20/1-20/1-	ntre Services puet 1 Janios	MNA 118013843		
Date In: 29/1/18-12:28	Job description	Date & Time Completed	Done	pì,
Ref No: NA /HC 1800 1692/24	SAS e-filing	i		
Veh No: XB7083U	E-mail (within Shrs, AIC 2hrs)		Control of the Contro	(40)
D.O.A: 27/1/18-08:3 .	i-Motor Claim Form	MT10979869	29/1/18	13:56
	i-Motor W/O (Within: OD 2hi	rs, TP 4brs)		
OD / TP / Reporting Only	i-Photo Uploaded		N N	+11
TP Insurer:	Assessment/Survey Report			
17 hisurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	Fax:)
TP Particulars: Veh No: 5	GV1067C INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: () .	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	1,000 ()/\$2,000 ()			
General Remarks:-	144 T		100 m	4 2
() Walk-In Customer : Customer's i				
() Total Loss Case : to e-mail Ins	urer URGENTLY.		-	
Drive-In ()/Towed-In (); Invo	pice: YES() / NO(); T	owing Co: ()
Remarks:- (INC horline: 6788 6616		Date& Jame Completed	Done	hv
	/ Courtesy Car ()		A CONTRACTOR OF THE PARTY OF TH	
2) QC Check / Post Repair Inspection	/ Courtesy Car ()	1 1	*	
				
3) Unload Resurvey Photo (Penair Cost >	() (00062	74."		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			
Injury:			25 TO 12 TO 1	
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Injury: Date/Time: Actions NAI800628	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	Ant (5) fit Bill 30) 0/\$45 \$120	0.000
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SINGAPORE ACCIDENT STATEMENT

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 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 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

ACCI	DENT	стл	# = 1.00	шы	т
ACCI	DENI	SIA	-14	-	ч

29/01/2018 12:28 Date Of Report 27/01/2018 08:30 Date Of Accident

WOODLANDS CENTRE RD AFTER JUNC ADMIRALTY RD Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

XB7083U Vehicle Registration Number

Insured/Policyholder

NEO & GOH CONSTRUCTION PTE LTD Name Of Registered Owner

199104895W Co Reg No NOEMAIL **Email Address**

Mobile Phone No

OFFICE-67432338 Alternative Phone No

Vehicle Particulars

MITSUBISHI Manufacturer FUSO FV519J Model

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

REPORTING ONLY

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

5033382469-08 Policy Number

Cover Note Number

Driver

TAN KA HIAN Name of Driver S2539041E NRIC No 03/02/1953 Date Of Birth OUTDOOR Occupation 01/07/2006 Date Of Driving Pass

11 YEARS AND 6 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-98630566 Mobile Number

Fax Number

OFFICE-98630566 Contact Number

NOEMAIL EMail Address

BLK 651 WOODLANDS RING ROAD

#12-458

730651 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

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO 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

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG WOODLANDS CENTRE ROAD ON LANE 2, SUDDENLY VEHICLE B TRAVELLING FROM LANE 3 CUT ONTO MY LANE, IN A RESULT VEHICLE B COLLIDED ONTO MY VEHICLE LEFT PORTION.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SGV1067C

1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

MOHAMMED KHABIR Name of Driver

S8222006B NRIC/Passport Number 90118962 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.
- 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.

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.:

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

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.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2539041E





TAN KA HIAN

陈 弦 CHINESE Date of birth 03-02-1953 Country of birth

MALAYSIA



4920054

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 2B Motorcycles =< 200 cc 28 Dec 1976
Class 2A Motorcycles between 201 cc and 409 cc 28 Dec 1976
Class 2 Motorcycles > 400 cc 28 Dec 1976
Class 3 Motorcycles > 400 cc 28 Dec 1976
Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
'Motor vehicles which are constructed to carry load on passengers and the unladen weight > 2500kg
'Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

NP 428A

NRIC No. S2539041E

17-12-2012

APT BLK 651 WOODLANDS RING ROAD #12-458 SINGAPORE 730651

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601				CENT		Change Lan	guage	Change Passwor	d + Log Out
My Desktop	Polic	cy Query								•
Notice of Loss	Policy N	io.		ž.		Date of Acc	cident	27/01	/2018 08:30	3
	Vehicle	No.(For Motor)	XB7083U							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
9.	0	5033382469+ 08	NEO & GOH CONSTRUCTION PTE LTD	199104895W	GCV	Third Party	XB7083U	XB7083U	22/12/2016	31/03/2018
	-				10	Continue				

Policy No.	5033382469-08	Policyholder Name	NEO & GOH CONSTRUCTION PT	Policyholder NRIC	199104895W
ddress	10 UBI CRESCENT #07-83 UBI	TECHPARK SIN	IGAPORE 408564		
Product Name	COMMERCIAL VEHICLE INSUR	Af Plan		Group Policy Flag	N
Policy ssue Date	08/12/2016	Effective Date	22/12/2016 00:00	Expiry Date	31/03/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD		Outside Singapore TP Excess			
Excess Agent	VICTOR MOTOR CREDIT PTE L	TI Agent Tel.	68582020	GST Flag	Y
Co- insurance Flag Open	No				
Policy Info Certificate Info					
	nolder Mailing Address	Address 2	#07-83 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 1	10 UBI CRESCENT	Address	Singapore address	Post Code	408564
Address 4 Unit No.		Type Related Policy	5096271354		
	ed Object: XB7083U	Number	construction and contraction		
♥ Endors	sements				
Sequen	ce Date of Endorsement	Endorse	ement Type Endorseme	ent Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 22 Dec 2016 TO 31 Mar 2018 In view of this amendment, an additional
1	28/09/2017 00:00	POI Extens	ion/Shorten Endorsement Ta	ke Effective	premium of \$503.38 (Inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

				- 3			Manuagera	
No.	5033382469-08	Vehicle No.	X87083U		IT Registration No.		H301036431	
holder Name	NEO & GOH CONSTRUCTION PTE LTD			Po	Scyholder NRIC		199104895W	
ct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party		ading		0	
ict No. (Mobile)	0	Contact No.(Office)	67432338	Co	intact No. (Home)		0	
Address		Special Remark		eC	Code	- 3	NE V	
Table 644	Shir Over	TCA	® No ○Yes	eC	ode Reason			
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Party Excess	0.00	Dutaide Singapore TP Excess						
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		Related Policy Number	5095271354					
is. SI Driver Info								
	Unnamed Driver	Driver Type	Unnamed Oriver					
Name		Driver NRIC	\$2539041E	D	river DOB		03/02/1953	
ned driver Name	TAN KA HSAN				oriying Experience		11	
er Date of Oriver License	01/07/2006	Driver Age	64					
ct No.(Mobile)	96630566	Contact No.(Office)	0		ontact No.(Home)		a .	220
rss 1.	BUK 651	Address 2	WOODLANDS RING ROAD		ddress 3		SINGAPORE 730	991
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Attachment		Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? Action (CO)
क्षा ४० ५३ स	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 13:56	NRIC/ Driving License		Normal	NR3C/ Driving License 2018-1-29	Edit
*9	NAC_PAYA_UBI_B00601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 13:56	SAS		Normal	SAS 2018-1-29	Edit
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♥ Video List	uploaded By/Date	Folder Date	File Name		9	Source	Action