motor)		G883069Z			Date of Accident		16/01	2018 10:00		
						Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5094852664	LEK CHUAN AUTOCRAFT PTE LTD	198502085E	GCV	Comprehensive	GBB3069Z	GBB3069Z	06/10/2017	26/11/2018	
					-	Continue					

Policy No.	5094852664	Policyholder Name	LEK CHUAN AUTOCRAFT PTE LT	Policyholder NRIC	198502085E
Address	5 KIM CHUAN LANE SINGAPORE	537070			
Product Name	COMMERCIAL VEHICLE INSURAL	Plan		Group Policy Flag	N
Policy ssue Date	06/10/2017	Effective Date	06/10/2017 00:00	Expiry Date	26/11/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	THIAM HENG AUTO (S) PTE LTD	Agent Tel.	64695691	GST Flag	Y
Co- nsurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	older Mailing Address				
Address 1	5 KIM CHUAN LANE	Address 2	SINGAPORE 537070	Address 3	
Address 4		Address Type	Singapore address	Post Code	537070
Jnit No.		Related Policy Number	5050995817-07		
▶ Insure	d Object: GBB3069Z				
▼ Endors	ements				
	e Date of Endorsement	924	ment Type Endorseme		Endorsement Content

aim Handling								
Ident MT/0078241	*********	Venicle No.	G883069Z		SST Registration No.			
icy No.	5094852664	Venicle No.	00035092		Policyholder NRIC		198502085E	
icyholder Name	LEK CHUAN AUTOCRAFT PTE LTD		111100mgs533				0	
sduct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensi		Loading			
ntact No.(Mobile)	0	Contact No.(Office)	64822911		Contact No.(Home)		0	
ail Address		Special Remark			eCode	- 1	NC.Y	
K	® No ○ Yes	TCA	No ○Yes		Code Reason			
		NCD Entitlement(%)	0		Private Hire	j	No	
D Protection	No	ACC STREET, ST.						
Accident Details		Accident Report Within 24 hrs	Ves		Accident Type		Damaged with	ilst parked
port Date	17/01/2018 12:06				Country of Acadent		Singapore	
te of Accident	16/01/2018	Time of Accident htt:mm	10:00					
porting Centre		Orange Force			ICM No.			
ident Location	BLK 747A TAMPINES ST 71 OPENSPACE CARP	WK						
Benefits								
Excess								
n damage Excess	600.00	Additional Excess			Windscreen Excess			100.00
		Outside Singapore OD Excess						
named Driver Excess								
nd Party Excess	0.00	Outside Singapore TP Excess						
GST Registered Informa	otion							
Registered	No.		GST F	egistration Date				
Registration No.			GST S	Status Verified	No			
prication History								
Policyholder Malling Ad			20. 20.710	F33454	Addresis 3			
Oress 1	5 KIM CHUAN LANE	Address 2	SINGAPORE	70 M	Address 3			
dreso 4		Address Type	Singapore ad	dress	Post Code		537070	
it No.		Related Policy Number	5050995817	-07				
OI Driver Info								
ver Name	Unnamed Driver	Driver Type	Unnamed Dri	ver				
named driver Name	JAYAPRAGASAM S/O RAJOO	Driver NRIC	52065028A		Driver DOB		17/02/1947	
		Oriver Age	70		Driving Experience		50	
gister Date of Driver License					95		0	
ntact No.(Mobile)	93726901	Contact No.(Office)	0		Contact No.(Home)			22
dress 1	BUK 118	Address 2	SERANGOON	NORTH AVENUE 1	Address 3		HWI YOU VI	U.E
dress 4	SINGAPORE SS0118	Address Type	Singapore ac	idress	Post Code		550118	
	02-231							
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Attachment	9	upinaded By/Date	Category	P	Urgency	Description	Msg Sent? Action (CO)
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1	NAC_PAYA_USI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 17 Ja n 2018 12:09	SAS		Normal	SAS 2018-1-17	Edit
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4	NAC_PAYA_UBI_B00601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 17 Ja n 2018 12:08	Photos		Normal	Photos 2018-1-17	Edit
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	Uploaded By/Date	Folder Date	File Name		?	Source	Action

17/1/2018