| D. C. | | The state of the s | NA.118682779 | 1 | |
|--|--|--|--|---|---|
| Date In: 27/6/18-11:30 | Jeb description | | Date &Time Completed | Dor | ic py |
| Ref No: NA MC180 11767/24 | SAS e-filing | | i . | | |
| Veh No: 4761205 | E-mail (within 8 | hrs, AIC 2hrs) | | Lucienii Lucieni | |
| D.O.A: 26/6/18-18:30 | i-Motor Clair | n Form | MT 1000629-001 | 17/6/18 | 20:0 |
| OD : TP : Reporting Only | i-Motor W/O | (Within: OD 2hrs | | 1 1 1 1 | |
| OB : 11 Freporting Only | i-Photo Uploa | ded | 1 | | |
| TP Insurer: | Assessment/Sur | vey Report | İ | | |
| 11 1134101. | Ass't Report by | Fax / Hand to | Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: | |
| TP Particulars: Veh No: 57 | 195895 | , INC(|)/Non-INC(). | | |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () | Period: (|) | Cover Type: (|) | |
| Confirmed by: (| | Date: | Time: |) | |
| | [Note-Est. Status (W | O): N: 0-20 | %; P: 21-79%. P: 80- | 100%] | |
| Year of Registration: () | Warranty: YES (|)/NO(|) | | |
| | ,000()/\$2,000(| | | | |
| General Remarks: | | * NYNY | DER STREET | | |
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| () Walk-In Customer : Customer's int | | idential & Stri | ctly NO rater of repairer. | | |
| () Total Loss Case : to e-mail Insu | rer URGENTLY. | | | | |
| Drive-In ()/ Towed-In (); Invoice | ce: YES () / NO |) () ; To | wing Co: (| |) |
| Service of the second | Charles and the second | | | THE ARREST | (PA IV) |
| Remarks:- (INC hotline: 6788 6616) | 2 Page 10 Colonia de la coloni | | Dated: Birib Completed | Don | by |
| | Courtesy Car () | | | | |
| | | | | | |
| 2) QC Check / Post Repair Inspection | () | | | | |
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| 3) Upload Resurvey Photo [Repair Cost > \$ | () | | | | |
| | () | | | | W |
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| 3) Upload Resurvey Photo [Repair Cost > \$ Injury: | () | | | 72. C. V. | |
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| Description of the Property of | () | | | | |
| Dupload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time Actions | 1 | nvoice Prep | aration Checklist | Ant (S) | 100000000000000000000000000000000000000 |
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| Date/Time Actions Alloyo 65 Limant's Particulars: ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): ditors' Comments:: | 1 1 2 3 4 5 | AR: Accident R DA: Damage A: TF: Towing Fee FT: Follow-Thr FT: Follow-Thr For claiming aga TR: Re-inspecti N1: Idae DA + 3 NTUC Additions OD* *N5: Courtesy C *N6: Repair Co-t *N7: Post Repair *N8: DV / Collect | aration Checklist. sporting (\$30); spessment (\$100); INC (\$8 \$40 ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on SMRT Survey al Services:- ar / Tpt Allowence ordination Inspection at Excess Coordination | \$120 \$30 \$160 \$30 \$30 \$30 \$35 \$160 \$25 \$35 | Amu (|
| Date/Time Actions Alloyo 65 umant's Particulars: react No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments::- | 1 1 2 3 3 4 5 5 6 7 7 3 8 8 | AR: Accident R DA: Damage A: TF: Towing Fee FT: Follow-Thr FT: Follow-Thr For claiming aga TR: Re-inspecti N1: Idae DA + 3 NTUC Additions OD* *N5: Courtesy C *N6: Repair Co-t *N7: Post Repair *N8: DV / Collect | aration Checklist. sporting (\$30); ssessment (\$100); INC (\$8 S40 ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005 on SMRT Survey al Services:- ar / Tpt Allowance ordination Inspection ot Excess Coordination Van INC) against INC | Ant (5) (ABill (0) (545 5120 530) \$75 \$160 | 100000000000000000000000000000000000000 |
| Pate/Time Actions. | 1 1 2 3 4 5 5 6 77 3 8 8 9 9 9 9 9 9 | AR: Accident R DA: Damage A: TF: Towing Fee FT: Follow-Thr FT: Follow-Thr For claiming aga TR: Re-inspecti N1: Idae DA + 3 NTUC Additions OD* *N5: Courtesy C *N6: Repair Co-t *N7: Post Repair *N8: DV / Collect TP (N11): TP (N | aration Checklist. sporting (\$30); ssessment (\$100); INC (\$8 S40 ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005 on SMRT Survey al Services:- ar / Tpt Allowance ordination Inspection ot Excess Coordination Van INC) against INC | \$120 \$30 \$160 \$55 \$10 \$25 \$55 \$20 | 100000000000000000000000000000000000000 |

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.
- 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.
- 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.

Vehicle Particulars

Manufacturer HINO

Model HINO XZU710R-HKFMS3

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?

NO

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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5098322756

Cover Note Number

Driver

 Name of Driver
 NG KONG KEE

 NRIC No
 \$0166056Z

 Date Of Birth
 25/09/1953

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/03/1972

Driving Experience 46 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93805109

Fax Number

Contact Number OFFICE-93805109

EMail Address NOEMAIL

Address 7 LI HWAN VIEW

Postcode 556898

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? 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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

NO

1

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG UPPER SERANGOON RD. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE AND SLIGHTLY HIT ONTO VEHICLE B REAR 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 SJY9589J

Vehicle Make/Model/Colour MITSUBISHI LANCER

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TIAN SIN HONG
NRIC/Passport Number S1790199J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

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

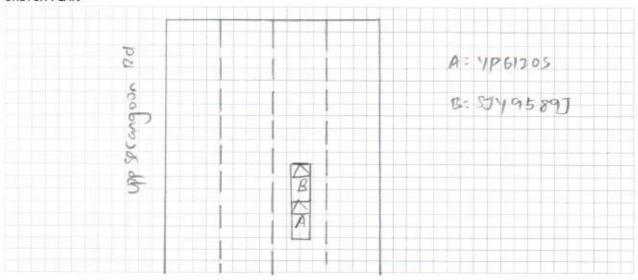
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Refer to state most | |
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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

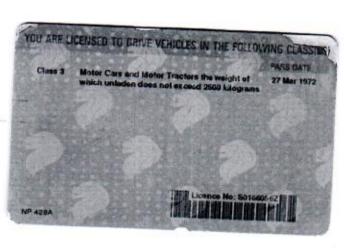
Name:

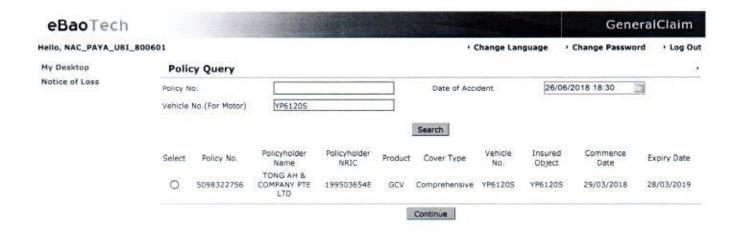
NRIC/FIN No.:











| Policy No. | 5098322756 | Policyholder Name | TONG AH & | COMPANY PTE LTD | Policyholder NRIC | 199503654E | |
|---|---|-----------------------------------|-------------------|-------------------|----------------------|-----------------------|---|
| Address | BLK 13 #01-3962 NORTH BRIDG | E ROAD SIN | GAPORE 1900 | 13 | | | |
| Product Name | COMMERCIAL VEHICLE INSURAI | Plan | | | Group Policy Flag | N | |
| olicy ssue oate | 07/03/2018 Date 29/03/2018 | | 00:00 | Expiry Date | 28/03/2019 23:59 | | |
| xcess ype | | All Claim Excess | | | | | |
| hird arty xcess | 0 | Own damage Excess | 600 | | Windscreen Excess | 100 | |
| dditional xcess | | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | | Your | ng/Inexperience Driver Excess |
| gent | LIAN HONG PTE LTD | Agent Tel. | 67694850 | | GST Flag | Y | |
| nsurance Flag Open Policy Info Certificate Info | | | | | | | |
| ♥ Policy | holder Mailing Address | | | | N. 180 | and the second second | NAME OF THE PARTY |
| Address 1 | BLK 13 #01-3962 | Addr | ess 2 | NORTH BRIDGE RO | DAD | Address 3 | SINGAPORE 190013 |
| ddress 4 | | | ess Type | Singapore address | | Post Code | 190013 |
| Jnit No. | ed Object: YP6120S | Rela: Num | ted Policy ber | 5098322756 | | | |
| ⇒ Endor | | | | | | | |
| Seque | 500000000000000000000000000000000000000 | nt | Endorsemen | t Type | Endorsement | t Status | Endorsement Content |
| 1 | 29/03/2018 00:00 | | Endorsement | | ement Take E | | Thank you for giving us the opportunity to serve you. We have confirmed that the NCD entitlement from your previous insurer is 10% and not 20% as declared in your policy application. In view of the reduction of NCD, an additional premium of \$183.01 (inclusive of GST) is payable under your present policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS. |
| | 29/03/2018 00:00 | NCD | Endorsement | : Endors | ement Take E | ffective | Thank you for giving us the opportunity to serve you. We would like to inform you that from 29 Mar 2018, you are entitled to 20% NCD under your policy. Afte the NCD adjustment, the revised premium is \$1,464.05(inclusive of GST). Please ignore this premium payment request if you have since |

| codent No. at Doc. Racerred | MT/1000629 | Claim No. Upload Date Browse. Browse. Browse. Browse. Browse. Browse. | Cear Please Select Please Select Oear Please Select | व व व व व | NO V NO V | Urgency Normal Normal Normal Normal | · S S S S S | Description # |
|--|---|--|--|-----------|---|---|---|---------------|
| cident No. | Yes ○ No | Upload Date Browse. Browse. Browse. | Category * Cear Please Select Cear Please Select Cear Please Select | V | NO V NO V NO V | Normal Normal Normal | V V | Description * |
| cident No. | Yes ○ No | Upload Date Browse. Browse. Browse. | Category * Cear Please Select Cear Please Select Cear Please Select | V | NO V NO V NO V | Normal Normal Normal | V V | Description * |
| odent No. | Yes ○ No | Upload Date Browse. Browse. | Category * Clear Please Select Cear Please Select | v | NO V | Normal Normal | V | Description + |
| ident No. | Yes ○ No | Upload Date Browse. | Category * | | NO V | Normal | V | Description * |
| dent No. | Yes ○ No | Upload Date | Category * | U | 100000000000000000000000000000000000000 | | | Description * |
| dent No. | Yes ○ No | | | | Confidential | Urgency | | Description + |
| dent No. | | | 27/06/2018 20:01 | | | | | |
| | MT/1000629 | Claim No. | | | | | | |
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| Itachment | | | | | | | | |
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| Print AK letter | | | | | | | | |
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| | okson | | | | | | | 7.5 |
| te Registered 29/ | /06/2018 20:00 | Claim Close Date | | TOOK : | Date Received | | 27/06/2018 0 | - |
| quire Finalisation Yes | · 🔻 | Preferend Repair Option | Preferred Workshop, Name unknown | V | GIA report | | Received | V |
| ferred Workshop Contact | | Insured Liability * | Fully at Fault | | | | | |
| | 61205 / SJY9589J ON 26 Jun 2018 | (EURS) (Wishington) | Transfer of the same | | Name of Preferred W | arkshap | | |
| | 64 200 4 CHARGOS ON 24 2 2 2 2 2 2 | OI Venicle Number | YP6120S | | TP Vehicle Number | | \$3795893 | |
| all Appress | | | V061208 | | | | 300000000000000000000000000000000000000 | |
| ntact No.(Mobile) | | Contact No.(Home) | | | Contact No.(Office) | | 62947179 | |
| im Type • 00 | >-MX | Insured Name | TONG AH & COMPANY PTE LTD | | Insured NRIC | | 199503654E | - |
| Claim 001 New | | | | | | | | |
| dification History | | | | | | | | |
| escingi | | | | | | | | |
| reathalyser or Blood Test 0 in eading? | ng | Any injury? | ○ Yes ® No | | | | | |
| claration | | | | | | | | |
| | Yes @ No | Driver Vehicle No. | | | Driver Insurer Comp | arry | | |
| Nt No. | | 30 | | | 1.11 | | | |
| dress 4 | 0.500.000000000000000000000000000000000 | Address Type | Singapore address | | Post Code | | 556898 | 6020 |
| | J HWAN VIEW | Address 2 | GOLDEN HILL ESTATE | | Apdress 3 | | SINSAPORE S | 56898 |
| react No. (Mobile) 938 | 805109 | Contact No.(Office) | 0 | | Contact No.(Home) | | 0 | |
| gister Date of Driver License 27/ | /03/1972 | Driver Age | 64 | - 1 | Driving Experience | | 46 | |
| named driver Name NG | KONG KEE | Driver NRIC | S0166056Z | 1 | Driver DOB | | 25/09/1953 | |
| ver Name Uni | named Driver | Oriver Type | Unnamed Driver | | HOMES AND THE | | YCC CONTRACTOR | |
| OI Driver Info | | | | | | | | |
| Vt. No. | | Related Policy Number | 5098322756 | | | | | |
| dress 4 | | Address Type | Singapore address | | Past Code | | 190013 | |
| | K 13 #01-3962 | Address 2 | NORTH BRIDGE ROAD | | Address 3 | | SINGAPORE 1 | 90013 |
| Policyholder Mailing Addres | | 720012 | -10001000-10001 | | 7.T. S | | Manager de | IISO - |
| | | | | | | | | |
| adification History | | | | | | | | |
| ST Registration No. | M289207651 | | GST Status Venfied | | No | | | |
| ET Registered | Yes | | GST Registration Date | | 01/01/2015 | | | |
| | | | | | 1 | | | |
| GST Registered Information | | Service Surgebone in excess | | | | | | |
| ned Party Excess | 0.00 | Outside Singapore TP Excess | | | | | | |
| nnamed Driver Excess | | Outside Singapore OO Excess | | | | | | |
| wn damage Excess | 600.00 | Additional Excess | | 1 | Windscreen Excess | | 100.00 | |
| ♥ Excess | | | | | | | | |
| ▽ Benefits | | | | | | | | |
| ocident Location 301 | NC UPP SERANGOON RD & PIE | | | | | | | |
| eporting Centre | | Orange Force | | 3 | ICM No. | | | |
| ate of Accident 25, | /06/2018 | Time of Accident hhomm | 18:30 | 1 | Country of Academs | | Singapore | |
| | /06/2018 19:58 | Accident Report Within 24 hrs. | Ves | | Accident Type | | Collision - Hea | U to Redi |
| | 104 104 10 10 10 | | to- | | | | | 10.5 |
| Accident Details | | The second secon | | · · | | | | |
| CD Protection No | | NCD Entitlement(%) | 20 | | Private Hire | | No | |
| rx ® | No O Yes | TCA | ® No ⊜Yes | | eCode Reason | | | |
| mail Address | | Special Remark | | , | eCode | | 160 V | |
| ontact No.(Mobile) 0 | | Contact No.(Office) | 62947179 | į | Contact No.(Home) | | 0 | |
| reduct Code CO | MMERCIAL VEHICLE INSURAL | Cover Type | Comprehensive |) | Loading | | 0 | |
| Hoynolder Name TOI | NG AH & COMPANY PTE LTD. | | | - | Poscynoider NRIC | | 199903654E | |
| hey No. 501 | 98322756 | . Vahicle No. | VP61205 | 3 | GST Registration No. | | M289207651 | |

| Attachment | | uploaded By/Date | Category | 9 | Urgency | Description | Hsq Sent? Action (CO) |
|--------------|--------------------------|--|-----------------------|--------|------------------|---------------------------------|-----------------------------|
| WITE TAXA | NAC_PAYA_UBI_800601(NAT | IONAL ASSESSMENT CENTRE SERVICES) on 27 Ju. | NR3C/ Driving License | | Normal | NRJC/ Oriving License 2018-6-27 | Edit |
| 19 | NAC_PAYA_UBI_800601(NAT | IONAL ASSESSMENT CENTRE SERVICES) on 27 July n 2018 20:01 | SAS | | Normal | SAS 2018-6-27 | Edit |
| E | NAC_PAYA_UBI_800601(NAT | IONAL ASSESSMENT CENTRE SERVICES) on 27 July n 2018 20:01 | Photos | | Normal | Photos 2018-6-27 | Edit |
| 9 | NAC_PAYA_UBI_800601(NAT | IONAL ASSESSMENT CENTRE SERVICES) on 27 July 2018 20:01 | Photos | | Normal | Photos 2018-6-27 | Edit |
| | NAC_PAYA_UB1_800601(NAT | IONAL ASSESSMENT CENTRÉ SERVICES) on 27 Ju n 2018 20:01 | Photos | | Normal | Photos 2018-6-27 | Edit |
| 2775 | NAC_PAYA_UB1_800601(NAT | Photos | | Normal | Photos 2015-6-27 | Edit | |
| 5 | NAC_PAYA_UBI_500501(NAT | Photos | | Normal | Photos 2018-6-27 | Edit | |
| 1 | NAC_PAYA_UBI_800601(NAT | Photos | | Normal | Photos 2018-6-27 | Edit | |
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| | NAC_PAYA_UBI_BOOKDI NAT | Photos | | Normal | Photos 2018-6-27 | Edit | |
| ▽ Video List | | | | | | | |
| | Uploaded By/Date | Folder Date | File Name | | 9 | Source | Action |