NATIONAL Assessment Centre Services. MAIA 11900 8402 [mel 1 Jan'03] . Done by Date & Time Completed Jeb description Date In: 12:01 18/1/19 SAS c-filling Ref No: MAI IMC 190011471 h4 E-mail (within Shes, AIC 2hrs) Veh No: XD 4712 Y 1811119 16:01. i-Motor Claim Form MT/1028465-D.O.A 15:00 17 11/19 I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP / Resorting Only I-Photo Uploaded Assessment/Survey Report TP bisurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tol Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: TP Particulars: Lamp post Tcl: Owner / Driver: () Cover Type: (Period: (Policy No: (Time: Date: Confirmed by: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: ()/\$2,000 (Loading: \$1,000 (Excess: (\$ General Remarks) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.) ; Towing Co: (); Invoice: YES (Drive-In ()/Towed-In ((tempeles: - (INC hothic: 6788 6616)) 2.55) / Courtesy Car () 1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time / Actions Add Bill MA190053 1) AR: Acadent Reporting (530); 2) DA: Damege Assessment (5100); Claimant's Particulars is 1 2 2 40, INC (\$30) \$40/\$45 3) TF 1 Towing Fee \$120 Driver/Owner: 4) FT : Pollow-Through Survey 5) PT : Follow-Through Survey (Resurvey) 230 Por claiming against INC Only (wef 10 Jan 200) Contact No: \$75 6) TR : Re-inspection \$160 7) N1 ; Idao DA + SMRT Survey Damaged Portion: 5) NTUC Additional Services:-OD. \$5 * NS: Courlesy Cof / Tpt Allowence QC Checked by (Engr-In-Charge): 510 *N6: Repair Co-ordination \$25 * N7: Fost Repair Inspection 35 *NS: DV / Collect Excess Coordination Auditors Comments : TP (NII): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idao Mobile Fee Charged Involce dated Mark! Tat 2 / 3; Fee Charged Involce dated

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 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

The second secon	ACCIDENT STATEMENT				
Date Of Report	18/01/2019 12:01				
Date Of Accident	17/01/2019 15:00				
Exact Location Of Accident	FORT CANING PARK DRIVE WAY				
Country/State of Loss	SINGAPORE				
Commence of the Company of the Compa	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	XD4712Y				
Insured/Policyholder					
Name Of Registered Owner	BUILDMATE (S) PTE LTD				
Co Reg No	197801401G				
Email Address	NOEMAIL				
Mobile Phone No					
Alternative Phone No	OFFICE-65895388				
Vehicle Particulars					
Manufacturer	ISUZU				
Model	CYZ52R				
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	COMPREHENSIVE				
Fleet Policy	NO				
Policy Number	5072685383-03				
Cover Note Number	•				
Driver					
Name of Driver	QUEK CHOON KEE				
NRIC No	S1672824A				
Date Of Birth	27/09/1964				
Occupation	OUTDOOR				
Date Of Driving Pass	27/12/1995				
Driving Experience	23 YEARS AND 0 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-86687128				
Fax Number					
Contact Number					
EMail Address	NOEMAIL				

Address BLK 449 TAMPINES ST 42 #11-88

Postcode 520449

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 COLLIDED INTO PROPERTY

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

40

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)

) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

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

I WAS DRIVING INSIDE FORT CANING PARK DRIVE WAY TO DELIVERY, WHILE NEGOTIATED THE TURN BUT DUE TO NARROW ROAD, I HAVE TO REVERSED A BIT MY LORRY TO PASS THE TURN, MY LORRY REAR RIGHT MISJUDGED HIT ONTO A LAMP POST. NO DAMAGE TO THE LAMP POST. ONLY THE LAMP DROP OFF FROM THE POLE.

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

LAMP POST

Details Of Properties

Vehicle Category

NAVUNKNOWN

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

- 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:
 - (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.

BUILDMATE (S) PTE LTD

3 Euros Ave 8A Singapore 409458 Tel: 6589 5388 Fax: 6589 5399

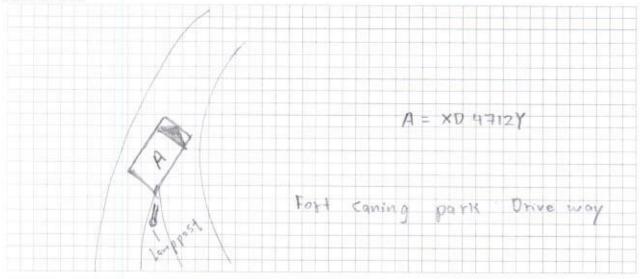
(4

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	40	Statement	
			1	

DECLARATION

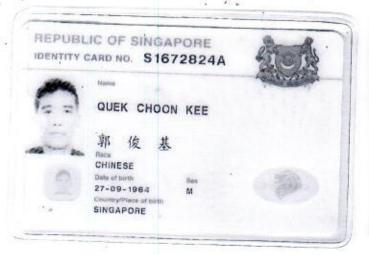
I/We declare the foregoing particulars are true in every respect.

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

Reporting Centre Personnel's Signature Name:

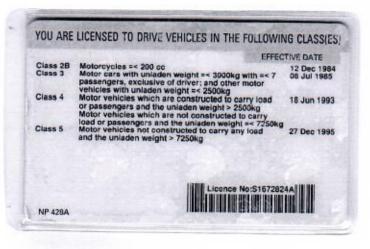
NRIC/FIN No.:

BUILDMATE (S) PTE LTD 3 Euros Ave 8A Singapore 409458 Tel: 6589 5388 Fax; 6589 5399











	Certifica	ate of Insurance
MOTOR VEHICLES (THIRD PARTY MOTOR VEHICLES (THIRD PARTY ROAD TRANSPORT ACT, 1987 (M MOTOR VEHICLES (THIRD PARTY	' RISKS AND COMPENSAT (ALAYSIA)	TON) RULES, 1960
Certificate Number : 507268538	13.00 (MAI	
1. Index mark and Registration Chassis Number 2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons (a) The Policyholder. (b) Any other person who is a Provided that the person the Motor Vehicle or has enactment or regulation if 6. Limitations as to Use# (a) Use for social domestic ar	entitled to drive# driving on the Policyholde driving is permitted in ac been so permitted and is n that behalf from driving and pleasure purposes and	Cover: Comprehensive : XD4712Y : JALCYZ52RB7000037 : BUILDMATE (S) PTE LTD : 18 Jul 2018 : 17 Jul 2019 er's order or with his/her permission. coordance with the licensing or other laws or regulations to drive in not disqualified by order of a Court of Law or by reason of any g the Motor Vehicle. d in connection with the Policyholder's business or profession. nection with the Policyholder's business.
this Policy does not cover		
(a) Use for hire or reward.		
(b) Use for racing, pace-making	ng, reliability trial or spee	ed-testing. ny one disabled mechanically propelled vehicle.
# Limitations rendered inop Act (Chapter 189) and Sect headings.	erative by Section 8 of the ion 95 of the Road Trans	e Motor Vehicle (Third Party Risks and Compensation) port Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	. 661 500	
EXCESS (SECTION 2)	: S\$1,500 : N/A	
WINDSCREEN EXCESS	: S\$100	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY	: N/A	
SUM INSURED	Si Kiriki katawan manana	OF INSURED VEHICLE AT TIME OF LOSS
Agency : AWG IN Date of Issue : 03 Jul 2	to which this Certificate	relates is issued in accordance with the provisions of the Motor 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
ountersigned By:	uthorised Officer	Chief Executive

Claim Handling Accident MT/1028465

Mediaent (1() 1010 102						
Policy No.	5072685383-03		Vehicle No.	XD4712Y	GST Registration No.	1978
Certificate No.						
Policyholder Name	BUILDMATE (S)	PTE LTD			Policyholder NRIC	1978
Product Code	COMMERCIAL V	EHICLE INSURA!	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	65895388		Contact No.(Office)		Contact No.(Home)	
Email Address			Special Remark		eCode	No.
KFK	= No Yes		TCA	* No Yes	eCode Reason	
NCD Protection	No		NCD Entitlement(%)	0	Private Hire	No
Accident Details						
Report Date	18/01/2019 15:	56	Accident Report Within 24 hrs	Yes	Accident Type	Collid
Date of Accident	17/01/2019		Time of Accident hh:mm	15:00	Country of Accident	Singa
Reporting Centre			Orange Force		ICM No.	nucia
Accident Location	FOOT CANING O	ARK DRIVE WAY			100,100	
♥ Excess	PORT CARING P	ARK DRIVE WAT				
			4.4440.000.000.00		L22142011400120002000	1100000
Own damage Excess		1,500.00	Additional Excess		Windscreen Excess	100.0
Unnamed Driver Excess			Outside Singapore OD Excess			
Third Party Excess		0.00	Outside Singapore TP Excess			
▽ Benefits						
Coverage				Sum Insured		
Third Party Working Risk				99999999.99		
GST Registered Information	tion					
GST Registered		Yes		GST Registration Date	01/10/1998	
GST Registration No.		197801401G		GST Status Verified	Yes	
Modification History						
Policyholder Hailing Add	Iress					
Address 1	3 EUNOS AVENU	JE BA	Address 2	EUNOS INDUSTRIAL ESTATE	Address 3	SING
Address 4			Address Type	Singapore address	Post Code	4094
Unit No.			Related Policy Number	5073306685-03		100
♥ OI Driver Info			stement only statistics	3073300003-03		
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver	201000000	7203
Unnamed driver Name	QUEK CHOON K	EE	Driver NRIC	51672824A	Driver DOB	27/0
Register Date of Driver License	27/12/1995		Driver Age	54	Driving Experience	23
Contact No.(Mobile)	86687128		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 449 #11-88	3	Address 2	TAMPINES STREET 42	Address 3	SING
Address 4			Address Type	Singapore address	Post Code	5204
Unit No.	11-88					
Does he own a Singapore Registered car?	Yes ii No		Driver Vehicle No.		Driver Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No		
Modification History						
Claim 001 New						
Claim Handling						
Accident MT/1028465						
Policy No.	5072685383-03		Vehicle No.	XD4712Y	GST Registration No.	1978
Certificate No.			7 800010 10000	(1967)		
Policyholder Name	BUILDMATE (S)	DIE LED			Della halder NDTC	
			2000209	Age Transport May	Policyholder NRIC	1978
Product Code	COMMERCIAL VE	EMICLE INSURAL	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	55895388		Contact No.(Office)		Contact No.(Home)	_
Email Address			Special Remark		eCode	No
KFK	= No Yes		TCA	* No Ves	eCode Reason	
NCD Protection	No		NCD Entitlement(%)	0	Private Hire	No
			E-0-			
Report Date	18/01/2019 15	56	Accident Report Within 24 hrs	Yes	Accident Type	Collid
Date of Accident	17/01/2019		Time of Accident hh:mm	15:00	Country of Accident	Singa
Reporting Centre			Orange Force		ICM No.	
Accident Location	FORT CANING PA	ARK DRIVE WAY	and the section		WWW.1890s.	
₩ Excess	and desired by	The state of the s		Total Excess Applicable		
		112 120 W 121	1501030 5 mms			100.0
		1.500.00	Additional Excess		Windscreen Excess	
Own damage Excess Unnamed Driver Excess		1,500.00	Additional Excess Outside Singapore OD Excess		Windscreen Excess	100.0

https://giclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=213320117&caseId=2567906&taskId=501&objectId=&actionTyp... 1/3

/18/2019		Claim Handling(accide	nt reporting Cla	im Task)			
Excess Type		Windscreen Excess		100.00			
All Claims Excess							
YIED All Claim Excess		Driver is Covered?					
Total All Claim Excess Applicable							
OD Standard Excess		TP Standard Excess					
YIED OD Excess		YIED TP Excess			Driver is 0	Covered?	
Additional Excess							
Total OD Excess Applicable		Total TP Excess Applicable					
♥ Benefits							
Coverage			Sum In	sured			
Third Party Working Risk			999999	99.99			
	ition						
	8						
Policyholder Mailing Ade	dress	20000000		with the second	li conzenti co		210-100
Address 1	3 EUNOS AVENUE 8A	Address 2	EUNOS INDUSTI	RIAL ESTATE	Address 3		SING
Address 4		Address Type	Singapore addre		Post Code	13	4094
Unit No.		Related Policy Number	5073306685-03				
OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		Decree 60	0	-
Unnamed driver Name	QUEK CHOON KEE	Driver NRIC	51672824A		Driver DO		27/0
Register Date of Driver License	27/12/1995	Oriver Age Contact No. (Office)	54		Driving E		23
Contact No.(Mobile)	86687128			Maria Caraco	Contact N		
Address 1	8LK 449 #11-88	Address 2	TAMPINES STRE		Address 3		SING
Address 4		Address Type	Singapore addre	5.5	Post Code		5204
Unit No. Does he own a Singapore	11-88						
Registered car?	Yes + No	Driver Vehicle No.			Driver Ins	urer Compar	79
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes w No				
Claim Type *				OD-MX	Insured Name	BUILDMAT	E (S) PTE LTD
					Contact		
Contact No.(Mobile)					No. (Home)	NIL	
Email Address				admin@buildmate.com.sg	OI Vehicle	XD4712Y	
Elisali Nauress				aurility duriantate contray	Number	portrae.	
Claim Description				XD4712Y / LAMP POST ON 1	7 Jan 2019		
Preferred Workshop 0 Bonuict No. Yes	Insured Liability Par	tially at Fault		nois.			
	Repair Preferred Work	shop, Name unknown GIA report Receive	ed	•	Claim		
Date Registered				18/01/2019 16:00	Close		
Report Taken By				LIEW SHAN HUI	Workshop Repairer		
Print AK letter							
			Save Submit]			
Attachment							
Accident No.	MT/1028465	Claim No.		001			
Last Doc. Received	• Yes No	Upload Date		18/01/2019 16:01			
The second secon		oprood pare				didential	Uranes 4
Access Processes and	Path *			Category *		ofidential	Urgency *
Choose File No file chosen			Clear	Please Select	▼ NO	•	Normal *
Choose File No file chosen			Clear	Please Select	* NO		Normal *
Choose File No file chosen			Clear	Please Select	▼ NO		Normal *
Choose File No file chosen			Clear	Please Select	▼ NO	*	Normal *
Choose File No file chosen			Clear	Please Select	▼ NO	*	Normal *
Choose File No file chosen			Clear	Please Select	▼ NO	*	Normal *
The contract of the contract o							

Video List					
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on .18 Jan 2019 16:00	Photos	Normal	Photos 2019-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:00	Photos	Normal	Photos 2019-1-18
9	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:00	Photos	Normal	Photos 2019-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:00	Photos	Normal	Photos 2019-1-18
4	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:00	Photos	Normal	Photos 2019-1-18
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:00	Photos	Normal	Photos 2019-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:01	Photos	Normal	Photos 2019-1-18
AC.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:01	Photos	Normal	Photos 2019-1-18
1	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:01	SAS	Normal	SAS 2019-1-18
11 1828 61 1920	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 16:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-1
ttachment		Uploaded By/Date	Category	PUrgency	Description

Display in New Window Scan and uploading