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	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / C	QW: (Tel:	Fax:	TIDE TO STATE OF	
	:SMB13574	. INC()/Non-INC()		
Owner / Driver: (3.10.00		Tel:)	
Policy No: () Period: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-209	%; P: 21-79%. P:	80-100%]		
Year of Registration: () Warranty: YES ()/NO()				
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Drive-In ()/ Towed-In ();	Invoice: YES () / NO) ; To	wing Co: ()
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2) QC Check / Post Repair Inspection	1 ()					
Upload Resurvey Photo [Repair Co	ost > \$3000] ()	- W	-		-	
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laimant's Particulars:-		1) AR : Accident R		NC (\$80)		
		2) DA : Damage A: 3) TF : Towing Fee		\$40/\$45		5.15041
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2/3:		Invoice dated	Fee Chi	00700003	and the	

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.

- 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 27/02/2018 12:38

Date Of Accident 25/02/2018 15:30

Exact Location Of Accident JUNC AMK AVE 3 & AMK AVE 4

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF8658U

Insured/Policyholder

Name Of Registered Owner TECK LEONG KOON KEE

Co Reg No 03804300M Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-63459559

Vehicle Particulars

Manufacturer TOYOTA

Model LITEACE 1.5 GL AT 2WD LGV

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

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 5089299342

Cover Note Number

Driver

Name of Driver SEAH SIEW HOON

 NRIC No
 S2165120F

 Date Of Birth
 02/07/1956

 Occupation
 INDOOR

 Date Of Driving Pass
 13/09/1993

Driving Experience 24 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97954599

Fax Number

Contact Number OFFICE-97954599

EMail Address NOEMAIL

Address 48 MANGIS ROAD

Postcode 424952

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 Brivers of the Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

ON STATED DATE AND TIME I WAS TURNING FROM JUNC AMK AVE 3 TWDS AMK 4 AS THE TRAFFIC LIGHT ARROW TURNS GREEN. SUDDENLY VEHICLE B WAS SPEEDING FROM OPP AMK AVE 3 AND HIT ONTO MY VEHICLE LEFT PORTION. AFTER THE IMPACT, MY VEHICLE HIT ONTO THE LAMP POLE.

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 SMB1357A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TECK LEONG KOON LEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBF8658U

YES

YES

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>.
- 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 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

Teck Leong Koon Ree

Blk. 22, #04-15, Woodlands Link, Singapore 738734 Tel: 752 6960, 345 9559

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		
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION
Technology Coon Kee
Blk. 22, #04-15,
Woodlands Link,

Singapore 738734 Tel: 752 6960, 345,9559

Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

(sunday) 25-2-2018 abt 3.30pm AMK AVE 4 A: GBF8658 U GBF 86584



Tan Tock Seng

Tan Tock Seng Hospital

11 Jalan Tan Tock Seng, Singapore 308433

TEL: (65) 6256 6011

TTSH18045682 NRIC: S2165120F ORIGINAL NAME: SEAH SIEW HOON MEDICAL CERTIFICATE

Type of Medical Leave granted: OUTPATIENT SICK LEAVE

7 The above named is unfit for duty for a period of 26-Feb-2018 inclusive

25-Feb-2018

day(s) from

9

25-Feb-2018 16:49 The above named attended for Examination/Treatment from The certificate is not valid for absence from court attendance.

25-Feb-2018 19:35 9

25-Feb-2018

Date

CHUA KHOON HAN (P0375F)

Issued by

Location

Emergency Department

A member of Notional Heolthcare Group

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2165120F





Name

SEAH SIEW HOON



CHINESE Date of bath 02-07-1956

MALAYSIA



4165911





25-01-2008

4B MANGIS ROAD SINGAPORE 424952 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

13 Sep 1993

eBao Tech							MESON		GCIII	eralClaim
ello, NAC_PAYA_UBI_800	601						Change Lan	guage '	Change Passwo	ord • Log Ou
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	25/02/	2018 15:30	
	Vehicle	No.(For Motor)	GBF8658U							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O	5089299342	TECK LEONG KOON KEE	038043DDM	GCV	Comprehensive	GBF8658U	GBF8658U	28/03/2017	27/03/2018

		Policyholder			Policyholder	03004300M
Policy No.	5089299342	Name	TECK LEONG F	COON KEE	NRIC	03804300M
Address	22 WOODLANDS LINK #04-15	SINGAPORE 7	38734			
Product Name	COMMERCIAL VEHICLE INSUR	Al Plan			Group Policy Flag	N
Policy ssue Date	28/03/2017	Effective Date	28/03/2017 00	0:00	Expiry Date	27/03/2018 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	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Y
Co- Insurance Flag	No					
Open Policy Info						
Certificate Info						
▼ Policyl	nolder Mailing Address					
Address 1	22 WOODLANDS LINK	Address 2	#04-15		Address 3	SINGAPORE 738734
Address 4		Address Type Related	Singapore add	dress	Post Code	738734
Unit No.	04-15	Policy Number	5089299342			
) Insure	d Object: GBF8658U					
□ Endors	sements					
Sequen	ce Date of Endorsement	Endors	ement Type	Endorse	ment Status	Endorsement Content
00000		Basic Infor	mation	Endorsement	Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 28 Mar 2017, the following amendment(s) is/are made this policy: 1. VEHICLE REGISTRATION NUMBER: GBF8658U 2. NTUC Income

laim Handling									
ccident MT/0983963	i .								
decy No.:		5069299342	Vehicle No.	GBFB65BLI		GST Registration No.			
olicyholder Name		TECK LEONG KOON KEE			100	Policyholder NR3C		03804300M	
roduct Code		COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		Loading		0	
ontact No. (Mobile)		0	Contact No.(Office)	63459559	10	Contact No. (Morrie)		0	
			Special Remark			eCode	- 9	61.V	
mail Address		® No ⊜Yes	TCA	® No ○Yes	5	eCode Reason			
CD Protection		No.	NCD Entitlement(%)	0	19	Private Hire	17	No	
or Accident Details		10	STATE OF STA						
		27/02/2018 18:37	Accident Report Within 24 hrs	Yes	(B)	Accident Type	92	Collision - Cross	Junction
sport Date ate of Accident		25/02/2018	Time of Accident hh:mm	15:30	129	Country of Accident		Singapore	
eporting Centre			Orange Force			ICM No.			
ccident Location		JUNC AMK AVE 3 & AMK AVE 4	201012-0000						
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Policyholder Ma	iling Ad	dress							
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ddress 4			Address Type	Singapore address		Post Code		738734	
Init No.		04-15	Related Policy Number	5089299342					
⊕ OI Driver Infe		\$500000							
oriver Name		Unnamed Driver	Driver Type	Unnamed Driver					
innamed driver Name		SEAH SIEW HOON	Driver NRIC	\$2165120F		Driver DOB		02/07/1956	
tegister base of Driver			Driver Age	61		Driving Experience		24	
Contact No.(Motive)		97954599	Contact No. (Office)	0		Contact No.(Home)		0	
iddress 1		4B MANGIS ROAD	Address 2	SINGAPORE 42495	2 :	Address 3			
Address 4			Address Type	Singapore address		Post Code		424952	
Jnit No.									
Does he own a Singapi	ore	☐ Yes ® No	Driver Vehicle No.			Driver Insurer Compo	HTV		
Registered car?		A CONTROL OF THE PROPERTY OF T							
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23	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe to 2018 18:41	Photos	Normal	Photos 2018-2-27	Edit
**	NAC_PAYA_UBI_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fq b 2018 18-41 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fq	Photos	Normal	Photos 2018-2-27	Edit Edit
23	NAC_PAYA_UB2_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Pe b 2018 18:41	Photos	Normal	Photos 2018-2-27	Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe b 2018 18:41	Photos	Normal	Photos 2018-2-27	Edit
4	NAC_PAYA_UBI_BOOGG1(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe 6 2018 18:41	Photos	Normal	Photos 2018-2-27	Edit
24	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe is 2018 18:41	Photos	Normal	Photos 2018-2-27	Edit
0	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe b 2016 16:41	Photos	Normal	Photos 2018-2-27	Edit
M	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe 5 2018 18:41	Photos	Normal	Photos 2018-2-27	Edit
78	NAC_PAYA_URI_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe 5 2018 18:41	Priotos	Normal	Photos 2018-2-27	Edit
3	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe b 7016 18:41	Photos	Normal	Photos 2018-2-27	Edit
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe. b. 2016 18:41	Photos	Normal	Photos 2018-2-27	Edit
F	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe b 2018 38:41	Photos	Normal	Photos 2018-2-27	Edit
	NAC_PAYA_UBI_BOX601(NATIONAL ASSESSMENT CENTRS SERVICES) on 27 Fe b 2018 18:40	Photos	Normal	Photos 2018-2-27	Edit
1	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe 9 2018 18:40	Photos	Normal	Photos 2018-2-27	Edis
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe b 2018 18:40	Pnotos	Normal	Photos 2018-2-27	Edit
DATE OF	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe 5 2018 18:40	Photos	Normal	Photog 2018-2-27	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe 5 2014 18:40	Photos	Normal	Photos 2018-2-27	Ealt
Pula	NAC. PAVA. UBI. BOORDI MATIONAL ASSESSMENT CENTRE SERVICES) on 27 Fe	Photos	Normal	Photos 2018-2-27	Edit
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