Date In: 1/3/18-10:33	Jeb description		Date &Time Completed	Don Don	e pi.
Ref No: 1/4/1003943/24	SAS e-filing				
Veh No: XE 967A	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 28/2/18-14:30	i-Motor Clair	m Form	MT 098 4182	117/18 1	0:19
	i-Motor W/O	(Within: OD 2hr			
OD / TP / Reporting Only	i-Photo Uplo	aded	1		
TDI	Assessment/Su	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SLG	9796Z	. INC ()/Non-INC().	Œ.	
Owner / Driver: (11.10		Tel:)	
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	000()/\$2,000	()			
General Remarks				5 000	
() Walk-In Customer: Customer's info	ormation strictly Cor	nfidential & St	rictly NO refer of repaire	r.	
() Total Loss Case : to e-mail Insur	er URGENTLY.				
Drive-In ()/ Towed-In (); Invoice	e: YES()/N	IO();T	owing Co: ()
				The second second second second second	
Remarks: (INC harling: 6788 6616)			Date& Time Completed	Don	e by
Remarks;- (INC hotline: 6788 6616)			Date& Time Completed	Don	e by
1) Apply for Transport Allowance ()/)	Date&Time Completed	Don	e by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Completed	Don	èby
1) Apply for Transport Allowance ()/	Courtesy Car ()	Date&Time Comple od	Don	eby
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Comple ad	Don	èby
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()	Date&Time Completed	Don	è by
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ()	Date&Time Comple ad	Don	e by
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()	Date&Time Completed	Don	e by
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1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Courtesy Car () 3000] ()	Invoice Pre 1) AR: Accident 2) DA: Darrage	paration Checklist. Reporting (\$30); Assessment (\$100); INC	Ant (S) fit Bill (S80)	Am
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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,	STATE OF STATE OF THE STATE OF STATE O
production of the second section is	ACCIDENT STATEMENT
Date Of Report	01/03/2018 10:33
Date Of Accident	28/02/2018 14:30
Exact Location Of Accident	LOYANG AVE BEFORE JUNC PASIR RIS DRIVE 3
Country/State of Loss	SINGAPORE
Million and the state of the state of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE967A
Insured/Policyholder	
Name Of Registered Owner	AVA-CHEM INDUSTRIAL PTE LTD
Co Reg No	199003662W
Email Address	NOEMAIL

(LOCAL) +65-93868777 OFFICE-93868777

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer MITSUBISHI

Model FUSO FP51SDR3VDEA

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?

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

NO

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5068056712-03

Cover Note Number

Driver

Name of Driver MUHAMMAD KHAIRI BIN AWANG

 NRIC No
 S7635314Z

 Date Of Birth
 26/10/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/08/2013

Driving Experience 4 YEARS AND 6 MONTHS

Gender MAL

Mobile Number (LOCAL) +65-94394149

Fax Number

Contact Number OFFICE-94394149

EMail Address NOEMAIL

Address

BLK 206A PUNGGOL PLACE

#15-2032

Postcode

821206

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

Type Of Accident

COLLISION - HEAD TO REAR

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?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

in res

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

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

SLG9796Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver PRIVATE CAR TAN BOON KENG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD KHAIRI BIN AWANG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

XE967A

YES

LEG

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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.
- 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:
 - (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)

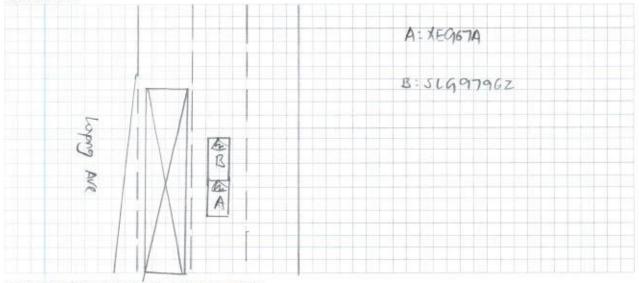
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.
'

DECLARATION

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

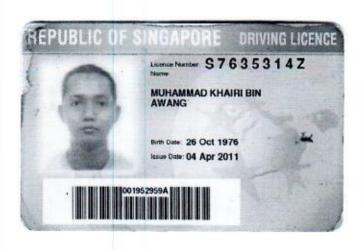
Name:

NRIC/FIN No .:

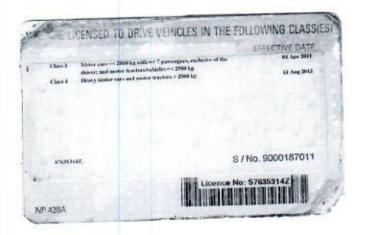
ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 LOYANG AVE AS LANE 3 THERE WAS A TRUCK STOPPED FOR WATERING THE TREES ALONG THE ROAD AND IT WAS CONGESTED. VEHICLE B BRAKE HIS VEHICLE AS A TRUCK SUDDENLY COMING COMING OUT FROM LANE 3. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

A C C İ	DENT DATE: 28/2/18 (DD/MM/YYYY).	TIME:(14:30)(HH:MM)	
	1 1 1 1	Pasie Riv Drive 3	ti (
LOCA	MON: Layong Are Sebre MAC	a	44
1.	DETAILS OF VEHICLE		
E 50	WEIGHT ANDED! XE96 A		
*	DINSURANCE COMPANY: NTJC C)POLICY NUMBER: 5068 05 6713 - 67		
97	C)POLICY NUMBER: 5060 6713-03	WATER BARTY FIRE &THEFT	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PART	Y) HIRD PARTITION	48
	to the second of	Section 1997	
	COUPE / MPV /VAN / LORRY	/ MOTORCYCLE / OTHERS)	
	CATEGORY (PRIVATE / COMMERCIA	L/ MOIORCICEE	₩
	SUBURDOCE OF USING AT ACCIDENT TIME:	OFICITIO	
	TARE YOU CLAIMING LINDER YOUR OWN INSUR	VICE TAESTIND	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REP	ORTING ONLY)	581
2.	INSUPED / POLICY HOLDER	MALE EMALE	triang sale
	AINAME: AVA-chem Industrial Ple L	CONTACT: 9386	1 n
1	b)NRIC/FIN/PASSPORT: 199003661 W	_CONTACT: 2	X HO of
	c)ADDRESS:		possenger
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOL	DER	. (Including d
3.	DRIVER a)NAME: Muhammad Khairi Bin Awar	(MALE / FEMALE)	and a
	b)NRIC/FIN/PASSPORT: 376353142	CONTACT: 9439 914	1
	c)ADDRESS:	- Indiana de la companya del companya de la companya del companya de la companya	. 8
	ti		
	*d)DATE OF BIRTH: ()6/ 10/ 1976)(DD/M	IM/YYYY)	
*	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 138 2013	(-hera)	S. S.
	FYEARS OF DRIVING EXPRERIENCE	DIE COMPANYZ (YES / NO)	200
4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	INSURED:	_
	IF NO, RELATIONSHIP OF THE DRIVER WITH	THERS	נ
5.	GIWEATHER CONDITION: (CLEAR / RAINING / O		_
	b)ROAD SURFACE: (DRY / WET / OTHERS		
6.	WAS ANYBODY INJURED (YES / NO)-	207 - 108 - 417 183	199 115
7.	IF YES, PLEASE STATE WHICH POLICE STATION:	M*	<u>.</u>
	THIRD PARTY VEHICLE		۸
. 8.	a) VEHICLE NUMBER: JLG 97962	_MODEL:	*Ho of passo
	b) DRIVER'S NAME: MA DOON KEND		· Cludyding dr
3	c) NRIC/FIN/PASSPORT: 169 311 The	_CONTACT:	(-)
9.	THIRD PARTY VEHICLE	(1220) E N	
	d) VEHICLE NUMBER:	_MODEL:	Ho of passi
	e) DRIVER'S NAME:	COURTOR	(Induding d
1	f) NRIC/FIN/PASSPORT:	_CONTACT:	
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			W
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eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601) (Change Lar	nguage	· Change Passwor	d Log Out
My Desktop	Police	cy Query								
Notice of Loss	Policy No.				Date of Acci	ident	28/0	8/02/2018 14:30		
	Vehicle	No.(For Motor)	XE967A							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5068056712- 03	AVA-CHEM INDUSTRIAL PTE LTD	199003662W	GFT	Comprehensive	XE967A	XE967A	20/10/2017	
			Distriction .		1	Continue				

Policy No.	5068056712-03	Policyholder Name	AVA-CHEM INDUSTRIAL	PTE LTI Policyholder NRIC	199003662W
Address	10 ADMIRALTY STREET #01-	87 NORTH LINK B	UILDING SINGAPORE 75	57695	
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	21/09/2017	Effective Date	20/10/2017 00:00	Expiry Date	19/10/2018 23:59
Third Party Excess	0.00	Excess	3000.00	Windscreen Excess	500.00
Additional Excess		OS Premium	0		
Dutside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NLE INSURANCE AGENCIES	PTE Agent Tel.	65673612	GST Flag	Υ
Co- nsurance Flag Open Policy Info Certificate Info	No				
Policyh	older Mailing Address			Marie Programme Company	DALLOW AND DESCRIPTION OF THE PROPERTY OF THE
Address 1	10 ADMIRALTY STREET	Address 2	#01-87 NORTH LINK B	UILDING Address 3	SINGAPORE 757695
Address 4		Address Type	Singapore address	Post Code	757695
Unit No.		Related Policy Number	5095645725		
	Object: XE967A				
▼ Endorse	1.128.98003				
Sequenc	Endorsement	Endorsement Type	Endorsement Number	Endorsement Status Endorsement Take	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle is subject to
1		asic Information ndorsement	000001286659031	Effective	Endorsement M42(A) – EQUIPMENT AND THIRD-PART WORKING RISKS: VEHICLE NUMBER EFFECTIVE DATE 1. XE1561E 20-10-2017
2	20/10/2017 00:00	asic Information ndorsement	000001286658476	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 20 Oct 2017 to 19 Oct 2018, this policy is extended to cover the insured vehicle whilst being driven within the airside of Singapore Changi Airport and Seletar Airport. The policy does not cover any loss or damage to aircraft and its passengers, including any and all forms of aviation liability. 1. XE2362G 3 XE2596Z 3. XE9119Y

dent MT/0954152		Luciano rue e e e e e e e e e e e e e e e e e e					
cy No.	5066056712-03	Vehicle No.	XE957A		DIST Registration No.		03662W
yholder Name	AVA-CHEM INDUSTRIAL PTE LTD				Policyholder NR3C		03662W
duct Code	FLEET INSURANCE	Cover Type	Comprehens	ive	Loading	0	
tact No.(Mobile)	93868777	Contact No.(Office)	0		Contact No.(Home)	۰	
sil Address		Special Remark			eCode	195	
	® No ○Yes	TCA	No		eCode Reason		
			0		Private Hire	No	
2 Protection	No	NCD Entitlement(%)	*		10000000		
Accident Details					15	F-11-	
ort Date	01/03/2018 10:47	Accident Report Within 24 hrs	Yes		Accident Type	Colls	ion - Head to Rear
e of Accident	28/02/2016	Time of Accident hh; mm	14:30		Country of Accident	Singa	pore
orting Centre		Orange Force			ICM No.		
	LOYANG AVE BEFORE JUNC PASIR RIS D						
dent Location Benefits	TO ANNO WAS RELOKE TO AC LARGER WIRE IN	Nive a					
Excess	1000000	Additional Excess			Windscreen Excess		500.00
damage Excess	3,000.00						
arned Driver Excess		Outside Singapore OD Excess					
d Party Excess	0.00	Outside Singapore TP Excess					
GST Registered Informa	ation						
Registered	Yes		27333	Registration Date	01/01/2015		
Registration No.	199003662W		GST :	Status Verified	No		
fication History							
Policyholder Mailing Ad	dress						ANDRE SESSO
tress 1	10 ADMIRALTY STREET	Address 2	#01-87 NOR		Address 3		SAPORE 757695
tress 4		Address Type	Singapore ac	dress	Post Code	7576	195
E No.		Related Policy Number	5095645725				
OI Driver Info							
ver Name	Unnamed Driver	Driver Type	Unnamed Or	iver			
named driver Name	MUHAMMAD KHAIRI BIN AWANI	Oriver NRIC	976353142		Driver DOB	26/1	0/1976
sister Date of Driver License		Driver Age	41		Driving Experience	4	
ntact No.(Mobile)	94394149	Contact No. (Office)	0		Contact No.(Home)	0	
		Address 2	PUNGGOL P	LICE	Address 3	SING	SAPORE 821206
diress 1	BUX 206A	Address Type	Singapore as		Post Code	8212	
dress 4		CANONICAS LAND	- Anna Carlo	120000	Contract of the Contract of th		0.00
	15-2032				23000000		
ses he own a Singapore	15-2032 ○ Yes ® No	Oriver Vehicle No.			Driver Insurer Comp	any	
es he own a Singapore gistered car?		Driver Vehicle No.			Driver Insurer Comp	any	
es he own a Singapore gistered car? claration eathalyser or Blood Test	○ Ves ® No		® Yes ○N		Driver Insurer Comp	any	
ses he own a Singapore gistered car? claration eathalyser or Blood Test		Driver Vehicle No. Any injuny?	⊛ Yes ○ N		Driver Insurer Comp	any	
nt No. bes he own a Singapore gistered car? cleration reathalyser or Blood Test lading?	○ Ves ® No		⊕ Yes ○ N		Driver Insurer Comp	any	
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es he own a Singapore gistered cer? denation sathalyser or Blood Test ading?	○ Ves ® No		® Yes ○ N		Driver Insurer Comp	any	
s he own a Singapore istered car? lenstion sthatyper or Blood Test dring?	○ Ves ® No		® Yes ○ N		Driver Insurer Comp	any	
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is he own a Singapore stered car? Jeretion athalyser or Blood Test ding? Afcation History Jelem 003 New Wact No. (Mobile) af Address	○ Yes ® No	Any injury? Insured Name Contact No.(Home)	AVA-CHÉM :	O INDUSTRIAL PTE LTE	Insured NRIC Contact No.(Office)	1996 6899 St.G.	79511
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Attachment		Uploaded By/Date	Category	Ŷ	urgency	Description	Msg Sent? Action (CO)
ध्या क्षण २-२ क्षण	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 01 Ma r 2018 10:50	NR3C/ Driving License		Normal	NR1C/ Driving License 2018-3-1	Edit
79	NAC_PAYA_UBI_800601(NATI	NAL ASSESSMENT CENTRE SERVICES) on 01 Ma r 2018 10:50	SAS		Normal	SAS 2016-3-1	Edit
200	WAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 01 Ma r 2018 10:50	Photos		Normal	Photos 2018-3-1	Edit
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5	NAC_PAYA_UBI_800501(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 01 Ma r 2018 10:49	Photos		Normal	Photos 2018-3-1	Edit
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⇒ Video List							
	Uploaded By/Date	Folder Date	File Name		P	Source	Action