NATIONAL Assessment Cer	tre Services we				
Date In: 9/3/18-15: 42	Jeb description	Ďate d	tTime Completed	Done	pì.
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Veh No: CB:6731M	E-mail (within Shrs	, AIC 2hrs)			
D.O.A : 9/3/18 - 08:25	i-Motor Claim I	Form M7	985438	9/3/18 16:	n
	i-Motor W/O (w	(ithin: OD 2hrs, TP 4hrs)		and the second s	
OD TP Reporting Only	i-Photo Uploade	ed			
TDI	Assessment/Surve	ey Report			
TP Insurer:	Ass't Report by F	ax / Hand to Owner	/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:)
TP Particulars: Veh No: 61	3681429		on-INC()		
Owner / Driver: (Tel:			
Policy No: ()	Period: (Туре: (
Confirmed by : (Date:	Time:	1000(1	
) [Note-Est Status (WO		21-79%. P: 80-	100%]	-
Year of Registration: ())/NO()			
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Drive-In ()/ Towed-In (); Inve	oice: YES () / NO	(); Towing (20: (
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1) Apply for Transport Allowance ()			2.5		
2) QC Check / Post Repair Inspection	: ()				
3) Upload Resurvey Photo [Repair Cost >	>\$3000] ()		4		
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Date/Time Actions	1111			WARRY LOCKED FOR	-
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lumant's Particulars :-	$\frac{1}{2}$	AR : Accident Reporting DA : Damage Assessme	nt (\$100); INC	The same of the sa	
river/Owner:	(3)	TF : Towing Fee FT : Follow-Through St		\$120	Contract Miles
	5)	FT : Follow-Through St	rvey (Resurvey)	\$30	
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uditors' Comments :-		*N8: DV / Collect Exce	ss Coordination	\$5	
1.1:	0	TP (N11): TP (N::n IN	C) against INC	30	
1, 2/3:		voice dated	Fee Charge	Marketon Victoria	all the same
N. W. W.	10	voice dated	Fee Charge		

1 - 9-71 pt 1 (20)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

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09/03/2018 15:42 Date Of Report 09/03/2018 08:25 Date Of Accident

CHANGI CARGO COMPLEX GANTRY Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

CB6731M Vehicle Registration Number

Insured/Policyholder

PEH HOCK TECK Name Of Registered Owner

S1395576Z NRIC No NOEMAIL Email Address

(LOCAL) +65-96632745 Mobile Phone No Alternative Phone No OFFICE-96632745

Vehicle Particulars

MITSUBISHI Manufacturer BE639JRMHDEA Model

Exact Purpose for which vehicle was being used at WORK

time of accident

NO

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY

BUS Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

5072491765-02 Policy Number

Cover Note Number

Driver

TAN CHEE SHEE Name of Driver

S1319152B NRIC No 01/11/1958 Date Of Birth OUTDOOR Occupation 04/07/2016 Date Of Driving Pass

1 YEAR AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-87821541 Mobile Number

Fax Number

OFFICE-87821541 Contact Number

NOEMAIL EMail Address

Address BLK 185 PASIR RIS STREET 11

#08-60 510185

Postcode 5101

Was driver an employee of the Insured's Company YES

was driver all employee or the meaning of

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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? 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) 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, MY VEHICLE STATIONARY STOPPED ALONG CHANGI CARGO COMPLEX GANTRY. POLICE ADVISE HIM TO REVERSED HIS VEHICLE AS HE GO TO WRONG LANE. VEHICLE B REVERSED HIS VEHICLE AND HIT ONTO MY VEHICLE FRONT PORTION.

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 GBC8142G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver NAVIND S/O VIJAYA

NRIC/Passport Number S9421620F Contact Number 82922876

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.

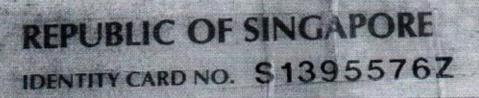
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN			
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DECLARATION			
I/We declare the foregoing partic	culars are true in ever	respect.	TAN
		0/	/ lum
Policyholder's Signature Date & Time:	Driver's Signatur (If driver is not ti		Reporting Centre Personnel's Signature Name:

Date & Time:

NRIC/FIN No.:





Name

PEH HOCK TECK



白福德

Race

CHINESE

Date of Birth

29-01-1959

Country of Birth

SINGAPORE



1160216



NAIC No \$1395576Z



Olded Group

Date of issue

14-07-1994

a wide core

APT BLK 295 COMPASSVALE WALK #15-498

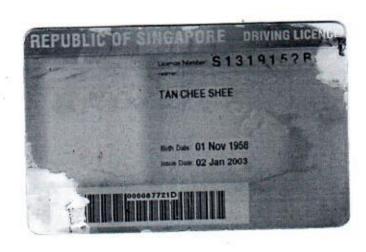
SINGAPORE 540235

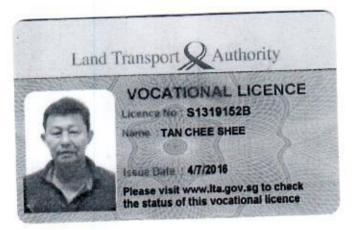
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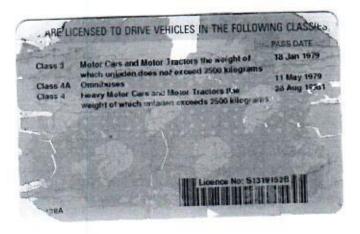
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This card is not transferable and is the property of the Land Transport
Authority (LTA). It must be surrendered to the LTA on request. If found,
please return to LTA, 10 Sin Ming Drive, Singapore 575701,
Type Description Issue Date
03 BUS VL 04/07/2016
04 BUS ATTENDANT 04/07/2016



eBao Tech							Gene	eralClaim		
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	ord + Log Out
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Notice of Loss	Policy N	lo.				Date of Ac	cident	09/03	/2018 08:25	7
	Vehicle	No.(For Motor)	CB6731M							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence : Date	Expiry Date
	0	5072491765- 02	PEH HOCK TECK	S1395576Z	GBS	Third Party, Fire & Theft	CB6731M	CB6731M	24/07/2017	23/07/2018
					100	Continue				

Sequenc	ce Date of Endorsement	Endorse	ment Type	Endorsement Status	Endorsement Content
▼ Endors	ements				
▶ Insure	d Object: CB6731M				
Unit No.		Related Policy Number	5072491765-02		
Address 4		Address Type	Singapore address	Post Code	540235
Address 1	BLK 235 #15-498	Address 2	COMPASSVALE WAL	K Address 3	SINGAPORE 540235
Policyh	older Mailing Address				
Certificate Info					
Open Policy Info					
Co- insurance Flag	No				
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Outside Singapore OD Excess		Outside Singapore TP Excess			
Additional Excess		OS Premium	0		
Third Party Excess	1500	Own damage Excess	0.0	Windscreen Excess	0
Policy ssue Date	10/07/2017	Effective Date	24/07/2017 00:00	Expiry Date	23/07/2018 23:59
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Address	BLK 235 #15-498 COMPASSVAL	E WALK SING	APORE 540235		
Policy No.	5072491765-02	Policyholder Name	PEH HOCK TECK	Policyholder NRIC	S1395576Z

Continue Cancel

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	5072491765-02	Vehicle No.	CBOTAIN		sticyheider NR3C	s	13955762		
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act No.(Mobile)	96632745	Coreact No. (Office)	0		Code	100	v		
F Address	200	Special Remark TCA	® No ○ Yes		Code Reason				
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Registration No.			GST Status V	ntied	169				
fication History									
Policyholder Mailing Ado	dreas								
ress 1	8LK 235 ±15-498	Address 2	COMPASSIVALE WALL		Address 3	8	SINGAPORE 5	10235	
tress 4		Address Type	Singapore address		Yost Code	5	540235		
F 740.		Related Policy Number	5072491765-02						
OI Driver Info									
ver Name	Unnamed Driver	Driver Type	Unnamed Driver						
named driver Name	TAN CHEE SHEE	Driver NR3C	\$13191528		Briver DOB		01/11/1958		
ister Date of Driver License		Driver Age	59		briving Experience		1		
	87821541	Contact No.(Office)	0		Contact No.(Home)		SINGAPORE 510185		
ntact No. (Mobile)		Address 2	PASIR RIS STREET	t i	Address 3	3			
dress 1	BLK 185	Address Type	Singapore address		Post Code	9	510185		
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,	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 16:13	SAS		Normal	SAS 2018-3-9	
,	NAC_PAYA_UB1_BD0601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 15:13	Photos		Normal	Photos 3018-3-9	
,	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 16:13	Photos		Normal	Photos 2018-3-9	-
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75	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma + 2018 16:12	Photos		Normal	Photos 2016-3-9	
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	NAC_PAYA_UBI_BOOGOI(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 16:12	Photos		Normal	Photos 2018-3-9	
	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 16:12	Photos		Normal	Photos 2018-3-9	
	NAC_PAYA_UB1_800603(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 16:12	Photos		Normal	Photos 2018-3-9	
	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 16:12	Photoe		Normal	Photos 2018-3-9	
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	NAC_PAYA_UB1_800681(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 15:11	Photos		Normal	Photos 2018-3-9	
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