Date In: 1/ 1/18 - 09:39	Jeb description	11000 James A.	Date &Time Completed	Done	oż
Rel No: NA / NC 1800 39 42/24	SAS e-filing	CANCEL TITLE 200 - 201	i		
Veh No: GRA 82755	E-mail (within 8)	hrs, AIC 2hrs)			
D.O.A: 28/2/18-19:20	i-Motor Claim	Form	MT/0984177	1/3/18	10:17
	i-Motor W/O	(Within: OD 2hr	s, 7'P 4hrs)		
OD / TP / Reporting Only	i-Photo Uploa	ded			3
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp		-
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: g	La 68685	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: (),	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: (Warranty: YES ()/NO()		
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()			
General Remarks:-				13. 13.	
() Walk-In Customer : Customer's	information strictly Con				
		noeman & St	nedy NO Tales of Teparion		
() Total Loss Case : to e-mail In			in Co. (
Drive-In ()/ Towed-In (); Inv	roice: YES () / No	0();1	owing Co: (
Remarks:- (INC hotline: 6788 661)	6)		Date&Time Completed	Done	by
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)/ Country Car ()		*		
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Figure 1 (20)

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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	01/03/2018 09:39
Date Of Accident	28/02/2018 19:20
Exact Location Of Accident	JUNC BUKIT TIMAH RD & FIRST AVE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA8275S
Insured/Policyholder	
Name Of Registered Owner	3S COMMUNICATION PTE LTD
Co Reg No	200605052G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63370168
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN PANEL LWB 3.0 5DR 5MT AIRBAG 2WD
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093270051
Cover Note Number	
Driver	

ANG YAOXIONG (HONG YAOXIONG) Name of Driver

S84292071 NRIC No 29/09/1984 Date Of Birth OUTDOOR Occupation 28/02/2006 Date Of Driving Pass

12 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96790468 Mobile Number

Fax Number

OFFICE-96790468 Contact Number

NOEMAIL **EMail Address**

BLK 813A CHOA CHU KANG AVENUE 7 Address

#05-587 681813

3

NO

1

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

CHAIN COLLISION Type Of Accident

DRIZZLING Weather Conditions

WET Road Surface

Other Information

Postcode

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.

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

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 TRAVELLING ALONG LANE 2 BUKIT TIMAH RD. SUDDENLY VEHICLE C BRAKE HIS VEHICLE. VEHICLE B BRAKE HIS VEHICLE ACCORDINGLY. I BRAKE MY VEHICLE HOWEVER MY VEHICLE SKIDDED DUE TO ROAD SURFACE WAS WET AND MY VEHICLE HIT ONTO VEHICLE B REAR PORTION. VEHICLE B HIT ONTO VEHICLE C REAR PORTION.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLQ6868S Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

GOH LAY BIN (WU LIMIN) Name of Driver

S7602492H NRIC/Passport Number 97488040 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLU9975A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KELVIN BAI YUANJING

NRIC/Passport Number

S8417102F

Contact Number

92270927

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.
- 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")
- 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, (d) 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.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

ersonnel's Signature Reporting Cent

Name:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

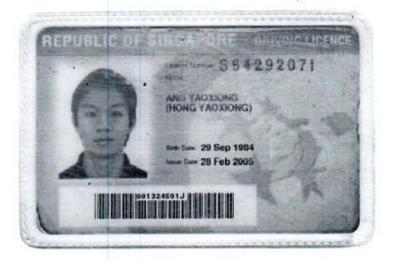
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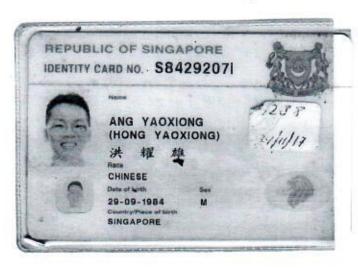
DECLARATION

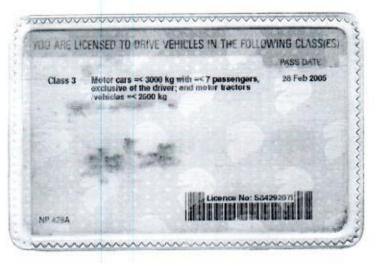
I/We declare the foregoing particulars are true in every respect.

Policyholder Mignature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:









eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601	100	430	MI	Name of the last		Change Lang	juage +	Change Passwo	d • Log Out
My Desktop Notice of Loss	Policy N	o. No.(For Motor)	GBA8275S			Date of Acc	odent	28/02/2	018 19:20	•
	Select	Policy No.	Policyholder	Policyholder	Product	Search Cover Type	Vehicle	Insured	Commence	Expiry Date
	Select	Policy No.	Name 3S COMMUNICATION PTE LTD	NRIC 200605052G	GCV	Third Party, Fire & Theft	No. GBA8275S	Object GBA8275S	Date 24/08/2017	23/08/2018
			VII. T.		C	ontinue				

Sequenc	ne Date of Endorsement	Endorse	ement Type Endorseme	ent Status	Endorsement Content
□ Endors	ements				
) Insure	d Object: GBA8275S				
Init No.		Related Policy Number	5093270051		
ddress 4		Address Type	Singapore address	Post Code	387384
ddress 1	705 SIMS DRIVE	Address 2	#04-15C SHUN LI INDUSTRIAL	Address 3	SINGAPORE 387384
7.00-01	older Mailing Address				
Certificate nfo					
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olicy No.	5093270051	Policyholder Name	3S COMMUNICATION PTE LTD	NRIC	200605052G

Continue Cancel

ccident MT/0984177									
olicy No.	5093270051	Vehicle No.	G8A8275S		GST Registration No.				
slicyholder Name	38 COMMUNICATION PTE LTD				Policyholder NRIC		2006050520	0	
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party, Fire	& Theft	Loading		0		
Contact No.(Mobile)	0	Contact No.(Office)	63370166		Contact No.(Home)		0		
mas Address	47	Spepal Remark			eCode		76. Y		
7%	® No ⊜ Yes	TCA	® No ○Yes		eCode Reason				
CD Protection	No	NCD Entitlement(%)	20		Private Hire		No		
Accident Details									
		Accident Report Within 24 hrs.	Yes		Accident Type		Chain Collisio	00	
eport Date	01/03/2018 18:14				Country of Accident		Singapore		
date of Accident	28/02/2018	Time of Accident hh:mm	19:20		30		ace grapes at		
teporting Centre		Orange Force			ICM No.				
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♥ freess					Windscreen Excess				0.00
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▼ Policyholder Mailing Ad				and the same of th	Address 9		SINGAPORE	387384	
Address 1	705 SIMS DRIVE	Address 2		LI INDUSTRIAL	Address 3			and the	
Address 4		Address Type	Singapore addr	ess	Post Code		387384		
Unit No.		Related Policy Number	5093270051						
OI Driver Info									
Driver Name	Unnamed Driver	Driver Type	Unnamed Drive						
unnamed driver Name	ANG YACKIONG (HONG YACKIC	Driver NRIC	\$84292071		Driver DOS		29/09/1984		
Register Date of Driver License		Driver Age	22		Driving Experience		17		
	96790468	Contact No. (Office)	0		Contact No.(Home)		0		
Contact No.(Mobile)		Address 2	CHOA CHU KAN	or account T	Address 3		SINGAPORE	681813	
Address I	BLK 817A								
Address 4		Address Type	Singapore addr		Post Code		681813		
Unit No.	05-587				Post Code				
	05-587 ○ Yes ® No					any			
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Une No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Typis * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	O mg GO-MX S0608862 GHAB2755 / SLQ66085 ON 26 Feb 2018 Ves ▼	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liebility * Preferend Repair Option	Singapore addr Yes ® No. 35 COMMUNIC GBAB2755	ATION PTE LTD	Post Code Driver Insurer Comp Insured MRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report		200605052 Suganas		2
Une No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim O01 New Claim Typis * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	O mg O mg OO-MX S0608862 GBA82755 / SLQ66085 ON 26 Feb 2018 Yes 01/03/2018 10:17	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	Singapore addr Yes ® No. 35 COMMUNIC GBAB2755	ATION PTE LTD	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W		200605052 Sugarens		
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30	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Ma 7 2018 10:18	Photos		Normal	Photos 2018-3-1	Edit
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Attachment	Uploaded By/Date	Category	Ĭ	urgency	Description	Sens? Action (CO)