NATIONAL Assessment Cer	THE DELLICES. MALL SOURS AL	NAUSTIN	
Date In: 1/2/18 /18:44	Jeb description	Date & Time Completed	Done by
Re[No: NA   INC 1802527/74	SAS e-filing		
Veh No: yp 6142	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 6/1/18-16:15	i-Motor Claim Form	MT/0981463	7/7/18 19:50
	1-Motor W/O (Within: OD 2ho	The state of the s	
OD / TP / Reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
ir insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No:	43018P . 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%. P: 80-	100%]
Year of Registration: ( )	Warranty: YES ( ) / NO (	)	
Excess: (\$ ) Loading: \$	31,000 ( )/\$2,000 ( )		
General Remarks:-		BETTERN STATE OF THE	
( ) Walk-In Customer: Customers i	nformation strictly Confidential & St	nctly NO rater of repairer.	
( ) Total Loss Case : to e-mail Ins	surer URGENTLY.		
Drive In ( )/ Toward In ( ). Image	pice: YES( ) / NO( ); T	owing Co: ( ,"	. )
Drive-In ( )/ Towed-In ( ); Invo	siee. 125 ( ) / 1.0 ( ) / 1.	On the Good	
			Done by
Remarks: (INC horline: 6788 6616		Dates Time Completed*	Done by
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )	/ Courtesy Car ( )		Done by
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection	/ Courtesy Car ( )		Done by
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )	/ Courtesy Car ( )		Done by
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection	/ Courtesy Car ( )		Done by
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )		Done by
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ( )		Done by
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )		Done by
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Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )		
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Remarks: (INC hotline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	Courtesy Car ( )	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$	Anii (S) Amii Tii Biil Add I
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions	Courtesy Car (	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$700)	And (\$) Amu fit Bill Add I 80) 0/\$45 \$120
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  Actions  imant's Particulars:	Courtesy Car (	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60); Incough Survey (Resurvey)	And (\$) Amu fit Bill Add I 80) 0/\$45 \$120 \$30
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Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  Limant's Particulars:  iver/Owner:  Intact No:  maged Portion:	Invoice Pre  Invoice Pre  Invoice Pre  I) AR: Accident  I) DA: Darmage  I) FT: Follow-T  For claiming a  I) TR: Re-inspe  I) N1: Idao DA  I) NTUC Addition	Dates Time Completed	Ant (\$) Amu fit Bill Add I 80) 0/\$45 \$120 \$30 \$) \$75 \$160
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  Actions  itimant's Particulars:  iver/Owner:	Invoice Pre    Invoice Pre   1) AR: Accident     2) DA: Damage     3) TF: Tewing F     4) FT: Follow-T     For claiming 6     TR: Re-inspe     7) N1: Idae DA     8) NTUC Addition     OD!     *N5: Courtesy     *	Dates Time Completed	Ant (\$) Amu fit Bill Add I 80) 0/\$45 \$120 \$30 \$) \$75 \$160
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  Limant's Particulars:  iver/Owner:  Intact No:  maged Portion:	Invoice Pre  Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Tewing F 4) FT: Follow-T For claiming 6 6) TR: Re-inspe 7) N1: Idae DA 3) NTUC Addition OD: *N5: Courtesy *N6: Repair C	Dates Time Completed	Ant (\$) Amu fit Bill Add I 80) 0/\$45 \$120 \$30 \$) \$75 \$160
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time: Actions  aimant's Particulars: iver/Owner: intact No:  maged Portion:  Checked by (Engr-In-Charge):	Courtesy Car (	Dates Time Completed	Ant (\$) Amu  fit Bill Add 1  80)  0/\$45  \$120  \$30  \$5)  \$75  \$160  \$55  \$510  \$25  \$55
Remarks: (INC horline: 6788 6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  Limant's Particulars:  iver/Owner:  Intact No:  maged Portion:	Courtesy Car (	Dates Time Completed	Anit (\$) Amit (\$) Amit (\$) Amit (\$) Amit (\$) Add 1 (\$) A

## 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.
- 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 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	07/02/2018 18:44
Date Of Accident	06/02/2018 16:15
Exact Location Of Accident	ALONG 1 PHILIP ST
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP614Z
Insured/Policyholder	
Name Of Registered Owner	RM BUILDING PRODUCTS PTE LTD
Co Reg No	200611725R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67412252
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85UH5AK
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	5076528021-02

# Cover Note Number

Driver ROSLAN BIN SUPAR Name of Driver NRIC No S2177516I Date Of Birth 21/10/1960 OUTDOOR Occupation Date Of Driving Pass 03/02/2001 17 YEARS AND 0 MONTHS **Driving Experience** MALE Gender (LOCAL) +65-82591381 Mobile Number

Fax Number

Contact Number OFFICE-82591381

EMail Address NOEMAIL

BLK 50 CHAI CHEE STREET Address #02-839

461050

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

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

COLLISION - OPENING DOOR OF VEHICLE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

## Other Information

Postcode

NO Was any foreign vehicle involved in this accident?

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. 2

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

## **Details of Police Action**

Was the accident reported to the police?

NO

NO

SHA3058P

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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

LING PING BOON Name of Driver S1345612G NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

## 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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)

l 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:
  - (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.

Policyholders Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	7.1				
			A:	YP 6142	
			B:	YP 6142 SHA 3658 P	
	philip st				
	- <del>      -</del>	R B			
		I Al			
DESCRIBE CIRCUM	-0.00 -0.00 UNBOOK -0.00 -0.00 -1.10	S REPRESENTATION OF THE SECOND			
peter to	state ment				
		(8)			
99					
ECLARATION			_		
We declare the door e	oing particulars	are true in every respect.		/	Ma
olicyholder spierosture	7/10	Driver's Signature		Reporting Centre Perso	nnel's Signature

(If driver is not the policyholder)

-Date & Time: 2

Name:

NRIC/FIN No.:

GARAC SEntendamento (3)

Policyholder A Digrature

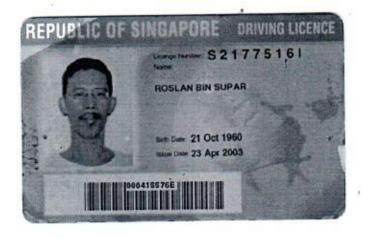
Date & Time:

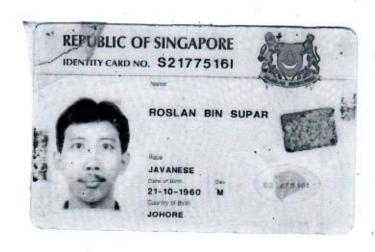
ON STATED DATE AND TIME, I WAS TRAVELLING ALONG 1 PHILIP STREET. OUT OF THE SUDDEN VEHICLE B WAS PARKED MIDDLE OF THE ROAD AND THE PASSANGER OPENING THE PASSANGER DOOR WHICH OBSTRUCTING OTHERS VEHICLE PASSING BY, WHEN MY VEHICLE PASSING BY, THE PASSENGER OPENED THE TAXI PASSANGER'S DOOR WIDER. IN A RESULT, MY VEHICLE HIT ONTO VEHICLE B PASSANGER'S DOOR AREA.

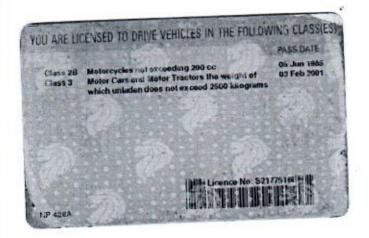
ACCIDENT STATEMENT	
ACCIDENT DATE: 6. / 2 / 18 )(DD/MM/YYY), TIME: 15 )(HH:MM)	( max
LOCATION: Abong 1 Philip St.	
1. DETAILS OF VEHICLE  O)VEHICLE NUMBER: YP 6142 3176	
b)INSURANCE COMPANY: NTJC c)POLICY NUMBER: 5076528031-01 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
F)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME:  i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES ANO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2. INSURED / POLICY HOLDER	geo.
b)NRIC/FIN/PASSPORT:CONTACTCONTACTCONTACTCONTACTCONTACTCONTACTCONTACTCONTACTCONTACTCONTACTCONTACTCONTACTCONTACTCONTACTCONTACT	A Ho of passenger (Including of
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  3. DRIVER  a) NAME: Rollan Bin Apar (MALE FEMALE)  b) NRIC/FIN/PASSPORT: 521775167 CONTACT: 63591381  c) ADDRESS: Blc 50 Chr. Che. Holland.	(2)
*d)DATE OF BIRTH: ( ) ( ) (O) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 3 2 201 (C(455 3))	\$1 .0 .0
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO. RELATIONSHIP OF THE DRIVER WITH INSURED:	
5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	)
6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	#3 (E)
A THER REPORT OF THE PROPERTY	*Ho of passa Clududing du
9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER:MODEL:	Ho of pass
e) DRIVER'S NAME:CONTACT:	(Induding a

email =

lax =









<b>eBao</b> Tech							Gene	eralClaim		
Hello, NAC_PAYA_UBI_80	0601		20000000		THE REAL PROPERTY.		hange Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	cy Query								13
	Policy N	10.				Date of Acci	dent	06/0:	2/2018 16:15	
	Vehicle	No.(For Motor)	YP614Z							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5076528021- 02	RM BUILDING PRODUCTS PTE. LTD.	200611725R	GCV	Comprehensive	YP614Z	YP614Z	11/01/2018	10/01/2019
			34.0-55-56-401		- 1	Continue				

Sequen	ce Date of Endorsement	Endorse	ement Type Endorseme	nt Status	Endorsement Content
▼ Endors	sements				
) Insure	d Object: YP614Z				
Unit No.		Related Policy Number	5076528021-02		
Address 4		Address Type	Singapore address	Post Code	409577
Address 1	BLK 1006 #01-44	Address 2	EUNOS AVENUE 7	Address 3	SINGAPORE 409577
	nolder Mailing Address		propries		
Certificate Info	樂				
Open Policy Info					
Co- insurance Flag	No		,		
Agent	YONG NGEE HIAN	Agent Tel.	64512745	GST Flag	Υ
Outside Singapore OD Excess		Outside Singapore TP Excess			
Additional excess		OS Premium	0		
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
olicy ssue Date	06/12/2017	Effective Date	11/01/2018 00:00	Expiry Date	10/01/2019 23:59
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Address	BLK 1006 #01-44 EUNOS AVE	NUE 7 SINGAP	PORE 409577		
Policy No.	5076528021-02	Policyholder Name	RM BUILDING PRODUCTS PTE. I	Policyholder NRIC	200611725R

Continue Cancel

ident MT/0981463							
cy No.	5076528021-02	Vehicle No.	YP614Z	<b>GST Registration</b>	No.		
cyholder Name	RM BUILDING PRODUCTS PTE. LTD.			Policyholder NR3	C	200611725R	
luct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading		0	
sact No.(Mobile)	0	Contact No. (Office)	67412252	Contact No.(Hor	ne)	0	
iil Address		Special Remark		eCode		No. 9	
	® No ○ Yes	TCA	⊕ No ○Yes	eCode Reason			
		NCD Entitlement(%)	20	Private Hire		No	
Protection	No	NCD Encountert(%)	20	Principal rive			
Accident Details				CV0004004500Y		Mark and a second	
ort Date	07/02/2018 19:47	Acadent Report Within 24 hrs	Yes	Accident Type		Others	
e of Accident	06/02/2018	Time of Accident hhumm	16:15	Country of Accid	tent	Singapore	
orting Centre		Orange Force		ICM No.			
	A MARIO MONDADA						
dent Location	ALONG 1 PHILIP ST						
Benefits							
Excess							
damage Excess	600.00	Additional Excess		Windscreen Exc	ess		100.00
amed Driver Excess		Outside Singapore OD Excess					
d Party Excess	0.00	Outside Singapore TP Excess					
GST Registered Informa							
			GST Registration Date				
Registered	No		GST Status Verified	No			
Registration No.			The second second				
fication History:							
Policyholder Mailing Ad							
	BLK 1006 #01-44	Address 1	EUNOS AVENUE 7	Address 3		SINGAPORE 409577	
ress I	BLK 1006 #01-44	Address 2		Post Code		409577	
ress 4		Address Type	Singapore address	Post Code		Tu2211	
t No.		Related Policy Number	5076528021-02				
Of Driver Info							
er Name	Unnamed Driver	Driver Type	Unnamed Driver				
amed driver Name	ROSLAN BIN SUPAR	Driver NR3C	521775161	Driver DOS		21/10/1960	
ster Date of Driver License		Driver Age	57	Driving Expense	nce	17	
		Contact No. (Office)	0	Contact No.(Hor		0	
tact No.(Mobile)	82591381				5049	SINGAPORE 461050	
ress 1	BLK 50	Address 2	CHAI CHEE STREET	Address 3			
iress 4		Address Type	Singapore address	Post Code		461050	
	02-839						
it No. es he own a Singapore	02-839 ○ Yes <b>®</b> No	Driver Vehicle No.		Driver Insurer C	Company		
it No.  es the own a Singapore gistered car?  tanation sathalyser or Blood Test		Driver Vehicle No.	○ Yes ® No	Driver Insurer C	Company		
ir, No. ses he own a Singapore gistered car? claration watnayser or Blood Test adding?	○ Yes <b>®</b> No		○ Yes <b>®</b> No	Driver Insurer C	Company		
ix No.  ses he own a Singapore gistered car?  clamation wachayser or Blood Test adding?  discation History	○ Yes <b>®</b> No		○ Yes <b>®</b> No	Driver Insurer C	Company	N 4000E9	
No. si he own a Singapore istered car?  aration athabyser or Blood Test drig?	○ Yes <b>®</b> No		○ Yes  Mo	Driver Insurer C	Company	A ALACES	
No. Is he own a Singapore Istered car?  aration athlesser or Blood Test drig?  fication History  laim 001: New	○ Yes <b>®</b> No 0 mg	Any injury?			Company	2006117758	
No.  Is he own a Singapore intered car?  Intered car.  Int	○ Yes <b>®</b> No	Any injury?  Insured Name	Yes      No     No	Insured NNIC		200611725A	
No.  Is he own a Singapore intered car?  Intered car.  Int	○ Yes <b>®</b> No 0 mg	Any injury?  Insured Name Contact No.(Heme)	RM BUILDING PRODUCTS PTE. 1	Insured NNIC Contact No.(Off	ice)	67412252	
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