NATIONAL Assessment Centre Services. [wel | Jan'05] MINIA 119014849 Done by Date &Time Completed Date In: Jeb description 31/1/19 14:55 Ref No: SAS c-filing MA/ 1 MC 1900 2060/14 E-mail (within Shrs, AIC 2hrs) Vch No GBC 7253 R. MT/1030344-001 D.O.A : I-Motor Claim Form 30 11 119 17:10. 3111/19 15:40 I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP / Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tol: Fax: INC ()/Non-INC (TP Particulars: Veh No: SLM 6365 Y. Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: () Confirmed by : (Date: Time:) Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks) Walk-In Cuscomer: Customer's information strictly Confidential & Strictly NO refer of repeller.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/ Towed-In (); Invoice: YES () / NO () ; Towing Co: (Remarks: (INC hounes 6788 6616) No. 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time & Actions 24800PIAN Chamant's Particulars 1) AR : Acaident Reporting (330); INC (\$80) 2) DA : Damege Assessment (5100); \$40/\$45 3) TF : Towing Pee Driver/Owner: \$120 4) FT : Follow-Through Survey \$30 5) PT : Follow-Through Survey (Resurvey) Contact No: Por claiming egalust INC Only (wof 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services;-QC Checked by (Engr-In-Charge): *NS: Courtesy Car / Tpt Allowance 55 510 *N6: Repair Co-ordination \$25 *N7; Post Repair Inspection Auditors Comments :-*Nn: DV / Collect Excess Coordination 33 TP (NII): TP (N'in INC) against INC \$20 2at. 1: 9) N12: Idao Mobile Involve dated Fee Charged 181 2 / 3; Mad N Fee Charged Involce dated

to per at their

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 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.
- 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

aloresaid,	period by the contract of the			
A SHIP SHALL	ACCIDENT STATEMENT			
Date Of Report	31/01/2019 14:55			
Date Of Accident	30/01/2019 17:10			
Exact Location Of Accident	PARK CRESCENT			
Country/State of Loss	SINGAPORE			
the second second second	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBC7253B			
Insured/Policyholder				
Name Of Registered Owner	CHOP TAY INVESTMENT PTE LTD			
Co Reg No	201218564M			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-62972588			
Vehicle Particulars				
Manufacturer	ТОУОТА			
Model	HIACE			
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 Coverses				

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5104167781

Cover Note Number

Driver

Name of Driver WONG SOON HOONG

NRIC No G7805350Q Date Of Birth 07/11/1986 Occupation OUTDOOR Date Of Driving Pass 07/11/2018

Driving Experience 0 YEAR AND 2 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91158222

Fax Number Contact Number

EMail Address NOEMAIL Address

BLK 493E TAMPINES ST 43 #07-334

Postcode

524493

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 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)

1

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

PLEASE REFER TO 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

Vehicle Registration Number

SLM6365Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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.
- 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.

A.

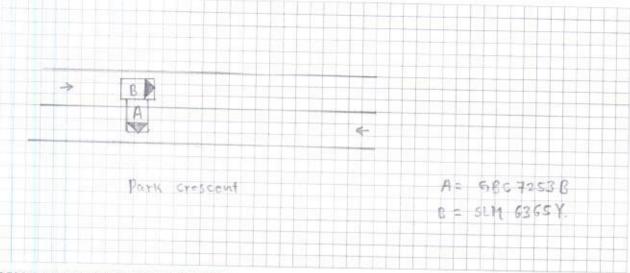
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pleuse	Refer to Statement	

DECLARATION

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

Policyholder's Signature Date & Time:

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

WHILE MAKING A U-TURN, MY VEH REVERSING MISJUDGED HIT ONTO A PASS BY VEH B (BEARING NO SLM6365Y) RIGHT HAND SIDE.

ACCIDENT STATEMENT

	ACCIDENT DATE: (30 / 1 / 19.)(DD/MM/YYYY), TIME: (17: 10.)(HH:MM)
	LOCATION: Park Crescent.
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: GBC 7253 B.
	DINSURANCE COMPANY: IMC
	c)POLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
100	e)MAKE & MODEL:
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME: WOTKING
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER
	A) NAME: Chop tay investment Ptc Ltd. (MALE / FEMALE)
	DINRIC/FIN/PASSPORT: CONTACT: 6297 2588.
	c)ADDRESS:
	I COUTINITE TO A 112 TO A
o of passes	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER
o of passer	GINAME Man 6
duding dri	DINRIC/FIN/PASSPORT: CONTACT: 915 8222
(T)	CONTACT. QUE COSO
	C) ADDRESS: BIK 493 E Tampines St 43 \$ 07-334 (5) 524
5.00	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
5.77	e)OCCUPATION: (INDOOR / OUTDOOR)
	f) YEARS OF DRIVING EXPRERIENCE:
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (VES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED.
	5. d/WEATHER CONDITION: (CLEAR / RAINING / OTHERS
	DIRUAD SURFACE: (DRY / WET / OTHERS
	6. WAS ANYBODY INJURED (YES / NO)
	7. a)REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
of passenge	8. THIRD PARTY VEHICLE
uding drive	a) VEHICLE NUMBER: SLM 6365 Y. MODEL:
acting cirivi	C) MDIC/FIN/OACCOOK
_)	9. THIRD PARTY VEHICLE CONTACT:
of passeng	e) DRIVER'S NAME: MODEL:
uding driv	PT) EL NIDIO PINNIDA CODA DE
The second secon	// NRIC/FIN/PASSPORT:CONTACT:
3	
_)	1 100 011
s bop.	email = wong _ bear 1986@hotamail.com.
_)	email = wong-bear 1986@hotamail.com.





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

EFFECTIVE DATE

NP 428A

Class 2B Motorcycles =< 200 cc
Class 3C Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver

VISIT PASS Immigration Regulations WONG SOON HOONG Date of Birth 07-11-1986 M MALAYSIAN Date of terms G7805350Q 28-04-2017 28-04-2019 YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

eBaoTech				Gener	alClaim
Hello, NAC_PAYA_UBI	_800601 Policy Query		• Change Languag		· Log Ou
Notice of Loss	Policy No. Vehicle No.(For Motor)	GBC7253B	Date of Accident Certificate Number	30/01/2019 10:32	
		ificate Policyholder Policyholder mber Name NRIC	Product Cover Type Vehicle No.	Insured Commence Object Date	Expiry Date
	5104167781	CHOP TAY INVESTMENT 201218564M PTE LTD	GCV Comprehensive GBC7253	3 GBC7253B 26/09/2018	05/09/2019

Excess Type

Claim Handling

Accident MT/1030344 Policy No. 5104167781 Vehicle No. GBC7253B GST Registration No. Certificate No. Policyholder Name CHOP TAY INVESTMENT PTE LTD Policyholder NR3C 2012 Product Code COMMERCIAL VEHICLE INSURAI Cover Type Comprehensive Ò. Contact No.(Mobile) 62972588 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No. 9 . No Yes * No Yes eCode Reason NCD Protection No NCD Entitlement(%) Private Hire No Accident Details Report Date 31/01/2019 15:36 Accident Report Within 24 hrs Accident Type Side 1 Date of Accident 30/01/2019 Time of Accident hh:mm 17:10 Country of Accident Singa Reporting Centre Orange Force ICM No. PARK CRESCENT Own damage Excess 600.00 Additional Excess Windscreen Excess 100.0 Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess 0.00 Outside Singapore TP Excess ♥ Benefits GST Registered Information **GST Registered** GST Registration Date GST Registration No. **GST Status Verified** Modification History Policyholder Mailing Address Address 1 126 JOO SENG ROAD Address 2 #04-09 GOLD PINE INDUSTRIAL Address 3 SING Address 4 Address Type Singapore address Post Code 36831 04-09 Related Policy Number 5104167781 OI Driver Info Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name WONG SOON HOONG Driver NRIC G78053500 Driver DOB Register Date of Driver License 07/11/2018 Driver Age 32 Driving Experience 0 Contact No.(Mobile) 91158222 Contact No.(Office) Contact No.(Home) Address 1 BLK 493E #07-334 Address 2 TAMPINES STREET 43 Address 3 SING. Address a Address Type Singapore address Post Code 5244 Unit No. 07-334 Does he own a Singapore Registered car? Yes a No Driver Insurer Company Declaration. Breathalyser or Blood Test 0 mg Any injury? Yes No Reading? Modification History Claim 001 New Claim Handling Accident MT/1030344 Policy No. 5104167781 Vehicle No. GBC7253B GST Registration No. Certificate No Policyholder Name CHOP TAY INVESTMENT PTE LTD Policyholder NRIC 2012 Product Code COMMERCIAL VEHICLE INSURAN Cover Type Comprehensive Loading 0 Contact No.(Mobile) 62972588 Contact No.(Office) Contact No.(Home) Email Address Special Remark No KFK . No Yes TCA No Yes eCode Reason NCD Protection NCD Entitlement(%) Private Hire No **▽** Accident Details Report Date 31/01/2019 15:36 Accident Report Within 24 hrs Accident Type Side 5 Date of Accident 30/01/2019 Time of Accident hh:mm 17:10 Country of Accident Singa Reporting Centre Orange Force ICM No. Accident Location PARK CRESCENT **▽** Excess Total Excess Applicable Own damage Excess 600.00 Additional Excess Windscreen Excess 100.0 Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess 0.00 Outside Singapore TP Excess

100.00

Windscreen Excess

All Claims Excess		Claim	landling(accident	reporting C	aim rask)				
YIED All Claim Excess		Driver is	Covered?						
Total All Claim Excess Applicable									
OD Standard Excess		TP Stand	lard Excess						
YIED OD Excess		YIED TP						207	
Additional Excess		1120 11	CACESS			Dr	river is Covered	*	
Total OD Excess Applicable		Total YR	MODELS OF STREET						
		total IP	Excess Applicable						
	ei e								
□ GST Registered Information □ GST Registered Infor	ion								
	70								
→ Policyholder Mailing Addr	ress								
Address 1	126 300 SENG ROAD	Address :	2	#04-09 GOLD	PINE INDUSTRIAL	Ad	idress 3		SIN
Address 4		Address 1	Гуре	Singapore addr	ess	Po	st Code		368
Unit No.	04-09	Related F	Policy Number	5104167781					
Driver Name	Unnamed Driver	Driver Ty	pe	Unnamed Drive					
Unnamed driver Name	WONG SOON HOONG	Driver NF	uc	G7805350Q		Dr	iver DOB		07/3
Register Date of Driver License	07/11/2018	Driver Ag	e	32			riving Experience		0
Contact No.(Mobile)	91158222		No.(Office)				ontact No.(Home		0
Address 1	BLK 493E #07-334	Address 2		TAMPINES STR	ET 43		idress 3	550	SIN
Address 4		Address 1	Type	Singapore addr			st Code		524
Unit No.	07-334								324
Does he own a Singapore	Yes = No	Driver Ve	hicle No.			1960			
Registered car?	- 11 42 Car B.V.	21101.70	mue reu.			Dri	iver Insurer Cor	mpany	
Declaration									
Breathalyser or Blood Test									
Reading?	0 mg	Any injur	17	Yes					
Modification History									
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Claim 001 OD-MX New									
5677673777575									
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Ciriali Nucircas							hicle GBC72 imber	253B	
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Preferred Workshop g	Insured	Liability Fully at Fault	•						
Bonuer No. Yes	Preferend Repair	Preferred Workshop, Name unknown	GIA Received		•				
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