NATIONAL Assessment Cu	ntre Services wet = Jawos M	4A1190>8260		
Date In: 35/19-14:17	Jeb description	Date &Time Completed	Done	e by
Res No: MA/INC 4005240/14	SAS e-filing			
Veh No: 60 BZYSYIC	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 242/19-18:30	i-Motor Claim Form	100-121E011W	ו מולכב	4:70
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2)	ers, TP 4hrs)		
OD : 17 / Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Tr insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:)
TP Particulars: Veh No: (Un comm . INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Tàne:)	
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-	20%; P: 21-79%. P: 30-	100%]	t
Year of Registration: ()	Warranty: YES ()/NO ()		77
Excess: (\$) Loading: \$	51,000 ()/\$2,000 ()			e potest itsiii
General Remarks;			335	
() Walk-In Customar : Customer's i	The state of the s	trictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins		5		
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO();	Fowing Co: (3)
Remarks: (INC hotline: 6788 6616		•	0/4000380	(Japan
		Date&Time Completed	Done	py
	/ Courtesy Car ()	-		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	53000] ()	1		
Injury:		- ' -		
Date/Time Actions	104 (1977) A 1977		name of the	The fire part of
			ASSESSMENT AND SE	dimensione con-
7.00 P. C.				
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HAIGO MA A	Invoice Pre	paration Checklist	Anit (S)	Amt (\$)
laimant's Particulars:	1) AR : Acciden		fit Bill	Add Bill
	2) DA : Darriege	Assessment (\$100); INC (\$8		
iver/Owner:	3) TF : Towing ! 4) FT : Follow-T	hrough Survey	NS45 \$120	
ntact No:		hrough Survey (Resurvey) sainst INC Only (wef 10 Jan 2005	\$30	
maged Portion:	6) TR : Re-iuspe	ction	\$75	
	7) N1 : Idao DA 8) NTUC Additi		\$160	
Checked by (Engr-In-Charge):	OD.	onal Scivices.		
Checked by (Engr-In-Charge):	The second secon	Car / Tpt Allowance	\$5 510	
ditors! Comments :-	*N6: Repair C *N7: Post Rep	air Inspection	\$25	
I:	*N8: DV / Co	lect Excess Coordination	\$3 \$20	
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2/3:	Involce dated	Fee Charged	EEUX	动物对对电
er - nee	Invoice dated	Fee Charged	out of the	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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.

200 g (Alba, 200)	
	ACCIDENT STATEMENT
Date Of Report	23/03/2019 14:17
Date Of Accident	22/03/2019 18:30
Exact Location Of Accident	WOODLANDS SQUARE
Country/State of Loss	SINGAPORE
ī	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB2494K
Insured/Policyholder	
Name Of Registered Owner	EACH-A-CUP PTE LTD
Co Reg No	200900347C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98163863
Alternative Phone No	OFFICE-98163863
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE MANUAL
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	5104957472
Cover Note Number	
Driver	
Name of Driver	TAN CHIAN GHEE
NRIC No	S6849248C
Date Of Birth	29/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	22/02/1996
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97276618
Fax Number	
Contact Number	OFFICE-97276618
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NOEMAIL

BLK 320A ANCHORVALE DRIVE Address

#15-50

Postcode 541320

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 COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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)

2

Passenger 1

NAME:

: -

GENDER: : FEMALE

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

REFER TO 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

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

 No. Of Passenger (Including Driver)
 3

 Passenger 1
 NAME: : GENDER: :

 Passenger 2
 NAME: : GENDER: :

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.
- 3. 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>.
- 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.
- 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.

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

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		$-\!\!/-$		

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

NRIC/FIN No.:

ON STATED DATE AND TIME, AS I WANTED TO MAKE A RIGHT TURN TWDS WOODLANDS SQUARE. I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHEN I PROCEED TO MAKE A RIGHT TURN. SUDDENLY VEHICLE B WAS TRAVELLING STRAIGHT ALONG THE MAIN RD. AS A RESULT, MY VEHICLE FRONT LEFT PORTION INTACT WITH VEHICLE B RIGHT PORTION.

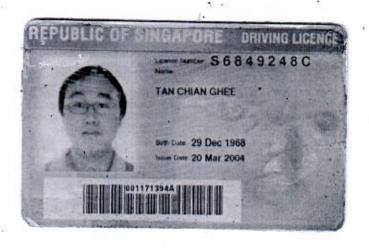
ACCIDENT STATEMENT

LOC	ATION: Wouldands Myar	1.	Y), TIME:(<u>18:3a</u>)(HH:)	
1	DETAILS OF VEHICLE	1 1		
	a) VEHICLE NUMBER: GBB)	49416.	18	
	DINSURANCE COMPANY:	NTUC	-	
	C)POLICY NUMBER: 5 10495	1770.		
	d)POLICY TYPE (COMPREHENS	0/5 / 71400		
	d)POLICY TYPE: (COMPREHENS e)MAKE & MODEL:	IVE / IHIRD PAR	RTY / THÍRD PARTY DIRE & THE	FT)
	f)TYPE: (SALOON / COUPE / MPY g) VEHICLE CATEGORY: (PRIVATI	VIVANILOPPI	V / 1407070	
	9) VEHICLE CATEGORY: (PRIVATI	E / COMMERCI	MOTORCYCLE / OTHERS)
	CENTING UNDER AC	THE OWN I MICH		
	THE STATE OF STATE OF THE PA	RTY CLAIM / DE	NAME (YES/NO)	
2.	The state of the s		PORING ONLY)	
	A)NAME: Each-A-Cun No	lad.	742	
	b) NRIC/FIN/PASSPORT: 20 a	gonzyar.	(MALE / FEMALE)	
	c/ADDRESS:	100-170	_CONTACT: 98163863.	
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1 13764 5196	DRIVER		DER	
Cludeday	alname: Tan Chian Chia			
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(Including driver)	DINAME: Tan Chian Ghel	1166	(MALE / FEMALE)	
(Including driver)	DINAME: Tan Chian Ghel	1166	(MALE / FEMALE)	_
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eBao Tech									N TES	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			Line dan data tere			→ Change	Language	e + Chang	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Vo.				Date	of Accident		22/03/2019	18:30	
	Vehicle	No.(For Motor)	GBB24	194K		Certi	ficate Number				
						Search	l _e				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104957472		EACH-A-CUP PTE LTD	200900347C	GCV	Third Party, Fire & Theft	GBB2494	GBB2494K	29/10/2018	28/10/2019
		- AND THE STATE OF		PTE LTD		Continue	100000000000000000000000000000000000000				TO 6. P. P. S.

Seque	ence Date of Endorseme	nt	Endorseme	nt Type	Endorsemen	t Status	Endorsement Conten
	rsements						2000 St. 200
D Insur	ed Object: GBB2494K						
Unit No.			ited Policy ober	5106772879			
Address 4		Add	ress Type	Singapore addres	ss	Post Code	545212
Address 1	22K FLOWER ROAD	Add	ress 2	SINGAPORE 545	212	Address 3	
Policy	holder Mailing Address						
Certificate Info							
Policy Info							
Flag Open							
Co- insurance	No						
Agent	AA INTERNATIONAL INSURANCE	Agent Tel.	64646022		GST Flag	Y	
Singapore OD Excess		Singapore TP Excess				Young	/Inexperience Driver Excess
Outside		Outside					
Additional Excess		OS Premium	0				
Party Excess	0	damage Excess	0		Excess	0	
Type Third		Own			Windscreen		
Excess		All Claims Excess					
Policy ssue Date	25/10/2018	Effective Date	29/10/2018	3 00:00	Expiry Date	28/10/2019 2	3:59
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Address	22K FLOWER ROAD SINGAPORE	545212					
Certificate No.							
Policy No.	5104957472	Policyholder Name	EACH-A-CU	P PTE LTD	Policyholder NRIC	200900347C	

Poscy No.	5104057477	VIII DE L'ANGE			
and the second	5104957472	Vehicle No.	GBB2494K	GST Registration No.	200900347C
Certificate No. Colicytolder Name	EACH-A-CUP PTE LTD			Passes waveaux	
roduct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third State, Sec 9 That	Policyholder NR(C	200900347C
Contact No. (Mobile)	98163863	12.00(14.00) (0.00) (0.00) (0.00)	Third Party, Fire & Theft 0	Loading	0
mail Address	30103003	Contact No. (Office) Special Remark	0	Contact No.(Home) eCode	0 No. V
(FK	® No ○ Yes	TCA	8 to 0 vo		12.4
ICD Protection	No.	NCD Entitlement(%)	® No ○Yes	eCode Reason	
→ Accident Details	100	NCD Encodings(%)	0	Private Hire	No
eport Date	23/03/2019 14:29	Accident Report Within 24 hrs	Yes	(0.000000000000000000000000000000000000	
				Accident Type	Collision - Major Minor Road
Date of Accident	22/03/2019	Time of Accident hh:mm	18:30	Country of Accident	Singapore
eporting Centre	WOODLANDS SQUARE	Orange Force		ICM No.	
T Excess	WOODLANDS SQUARE				
win damage Excess	0.00	Additional Excess		Transport and the	TOWARD .
Innamed Driver Excess	0.00	Outside Singapore OD Excess		Windscreen Excess	0.00
Tird Party Excess	0.00	Outside Singapore TP Excess			
₩ Benefits		and an appear to access			
GST Registered Informa	ation				
ST Registered	Yes		GST Registration Date	01/02/2009	
ST Registration No.	200900347C		GST Status Verified	Yes	
todification History					
Policyholder Mailing Ad					
obbress 1	22K FLOWER ROAD	Address 2	SINGAPORE \$45212	Address 3	
ddress 4		Address Type	Singapore address	Post Code	545212
mit No.		Related Policy Number	5106772679		
W OI Driver Info	Unnamed Driver	20040			
mnamed driver Name	TAN CHIAN GHEE	Driver Type Driver NRIC	Unnamed Driver 56849248C	Driver DOB	29/12/1968
egister Date of Driver License		Driver Age	50	Driving Experience	23
ontact No.(Mobile)	97276618	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BUX 320A	Address 2	ANCHORVALE DRIVE	Address 3	SINGAPORE 541320
ddress 4		Address Type	Singapore address	Post Code	541320
int No.	15-50	a wasananana			ertease.
loes he own a Singapore legistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
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eclaration					
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Claim 001 New	00-MX	Insured Name	EACH-A-CUP PTE LTD	Insured NRIC	2009003470
Claim 001 New	00-MK	Insured Name Contact No. (Home)	EACH-A-CUP PTE LTD	Insured NRIC Contact No.(Office)	200900347C
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