| NATIONAL Assessment Conj | He vernices MITTLE MILE | |
|---|--|---------------|
| Date in 15/10/2018 11:54 | leb done distant | 20 71 |
| ReinaNBA/ TAICHE/SOIK/V | SAS e-filing Date & Time Completed | Done by |
| Veh No 97 , 169 1 | | |
| DOA 12/10/2018 1918 | E-mail (within Shrs, AIC 2hrs) | 4 1 - |
| 12/10/200 17:13 | i-Motor Claim Form MI 0 50 0 00 15 | 10/2018 |
| OD TP Reporting Only | I-Motor W/O (Within: OD 2brs, TP 4lirs) | 2/19 |
| | i-Photo Uploaded | |
| TP Insurer: | Assessment/Survey Report | |
| Preferred Wksp / INC Assign Wksp / QW: (| Ass't Report by Fax / Hand to Owner/Wksp | |
| TP Particulars: Veh No: Q | Tel: Fax: | |
| Owner / Driver (| MH (852C INC()/Non-INC() | |
| Policy No. 6 | Tel: | |
| Confirmed by : (| eriod: () Cover Type: (|) |
| Terror Alfo 1 | Date: Time: | |
| Vana CD | Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] | |
| Excess: (\$) Loading: \$1,0 | Warranty: YES ()/NO () | |
| General Remarks: | 000 ()/\$2,000 () | |
| · · · · · · · · · · · · · · · · · · · | | |
| () Total Loss Case : to e-mail Insure | ormation strictly Confidential & Strictly NO rafer of repairer. | |
| Participal (a) | | |
| Drive-In () / Towed-In (); Invoice | e: YES () / NO (); Towing Co: (|) |
| Remarks:- (INC horline: 6788 6616) | Date&Time Completed D | one by |
| Apply for Transport Allowance ()/C | Courtesy Car () | one by |
| 1,1,00 | Journey Car (| |
| 2) QC Check / Post Repair Inspection | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 | | |
| 2) QC Check / Post Repair Inspection | | |
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| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 Injury: | () | |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions | () | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: ——————————————————————————————————— | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions MDG6627 | Invoice Preparation Checklist Ant (c) List Bi | 5) Ami (\$ |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions MDG6627 Inimant's Particulars:- | Invoice Preparation Checklist Invoice Preparation Checklist I) AR: Avoident Reporting (\$30); 2) DA: Damage Assessment (\$100), INC (\$80) | 5) Ami (\$ |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Laimant's Particulars:- river/Owner: | Invoice Preparation Checklist Invoice Preparation Checklist In Bi Ant (Class B | 5) Amt (\$ |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Inimant's Particulars:- river/Owner; ontact No: | Invoice Preparation Checklist Invoice Preparation Checklist I) AR: Accident Reporting (\$30); I) DA: Demage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jen 2005) 6) TR: Re-suspection \$75 7) N1: Idao DA + SMRT Survey \$160 | 5) Amt (\$ |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Inimant's Particulars:- river/Owner: ontact No: amaged Portion: | Invoice Preparation Checklist Invoice Preparation Checklist In Am () In Am () In Bi I) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40,545 4) FT : Follow-Through Survey (\$120 5) FT : Follow-Through Survey (Resurvey) \$30 For staining sgaingt INC Only (wef 10 Jan 2005) 6) TR : Re-inspection \$73 7) N1 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OD:* | 5) Amt (\$ |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Inimant's Particulars:- river/Owner: ontact No: amaged Portion: | Invoice Preparation Checklist Int Bi 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$4\$ 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$73 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OIT* *N5: Courtesy Car / Tpt Allowance \$5 | 5) Amt (\$ |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): | Invoice Preparation Checklist I) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40,545 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For slaiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$73 7) N1: Idao DA + SMRT Survey \$160 8) NTUC Additional Services: OII* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$225 | 5) Amt (\$) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Limant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): utilitors! Comments:- | Invoice Preparation Checklist | 5) Amt (\$) |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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 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.
- 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 aforesaid.

| IN THE PROPERTY SECTION | ACCIDENT STATEMENT |
|--|---|
| Date Of Report | 15/10/2018 11:54 |
| Date Of Accident | 12/10/2018 19:15 |
| Exact Location Of Accident | ALONG BALESTIER ROAD TOWARDS SERANGOON ROAD |
| Country/State of Loss | SINGAPORE |
| The state of the s | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GY1619U |
| Insured/Policyholder | |
| Name Of Registered Owner | HOME CLEANZ CLEANING & LAUNDRY SERVICES PTE, LTD. |
| Co Reg No | 201130544H |
| Email Address | RYKPANG@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-96818208 |
| Alternative Phone No | OFFICE-96818208 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | URVAN |
| Exact Purpose for which vehicle was being used at time of accident | GOING BACK HOME FROM WORK |
| 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 | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5053322165-06 |
| Cover Note Number | |
| Driver | |
| Name of Driver | PANG YUK KWEI RICHARD |
| NRIC No | S0154880H |
| Date Of Birth | 22/11/1953 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/06/1975 |
| Driving Experience | 43 YEARS AND 3 MONTHS |
| Company of the Compan | |

MALE

(LOCAL) +65-96818208

RYKPANG@YAHOO.COM

OTHERS-96818208

Address

BLK 476 ANG MO KIO AVENUE 10

#11-816

Postcode

560476

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

RAINING

Road Surface

WET

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?

Was any injured conveyed to hospital by ambulance?

NO

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

PLEASE REFER TO SKETCH PLAN

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

SMA7852C

Vehicle Make/Model/Colour

NISSAN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

S7028675J

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.
- 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.
- 5. 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) of:
 - (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, 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 policy

Date & Time:

Reporting Centre Personne

| On A | · 12-10-2018 (Friday), around 1917 hrs, while driving along |
|--------|--|
| | to road for and Scrongon Road, from which, Nissan (Red) |
| | |
| 12, 1 | SNA 7852C, suddouly stepped on his trake. Upon rolicin applied my tralle too, but, due to heavy raining, |
| uy va | hicke 64/16192 stru stided towards 8x1A 785>C and |
| oti su | try hit the rear of his vehicle-Photos were taken |
| | on no serious douege to uchide BMA 7852C. |
| Both | parties extherged particulors and left in well ately |
| -fo a | Void traffic Jam to other wers. |
| | Det's are |
| | The graph |
| | Richard Jany Yule Klive |
| | 80/578804 |
| | |
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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) * 9

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

| Column | Colu

Claim Handling

| Accident MT/1015610 | | | | | |
|--|--|--|---|--|--|
| Policy No. | 9053332169-06 | Venice ne. | GYINIPO | GST Reputration No. | 201130544# |
| Certificate No. | | | | | |
| Policytrolder Name | HOME CLEANZ CLEANING & LAUNDRY SERVI | ES PTE, LTD. | | Pulicyholder NRIC | 2011305040 |
| Product Code | COMMERCIAL VEHICLE INSURA! | Cover Type | Third Party, Fire & Theft | Loading | 9 |
| Contact No.(Mobile) | acutation. | Contact No. (Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No T |
| KPIC | = No. Yes | TCA | + No. Nes | eCode Heason | |
| NCI) Protestion | ho. | NCD Entitlement(%) | 15 | Private Hire | No |
| W. Accident Details | | | | | |
| Report Date | 15/10/2018 12:13 | Accident Report Within 24 frs | Yes | Accident Type | Callwon - Head to Rear |
| Date of Accident | 13/10/2016 | Time of Accident filtimin | 19:20 | Country of Accident | Singapore. |
| Reporting Centre | | Orange Force | | ECR No. | |
| Accident Location | ALONG BALESTIER ROAD YOWARDS SERANG | DON ROAD | | | |
| T Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | | Windstreen Excess | 3.86 |
| Uninamed Driver Excess | | Dutside Singspare DD Expess. | | | |
| Third Party Excess | U.00 | Outside Singapore TP Excess | | | |
| 17 Senefits | | | | | |
| | tion | | | | |
| GST Registered | Yes | | GST Registration Date | 01/01/2012 | |
| GST Registration No. | 201130544H | | GST Status Ventiled | Yes | |
| Hodification History | | | | | |
| | | | | | |
| → Policyholder Mailing Add | | | | | |
| Address 1 | 7 JALAN SAUDARA KU | Andress 2 | SEASIDE PARK | Address 3 | SINGAPORE 457444 |
| Address 4 | | Address Type | Singapore address | Post Code | 457444 |
| Und No. | | Related Policy Number | 5504192216 | | |
| ⇒ OI Oriver Info | | | | | |
| Onver Name | Umamed Driver | Driver Type | Uniamed Driver | | |
| Utnamed driver Name | PANG YUN KWES GICHARD | Onver NRIC | S0154880M | Driver DDB | 22/11/1959 |
| Register Date of Driver License | 22/06/19/9 | Driver Age | 64 | Driving Experience | 43 |
| Contact No. (Mobile) | 96418208 | Climat Ne. (Office) | | Contact No.(Home) | |
| Address 1 | BLK 475 #11-816 | Address 2 | ANG HO KID AVENUE 18 | Address T | TECK GHEE HORIZON |
| Address 4 | STRIGAPIGNE 560476 | Address Type | Foreign address | Post Code | 560476 |
| Unit No. | 11-070 | | | | |
| | | | GV1619U | Florida Santana Commission | arrue |
| Does he own a Singapore Registered car? | 785 × 60 | Driver Vehicle 165. | #1701aC | Driver Insurer Company | W10C |
| Registered car7 | 785 - 90 | Driver Vehicle top. | 4130190 | Driver Insurer Company | 4,00 |
| Registered car? Declaration | TRS x No | Driver Vehicle tep. | 4116190 | Greet Insurer Company | 100 |
| Registered car? Declaration Breathstyper or Blood Test Snading? | 0 mg | Driver Vehicle top. Ans injury? | Yes = No | orver insurer company | **** |
| Registered car? Declaration Breathalyser or Blood Test | | Sect Site Advise | | orver insurer company | |
| Registered car? Declaration Breathatyper or Blood Test Frading? Modification Mistory Claim 001 http://www. | | Sect Site Advise | Yes - No | 193 | |
| Registered car? Declaration Breathatyper or Hiosid Team Snading? Modification History Claim 001 Them Claim Type = | | Sect Site Advise | | Sinsured HOME CLEASE CLEA Name | NING & LA MARCHITA |
| Registered car? Declaration Breathatyper or Blood Test Frading? Modification Mistory Claim 001 http://www. | | Sect Site Advise | Yes - No | + Resured HOME CLEARLY CLEAR Name Contact No. | INING & LA Joseph Zotta |
| Repotered car? Declaration Breathatyper or Blood Test Anading? Modification History Claim OOL Claim Type = Contact No. (Medile) | | Sect Site Advise | Yes - No [DO-MX N79756E2 | +) Around HOME CLEAR CLEAR Name Contact No. 140mm | ANDRES LA INSURE DELLS |
| Registered car? Declaration Breathatyper or Hiosid Team Snading? Modification History Claim 001 Them Claim Type = | | Sect Site Advise | Yes a fic | *) Browned HOME CLEANS CLEAR C | NONE & LA Insured Dollar REC Confact RE CONFee TP TP Vehicle SMATS |
| Repotered car? Declaration Breathatyper or Blood Test Anading? Modification History Claim OOL Claim Type = Contact No. (Medile) | | Sect Site Advise | THE - NO [DO-HS STATUES] | T Browned HOME CLEANS CLEAN COME CLEANS CLEAN COME CLEAN COME COME COME COME COME COME COME COME | INDING & LA Insured 201131 MAC Contact No. 100 |
| Repotered car? Declaration Breathatyper or Blood Test Anading? Modification History Claim OOL Dear Claim Type = Contact No. (Modile) Email Address Claim Description | (0 mig*: | Ans injury® | Yes - No [DO-MX N79756E2 | T Browned HOME CLEANS CLEAN COME CLEANS CLEAN COME CLEAN COME COME COME COME COME COME COME COME | INDING & LAL Insured. DOILE DOILE GADE. COTES TO VEHICLE MADE. MADE MADE MADE MADE MADE MADE MADE MADE |
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| Repotered car? Declaration Brestnatyper or Blood Test Anading? Modification History Claim OOL New Claim Type = Contact No. (Medile) Email Address Clem Description Preferred Workshop Spanier No. 708 | O mig. [Insured Liebsty, Fully at Fa. * Dispair Preferred Wathon, N. | Ans injury * | THE - NO [DO-HN NYWYDEE] PHUIMUNDHOMECI SYLOLYU / SMATHS | * Insured HOME CLEANS CLEAN Name Contact Name N | INDING & LAL INSURED DOILES CONTACT NO. CONTACT TO. CONTACT Vehicle Vehicle Name of Physicred Physicred Physicred Physicred |
| Registered Car7 Declaration Breathatver or Blood Test Anading? Modification History Claim Out Blood Claim Type = Contact No. (Mobile) Email Address Claim Description Preferred | O mig. | Ans impary * | THE - NO [DO-HN NYWYDEE] PHUIMUNDHOMECI SYLOLYU / SMATHS | F Straured HOME CLEANS CLEAN Name Contact Ne. I Homes CI Venice RANZ COM Number CCON 18 Oct 2018 Claim Clean | INDING & LAN Insured. Described for Conference of Confere |
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