VATIONAL Assessment Centre Services	(we' ) Jan 63	20	18	
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TP Insurer Assessment	Survey Report	<del>:                                    </del>		
Ass't Repor	t by Fax / Hand to	Owner/Wksp		W. 1974
referred Wksp / INC Assign Wksp / QW: (	The state of the s	Tol: F	ax:	
P Particulars: Yeli No: SJV393	54T. INC (	)/Non-INC( )		-,.
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (	)	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ( ) Warranty: YES (		)		
Excess: (\$ ) Loading: \$1,000 ( )/\$2,00	00()		(x) (x)	
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) Walk-In Customer's Information strictly C	Confidential & Stri	ctly NO refer of repairer	51. 8 1	
) Total Loss Case : to e-mail Insurer URGENTLY	'	ony ivo islet of repailer.		
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# 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.
- 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.

THE REPORT OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	15/12/2018 14:33
Date Of Accident	26/11/2018 12:30
Exact Location Of Accident	PIE TWDS CHANGI EXIT JALAN EUNOS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH8967S
Insured/Policyholder	
Name Of Registered Owner	CFI TRANSPORT PTE LTD
Co Reg No	201806390H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81808631
Alternative Phone No	OFFICE-81808631
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104901550
Cover Note Number	
Driver	
Name of Driver	SUZIYANA BINTE AHMAD RASHID
NRIC No	S9228767Z
Date Of Birth	18/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81808631
Fax Number	
Contact Number	OTHERS-81808631
EMail Address	NOEMAIL

BLK 681 CHOA CHU KANG CRESCENT Address

#04536 680681

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

NO

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED 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

SJV3954T Vehicle Registration Number TOYOTA ALTIS Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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 <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.
- 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.
- 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 peing made available aforesaid.
- 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 the purpose(s).
  - 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 actident 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

Co Rep No

(iii) for complying with requirements under any regulations, laws or court orders.

Policyhaider's Signature Date & Time:

Oriver's Sign cay

'If driver is not the policyholdery

Date & Time:

Reporting Centre Perso nel's Signature

NRIE/FIN Na.

KETCH PLAN	←	4	,		angi				
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		VB	LA.						
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On 26/ Chungi a 9ssume 1 accid	unt tx he di lentally	around it Jala inny of hit ist	12.30pm m Eunos ut From 1 seas sio	I wa from the mi	Minor ra	rd to	ng d Major	of the Jowe	rds / ( hun

DECLARATION

I/We declare the foregoing partition?

Policyhold r's Signature Date & Time:

very ryspect Co Reg No. 201808390H (If driver is not

Date & Time:

15/12/2018

Reporting Centre Paysonnel's Signature Name:

NRIC/FIN Na.:





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FULLOWING CLASSIES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 24 Jun 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

4093989 03-09-2007 APT BLK 681 CHOA CHU I #04-536 SINGAPORE 680681

NP 428A



# Certificate of Insurance

	Certificat	te of Insurance
MOTOR VEHICLES (THIRD PARTY MOTOR VEHICLES (THIRD PARTY ROAD TRANSPORT ACT, 1987 (M.	RISKS AND COMPENSATION ALAYSIA)	DN) RULES, 1960
MOTOR VEHICLES (THIRD PARTY		
Certificate Number: 510490155	50	Cover : Comprehensive
Index mark and Registration I	Number of Vehicle	: GBH8967S
Chassis Number		: JTFHT02P500245873
Name of Policyholder		: CFI TRANSPORT PTE LTD
Effective Date of Insurance		: 25 Oct 2018
Expiry Date of Insurance		: 24 Oct 2019
5. Persons or Classes of Persons	entitled to drive#	
(a) The Policyholder:		
		er's order or with his/her permission.
the Motor Vehicle or has		cordance with the licensing or other laws or regulations to drive not disqualified by order of a Court of Law or by reason of any g the Motor Vehicle.
6. Limitations as to Use#		Control of the contro
(a) Use for social domestic a	nd pleasure purposes and	in connection with the Policyholder's or Hirer's business.
		nection with the Policyholder's or Hirer's business.
This Policy does not cover		
(a) Use for racing, pace-mak	ing reliability trial or spec	ed-testing
		ny one disabled mechanically propelled vehicle.
Act (Chapter 189) and Se headings.	ction 95 of the Road Tran	ne Motor Vehicle (Third Party Risks and Compensation) sport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$2,000	
EXCESS (SECTION 2)	: S\$1,500	
WINDSCREEN EXCESS	: S\$100	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY		AL SERVICES PTE LTD
SUM INSURED	: MARKET VALUE	E OF INSURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Co Agency : KINET		e relates is issued in accordance with the provisions of the Motor r 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
To	not the same of th	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	Authorised Officer	Chief Executive

<b>eBao</b> Tech									Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601		of the state of th	ALTO DESCRIPTION OF THE PARTY O	Add Delice of the last	• Change	e Languag	e • Chan	ge Password	cessame el la
My Desktop Policy Que Notice of Loss Policy No.	<b>Policy Query</b>									17
	Policy No.				D	ate of Accident		26/11/2018 1	12:30	
	Vehicle No.(For Motor	(двн	8967S		C	ertificate Number				
					Searc	h				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5104901550		CFI TRANSPORT PTE LTD	201806390H	GCV	Comprehensive	GBH8967	GBH8967S	25/10/2018	24/10/2019
					Contin	iie				

(Mobile)

### Claim Handling

# → Task Transfer → Exit

Accident MT/1021647 LOS SAL SUB GST Policy No. 5104901550 Vehicle No. GBH89675 Registration 201806390H No. Certificate No. Policyholder Policyholder CFI TRANSPORT PTE LTD 201806390H Name NRIC Product COMMERCIAL VEHICLE INSURAL Cover Type Comprehensive Loading Code 0 Contact No. Contact No. Contact No. (Mobile) (Office) (Home) Email Special Remark eCode No ▼ Address eCode KFK No Yes TCA No Yes Reason NCD NCD Private Hire No Protection Entitlement(%) Accident Details Accident Report Accident Report Date 27/11/2018 17:54 Yes Collision - Head to Rear Within 24 Type hrs Time of Date of Country of 26/11/2018 Accident 12:30 Singapore Accident Accident hh:mm Reporting Orange ICM No. Centre Force Accident ALONG PIE EXPRESSWAY OF JALAN EUNOS Location 7 Excess Own damage Additional Windscreen 2,000.00 100.00 Excess Excess Excess Outside Unnamed Singapore OD Driver Excess Excess Outside Third Party 1,500.00 Singapore TP Excess Excess **▽** Benefits GST Registered Information **GST** Registered GST Registration Date 18/06/2018 GST Registration No. GST Status Verified 201806390H Modification History 28/11/2018 09:37:55 Deborah Mui changed GST Registered from No to Yes 28/11/2018 09:37:55 Deborah Mui changed GST Registration No. from null to 201806390H 28/11/2018 09:37:55 Deborah Mui changed GST Registration Date from null to 18/06/2018 Policyholder Mailing Address Address 1 65 UBI CRESCENT Address 2 #03-03 HOLA CENTRE Address 3 SINGAPORE 408559 Address Address 4 Singapore address Post Code 408559 Type Related Unit No. 01-22 Policy 5104769801 Number OI Driver Info Driver Name Driver Type Unnamed Driver NRIC Driver DOB driver Name Register Date Driving of Driver Driver Age Experience License Contact No. Contact No. Contact No.

(Office)

https://giclaim.income.com.sg/gcs/icm/eclaim/reserveSearch.do?tabCode=Reserve&caseId=2539318&objectId=2932901&readAllBox=1&checkNewS...

(Home)

## Claim Handling

Accident	TM	/102	1647

Policy No.	5104901550	Vehicle No.	GBH89675		GST Registration
Certificate No.			00103073		GST REGISTRATION
Policyholder Name	CFI TRANSPORT PTE LTD				Notice to a late of BUDY CO.
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		Policyholder NRIC
Contact No.(Mobile)	NA	Contact No.(Office)	Comprehensive		Loading
Emeil Address		Special Remark			Contact No.(Home eCode
KEK	» No Yes	TCA	* No Yes		
NCD Protection	No	NCD Entitlement(%)	0		eCode Reason
Accident Details			1.3		Private Hire
Report Date	27/11/2018 17:54	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	26/11/2018	Time of Accident hh:mm	12:30		Country of Accide
Reporting Centre		Orange Force			ICM No.
Accident Location	ALONG PIE EXPRESSWAY OF JALAN EUNOS				ich No.
Excess					
Own damage Excess	2,000.00	Additional Excess			Windscreen Exces
Unnamed Driver Excess		Outside Singapore OD Excess			Windscreen Exces
Third Party Excess	1,500.00	Outside Singapore TP Excess			
→ Benefits		68/8/38/48/76 *COO.00-130/09/2007 A			
	tion				
GST Registered	Yes		GST Registratio	on Date	*0.00.00
GST Registration No.	201806390H		GST Status Ver		18/06/2 Yes
Modification History	ZB/11/ZU18 09:37:55 Deboral	h Mui changed GST Registered from N h Mui changed GST Registration No, fr h Mui changed GST Registration Date (	o to Yes		165
Policyholder Mailing Add		r Hor changed GS1 Registration Date	from null to 18/06/2018		
Address 1	65 UBI CRESCENT	Address 2	402.03 HOU & CENTRE		2.77
Address 4		Address Type	#03-03 HOLA CENTRE		Address 3
Unit No.	01-22	Related Policy Number	Singapore address 5104769801		Post Code
7 OI Driver Info		Control of the Control	3104/03001		
Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC			Driver DOB
Register Date of Driver License		Driver Age			
Contact No.(Mobile)		Contact No.(Office)			Driving Experience
Address 1		Address 2			Contact No.(Home
Address 4		Address Type	Foreign address		Address 3
Unit No.		5-44-1-500 APPS	Torongir address		Post Code
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Driver Insurer Com
Modification History					
Claim 002 OD-MX New					
Claim Type *				51.00	Insured Courts
enoveried (Additional)			00	-MX	Name CTI IN
Contact No.(Mobile)					No. NIL (Home)
Email Address					OI Vehicle GBH89 Number
Claim Description			GBH	189675 / SJV3954T ON	26 Nov 2018
Preferred Workshop Robust No.	Insured Liability Partially at Fac				
Consider No. Yes	Repair Option Preferred Workshop, Name	e unknown  GIA  report Received	•		Claim
Date Registered			17/1	12/2018 09:48	Close Date
Report Taken By					
TOURS TOWER BY			1		Workshop Repairer
Print AK letter					

Save Submit

## Attachment

ast Doc. Received	MT/1021647		Claim No. Upload Date		17/17/2010 00:45		
	ies - No		Opidad Date		17/12/2018 09:45		
Choose File No	file chosen	Path *		- Trans	Category *		Confidential
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Video List	CORRESPONDENCE	927.5					
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