NATIONAL Assessment Ce	ntre Services	[we! 1 Jan'05] M	MAI 8137447	
Date In: 22 6/18 -12:50	Jeb descripțio	n	Date &Time Completed	Done by
Rei No: HAJINC 180 19232/14	SAS e-filing			
Veli No: YM 3724L	E-mail (withi	a Shrs, AIC 2hrs)		
D.O.A : 24/10/8-15:35	i-Motor Cla	im Form	M11016867-001	m/10/18 20:56
	i-Motor W/	O (Within: OD 2hr		
OD / TP / Reporting Only	i-Photo Upl	oaded		
TD I	Assessment/S	Survey Report		
TP Insurer:	Ass't Report	by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:
TP Particulars: Veh No: 1	1022 PZE	. INC (.)/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (9	%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]
Year of Registration: () Warranty: YES ()/NO()	
Excess: (\$) Loading:	\$1,000 ()/\$2,000	0()		
General Remarks:-				3.00
() Walk-In Customer : Customer's				
() Total Loss Case : to e-mail In			h	
			owing Co: (·)
				SAN
Remarks: (INC hotline: 6788 661)	**************************************	10000	Date Time Completed	Done by
) / Courtesy Car ()	-	
2) QC Check / Post Repair Inspection)	<u> </u>	
3) Upload Resurvey Photo [Repair Cost:	> \$3000] ()		
Injury:				
Date/Time Actions				
				MESSESCHED RE-
TOTAL CONTRACTOR ASSESSMENT				
	-		10-10-10-10-10-10-10-10-10-10-10-10-10-1	
1-1		1		Ant (\$) Amt (\$)
1A 1806790 .		7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	paration Checklist	fit Bill Add Bill
aimant's Particulars :-		1) AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$8	60)
iver/Owner:		3) TF : Towing F	ce . \$40)/\$45
		4) FT : Follow-Ti	hrough Survey hrough Survey (Resurvey)	\$120
ntact No:		For claiming a	gainst JNC Only (wef 10 Jan 2005)
maged Portion:		6) TR : Re-inspect 7) N1 : Idao DA		\$75
	3	8) NTUC Additio		
Checked by (Engr-In-Charge):		OD*	Con / Tot Allowane	\$3
	,	*N5: Courtesy *N6: Repair Co	Car / Tpt Allowance	510
iditors! Comments :-	A CONTRACTOR	*N7: Fost Repa		\$25
1:	War in a comment of the said	A	(Non INC) against INC	\$20
2/2		9) N12: Idac Mol		30
2/3:		Invoice dated	Fee Charged Fee Charged	SE III
4				

i special tops

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 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.

aforesaid.	to never to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/10/2018 12:50
Date Of Accident	22/10/2018 15:35
Exact Location Of Accident	SATS CARGO CARPARK
Country/State of Loss	SINGAPORE
Activities and activities	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM3224L
Insured/Policyholder	
Name Of Registered Owner	LOADED SERVICES PTE LTD
Co Reg No	200010432N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65468937
Vehicle Particulars	
Manufacturer	MITSUBISHI

Manufacturer MITSUBISHI
Model FK617MSJRDEC

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 THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5089776504-01

Cover Note Number

Driver

 Name of Driver
 NG KHIAW WEE

 Passport No/FIN
 G6511319N

 Date Of Birth
 17/12/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 09/12/2015

Driving Experience 2 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84207181

Fax Number

Contact Number OFFICE-84207181

EMail Address NOEMAIL

Address 61 ALPS AVENUE

Postcode 498798

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - APPOINTED CONTRACTOR

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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.

NO
Number of Passengers (Including Driver)

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ALONG PARKING LOT OF SATS CARGO TERMINAL CARPARK. SUDDENLY VEHICLE B MAKE A RIGHT TURN FROM PARKING LOT AND HIT ONTO MY VEHICLE FRONT RIGHT 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 RU5565E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver SUN PEIQUAN NRIC/Passport Number G8586801U

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.
- 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:
 - 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.

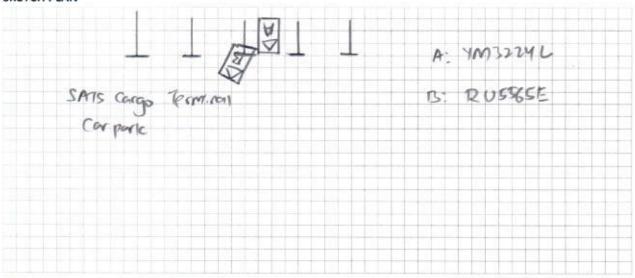
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

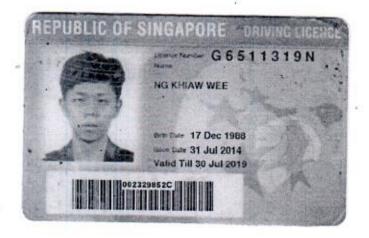
Refer to statement.

DECLARATION

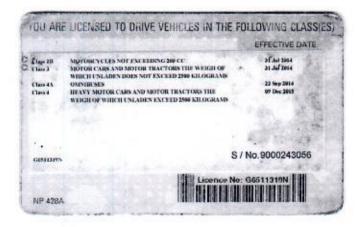
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:









eBao Tech								GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601						· Change Lan	guage	· Change P	assword	Log Out
My Desktop Notice of Loss	Poli	cy Query									
	Policy N	io				Date of	Accident	22/1	0/2018 15:35	5	
	Vehicle	No.(For Motor)	YM3224	L		Certifica	ate Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5089776504- 01		LOADED SERVICES PTE LTD	200010432N	GFT	Comprehensive	YM3224L	YM3224L	03/04/2018	
					Cor	ntinue					

Policy No.	5089776504-01	Policyholder Name	LOADED	SERVICES PTE LTD	Policyholder NRIC	200010432	N
Certificate No.		Manne			NRIC		
Address	61 ALPS AVENUE SINGAPORE 4	98798					
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	26/03/2018	Effective Date	03/04/20	18 00:00	Expiry Date	02/04/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	0.00	Own damage Excess	600.00		Windscreen Excess	100.00	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	6567214	9	GST Flag	Υ	
nsurance lag Open Policy nfo Certificate nfo	No						
Policyl	nolder Mailing Address						
Address 1	61 ALPS AVENUE	Addre	ess 2	SINGAPORE 498798		Address 3	
Address 4		Addre	ss Type	Singapore address		Post Code	498798
Jnit No.		Relate Numb	ed Policy er	5094818242-01			
Insure	d Object: YM3224L						
	ements						
□ Endors	nce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorse	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We
Sequer	12/07/2018 00:00	Basic Informa Endorsement	tion	000001286859772	Endorsem Effective	ent Take	confirm that from 12 Jul 2018, the Hire Purchase Company is amended

Hicy No.		And Sand-Mark			
	5089776504-01	Vehicle No.	YM3224L	GST Registration No.	200010432N
rtificate No.					
Nicyholder Name	LOADED SERVICES PTE LTD			Policyholder NR3C	200010432N
oduct Code	PLEET INSURANCE	Cover Type	Comprehensive	Loading	0
ntact No.(Mobile)	O .	Contact No.(Office)	65468937	Contact No.(Home)	0
nail Address		Special Remark		eCode	Sc V
×	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
20 Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	23/10/2018 20:54	Accident Report Within 24 hrs	Yes	Acadent Type	Damaged white parked
te of Accident	22/10/2018	Time of Accident his mm	15:35	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	Singapore
cident Location	SATS CARGO CARPARK	30151990(21011)		155,186	
Excess					
vn damage Excess	600.00	Additional Excess		Windows France	
named Driver Excess	000.00			Windscreen Excess	100.00
ird Party Excess		Outside Singapore OD Excess			
Benefits	0.00	Outside Singapore TP Excess			
GST Registered Informa					
T Registered T Registration No.	Yes		GST Registration Date	22/01/2001	
Registration No. dification History	200010432N		GST Status Verified	Yes	
The state of the s					
Policyholder Malling Ad	Idress				
dress 1	SI ALPS AVENUE	Address 2	SINGAPORE 498798	Address 3	
dress 4		Address Type	Singapore address	Past Code	498798
it No.		Related Policy Number	5094818242-01	21 WOOD 1875 187	William .
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	NG KHIAW WEE	Driver NRIC	G6511319N	Driver DOB	17/12/1988
pister Date of Onver License	09/12/2015	Oriver Age	29	Driving Experience	2
ntact No.(Mobile)	84207181	Contact No.(Office)	0	Contact No.(Home)	0
dreaw 1	61 ALPS AVENUE	Address 2	SINGAPORE 498798	Address 3	
dress 4		Address Type	Singapore address		American I
it No.		ross cas ripe	arryapure sources	Post Code	498798
es he own a Singapore	00	B403/12/2020/2020			
gistered car?	○ Yes ® No	Onver Vehicle No.		Driver Insurer Company	
claration					
		Any injury?	21720		
athalyser or Blood Test	0 mg				
eathalyser or Blood Test ading?	0 mg	Any equity?	○ Yes ® No		
eatharyser or Blood Test ading?	0 mg	Any against	U Tes ⊕ No		
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