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	i-Motor W/O (Within, OD		200	
OD IP ! Recoting Only	i-Photo Uploaded			
	Assessment/Survey Repor	t		
IP hisurer:	Ass't Report by Fax/Har			
Proformed Wiksp / INC Assign Wksp / GW; (PARTIE AND DESIGNATION OF THE PARTIES AND STATES	Fax:	
	25 Y. INC	C()/Non-INC()_		
Owner / Driver: (1,	Tel:)	
Policy No: () Period	() 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: () Warr	anty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()		NUMBER OF STREET	######################################
General Remarks:	New Action of the Party		Control of	
() Walk-In Customer: Customer's informat	ion strictly Confidential &	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer U	Control by the Control of the Contro			4.40
Drive-In ()/ Towed-In (); Invoice: YI		; Towing Co. ()
Annual control and the second control and the		A CONTRACTOR OF THE PARTY OF TH	27770387943777	ger ·
Remarks: (INC hotline: 6788 6616)	Contract Con	Date&Tana Completed	and Cont	Dy
1) Apply for Transport Allowance ()/Court	esy Car ()			
2) QC Check / Post Repair Inspection	()		***************************************	
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.

A CONTRACTOR OF THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	03/10/2018 11:31
Date Of Accident	02/10/2018 11:30
Exact Location Of Accident	MADRAS STREET INFRONT HE XING AUTO SUPPLY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP3340T
Insured/Policyholder	
Name Of Registered Owner	KISHAL FREIGHT FORWARDERS
Co Reg No	46698100K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96374069
Alternative Phone No	OFFICE-96962964
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO FM65FM2RDEB
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
f 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	5081773789-02
Cover Note Number	•
Driver	
Name of Driver	DAEVNRD RAI
NRIC No	S1842159C
Date Of Birth	23/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	03/10/1984
Oriving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96374069
ax Number	L-M 1000-0004 0.00 (1000-000 1000-000 0.000)
Contact Number	OTHERS-96962964
Mail Address	NOEMAIL

Address

BLK 350C CENBERRA RD #10-229

Postcode

753350

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

(E)

Insurance Company of Driver's Own Vehicle

4

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

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

123

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 2

Passenger 1

NAME:

: CHUA ENG SENG

GENDER:

: MALE

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

AFTER I DELIVERY AT THE SHOP HOUSE ALONG MADRAS STREET, I WAS ABOUT TO MOVE OFF, WHEN I RELEASE MY HAND BRAKE, MY DOC DROP AND I TRY TO PICKING UP. WHEN I NOTICED MY LORRY ROLLED FORWARD TO THE HE XING AUTO SUPPLY, I STEP MY BRAKE AND REVERSING BACK, I WENT DOWN TO CHECK THE VEH PARKED INFRONT THE HE XING AUTO SUPPLY. I SAW THERE WAS SCRATCHED ON THE VEH B (BEARING NO SKX25Y) LICENSE PLATE NUMBER, I NOT SURE THE DAMAGE IS DONE BY MY LORRY OR EARLY BEFORE, BECAUSE I NEVER FELT ANY IMPACT OR HEARD ANY SOUND WHILE MY LORRY ROLLED FORWARD.

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

SKX25Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 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.

Date & Time:

Policyholder's Signature Date & Time:

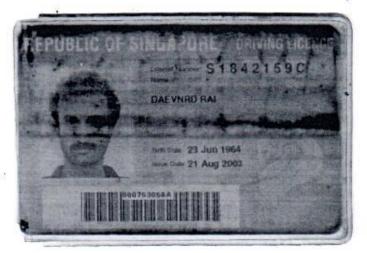
Driver's Signature (If driver is not the policyholder)

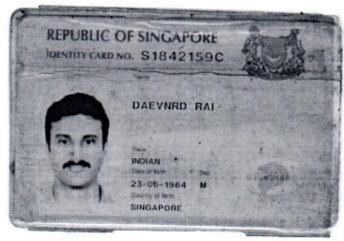
Name: NRIC/FIN No.:

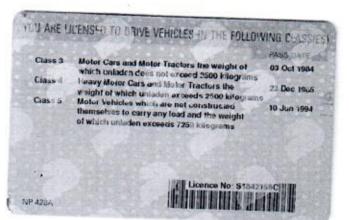
Reporting Centre Personnel's Signature

GIASIAC Skutch@budgem 1/3

SKETCH PLAN		
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</th <th>op House</th> <th></th>	op House	
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A		A = YP 3340T B = SKX 25 Y
Ln M	→ A	B = 5KX 25 Y
Ma	dras street	
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
Please	Refer to	statement
	150,10	Statement of
		/
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	/	
DECLARATION		7
	iculars are true in every respect.	1 7
		/ /
43011		hut
Policyholder's Signature	Driver's Signature	Reporting Contro Porcognetic Signature
Date & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:









eBao Tech								Gener	alClaim		
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	Poli	cy Query									9
	Policy 1	No.				Date	of Accident		02/10/2018	11:21	
	Vehicle	Vehicle No.(For Motor)		YP3340T		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	Э	5081773789- 02		KISHAL FREIGHT FORWARDERS	46698100K	GCV	Preferred Workshop Plan	YP3340T		12/07/2018	11/07/2019
					-	Continue					

Claim Handling							
Accident MT/1014252	Units consecutives						
Policy No. Certificate No.	5081773789-02	Vehicle No.	YP3340T		GST Regis	stration No.	
	TO A SECURE OF CHEST AND THE SECURITY OF THE S						
Policyholder Name Product Code	KISHAL FREIGHT FORWARDERS				Policyhold	er NRIC	4669
Contact No.(Mobile)	COMMERCIAL VEHICLE INSURAL 96374069	Cover Type	Preferred Worksho	p Plan	Loading		0
Email Address	90374069	Contact No.(Office)			Contact N	lo.(Home)	-
KFK	- No Yes	Special Remark	11122 - 222-		eCode		No '
NCD Protection	No	NCD Entitlement(%)	No Yes		eCode Re		
▼ Accident Details	22-0	nes characteristic say	15		Private Hi	re	No
Report Date	04/10/2018 09:16	Accident Report Within 24 hrs	Yes		12000000	10000	1002010
Date of Accident	02/10/2018	Time of Accident hh:mm	11:30		Accident 1		Side
Reporting Centre		Orange Force	11:30		Country o	f Accident	Singa
Accident Location	MADRAS STREET INFRONT HE XING AUTO SUPPLY	55C100#E0.018F0			ICM No.		
♥ Excess							
Own damage Excess	600.00	Additional Excess			B-000000000000000000000000000000000000	nan-enn senne	100000
Unnamed Driver Excess		Outside Singapore OD Excess			Windscree	en Excess	100.0
Third Party Excess	0.00	Outside Singapore TP Excess					
▽ Benefits							
GST Registered Informa	tion						
GST Registered	No		GST Regis	tration Date			
GST Registration No.			GST Statu			No	
Modification History							
	Iress						
Address 1	BLK 807 #10-213	Address 2	WOODLANDS STRI	CET 0+			
Address 4		Address Type	Singapore address		Address 3		SING
Unit No.		Related Policy Number	5081773789-02		Post Code		73080
OI Driver Info		The state of the s	3001//3/09-02				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Unnamed driver Name	DAEVNRD RAL	Driver NRIC	S1842159C		Driver DO	В	23.106
Register Date of Driver License	03/10/1984	Driver Age	54		Driving Ex		23/06
Contact No.(Mobile)	96374069	Contact No.(Office)			Contact No		33
Address 1	BLK 350C #10-229	Address 2	CANBERRA ROAD		Address 3		SING
Address 4		Address Type	Singapore address		Post Code		75335
Unit No.	10-229						
Does he own a Singapore Registered car?	Yes . No	Driver Vehicle No.			Driver Insu	urer Company	
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes » No				
Modification History							
Claim 001 New							
Claim Type *				ор-мх •	Insured Name	KISHAL FREIGHT F	ORWARDER:
Contact No.(Mobile)					Contact		77.7000.00
contact rest, propercy				96374069	No. (Home)		
Email Address					OI Vehicle	NASS LOT	
					Number	YP3340T	
Claim Description				YP3340T / SKX25Y ON 2 Oct 20	18		
Preferred Workshop 0	Insured Liability Partially at Fault	¥					
Senter No. Yes	Repair Preferred Workshop, Name u	1.014		1			
Date Registered	Option	report C		04/10/2018 09:22	Claim		
Report Taken By					Date		
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Attachment							
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Claim No.

001

MT/1014252

Accident No.

Last Doc. Received

● Yes □ No

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:22

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:22

NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:22

Folder Date

Upload Date

04/10/2018 09:25

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	ent List								
Attachmen	t Uploaded By/Date	Category	9	Urgency			Descri	ption	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:23	Photos		Normal	Photos 2018-10-4				
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:23	Photos		Normal	Photos 2018-10-4				
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File Name

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Uploaded By/Date

Photos 2018-10-4

Photos 2018-10-4

Photos 2018-10-4

Source

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