NATIONAL Assessment C					
Date In: 20/6/19 - 19-21	Job description		Date &Time Completed	Done	by by
Re[No: NA] [NC 18 01 1277 124	SAS e-filing				
Veh No: 627319R	E-mail (within St	irs, AIC 2hrs)			
D.O.A: 20/6/18-10-30	i-Motor Claim	Form	MT/0999420-001	20/6/18	19:36
	i-Motor W/O	(Within: OD 2hrs			
OD (TP) Reporting Only	i-Photo Uploa	ded			100 m
T. I.	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	<i>l</i> : (Tel:	Fax:	
TP Particulars: Veh No:	SP50356 .	. INC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading	:\$1,000()/\$2,000()			
General Remarks:-	Carlot Francisco	~ YYY	V. W. W. W. W. W.		
() Walk-In Customer : Customer					
		idential & St	touy NO 1ster of repetier.		
() Total Loss Case : to e-mail I					
Drive-In ()/ Towed-In (); In	ivoice: YES () / NO) () ; To	owing Co: (
Remarks: (INC hotline: 6788 66	16)	17.14	Date& Time Completed	Done	by
1) Apply for Transport Allowance ()/Courtesy Car ()				110
-/ PP-1 IV. IIIIIS PIL ALIOWALICE (1/ Courtesy Car (The state of the s		
	// Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost	()				
2) QC Check / Post Repair Inspection	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	() t>\$3000] ()				
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Actions imant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	() t>\$3000] () 1 2 3 4 5 6 7 8	(Invoice Prep) AR: Accident) DA: Darnage A) TF: Towing Fe) FT: Follow-Th For claiming as) TR: Re-inspect) N1: Idac DA +) NTUC Addition OD* *N5: Courtesy (*N6: Repair Co *N7: Fost Repa *N8: DV / Colli- TP (N11): TP (aration Chrcklist Reporting (\$30); INC (\$1 INC	\$60) 50/\$45 \$120 \$30 \$75 \$160 \$55 \$510 \$525 \$520	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions	() t>\$3000] () 1 2 3 4 5 6 7 8	Invoice Prep) AR: Accident) DA: Darrage A) TF: Towing Fe) FT: Follow-Th For claiming as) TR: Re-inspect) N1: Idac DA +) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repa *N8: DV / Coll	aration Chrcklist Reporting (\$30); INC (\$1 INC	\$120 \$30 \$120 \$30 \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$20 \$30	

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,
- 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.

The second of th	ACCIDENT STATEMENT
Date Of Report	20/06/2018 19:21
Date Of Accident	20/06/2018 10:30
Exact Location Of Accident	ALONG PAYA LEBAR RD AFTER JUNC PIE (CHANGI)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ7319R
Insured/Policyholder	
Name Of Registered Owner	BESTILE CONSTRUCTION
Co Reg No	31480400E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR G
Exact Purpose for which vehicle was being until time of accident	sed at WORKING
Are you claiming under your own insurance p for repair to your vehicle?	policy NO
If No, Please state action to be taken	THIRD PARTY
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	5068380240-03
Cover Note Number	
Driver	
Name of Driver	KOH ENG CHUAN
NRIC No	S1232839G
Date Of Birth	03/08/1957
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1996
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90867766
Fax Number	
Contact Number	OFFICE-90867766
EMail Address	NOEMAIL

Address

BLK 333 SERANGOON AVENUE 3

#09-285

Postcode

550333

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 - MAJOR/MINOR RD

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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

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

Vehicle Registration Number

DETAILS OF OTHER VEHICLE PROPERTY 1 SJP5055G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LEE YEAN LAY

NRIC/Passport Number

S6907686F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME: GENDER:

Page 2 of 18

Passenger 2

NAME: :

GENDER: :

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.
- 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)
 - (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")
- (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, law enforcement and government agencies as reasonably required for the purposes stated, or

with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

VOIL

Driver's Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No .:

Reporting Centre Personnel's Signature

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 4TH LANE PAYA LEBAR RD. SUDDENLY VEHICLE B COMING OUT FROM SLIP RD PIE (CHANGI) AND HIT ONTO MY VEHICLE REAR LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 20/ 6/ 18 (DD/MM/Y	YYY), TIME:(/0 : 30)(HH:MM)
LOCATION: Along Paya Lesge 1	Rd after june TIEC changi).
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: 627319 12	
b)INSURANCE COMPANY: NTO	
CIPOLICY NUMBER: 5068386240-	03
d)POLICY TYPE: (COMPREHENSIVE / THIRD F	PARTY / THÍRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	
f)TYPE: (SALOON / COUPE / MPV /VAN / LO	RRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMER	
h) PURPOSE OF USING AT ACCIDENT TIME:_	
I) ARE YOU CLAIMING UNDER YOUR OWN IN	
IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REPORTING ONLY
2. INSURED / POLICY HOLDER	8
Alname: Bestile Construction	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT: 31480400 E	CONTACT:
c)ADDRESS:	
Tall Tall The second second	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
His of passengs, DRIVER	
(Including diser) allAME: ICON 150g Chunn	(MALE) FEMALE)
DINNIC/FIN/FASSFORI: STESTA SA	
CIADDRESS: B/k 333 Surangoon Aver	nue 3 \$ 69-285 (4x191) 515A37
** CONTRACTOR PROTECTION 7 . C . LOT 7 . C.	
*d)DATE OF BIRTH: (3 / 8 / (917)(DI	D/MM/YYYY)
6)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE INSU	IDEDIC COMPANIA (VEC.)
IF NO, RELATIONSHIP OF THE DRIVER W	
5. a) WEATHER CONDITION: (CLEAR / RAINING	
b)ROAD SURFACE: (DRY / WET) OTHERS	/ OTHERS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATIO	N.
8 THIRD PARTY VEHICLE	
the of passenger a) VEHICLE NUMBER: 5795056	MODEL:
(Including driver) b) DRIVER'S NAME: Lee year Lay	
C) NRIC/FIN/PASSPORT: S 6907 686F	CONTACT:
9. THIRD PARTY VEHICLE	
	MODEL:
1 100 of passenger	
(Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT:

email = Ryderantoworkshop @g mail.com







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Motor Cers and Motor Trectors the weight of which unladed does at exceed 2500 kilogram Heavy Motor Cers at 450 or Tractors the weight of which unladed exceeds 2500 kilogram Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladed exceeds 7250 kilograms



eBao Tech					原制			5-8	Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	cident	20/06	/2018 10:30	TD .
	Vehicle	No.(For Motor)	GZ7319R							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5068380240- 03	BESTILE CONSTRUCTION	31480400E	GCV	Third Party, Fire & Theft	GZ7319R	GZ7319R	14/02/2018	13/02/2019
						Continue				

Seque	nce Date of Endorsemen	t	Endorsemen	t Type	Endorsement	Status	Endorsement Content
	sements						
D Insure	ed Object: GZ7319R						
Unit No.	01-330	Relate Numb	ed Policy per	5068380240-03			
Address 4		Addre	ss Type	Singapore address		Post Code	550328
Address 1	BLK 328 #01-330	Addre	ess 2	SERANGOON AVE	NUE 3	Address 3	SINGAPORE 550328
	holder Mailing Address						
Certificate Info							
Policy Info							
Flag Open							
Co- insurance	No						
Agent	TAN KIM TECK	Agent Tel.	69969003		GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Additional Excess		OS Premium	0				
Party Excess	0	damage Excess	0		Excess	0	
Third	2	Own			Windscreen		
Excess Type		All Claim Excess					
Policy Issue Date	30/01/2018	Effective Date	14/02/2018	3 00:00	Expiry Date	13/02/2019 2	3:59
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Address	BLK 328 #01-330 SERANGOON	AVENUE 3 SIM	GAPORE 55	0328			
Policy No.	5068380240-03	Policyholder Name	BESTILE CO	ONSTRUCTION	Policyholder NRIC	31480400E	

cident MT/0999420								
ricy No.	5065380240-03	Vehicle No.	GZ7319R		GST Registration N	e.		
licyholder Name	BESTILE CONSTRUCTION				Policyholder NR3C		3145040	OE-
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party, Fire & Theft		Loading		0	
intact No. (Mobile)	0	Contact No.(Office)	0		Contact No. (Home)	ii.	0	
neil Address		Special Remark			eCode		This 🗸	
·K	® No ⊜Yes	TCA	® No ○Yes		eCode Reason		A1385-553	
D Protection	No	NCD Entitlement(%)	20				5500.9	
		ACD CHIDEHEIR (16)	20		Private Hire		No	
Accident Details								
port Date	20/06/2018 19:33	Acadent Report Within 24 hrs	Yes		Accident Type		Collision	- Major Minor Road
e of Accident	20/06/2018	Time of Accident hhomm	10:30		Country of Academ		Singapor	e
porting Centre		Orange Force			ICM No.			
cident Location	ALONG PAYA LEBAR RO AFTER JUNC I	TE (CHANGI)						
Benefits								
Excess								
n damage Excess	0.00	Additional Excess			Table Later Strong Publisher		Y12520011	
	0.00				Windscreen Excess		0.00	
named Driver Excess		Outside Singapore OD Excess						
d Party Excess	0.00	Outside Singapore TP Excess						
GST Registered Inform								
Registered	P4o		GST Registration Date					
Registration No.			GST Status Verified		No			
Ification History								
Policyholder Mailing Ad	ldress							
ress 1	BLK 328 #01-330	Address 2	SERANGOON AVENUE 3		Address 3		SINGAPO	RE 550328
ress +		Address Type	Singapore address		Post Code		550328	
No.	01-330	Related Policy Number	5065380240-03				interior.	
OI Driver Info								
er Name	Unnamed Driver	Driver Type	Unnamed Driver					
amed driver Name	KOH ENG CHUAN	Driver NRIC	51232839G		Driver DOB		03/08/19	157
ster Date of Driver License		Driver Age	60		Driving Experience			
act No.(Mobile)	90867766						21	
		Contact No.(Office)	0		Contact No.(Home)		0	
ress 1	BLK 333	Address 2			Address 3		SHARAM	RE 550333
			SERANGOON AVENUE 3		Mark Elo 3		21110000	
tress 4		Address Type	Singapore address		Post Code		550333	
	09-285							
t No. es he own a Singapore	09-285 ○ Yes ® No				Post Code	pany		
t No. es he own a Singapore		Address Type				party		
t No. es he own a Singapore istered car?		Address Type			Post Code	party		
t No. es he own a Singapore ystered car? laration othalyser or Blood Teat	○ Yes ® No	Address Type Driver Vehicle No.	Singapore address		Post Code	pany		
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No. s he own a Singapore stored car? eration thalyser or Blood Test bing? hostion History:	○ Yes ® No	Address Type Driver Vehicle No. Any Injury?	Singapore address ○ Yes No		Peat Code Driver Insurer Com	party	550333	
No. the own a Singapore stored car? ration thalyaer or Blood Teat ing? cation History: sim 601 New	○ Yes ® No O mg	Address Type Driver Vehicle No. Any Injury? Insured Name	Singapore address Ves ® No BESTILE CONSTRUCTION		Post Code Driver Insurer Com Insured NRIC	pany		Det
No. the own a Singapore stored car? walton thalyser or Blood Teat bing? holdion History: sim GG3 New Type *	○ Yes ® No O mg	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	Singapore address Ves ® No BESTILE CONSTRUCTION 52813226		Post Code Driver Insurer Com Insured NRIC Corract No.(Office)	pany	550333 3148040	
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