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Date In: 8/2/19-16: 04	Jeb description		Date & Time Co	mpleted	Done	pi.
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Veh No: YH87x M	E-mail (within 8	hrs, AIC 2hrs)		WEST CONTROL		
D.O.A : 8/3/19-14:00	i-Motor Clain	n Form	M 103 5 162	-001 8	1/19 16:	rg.
	i-Motor W/O	(Within: OD 2hrs,	(P 4hrs)			
OD / TP / Reporting Only	i-Photo Uplos	ided			15-11-510-51/11/1/	ti.
TP Insurer:	Assessment/Sur	vey Report				7 1033 <u>9</u> 2
IP insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(Tel;	Fax:)
TP Particulars: Veh No: 50	02922	. INC()/Non-INC	().	23	
Owner / Driver: (Tel:	33)	
Policy No: ()	Period: ()	Cover Type: (A 320 LE-012)	
Confirmed by : (Date:	Time	CERTIFICATION CONTRACTOR)	
Insured/Driver Liability: (%	Note-Est. Status (W	O): N: 0-20	%; P: 21-79%	P: 80-100	%]	10
Year of Registration: ()	Warranty: YES ()/NO()				
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000	()				
General Remarks;-		and the	- 10 S			7
() Walk-In Customer : Customer's						
() Total Loss Case : to e-mail Ins						
	oice: YES () / N	O () : To:	wing Co: (-)
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Remarks: (INC horline: 6788 6616	Control of the Contro		Date&Time Co	nple od	Done	by
) / Courtesy Car (
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()					
Injury:						
Date/Time Actions		Stanton and Spanish	2 49	5815 (F1365) Z		- Conferen
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laimant's Particulars :-		1) AR : Accident R 2) DA : Damage A		INC (\$80)		
Priver/Owner:		3) TF : Towing Fee		\$40/\$4	_	
		4) FT : Follow-Thr	ough Survey ough Survey (Resu	Vey) \$3		
ontact No:	- 19 E	For claiming age	instINC Only (we	(10 Jan 2005)		
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*		8) NTUC Addition	al Services:-		-	
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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 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

 By the loagement of this report to the insurers, you hereby con- aforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	08/03/2019 16:04
Date Of Accident	08/03/2019 14:00
Exact Location Of Accident	PIE (TUAS) AFTER KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN8701M
Insured/Policyholder	
Name Of Registered Owner	VERTEX AUTOMOBILE PTE LTD
Co Reg No	200605693R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67429368
Vehicle Particulars	
Manufacturer	FOTON
Model	BJ1041V9JD6-FP
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 DARTY

Type Of Coverage THIRD PARTY

Fleet Policy YES

Policy Number 5063546275-05

Cover Note Number

Driver

 Name of Driver
 GOH KAK ENG

 NRIC No
 \$1218955I

 Date Of Birth
 26/09/1955

 Occupation
 OUTDOOR

 Date Of Driving Pass
 11/08/1973

Driving Experience 45 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98199259

Fax Number

Contact Number OFFICE-98199259

EMail Address NOEMAIL

BLK 423 CHOA CHU KANG AVENUE 4 Address

#11-262 680423

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

2

NO

1

NO

NO

1

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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)

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE. VEHICLE IN FRONT STOPPED. I STOPPED MY VEHICLE ACCORDINGLY, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR 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 SLU29227

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHIA LAY EE (XIE LIYI)

NRIC/Passport Number S7137878J

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:
 - 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.

Policyholder's Signature Date & Time:

MO

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

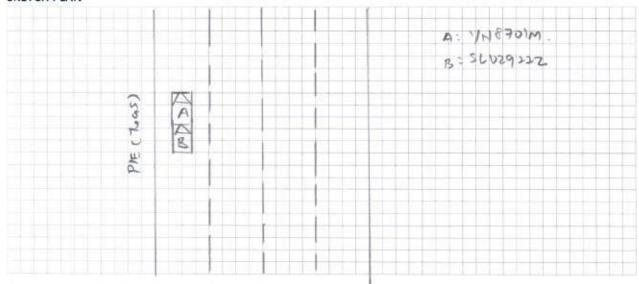
Date & Time: NRI

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AZZESERISTA EN CANTAGRAN.	CAMPACAT PERMATERATION - ANTHOROUGH PERMATERATION OF THE PROPERTY OF THE PERMATERATION OF THE	
nefer to	flatement.	
	_/	

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.:





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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg 11 Aug 1973

Class 4

NP 428A

4146367 NHICNE S12189551 03-12-2007 APT BLK 423 CHOA CHU KANG AVENUE 4 #11-262 SINGAPORE 680423



Policy No.	5063546275-05	Policyholder Name	VERTEX	AUTOMOBILE PTE LTD	Policyholder NRIC	200605693	R
Certificate No.							
Address	96 JALAN JURONG KECHIL SING	SAPORE 59859	9				
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	19/10/2018	Effective Date	12/11/2	018 00:00	Expiry Date	11/11/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500.00	Own damage Excess	0.00		Windscreen Excess	0.00	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ing/Inexperience Driver Excess
Agent	LIAN FONG CREDIT & TRADING	Agent Tel.	NIL		GST Flag	Υ	
Co-	No						
insurance Flag	NO						
	NO						
Flag Open Policy	NO						
Flag Open Policy Info Certificate Info	nolder Mailing Address						
Flag Open Policy Info Certificate Info		IIL Addre	255 Z	SINGAPORE 598599)	Address 3	
Flag Open Policy Info Certificate Info PolicyI	nolder Mailing Address		ess 2	SINGAPORE 598599 Singapore address		Address 3 Post Code	598599
Flag Open Policy Info Certificate Info Policyl	nolder Mailing Address	Addre	ess Type ed Policy				598599
Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	nolder Mailing Address	Addre	ess Type ed Policy	Singapore address			598599
Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	nolder Mailing Address 96 JALAN JURONG KECH d Object: YN8701M	Addre	ess Type ed Policy	Singapore address			598599
Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No. Insure	holder Mailing Address 96 JALAN JURONG KECH d Object: YN8701M sements	Addre	ess Type ed Policy per	Singapore address			598599 Endorsement Content

rolicy No.					
	5063546275-05	Vehicle No.	YN8701M	GST Registration No.	200605693R
rtificate No.					
Scyholder Name	VERTEX AUTOMOBILE PTE LTD			Policyholder NRIC	200605693R
oduct Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
ntact.No.(Mobile)	0	Contact No.(Office)	67429368	Contact No.(Home)	0
nail Address		Special Remark		eCode	D/V
×	® No ⊜ Yes	TCA	® No ○ Yes		1
D Protection	No.	NCD Entitlement(%)	100	eCode keason	
Accident Details		wco consenent(se)	0	Private Fire	No
port Date	08/03/2019 16:25	Acadent Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear
te of Accident	08/03/3019	Time of Accident thomm	14:00	Country of Accident	Singapore
porting Centre		Orange Force		1CH No.	
cident Location	PIE (TUAS) AFTER KALLANG BAHRU EXIT				
Excess					
n damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
hamed Driver Excess		Outside Singapore OD Excess			-
int Perty Excess	1,500.00	Outside Singapore TP Excess			
Benefits		and the second second			
GST Registered Informa	ation				
Registered	Yes		OFF Residence		
Registration No.	765 200605693R		GST Registration Date	01/06/2006	
dification History	2000000093R		GST Status Verified	Yes	
entransia insulfy					
Policyholder Mailing Ad	dress				
dress 1	96 JALAN JURONG KECHIL	Address 2	SINGAPORE 598599	Temporary (
dress 4	and the second second	Address Type		Address 3	
nit No.		ASSESSED TO THE REAL PROPERTY.	Singapore address	Post Code	598599
F OI Driver Info		Related Policy Number	5017794058-12		
F OI Driver Into		12/12/12/12	12 CONTRACTOR CONTRACT		
	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	GOH KAK ENG	Driver NRIC	\$12189551	Driver DOB	26/09/1955
gister Date of Driver License	11/08/1973	Driver Age	63	Driving Experience	45
ntact No.(Mobile)	98199259	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 423	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680423
dress 4		Address Type	Singapore address	Post Code	680423
Ht No.	11-262				1071517m1
es he own a Singapore	O Yes ® No	Driver Vehicle No.		127.0000000000000000	
gistered car?	J. 163 G. 163	Driver venicle No.		Driver Insurer Company	
daration					
	0 mg	Any injury?	○ Yes ® No		
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