NATIONAL Assessment Centi	re Services. Met 1 Jamos M	NA 118042296-01	
Date In: 29/3/18-/1:30	Jeb description	Date &Time Completed	Done by
Ref No: NA IN (15005845/24	SAS e-filing	1	
Veh No: YN 9699 E	E-mail (within Shrs, AIC 2hrs)		-
D.O.A .: 29 3 18 - 04:00	i-Motor Claim Form	m/0988206/	29/3/18 12:46
	i-Motor W/O (Within: OD 2h	rs, TP 4brs)	
OD (TP) Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SUD	7643K . INC)/Non-INC().	
Owner / Driver: (Tel:)
	eriod: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	000()/\$2,000()		
General Remarks:		AMARAS SAFER	
() Walk-In Customer: Customer's inf		1 110 11 110 110 110 110 110 110 110 11	
() Walk-In Customer : Customer's Int		5 4	
	· · · · · · · · · · · · · · · · · · ·	Towing Co: (.)
Drive-In ()/ Towed-In (); Invoid	ce: YES() / NO();	-	and the State of t
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > 5	[0006]		
Injury:			
		The first same	SUAL CONTRACTOR
Date/Time Actions			SERRIFICAL SEC.
10			
		ALTERNATION OF THE PARTY OF THE	Anit (S) Ami
NA 1801975	Invoice Pr	eparation Checklist	fit Bill Add
	1) AR : Accide	ant Reporting (\$30); on Assessment (\$100); INC	(\$80)
laimant's Particulars :-	3) TF : Towing	Fee	\$40/\$45
river/Owner:	4) FT : Follow	-Through Survey	\$120 \$30
ontact No:	5) FT : Follow For claimin	-Through Survey (Resurvey) s against INC Only (wef 10 Jan 20	105)
	6) TR : Re-ins	pection	\$75 \$160
amaged Portion:	7) N1 : Idao D	A + SMRT Survey	
	OD.		- 65
C Checked by (Engr-In-Charge):	*N5: Court	osy Cos / Tpt Allowance r Co-ordination	\$5 510
Course space that a second content of the second	N7: Fost F	epair Inspection	\$25
uditors Comments :=	*N8: DV /	Collect Excess Coordination	\$20
it. 1:	9) N12: Idea I	TP (Non INC) against INC Mobile	30
it. 2/3;	Invoice dated	Fee Charge	BONTON STREET
	Invoice dated	Fee Charge	TO PARTIE

Frager of Figure

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

ACC	יחב	MIT C	тлт	≡м	= 101	т
ALL	DE		IAI	-111	= N	۰

29/03/2018 11:30 Date Of Report 29/03/2018 04:00 Date Of Accident

JUNC ORCHARD BLVD & PATERSON RD Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

YN9699E Vehicle Registration Number

Insured/Policyholder

SIN KIAN CHAI FOWLS DISTRIBUTOR Name Of Registered Owner

40100100L Co Rea No NOEMAIL Email Address

(LOCAL) +65-96708559 Mobile Phone No OFFICE-96708559 Alternative Phone No

Vehicle Particulars

MITSUBISHI Manufacturer

CANTER FEB21ER4SDEB (CBU) Model

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?

THIRD PARTY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5076527097-02 Policy Number

Cover Note Number

Driver

Name of Driver NG WILLIAM S1613800B NRIC No Date Of Birth 26/08/1963 OUTDOOR Occupation 02/10/1996 Date Of Driving Pass

21 YEARS AND 5 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-90162617 Mobile Number

Fax Number

OFFICE-90162617 Contact Number

NOEMAIL EMail Address

BLK 601 ANG MO KIO AVENUE 5

ddress #03-2617

Postcode 560601

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 SIDE SWIPE
Weather Conditions CLEAR

Road Surface DRY

Other Information

Address

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) 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 TRAVELLING ALONG LANE 4 JUNCTION ORCHARD BLVD. SUDDENLY VEHICLE B TRAVELLING ALONG FROM LANE 5 TRYING CUT ONTO MY LANE. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE LEFT PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD7643K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver GOH MEIQING (WU MEIQING)

NRIC/Passport Number S8612049F

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wllful 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.
- 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 Signa

Name: NRIC/FIN No.:

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.:

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Annex E

NOTICE OF COMPLIANCE

ŋ	This is to confirm that	Ng William		,
NRIC/F	IN <u>\$1613800B</u> , has reporte	ed to the Police a non-injury	traffic accide	nt
which o	ccurred at along Orchard B	Ivd towards Demsey Road a	t the junction	of Orchard
Bivd an	d Paterson Road			
on <u>29/0.</u>	3/2018 at 3:50 am involvin	g the following vehicles:		
2	If this accident was rep	orted to the Police within 24	hours of its o	occurrence,
	Then he/she has compl	ied with Sec 84(2) of the Ro	ad Traffic Ac	t, Cap 276.
	Rank/Name of Issuing	Officer: Sgt Lee Ming Rong	. 6	* * * * * * * * * * * * * * * * * * *
	Date: 29/03/2018	Time: 0724hrs		
	S/D Ref: <u>5017</u>			

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

Police Post/Unit: Ang Mo Kio North NPC

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Version as of 15 Jan 2002



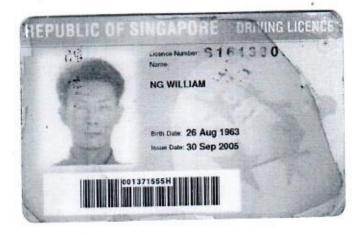
GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

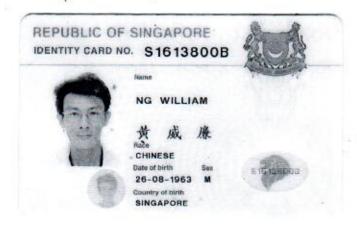
6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

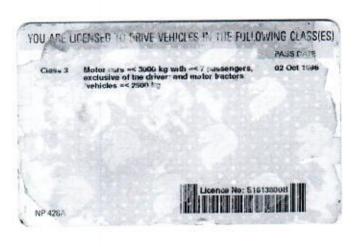
IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

	ADD	DENDOW
PARTICULARS OF	PERSONMAKINGTHEAMEND	MENTS:
Original Report N	0: MHAN80242296	Vehicle Registration No: YN9699 E
Name(as shown in NE	nc): Na William	NRIC/FIN/Passport No :S 6 38 00 R
	Vehicle Owner) (*) Please dele	ete as appropriate
Address	. Blk 601 Ang Mo K	To Avenue 5 \$ 03-2617Singapore(56060)
Contact (Tel)	:	Mobile No.: 90162617
Email Address	4	
Date of Accident	: 29/3/18	Time of Accident :0 4:30
Place of Accident	: June Ordnard B	lud e Paterson Rd
Insurance Compa		
	ORMATION / AMENDMENTS:	
(c		
Policyholder / Dr Date:	iver's Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:









eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		111111111111111111111111111111111111111		100000000000000000000000000000000000000	10	hange Lan	guage	· Change Passwor	d + Log Out
My Desktop	Polic	cy Query								,
Notice of Loss	Policy N	lo.				Date of Acci	dent	29/0	3/2018 04:00	
	Vehicle	Na.(For Motor)	YN9699E							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5076527097- 02	SIN KIAN CHAI FOWLS DISTRIBUTOR	40100100L	GCV	Comprehensive	YN9699E	YN9699E	18/12/2017	17/13/2018
			33-30-30-30-3	1	1	Continue				

Policy No.	5076527097-02	Policyholder Name	SIN KIAN CHAI FOWLS DISTRIE	Policyholder NRIC	40100100L
Address	BLK 212 #11-291 JURONG EAST	STREET 21 S	INGAPORE 600212		
Product Name	COMMERCIAL VEHICLE INSURAL	Plan		Group Policy Flag	N
Policy ssue Date	16/12/2017	Effective Date	18/12/2017 00:00	Expiry Date	17/12/2018 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	INCOME-BRANCH SERVICES	Agent Tel.	67886616	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	nolder Mailing Address				
Address 1	BLK 212 #11-291	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 600212
Address 4		Address Type	Singapore address	Post Code	600212
Unit No.		Related Policy Number	5027383334-10		
) Insure	d Object: YN9699E				
▽ Endors	sements				
Sequen	ce Date of Endorsement	Endorse	ement Type Endorseme	nt Status	Endorsement Content

					/				
ident MT/0988206			0000000000000			GST Registration No.			
350000	5076527097-02		Vehicle No.	YN9699E		Policyholder NRIC	40	01001000	
-	SIN KIAN CHAI FOWLS					Leading	0		
fuct Code	COMMERCIAL VEHICLE	INSURA	Cover Type	Comprehensive		Contact No.(Home)	0		
tect No.(Mobile)	96708599		Contact No. (Office)	0		eCode	To.		
vi Addressi			Special Remark	® No ○Yes		eCode Reason			
	No ○ Yes		TCA	5 5		Private Hire	No		
Protection	No		NCD Entitlement(%)	50		distance of the second			
Accident Details						Accident Type	Si	de Swipe	
ort Date	29/03/2018 12:44		Accident Report Within 24 hrs	Yes				ngapore:	
e of Accident	29/03/2018		Time of Accident hh:mm	04:00		Country of Accident		- gapana	
orting Centre			Orange Force			ICM No.			
ident Location	JUNC ORCHARD BLVD	& PATERSON RD							
Benefits									
Excess									
n damage Excess		600.00	Additional Excess			Windscreen Excess		10	0.00
		50000E/A	Outside Singapore OD Excess						
named Driver Excels		0.00	Outside Singapore TP Excess						
nd Party Excess	tion	-0900007	AND TOURS MININGS OF						
GST Registered Informat	No.			GST Re	gistration Date				
Registration No.				GST Str	etus Verified	No			
diffication Hotory									
Policyholder Mailing Add	BLK 212 #11-291		Address 2	JURIONG EAST	STREET 21	Address 3	5	SINGAPORE 600212	
dress 1	MARK - 15-655		Address Type	Singapore add	rest	Post Code		500212	
dress 4			Related Policy Number	5027383334-1					
it No.			20 THE RESERVE OF THE PARTY OF						
OI Driver Info			Driver Type	Unnamed Driv	er				
ver Name	Unnamed Driver		Driver NRIC	\$16138008		Driver DOB		26/08/1963	
named driver Name			Driver Age	54		Driving Experience	35	21	
gister Date of Driver License			Contact No.(Office)	0		Contact No.(Home)	4	0	
ntact No.(Mobile)	90162617		Address 2	ANG MO KIÓ	AVENUE 5	Address 3	- 2	YIO CHU KANG GREEN	
	BLK 601								
			Address Tune		iress	Post Code	3	560601	
adress e	SINGAPORE 560601		Address Type	Singapore add	ress	Post Code	3	1080801	
odress 4 nit No. pes ha cenn a Singapore			Address Type Driver Vehicle No.		redii	Post Code Driver Insurer Comp		560601	
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odress 6 Int No. Des he den a Singapore egistered car? sciaration resthalyser or tilood Test	SINGAPORE 566601 03-2617 ○ Yes ® No		Onver Vehicle No.	Singapore add	V.S			550901	
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oriess e int No. In	SINGAPORE 560601 03-3617		Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Od Vehicle Number	Singapore add ○ Yes No SIN KIAN CH	AI FOWLS DISTRIB	Driver Insurer Comp Insured NRIC Contact No.(Office)	any	40100100L 65630572	
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