NATIONAL Assessment Centre	e Services.   well sambs M			
Date In: 29 1/18 - /1:30	Jeb description	Date & Time Completed	Done by	
Ref No: NA IN CIEDOSE VE ZY	SAS e-filing			_
Vch No: YN 9699 E	E-mail (within Shrs, AIC 2hrs)			æ
D.O.A .: 29 1/18-04:00	i-Motor Claim Form	m/0988206	29/3/18 12:4	6
	i-Motor W/O (Within: OD 2hr	s, TP 4brs)		1.
OD (TP) Reporting Only	i-Photo Uploaded		Section of the sectio	
	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: SLD	1643K . INC(	. )/Non-INC( ).	11-12 11-12-12-12-12-12-12-12-12-12-12-12-12-1	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Per	riod: (	Cover Type: (	)	_
Confirmed by : (	Date:	Time:	)	-
Insured/Driver Liability: ( %) [1	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
	00()/\$2,000()			_
General Remarks:-				
( ) Walk-In Customer: Customer's info	rmation strictly Confidential & S			
( ) Total Loss Case : to e-mail Insure		N	17	- 100
Drive-In ( )/ Towed-In ( ); Invoice		Towing Co: (		)
			Bonehy	
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	A STATE OF THE PARTY OF THE PAR	
1) Apply for Transport Allowance ( )/C	Courtesy Car ( )			No. of Street,
2) QC Check / Post Repair Inspection	( )		-	-
3) Upload Resurvey Photo [Repair Cost > \$3	000] ( )			_
Injury:	•			
Date/Time / Actions			STANCTON STANCT	15,923
Jate/ Lime Actions				
			12400	
	_			
	1 Pr	eparation Checklist	TOTAL STREET	mt (3
NA 1801975	[27.8.2344-7000A]	COMPANY OF THE CAP SE SECOND SINCE A 5 S. S.	MEBIJE! Ad	dd Bi
aimant's Particulars :-	1) AR : Accide 2) DA : Dames	e Assessment (\$100); INC	ACCUPATION OF THE PERSON OF TH	
	3) TF : Towing	Fee .	\$120	9
iver/Owner:	5) FT · Follow-	Through Survey Through Survey (Resurvey)	\$30	
ntact No:	For claiming	against INC Only (wef 10 Jan 20	\$75	
maged Portion:	6) TR: Re-ius 7) N1: Idae D.	A + SMRT Survey	\$160	-
	8) NTUC Add	tional Services:-		
C Checked by (Engr-In-Charge):	OD*	sy Cas / Tpt Allowance	\$5	
C. Checked by (Birgi-In-Charge).	*N6: Repair	Co-ordination	510	
Allow Commenter	*N7: Post R	epair Inspection Collect Excess Coordination	\$25 \$5	
uditors' Comments :-	TP(NII):	TP (Non INC) against INC	\$20	
<u>t. 1:</u>	9) N12: Idac N			m
1. 2/3:	Invoice dated	Fee Charge	MARKET PROPERTY.	DATE OF THE OWNER, OWNE

in per et

#### 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.
- 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.

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

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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**

Vehicle Registration Number YN9699E

Insured/Policyholder

SIN KIAN CHAI FOWLS DISTRIBUTOR Name Of Registered Owner

40100100L Co Reg 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 WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

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

58076527097-02 Policy Number

Cover Note Number

Driver

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

21 YEARS AND 5 MONTHS Driving Experience

Gender

(LOCAL) +65-90162617 Mobile Number

Fax Number

OFFICE-90162617 Contact Number

NOEMAIL EMail Address

Address

BLK 601 ANG MO KIO AVENUE 5

#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

Ť

#### General Information of the Accident

Type Of Accident

SIDE SWIPE

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. 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 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?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SLD7643K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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 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.
- 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)

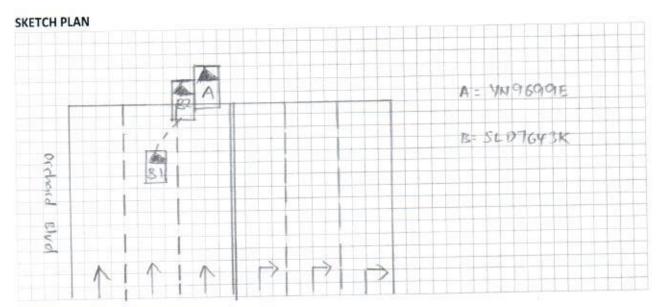
I understand, acknowledge, agree and consent that:

- (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 Signati Name:

NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

efec to	state mant.	

DECLARATION

I/We destate the gregoing 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.:

# CONFIDENTIAL

Annex E

# NOTICE OF COMPLIANCE

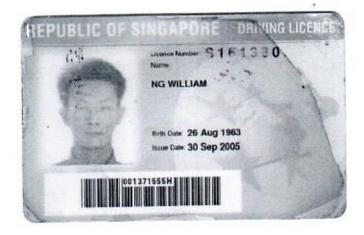
	This is to confirm that	Ng William	
NRIC	FIN <u>S1613800B</u> , has report	ed to the Police a non-injury t	raffic accident
which	occurred at along Orchard I	Blvd towards Demsey Road at	the junction of Orchard
Bivd a	and Paterson Road		
on <u>29/</u>	/03/2018 at 3:50 am involvir	ng the following vehicles:	12
2	If this accident was rep	ported to the Police within 24	hours of its occurrence,
	Then he/she has comp	lied with Sec 84(2) of the Roa	d Traffic Act, Cap 276.
	Rank/Name of Issuing	Officer: Sgt Lee Ming Rong	4
	Date: 29/03/2018	Time: <u>0724hrs</u>	
	S/D Ref: <u>5017</u>		

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

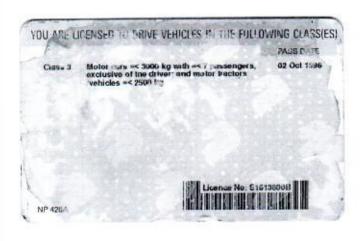
Police Post/Unit: Ang Mo Kio North NPC

CONFIDENTIAL

Version as of 15 Jan 2002









<b>eBao</b> Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601					. (	Change Lan	guage	Change Passwo	ord • Log Out
My Desktop	Polic	cy Query								23
Notice of Loss	Policy N	lo.				Date of Acci	ident	29/03	/2018 04:00	3
	Vehicle	No.(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	17/12/2018
			30.00 (10		-	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 Open Policy Info	No				
Certificate Info					
Policyh	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				
	sements				
Sequen	ce Date of Endorsement	Endorso	ement Type Endorseme	ot Status	Endorsement Content

cident MT/0968206	5076827097-02		Vehicle No.	YN9699E	GS	T Registration No.			
scy No. Scyhalder Name	SIN KIAN CHAI FOWLS	DISTRIBUTOR			Pol	licyholder NRIC		40100100	IL.
duct Code	COMMERCIAL VEHICLE		Cover Type	Comprehensive	Los	eding		0	
neart No.(Mobile)	96708559		Contact No (Office)	0	Co	ntact No. (Home)		0	
ail Adoress	3330		Special Remark		eCi	ode	8	NI V	
an Adjoress	® No ○Yes		TCA	® No ○Yes	eC)	ode Reason			
D Protection	No		NCD Entitlement(%)	20	Prin	vate Hire		No	
	NO.								
Accident Details			Accident Report Within 24 hrs	Yes	Acc	cident Type		Side Swip	
eert Date	29/03/2018 12:44					untry of Academi		Singapore	
e of Accident	29/03/2018		Time of Accident hh:mm	04:00				4003-0-0	
orting Centre			Orange Force		10	M No.			
dent Location	JUNC ORCHARO BLVD	à PATERSON RD							
Benefits									
Excess									
damage Excess		600.00	Additional Excess		Wi	indscreen Excess			100.00
amed Driver Excess			Outside Singapore OD Excess						
nd Party Excess		0.00	Outside Singapore TP Excess						
GST Registered Informa	ation			00/12/12/02/02/02/02/02/02/02/02/02/02/02/02/02					
Registered	No			GST Registration Date		No			
Registration No.				GST Status verified		110			
Policyholder Mailing Ad	dress			Table Administration (1)		W. 1971 17			
iress 1	BLK 212 #11-291		Address 2	JURONG BAST STREET 21		ddress 3			RE 600212
tress 4			Address Type	Singapore address	Po	est Code		600212	
t No.			Related Policy Number	5027383334-10					
OI Briver Info									
ver Name	Unnamed Driver		Onver Type	Unnamed Driver				12000000	
named driver Name	NO WILLIAM		Driver NRIC	\$16138008		river DOB		26/08/11	953
pater Date of Driver License	02/10/1996		Oriver Age	54		niving Experience		31	
neact No. (Mobile)	90162617		Contact No.(Office)	0		ontact No.(Home)		۰	COLORED COLOR
dress 1	BUK 601		Address 2	ANG NO KIO AVENUE 5		doress 3			KANG GREEN
dress 4	SINGAPORE \$60601		Address Type	Singapore address	De	ost Code		560601	
it No.	03-2617								
es he own a Singapore	03-2617 ○ Yes <b>®</b> No		Driver Vehicle No.		D	river Insurer Compa	any		
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es he own a Singapore gistered car? Claration eathalyser or Blood Test			Driver Vehicle No.  Any injury?	○ Yes ® No	Di	river Insurer Compa	any		
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♥ Video List	Uploaded By/Date	Folder Date	file Name	9	Source	Action