	Jeb description	Date & Time Completed	Done	pi
Ref No: Nol 15 - 10:17	SAS e-filing			(10.00.00.00.00.00.00.00.00.00.00.00.00.0
Net No: 120 08 124	E-mail (within Shrs, AIC 2hrs)	T		-1
Veh No: 4760667	i-Motor Claim Form	Mali-same sou	ut la car	172.
D.O.A : 14/1/19 08:30	i-Motor W/O (Within: OD 2hr	M7 1077775-001	Wilia 20	. ,
OD / TP / Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / Q	And the second later than the second later t		ax:)
	Unknown . INC ()/Non-INC()	20	
Owner / Driver: (un crown.	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading	g:\$1,000()/\$2,000()			
General Remarks:-			3.00	1.4.
La solla mille Andrew Bully servenier and delibera of service and control of the	r's information strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail		and the restaurant		
		Cowing Co: (1
Drive-In ()/ Towed-In (); I	Invoice: YES () / NO (); T	- 4		/
Remarks: (INC hotline: 6788 6	616)	Date&Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()	, , , , , , , , , , , , , , , , , , ,		
2) QC Check / Post Repair Inspection	()	34	*	
3) Upload Resurvey Photo [Repair Co	st>\$3000] ()			
Inium :				
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		ar to wiseling		The Party
			200 Calif	
				- 1. P.O.
Date/Time Actions			Ant (5)	Am (1)
Date/Time Actions		paration Checklist	And (S)	Am.(1)
Date/Time Actions NA 1900371	1) AR : Accident	t Reporting (\$30);	fú Bill	Call Control of the C
Date/Time Actions NA 1900331 laimant's Particulars:	1) AR : Accident 2) DA : Damage 3) TF : Towing F	t Reporting (\$30); Assessment (\$100); INC (\$30);	fá Bill (0) (745	Call Control of the C
Date/Time Actions NAI 900301 Inimant's Particulars:	1) AR : Accident 2) DA : Darnage 3) TF : Towing F 4) FT : Follow-T	t Reporting (\$30); Assessment (\$100); INC (\$30); Rec \$40 hrough Survey	(6 Bill	CALL TO A SECURE OF THE SECURE OF
Date/Time Actions NAI 1900301 Inimant's Particulars:	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For cleiming a	t Reporting (\$30); Assessment (\$100); INC (\$30); Rec		Call Control of the C
Date/Time Actions Nations Inimant's Particulars: river/Owner: ontact No:	1) AR : Accident 2) DA : Darnage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T	t Reporting (\$30); Assessment (\$100); INC (\$30); ce \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 2005) ction		Call Control of the C
Date/Time Actions Nations Inimant's Particulars: river/Owner: ontact No:	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) i*T: Follow-T For cleiming a 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Addition	t Reporting (\$30); Assessment (\$100); INC (\$30); ce \$40 hrough Survey hrough Survey (Resurvey) troinst INC Only (wef 10 Jan 2005) ction + SMRT Survey		Call Control of the C
Date/Time Actions NAI 1900301 Inimant's Particulars: river/Owner: ontact No: amaged Portion:	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For cleiming a 6) TR : Re-inspec 7) N1 : Idao DA 8) NTUC Addition	t Reporting (\$30); Assessment (\$100); INC (\$30); ce \$40 hrough Survey hrough Survey (Resurvey) troinst INC Only (wef 10 Jan 2005) ction + SMRT Survey		CALL THE CONTRACT OF THE CONTRACT OF
Date/Time Actions Nations Particulars: river/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For cleiming a 6) TR : Re-insper 7) N1 : Idao DA 3 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C	t Reporting (\$30); Assessment (\$100); INC (\$30); Rec		CALL THE CONTRACT OF THE CONTRACT OF
Date/Time Actions Nations Particulars: river/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-insper 7) N1 : Idao DA 3	t Reporting (\$30); Assessment (\$100); INC (\$30); Ree S40 Arough Survey Arough Survey (Resurvey) Reginst INC Only (wef 10 Jan 2005) etion + SMRT Survey onal Services: Cer / Tpt Allowence Co-ordination mair Inspection licet Excess Coordination	\$\$\cdot \text{Sill}\$ 00 /\$45 \$120 \$30 \$75 \$5160 \$\$5 \$510 \$225 \$5	CALL THE CONTRACT OF THE CONTRACT OF
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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,
- Information provided must be as <u>truthful and accurate</u> 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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/01/2019 11:17
Date Of Accident	14/01/2019 08:30
Exact Location Of Accident	3B TOH GUAN RD EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GR6066T
Insured/Policyholder	
Name Of Registered Owner	CHIN HWA COURIER SERVICES
Co Reg No	53075545M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98587027
Alternative Phone No	OFFICE-98587027
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE DIESEL
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	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	5088520811-01
Cover Note Number	
Driver	
A STATE OF THE STA	MAN A STATE OF THE

 Name of Driver
 LIM CHIN HWA

 NRIC No
 \$1191916B

 Date Of Birth
 14/11/1956

 Occupation
 OUTDOOR

 Date Of Driving Pass
 04/07/1977

Driving Experience 41 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98587027

Fax Number

Contact Number OFFICE-98587027

EMail Address NOEMAIL

Address

BLK 425 TAMPINES STREET 41

#10-411

Postcode

520425

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

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 (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

0

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 THE STATED VENUE. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT 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

UNKNOWN

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.
- 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:
 - (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.

金棒

CHIN HWA COURIER SERVICES

Blk 3014 Ubi Road 1 #02-318 Singapore 403702 HPI 9858 7027

Policyholder's Signature Date & Time: Driver's Signature

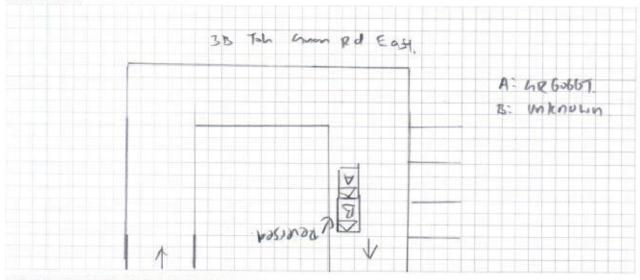
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

peter to flute mont.	

DECLARATION

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

全 樺 CHIN HWA COURIER SERVICES

Policyfiolder's Signature Pore 408702 Date & Time:

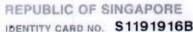
Driver's Signature (If driver is not the policyholder) Date & Time:

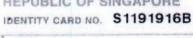
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SIAHWE Websit 1007 Links 23

3





LIM CHIN-HWA

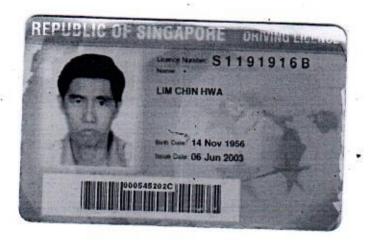




CHINESE

14-11-1956 SINGAPORE











14-01-2015

APT BLK 425 TAMPINES STREET 41 #10-411 SINGAPORE 520425

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 killograms reasys Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 killogram Motor Vehicles which are not constructed.





Annual Market		Delieubelden	erronward grand	NAME OF THE OWNER OF THE OWNER OF THE OWNER.	Policyholder	NAME OF THE OWNERS OF THE OWNER,	
olicy No.	5088520811-01	Policyholder Name	CHIN HWA	COURIER SERVICES	NRIC	53075545M	
Certificate No.							
Address	BLK 425 #10-411 TAMPINES ST	REET 41 SING	SAPORE 5204	25			
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	15/03/2018	Effective Date	08/04/2018	3 00:00	Expiry Date	07/04/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	HUANG GUOQING TERRY	Agent Tel.	91278514		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
O Policy	holder Mailing Address						
Address 1	BLK 425 #10-411	Addr	ess 2	TAMPINES STREET	41	Address 3	SINGAPORE 520425
Address 4		Addr	ess Type	Singapore address		Post Code	520425
Unit No.	10-411	Relat Num	ed Policy ber	5088520811-01			
D Insure	ed Object: GR6066T						
	sements						
	nce Date of Endorsemen	43	Endorsemen	Control Co.	Endorsemen	· · · · · · · · · · · · · · · · · · ·	Endorsement Content

Claim Handling Accident MT/1027775					
Policy No.	5068520811-01	Vehicle No.	GR6066T	GST Registration No.	
Certificate No.					
olicyholder Name	CHIN HWA COURIER SERVICES			Policyholder NRIC	53075545M
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party, Fire & Theft.	Loading	0
Contact No.(Mobile)	98587027	Contact No. (Office)	0	Contact No. (Home)	0
mail Address		Special Remark		eCode	10. V
Pic	⊕ No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details			12	Poster Pare	neg .
eport Date	14/01/2019 20:30	Accident Report Within 24 hrs	Yes		
ate of Accident	14/01/2019			Accident Type	Damaged whilst parked
eporting Centre	14/61/2019	Time of Accident hitchin	08:30	Country of Academ	Singapore
Codent Location	JB TOH GUAN RD EAST	Orange Force		ICM No.	
₩ Excess	AR TON GOME AD EAST				
wn damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
nnamed Driver Excess		Outside Singapore OD Excess			
and Party Excess	0,00	Outside Singapore TP Excess			
J Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	No	
dification History					
Policyholder Mailing Ad	ddress				
idress 1	BLK 425 #10-411	Address 2	TAMPINES STREET 41	Address 3	SINGAPORE 520425
ddress 4		Address Type	Singapore address	Post Code	520425
No.	10-411	Related Policy Number	5088520811-01	441.000	
OI Driver Info		11/25/2006/03/2006/08/20			
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LIM CHIN HWA	Driver NRIC	511919168	Driver DOB	14/11/1956
gister Date of Driver License	04/07/1977	Driver Age	62	Driving Experience	41
ntact No.(Mobile)	96587027	Contact No.(Office)	0		
dress 1	BLK 425	Address 2	TAMPINES STREET 41	Contact No.(Home) Address 3	0
idress 4	GDN 423				SINGAPORE 520425
	Now 1650	Address Type	Singapore address	Post Code	520425
nit No. oas he own a Singapore	10-411				
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
and the same of th					
relatation reathalyser or Blood Test					
ading?	0 mg	Any injury?	○ Yes ® No		
odification History					
Claim 001 New					
and the same					
um Type +:	00-MX	Insured Name	CHIN HWA COURSER SERVICES	Insured NRIC	53075545M
ntact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
nail Address			CREACE		Control Street
		OI Vehicle Number	GR6066T	TP Vehicle Number	UNKNOWN
umant Type Claimant Type *		Type of Benefit *	Please Select		
simant Name *	22	Claimant NRJC *			
armant Address					
im Description	GR6066T / UNKNOWN ON 14 Jan 2019			Name of Preferred Workshop	
eferred Workshop Contect		Insured Liability *	Not at Fault		
guire Finalisation	ves 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	14/01/2019 20:32	Claim Close Date		Date Received	14/01/2019 00:00
port Taken By	Nacksom		All		A CONTRACTOR OF THE
Print AK letter					
		8	Save Submit		
ittachment					
,					
cident No.	HT/1027775	Claim No.	001		
iz Doc. Received	● Yes ○ No	Upload Date	14/01/2019 20:33		
100000000000000000000000000000000000000		opined Date		Maranana dan	
	Páth *		Category *	Confidential Urger	
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		Browse		V Normal	
		Browse.	. Oear Please Select	V Normal	v
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