NATIONAL Assessment Centr	1 0000000000000000000000000000000000000	1 724,021 WHI	Date & Time C	ompleted	Done	by
Date In: 16 11 18 - 16:13	Jeb description		Date to Timo o			
Ref No: 414/14C 180 20872174	SAS e-filing					
Veh No. GIER 487	E-mail (within Shrs,	AIC 2hrs)				
D.O.A: 11/18-08:10	i-Motor Claim F	orm	MT 1020130	1 00-	19 11/18 18	:35
OD (TP) Reporting Only	i-Motor W/O (w		TP 4brs)			
	i-Photo Uploade	d				
TP Insurer:	Assessment/Surve		<u> </u>			
	Ass't Report by F	ax / Hand to	Owner/ WKSD			
Preferred Wksp / INC Assign Wksp / QW: (Tel:		ax:	
TP Particulars: Veh No: 6788	goom .	. INC ()/Non-INC	().		
Owner / Driver: (Tel:	-		
Policy No: () Po	eriod: ()	Cover Type: (
Confirmed by : (7	Date:	Time		00%1	
	[Note-Est. Status (WO	TO SHEET WAS AND ASSESSMENT	70, P. 21-197	. r. 50-1	2079]	
Year of Registration: ()	Warranty: YES ()	/NO(
The second secon	No Tries and Proposition of Name	************	Name of the State	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
General Remarks:-	The Chief II	1111 L 1 114 114 11	ety NO rafer o		SACT STATE	1.3
() Walk-In Customer: Customer's info		ential & Str	City NO 13167 C	reponer.		
() Total Loss Case : to e-mail Insur		/ \.T	owing Co: (1)
	value of the same and the same	(), 10		312 (0.0)	77 4 3 8 % C 12	92.E.
Remarks:- (INC hotline: 6788 6616)	The state of the s		Date&Time C	mple od	Done	ру
	Courtesy Car ()					
2) QC Check / Post Repair Inspection	()					-1.500
3) Upload Resurvey Photo [Repair Cost > \$	()					
Injury:						
Date/Time Actions		19.65		September 1	MARIO DE	
10				100		
			-			
					Kara Baruhari	
*				2009 x54	Anit (S)	Amt (3)
NA 1807560 1	1	nvoice Prej	paration Chec	klist	fit Bill	Add Bill
laumant's Particulars :-	1)	AR : Accident	Reporting (\$30); Assessment (\$100)	i INC (S	(80)	
	3)	TF : Towing F	ce		0/\$45	
river/Owner:	4)	FT : Follow-T	hrough Survey hrough Survey (Res	urvey)	\$30	
ontact No:		For claiming a	gainst INC Only (w	ef 10 Jan 200		
amaged Portion:		TR: Re-inspec	+ SMRT Survey	76. 774	\$160	
		NTUC Addition				
C Checked by (Engr-In-Charge):	0	*N5: Courtesy	Cer / Tpt Allowers	•	\$5	
Control and Street At Street and Street Available	and the first for the first of	*N6: Repair C *N7: Post Rep	o-ordination		\$10 \$25	
nditors! Comments :-		*N8: DV / Co	lect Excess Coordin		\$5 \$20	ANNUAL VIEW
1.1: 3	9	TP (N11) : TP N12: Idna Mo	(Non INC) against bile	INC	30	
st. 2/3;	L	voice dated		Fee Charges	MANAGE STATES	

per 41

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.
 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.
- 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

ditiresalu.	
A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	16/11/2018 16:10
Date Of Accident	15/11/2018 08:10
Exact Location Of Accident	SLIP RD CTE (AYE) TWDS AMK AVE 5
Country/State of Loss	SINGAPORE
phicare risks a law substitution of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF1848J
Insured/Policyholder	
Name Of Registered Owner	ACE UNITED PRECISION ENGINEERING
Co Reg No	52999121K
Email Address	NOEMAIL
Mobile Phone No	

Alternative Phone No. Vehicle Particulars

Manufacturer TOYOTA

Model LITEACE 1.5A GL

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-89999999

Are you claiming under your own insurance policy

for repair to your vehicle?

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 NO

Policy Number 5082472138-02

Cover Note Number

Driver

Name of Driver CHIAM SWEE LENG

NRIC No S1505971J Date Of Birth 24/05/1961 Occupation INDOOR Date Of Driving Pass 10/11/1978

Driving Experience 40 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91460075

Fax Number

Contact Number OFFICE-91460075

EMail Address NOEMAIL

BLK 146 YISHUN STREET 11 Address #11-17

Postcode 760146

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)

2 Passenger 1

NAME: : HO MING DAR

NO

GP8800M

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

REFER TO STATEMENT.

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 Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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)

Lunderstand, 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.

Folicyholder's Signaroc /WN Date & Time

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

Date & Time:

NRIC/FIN No .:

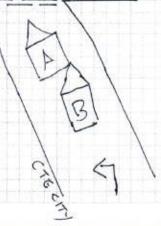
Name:

Reporting Centre Personnel's Signature

ANG MO KID AVE 5

VEH A: GBT 1848 J

VGH B: GP8800 M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME, ON THE STATED VEHICE VEHICLE A (GBF 1848J) STOP ON THE GIVE WAY LING WATTING FOR TRAFFIC TO CLEAR, THEN SUDDENLY VEHICLE B (GP fform) HIT ONTO MY VEHICLE RGAD, CAUSING DAMAGE TO MY VEHICLE REAR PASSENGER HO MING DAR 57829497C

DECLARATION

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

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

Reporting Centre Personnel' Name:

Signature

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 11 / 2 018) (DD/MM/YYYY), TIME: (08: 10) (HH:MM)

LOCATION: CTE ANG MO KIO F	HIES EXT (TOWARDS CITY)
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: GBF 18	48 J
b)INSURANCE COMPANY: NT4	1/7212 9 02
	472138-02
dIPOLICY TYPE: COMPREHENSIVE	THIRD PARTY / THIRD PARTY FIRE &THEFT)
SIMAKE & MODEL TO YOTA	HI ACG,
LITYPE-IS A LOON / COURS / MPV V	AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE)	COMMERCIAL MOTORCYCLE
hipurpose of using at accident	TIME: PICIVOTE
HARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES MO)
IF NO, PLEASE STATE THIRD PARTY	CLAIM, REPORTING ONLY)
S THE PER A POLICY HOLDER	
ALNAME ACE WITED PRECI	SION ENCINGERINGMALE / FEMALE
bjnric/fin/passport: 529991	12 / K
c)ADDRESS:	
CJADDKU3.	
* CONTINUE TO 3.d IF DRIVER ALSO F	POLICY HOLDER
NA PARAMETER S DRIVER	to the second se
GINAME CHIMIN SWEED COM	G MALE FEMALE)
HINDIC/FIN/PASSPORT. C 150597	CONTACT: 714000/3
(02) CIADDRESS: BIK 146 YISHUM ST	111 # 11-17 8760146
male. *d) DATE OF BIRTH: (24, 05,196	(DD/MM/YYYY)
e OCCUPATION: (INDOOR / OUTDO	OR)
FIVEARS OF DRIVING EXPRERIENCE:	40
4. WAS DRIVER AN EMPLOYEE OF TH	IE INSURED'S COMPANY? (YES.) NO)
IF NO. RELATIONSHIP OF THE DRI	EVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR) RA	AINING / OTHERS
b) ROAD SURFACE: (DRY) / WET / OTH	ERS
6. WAS ANYBODY INJURED (YES (NO)	
7. a) REPORTED TO POLICE (YES (NO)	
IF YES, PLEASE STATE WHICH POLICE	STATION:
8. THIRD PARTY VEHICLE	
to of passenger of VEHICLE NUMBER: GP88000	MODEL:
including driver) b) DRIVER'S NAME:	
c) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	Water-Auto
No of passenger of DRIVER'S NAME:	MODEL:
el Driver Siname.	* * -
aduding driver) 1 NRIC/FIN/PASSPORT:	CONTACT:

email =

fax =

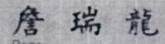
REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1505971J



Name



CHIAM SWEE LENG



CHINESE

Date of Birth

Sex

24-05-1961

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Name: S1505971J

CHIAM SWEE LENG

Birth Date: 24 May 1961

Issue Date: 27 Dec 2002





NAIC NO. \$1505971J

Blood Group Date of issue

01-06-1994

APT BLK 146 YISHUN STREET 11#14-17 SINGAPORE 760146

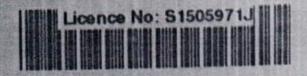
NAIC NO: \$1505971J

Date: 18-12-2002

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 10 Nov 1978



eBaoTech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					· Change L	anguage	• Chang	e Password	+ Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	15	/11/2018 0	8:10	
	Vehicle No (For Motor)	GBF18	48)		Certi	ficate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5082472138- 02		ACE UNITED PRECISION ENGINEERING	52999121K	GCV	Comprehensive	GBF1848J	GBF1848)	21/07/2018	20/07/2019
					Continue					



laim Handling					
ident MT/1020130					
Cy No.	5082472138-02	Vehicle No.	GBP1848)	GST Registration No.	
tificate No.					
cynoider Name	ACE UNITED PRECISION ENGINEERING			Policyhaider NRIC	\$2999171K
duct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
Mart No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
at Address		Special Remark		eCode	70. 🗸
	⊕ No ○ Yes	TCA	No ○Yes	eCode Reason	
3 Protection	No	NCD Entitlement(%)	15	Private Hire	No
Accident Details					
ort Date	16/11/2018 19:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
s of Accident	15/11/2018	Time of Accident hh:mm	08:10	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Lucation	SLIP RD CTE (AYE) TWOS AMK AVE S				
Excess					
damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
amed Driver Excess		Outside Singapore OD Excess			
d Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	ation				
Registered	Ne		GST Registration Date		
Registration No.			GST Status Venfied	No	
ification History					
Policyholder Mailing Ad	dress				
ress 1	BLK 3 #05-08	Address 2	ANG MO KID IND PARK 2A	Address 3	SINGAPORE 568050
Incis 4		Address Type	Singapore address	Post Code	568050
t No.		Related Policy Number	5082472138-02		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type :	Unnamed Driver		
named drivet Name	OHAM SWEE LENG	Driver NRIC	S15059713	Driver DOB	24/05/1961
ster Date of Driver License			57	Driving Expenence	40
		Driver Age			
rtact No.(Mobile)	91460075	Contact No.(Office)	0	Contact No.(Home)	.0
ress 1	BLK 146	Address 2	YISHUN STREET 11	Address 3	SINGAPORE 760146
ress 4		Address Type	Singapore address	Post Code	760146
c No.	11-17				
es he own a Singapore Interest car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
teration					
athalyser or Blood Test sting?	0 mg	Any injury?	○ Yes ® No		
ungr					
afication History					
laim 001 New					
ann our					
m Type +	OD-MX	Insured Name	ACE UNITED PRECISION ENGINE	Insured NRIC	52999121K
tact No.(Motor)	91900015	Contact No.(Home)		Contact No.(Office)	64810863
il Address		OI Vehicle Number	GBF18483	TP Vehicle Number	GР8800M
ment Type Cleimant Type *	Please Select	Type of Senete *	Please Select		
mont Name +	22	Claimant NRIC *			
mant Address					
n Description	GBF1848) / GP8800M ON 15 Nov 2018			Name of Preferred Workshop	
erred Workshop Contact	THE RESIDENCE OF THE STATE AND ADDRESS OF THE STATE ADDRESS OF THE STATE AND ADDRESS OF THE STATE AND ADDRESS OF THE STATE ADD	The Control of the Co	No. of South	- I was a second	
		Insured Liability *	Not at Pault	CONTRACTOR OF THE PARTY OF THE	
ure Finalisation	Yes Y	Preferend Repair Option	Preferred Workshop, Name unknown		Received
e Registered	16/11/2018 16:35	Claim Close Date		Date Received	16/11/2018 00:00
ort Taken By	Jackson				
Print AK letter					
			Save Submit		
ttachment					
ident No.	MT/1020130	Claim No.	001		
Doc. Received	(€) Yes ○ Ma	Upload Date	16/11/2018 18:36		
	Patri *		Category *	Confidential Urge	ncy * Description *
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		Browse	The state of the s	▼ NO ▼ Normal	
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		Browse	Clear Please Select	Normal	<u> </u>
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