| NATIONAL Assessment Cer | THE BETTICES WILLIAM | The second secon | |
|---|---|--|---|
| Date In: 20/9/18-13:46 | Jeb description | Date & Time Completed | Done by |
| Ref No: NA IN C180 AID M | SAS e-filing | | |
| Veh No: GBD 7230L | E-mail (within 8hrs, AIC 2hrs) | | 4 |
| D.O.A : 5/9/18 - 12:05 | i-Motor Claim Form | 1012324001 | 2 9/18 17:03 |
| OD / TP / Reporting Only | i-Motor W/O (Within: OD 2hr | s, TP 4brs) | |
| OB : 11 repoling Only | i-Photo Uploaded | | |
| TP insurer: | Assessment/Survey Report | | |
| II msurer. | Ass't Report by Fax / Hand | to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tol: F | Fax:) |
| TP Particulars: Veh No: Ju | BITTY . INC (|)/Non-INC() | 120 |
| Owner / Driver: (| | Tel: |) |
| Policy No: () | Period: () | Cover Type: (|) |
| Confirmed by : (| Date: | Time: |) |
| |) [Note-Est. Status (WO): N: 0-2 | 0%; P: 21-79%. P: 80- | 100%] |
| Year of Registration: () | Warranty: YES ()/NO (|) | |
| | 1,000 ()/\$2,000 () | Gummer Astronomy | 455 TH. 111-1 |
| General Remarks:- | | | |
| () Walk-In Customer : Customer's i | | rictly NO refer of repairer. | |
| () Total Loss Case : to e-mail Ins | | 94 () | |
| Drive-In ()/ Towed-In (); Invo | pice: YES() / NO(); T | owing Co: (| .) |
| Remarks: (INC hotline: 6788 6616 |) | Date&Time Comple 34 | Done by |
| 1) Apply for Transport Allowance () | / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection | () | | |
| 3) Upload Resurvey Photo [Repair Cost > | \$3000] () | | |
| Injury: | | - | |
| Date/Time Actions | en ara en | a entrace | |
| Pare time Actions | | | Radioans. |
| | 4 | | |
| | | | |
| | | -, | |
| | | | |
| | 4 | | |
| NA (Program | Invoice Pre | paration Checklist | Anit (S) Arit (S) |
| NA 1805972. | Invoice Pro | paration Checklist Reporting (\$30); | Anit (5) Arit (3) |
| NA 1803971- laimant's Particulars :- | 1) AR : Accident 2) DA : Damege | Reporting (\$30); Assessment (\$100); INC (\$8 | fit Bill Add Bill |
| NA 1805971 Plaimant's Particulars :- | 1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-T | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey | 74 Bill Add Bill 80) 9/545 \$120 |
| NA 1803971- laimant's Particulars :- | 1) AR : Accident 2) DA : Darriege 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T | Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 hrough Survey hrough Survey (Resurvey) | 741 Bill Add Bill (80) (7545 S120 S30) |
| NA (80197) Inimant's Particulars:- river/Owner: | 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) | 14.Bill Add Bill 100) 10545 5120 530) 575 |
| NA (80197) Inimant's Particulars:- river/Owner: | 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a 6) TR : Re-inspec | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) reinst INC Only (wef 10 Jan 2005) tion SMRT Survey | 141Bill Add Bill 160) 1/545 5120 530 |
| laimant's Particulars:- river/Owner: ontact No: amaged Portion: | 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a 6) TR : Re-inspec 7) N1 : Idao DA - 3) NTUC Additio | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 stion F SMRT Survey anal Services:- | 74.Bill Add Bill 80) 9/545 \$120 \$30) \$75 \$160 |
| NA (801971) Inimant's Particulars:- river/Owner: | 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a 6) TR : Re-inspec 7) N1 : Idao DA 3) NTUC Addition OD* *N5: Courtesy *N6: Repair Co | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 stion F SMRT Survey anal Services:- Car / Tpt Allowance | 14.Bill Add Bill 100 10545 5120 530) 575 5160 55 |
| NA (80197) Italimant's Particulars:- river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge): | 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a 6) TR : Re-inspec 7) N1 : Idac DA 3) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Rep | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 stion + SMRT Survey anal Services:- Car / Tpt Allowanse co-ordination hir Inspection | |
| laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): | 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a 6) TR : Re-inspec 7) N1 : Idac DA - 3) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N7: Fost Repair Co TP (N11) : TP | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 stion F SMRT Survey anal Services:- Car / Tpt Allowance co-ordination air Inspection leet Excess Coordination (Non INC) against INC | \$4.Bill Add Bill 50) 530 530 530 535 5160 \$5 530 525 530 525 530 525 |
| laimant's Particulars:- river/Owner: ontact No: amaged Portion: | 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idao DA 3) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Rep *N8: DV / Coi | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 stion F SMRT Survey anal Services:- Car / Tpt Allowance co-ordination air Inspection leet Excess Coordination (Non INC) against INC | \$4.Bill Add Bill 50) 530 530 575 5160 55 510 525 530 |

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.
- 5. 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

| | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 20/09/2018 13:46 |
| Date Of Accident | 05/09/2018 12:05 |
| Exact Location Of Accident | ALONG YISHUN AVE 5 |
| Country/State of Loss | SINGAPORE |
| this little tip (* parties, and parties) at Mark (| DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBD7230L |
| Insured/Policyholder | |
| Name Of Registered Owner | S.L. GUWE CONSTRUCTION PTE LTD |
| Co Reg No | 199603995N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64552691 |
| Vehicle Particulars | |
| Manufacturer | FIAT |
| Model | DOBLO CARGO SX 1.3 MJ |
| 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 | 5078214995-02 |
| Cover Note Number | |
| Driver | |
| Name of Driver | QUI MING SEN, HENRY |
| NDIO N | COMMITTEE |

NRIC No S9004405B

Date Of Birth 03/02/1990 Occupation **INDOOR** Date Of Driving Pass 10/06/2009

Driving Experience 9 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92384284

Fax Number

OFFICE-92384284 Contact Number

EMail Address NOEMAIL

BLK 709 WOODLANDS DRIVE 70 Address

#08-07

730709 Postcode

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver) Passenger 1

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180919/2069.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB5557Y

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

LIM HENG GUAN

NRIC/Passport Number

S9004405B

Contact Number

92384284

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

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.:

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

| ACCIDE | NT DATE: 5 P | 18)(DD/MM/ | YYYY), TIME: (12 05 |)(HH:MM) |
|--|-------------------------|--|-----------------------|--------------|
| | ON: Abong Yish | | | |
| VV) | DETAILS OF VEHICLE | | | |
| C |) VEHICLE NUMBER: | 18072306 | | 3 5 |
| b | JINSURANCE COMPAN | IY: HTUC | | |
| · | POLICY NUMBER: 50 | 28214995-02 | | |
| | | | PARTY / THIRD PARTY F | IPE & THEETI |
| е | MAKE & MODEL: | | TAKET THIND LAKET I | inc official |
| | | F / MPV /VAN / IC | ORRY / MOTORCYCLE | OTHERS |
| a | VEHICLE CATEGORY: | PRIVATE / COMME | ERCIAL / MOTORCYCLE | CITIERS |
| h | PURPOSE OF USING AT | ACCIDENT TIME | LINE / MOTORCTCL | -) - |
| 1). | ARE YOU CLAIMING UN | IDER VOUR OWNER | NO 1609 | |
| " | IF NO, PLEASE STATE (TH | HIPD PARTY OF AIM | A DEBODTING ONLY | |
| 2. IN | ISURED / POLICY HOLD | ED TAKIT CLAIM | / KEPOKING ONLY) | |
| Α Α | NAME GL GULD | Continuedian | He Ud (MALE) | 551441516 |
| b | NRIC/FIN/PASSPORT:_ | 199603995N | CONTACT:_69 | FEMALE V |
| | ADDRESS: | | CONTACT: | 100 111 |
| 8 0 | | | | |
| * (| CONTINUE TO 3.d IF DR | IVER ALSO POLICY | HOLDED | |
| THE of passange DI | RIVER | THE ALBOT OLICI | HOLDER | |
| () al d al al | NAME: QU' Ming | Co. Henry | (MALE / | FENANTEV |
| | NRIC/FIN/PASSPORT: | | CONTACT: 92 | |
| / / / | ADDRESS: | the sales are th | CONTACT | 364007. |
| 1 female | | 200 | | |
| *d | DATE OF BIRTH: (| 12/199011 | D/MM/YYYYI | |
| e)(| OCCUPATION: (INDO | A/OUTDOORI | | 33 |
| f) Y | EARS OF DRIVING EXP | ERIENCE: bl6 1 | wag | |
| 4. W | AS DRIVER AN EMPLO | YEE OF THE INSI | URED'S COMPANY? (| (ES ()NO) |
| IF | NO, RELATIONSHIP O | F THE DRIVER W | VITH INSURED: | |
| 5. a)\ | WEATHER CONDITION: | (CLEAR / RAINING | / OTHERS | |
| b)F | ROAD SURFACE: (DRY) | WET / OTHERS | | |
| 6. WA | S ANYBODY INJURED (| YES / NO | | |
| 7. a)R | REPORTED TO POLICE | YES / NOW | 200 | |
| IF | YES, PLEASE STATE WH | CH POLICE STATIC | ON: | * |
| 8 THIS | RD PARTY VEHICLE | | | |
| No of passenger a) | VEHICLE NUMBER: | 4355577 | MODEL: | |
| . Including driver) bl | DRIVER'S NAME: Lin | Heng Guan | | |
| (1) | NRIC/FIN/PASSPORT:_ | U 59304 4 | S CONTACT: 973 | 84284 |
| | PARTY VEHICLE | | | |
| The transfer of the state of th | VEHICLE NUMBER: | | MODEL: | |
| Including driver) fl | DRIVER'S NAME: | | | 34 50 |
| () the state of the | NRIC/FIN/PASSPORT:_ | | CONTACT: | |
| | 20 | | | 18 |
| | | | | |
| | | | | |
| | 14 pt 15 | | 1 0 // | 00 |
| | ema i | = gime (w | slawe (om | . 27 |
| | 913WEAT 1350 | | | 1 |

email = gune @ signe (om . Sg fax =





1 of 3 Report No. T/20180919/2069

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 19/09/2018 12:31 | | Vide Report No.: | Station Diary No.: | | |
|--|----------------------------|---|---|--------------------------------|--|
| Informa | nt's Partic | ulars | | | |
| | f Informant: NG SEN, HE | | Address: APT BLK 709 WOODL 730709 | ANDS DRIVE 70 #08-07 SINGAPORE | |
| ID Type / ID No.: NRIC NO / S9004405B | | | Contact No.: Home/Office: Mobile: 92384284 | | |
| National SINGAP | ity: ORE CITIZ | EN | Email: | | |
| Sex: Male | Age: 28 | Date of Birth: 03/02/1990 | Type of Informant: Driver | | |
| Race: Chinese | | Language: | Institution / School Name: | | |
| Occupation: Civil engineer (general) | | Driving Licence Information: Class: 3 Date of Expiry: | | | |

| General Infor | mation of the Accide | ent | | The same of the same of the same of |
|--|------------------------------|-----------------------|---|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 05/09/2018 12:05 | Type of Location: |
| Location: Along Road 1 YISHUN AVE Turning in tov | NUE 5 vards Chong Pang ne | ar LP 4 | | |
| Weather: | | Road Surface: | F | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | T | raffic Volume: |
| Type of Collis | ion: | | a | Inyone conveyed by mbulance: |

| Details of V | ehicle Invo | lved | | HE WALLES | CARTON CASA | The second part of the |
|--------------|-------------|--------|-----------------------------|-----------|---------------------|------------------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| GBD7230L | Van | FIAT | DOBLO CARGO SX 1.3 MJ | | Slightly Damaged | 1 |
| SHB5557Y | Car | TOYOTA | PRIUS HYBRID 1.8 CVT | | | 0 |





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3, Report No. T/20180919/2069

CONTINUATION OF REPORT

| Details of Perso | n Involved | | | | | |
|--------------------|---------------------|---|-----------|---|--------|--|
| Any Pedestrian I | nvolved: No | | | | | |
| No. of Pedestriar | ns Injured: NIL | | Use of Pe | destriar | Cross | sing: NA |
| Driver | The Print | A DECEMBER | | | 10025 | DESTRUCTION OF THE PERSON OF T |
| Name | QUI MING SEN, HENRY | | | | 2 | S9004405B |
| Related Vehicle | GBD7230L (Van) | | | | ct No. | 92384284 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | harge | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | | NIL | |
| Name | LIM HENG GUAN | | | ID No | | S1042402Z |
| Related Vehicle | SHB5557Y (Car) | | | Contact No. | | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL | | |
| Date Treatment NIL | | | Date Disc | - | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | | NIL | |

Brief Details.

On 05/09/2018 at about 1205 hrs, I was traveling along Yishun ave 5 on a 2 lane way, traveling on the 1st lane on the right where I met an accident with a taxi. The accident happened before the traffic light and traffic light was green in my favor. The taxi was traveling on the 2nd lane on the left where he followed suit a car in front to cut into the 1st lane and I couldn't stop in time and collided onto the back rear portion of the taxi. I don't really see any damages on the taxi, I told him why he cut into my lane and he told me that he follow the front car to cut into my lane.





3 of 3

Report No. T/20180919/2069

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

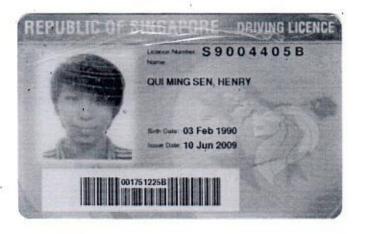
CONTINUATION OF REPORT

Sketch Plan

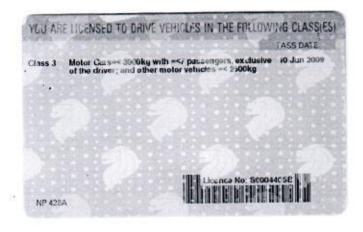
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| Signature Of Officer Recording The Report: TP / SEBASTIAN NG JING PEI | Signature Of Informant: |
|--|-----------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 19/09/2018 12:31 |
| Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368 | Classification Of Case: |
| Authentication Stamp | Cl dl. |









| eBao Tech | | | | | | | GeneralClaim | | | | |
|-------------------------|----------|-------------------|-----------------------|--------------------------------------|----------------------|----------|---------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_800 | 601 | | | | | | · Change L | anguage | Change | Password | • Log Out |
| My Desktop | Polic | cy Query | | | | | | | | | |
| Notice of Loss | Policy N | 10, | | | | Date | of Accident | 05/ | 09/2018 12 | :05 | |
| | Vehicle | No.(For Motor) | GBD7 | 7230L | | Certi | ficate Number | | | | |
| | | | | | 1 | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5078214995- 02 | | S.L. GUWE CONSTRUCTION PTE LTD | 199603995N | GCV | Comprehensive | GBD7230L | GBD7230L | 08/04/2018 | 07/04/2019 |
| | | | | 9000000000 | (| Continue | J | | | | |

| olicy No. | 5078214995-02 | Policyhol Name | der S.L. GUWE | CONSTRUCTION PTE | Policyholder NRIC | 199603995N | |
|--------------------------------------|----------------------------|---------------------------------|------------------------------|---------------------------------------|----------------------|------------------------|----------------------------|
| Certificate | | towas cylin | | | 1400 | | |
| Address | 23 WOODLANDS INDUSTRIAL PA | RK E1 #0 | 6-01 ADMIRALT | Y INDUSTRIAL PARK | SINGAPORE 7 | 57741 | |
| Product Name | COMMERCIAL VEHICLE INSURAI | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 14/03/2018 | Effective Date | 08/04/2018 | 00:00 | Expiry Date | 07/04/2019 23: | 59 |
| Excess Type | | All Claim Excess | S | | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | | Windscreen Excess | 100 | |
| Additional Excess | | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | | Outside Singapor TP Exces | | | | Young/ | Inexperience Driver Excess |
| Agent | CITY INSURANCE AGENCY PTE. | Agent Te | l. 64598677 | | GST Flag | Y | |
| Co- insurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| | holder Mailing Address | | | | | | |
| Policy | | | | | | | |
| Samuel Samuel | 23 WOODLANDS INDUST | RIAL P. A | ddress 2 | #06-01 ADMIRALTY | INDUSTRIA | Address 3 | SINGAPORE 757741 |
| Address 1 | 23 WOODLANDS INDUST | | ddress 2 ddress Type | #06-01 ADMIRALTY Singapore address | | Address 3 Post Code | SINGAPORE 757741 757741 |
| Address 1 Address 4 | 23 WOODLANDS INDUST | A R | | | | | |
| Address 1 Address 4 Unit No. | 23 WOODLANDS INDUST | A R | ddress Type elated Policy | Singapore address | | | |
| Address 1 Address 4 Unit No. | ed Object: GBD7230L | A R | ddress Type elated Policy | Singapore address | | | |

| laim Handling | | | | | |
|--------------------------------------|---|---|----------------------------------|--|--------------------------|
| cident MT/1012324 | | Vehicle No. | GB07230L | GST Registration No. | |
| icy No. | 5078214995-02 | venice no. | 0807230L | aut regaliation res | |
| tificate No. | | | | Policyholder NRIC | 199603995N |
| | S.A. GUWE CONSTRUCTION PTE LTD | 200200 | 200000000 | | |
| duct Code | COMMERCIAL VEHICLE INSURAL | Cover Type | Comprehensive | Loading | 0 |
| tact No.(Mobile) | 0 | Contact No.(Office) | 64552691 | Contact No. (Home) | 0 |
| el Address | | Special Remark | | eCode | Nº V |
| | ® No ○ Yes | TCA | ® No ○Yes | eCode Reason | |
| 2 Protection | No | NCD Entitlement(%) | 15 | Private Hire | No |
| Accident Details | | | | | |
| ort Date | 20/09/2016 17:00 | Accident Report Within 24 hrs | Yes | Acodem Type | Collision - Head to Rear |
| e of Acodem. | 05/09/2018 | Time of Accident hhomm | \$2:06 | Country of Accident | Singapore |
| | 00/03/2016 | | 22.00 | | and about |
| orting Centre | | Orange Force | | ICM No. | |
| ident Location | ALONG YISHUN AVE 5 | | | | |
| Excess | | | | | |
| n damage Excess | 600.00 | Additional Excess | | Windscreen Excess | 100.00 |
| arned Driver Excess | | Outside Singapore OD Excess | | | |
| d Party Excess | 0.00 | Outside Singapore TP Excess | | | |
| Benefits | | | | | |
| GST Registered Informa | ation | | | | |
| | | | GST Registration Date | | |
| Registered Registration No. | No | | GST Status Verified | No | |
| | | | And and the same | | |
| incation History | | | | | |
| Policyholder Mailing Ad | dress | | | | |
| ress 1 | 23 WOODLANDS INDUSTRIAL P | Address 2 | #06-01 ADMIRALTY INDUSTRIA | Address 3 | SINGAPORE 757741 |
| | an interestable turns that h | Address Type | Singapore address | Post Code | 757741 |
| iress 4 | | | | Post Code | 737741 |
| t No. | | Related Policy Number | 5068355158-04 | | |
| Of Driver Info | | 720.00.0027 | | | |
| ver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| amed driver Name | QUE MING SEN, HENRY | Driver NAIC | 990044058 | Driver DDB | 03/02/1990 |
| ster Date of Driver License | 10/06/2009 | Driver Age | 28 | Driving Experience | 9 |
| stact No.(Mobile) | 92384284 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| ress 1 | BLK 709 | Address 2 | WOODLANDS DRIVE 70 | Address 3 | SINGAPORE 730709 |
| ress 4 | | Address Type | Singapore address | Post Code | 730709 |
| t No. | 08-07 | COLUMN CONTRACTOR | Seattle Colonies | | |
| es he own a Singapore | | 220200000000000000000000000000000000000 | | CARTE WATER ADSIDED | |
| gistered car? | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| 000000 | | | | | |
| teration eathalyser or Blood Test | | | | | |
| ading? | 0 mg | Any injury? | ○ Yes ® No | | |
| | | | | | |
| dification History | | | | | |
| The same of the Control | | | | | |
| Claim 001 New | | | | | |
| | | | | | |
| m Time 4 | Inn.wv 1931 | Transport Million | S. C. CLUMP CONSTRUCTION and | Insured NRIC | 199603995N |
| im Type.* | OD-MX | Insured Name | S.L. GUWE CONSTRUCTION PTE | | |
| stact No.(Mobile) | | Contact No.(Home) | | Contact No. (Office) | 64552691 |
| ar Address | | Of Vehicle Number | GBD7230L | TP Vehicle Number | SHB5557Y |
| mant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| mant Name * | 22 | Claimant NRIC * | | | |
| mant Address | 770 | | | | |
| m Description | GBD7230L / SHB5557Y ON 5 Sept 2018 | | | Name of Preferred Workshop | |
| ferred Workshop Contact | The second of the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the section in the section is a second section in the section in the section is a section in the section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in | | E. a. c. a. | | |
| | 200 | Insured Liability * | Fully at Fault | - | |
| puire Finalisation | Yes | Preferend Repair Option | Preferred Workshop, Name unknown | The state of the s | Received |
| e Registered | 20/09/2018 17:03 | Claim Close Date | | Date Received | 20/09/2018 00:00 |
| ort Taken By | Jackson | | | | |
| Print AK letter | | | | | |
| | | | Colorada antendesa C | | |
| | | | Save Submit | | |
| ttachment | | | | | |
| | | | | | |
| | | | | | |
| cident No. | MT/1012324 | Claim No. | 001 | | |
| st Doc. Received | ⊕ yes ○ No | Upload Date | 20/09/2018 17:04 | | |
| 2000 (1800/20) | | JENESESES | | Confidential | ncy * Description * |
| | Path * | | Category * | Confidential Urger | |
| | | Browse | | V Normal | |
| | | Browse | Clear Please Select | ¥ Normal | v |
| | | Browse | Clear Please Select | □ Normal | <u> </u> |
| | | Browse | I married Processing | Normal | |
| | | | | | |

