NATIONAL Assessment Ce	ntre Services wer Jamos	MURLINO YZWI	<i>2</i> .	
Date In: 11/19-16:30	Job description	Date & Time Completed	Done	p.
Rel'No: MA NC 140257614	SAS e-filing			
Vch No: GDG 9348c	E-mail (within Shrs, AIC 2hrs)		- TEXA PROPERTY	
D.O.A: 26/3/19-17:72	i-Motor Claim Form	M7 1038300-001	11/19 16	Vu
OD / TP / Reporting anly	i-Motor W/O (Within: OD 2		1414 74	
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW:		Territoria de percept	ax;)
TP Particulars: Veh No: St	H798 INC			
Owner / Driver: (Tel:)	
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]	
17 Am 1 1	Warranty: YES ()/NO ()		
Excess: (S) Loading: S	\$1,000()/\$2,000()			
General Remarks;-		i i i i i i i i i i i i i i i i i i i	24 S	
() Walk-In Customer: Customer's	information strictly Confidential & S	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins		* n.a. + 4		
Drive-In ()/ Towed-In (); Inve	oice: YES() / NO();	Towing Co: (1
			TATARISM WY	,
	254 255 250 400 260 200 200 200 200 200 200 200 200 2	Date&Time Completed	Done	y
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()			Water and
	()			0151-02 JV-6
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()			
Injurý:	-,			
Date/Time Actions	- 1272		TARREST NOTES	*****
	10 March 1980 1980 1980 1980 1980 1980 1980 1980		KENFOLDALYRE.	
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N-1			Anit (\$)	Amt (3)
191902336	200,200,200,200,200	eparation Checklist	fu Bill	Add Bill
umant's Particulars:-	1) AR : Accider 2) DA : Damage)	
ver/Owner:	3) TF : Towing	Fee \$40/		
ntact No:	4) FT : Follow-1		120	
react 140.	For claiming	against INC Only (wef 10 Jan 2005)		
naged Portion:	6) TR : Re-inspe		160	
	8) NTUC Additi	and the second s		
Checked by (Engr-In-Charge):	OD's	y Car / Tpt Allowance	\$5	
Trape that Education and the contract of the c	*N6: Repair C	Co-ordination .	510	
ditors' Comments :-		pair Inspection 1	\$25 \$5	
1:	TP(N11): T)	P (Non INC) against INC S	20 .	
2/3:	9) N12: Idao Mo	obile Fee Charged	30	拉拉丁二 拉
		Fee Charged	MATERIAL	-

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

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 <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.

	ACCIDENT STATEMENT
22 0 40 Catalog 2000 000	ACCIDENT STATEMENT
Date Of Report	01/04/2019 16:32
Date Of Accident	29/03/2019 17:30
Exact Location Of Accident	SLIP RD YIO CHU KANG RD TWDS AMK AVE 3
Country/State of Loss	SINGAPORE
Individual control of the control of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG9348C
Insured/Policyholder	
Name Of Registered Owner	HENG DONG CONSTRUCTION PTE LTD
Co Reg No	201106353E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63395066
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	5105523818
Cover Note Number	
Driver	
Name of Driver	SIEW KOK FATT
NRIC No	S1635705G
Date Of Birth	27/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1981
Driving Experience	37 YEARS AND 3 MONTHS
Market State Control of the Control	BAR SEE OF SECOND CONTROL OF SECOND S

MALE

NOEMAIL

(LOCAL) +65-91862977

OFFICE-91862977

Address BLK 446A JALAN KAYU

#02-320

Postcode 791446

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 - CHANGE/CROSS LANE

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?

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)

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

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 SLH7981M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LEE WEI JIE
NRIC/Passport Number S9118470B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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)
 - (i) 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.
- 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.

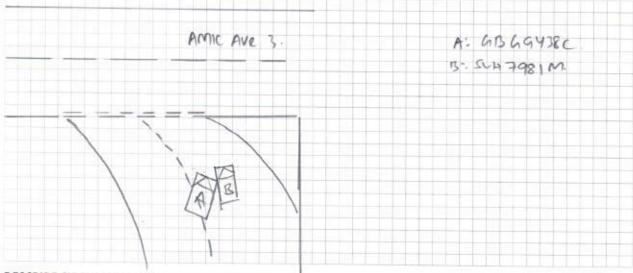
Policyholder: Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Perso nel's Signature Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to state	ment.	
A - A -		

I/We declare the foregoing particulars are true in every respect. REG. NO. 201106353E

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.:

ON STATED DATE AND TIME, AS I WANTED TO FILTER TO 1ST LANE, I TURN ON MY INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHEN MY VEHICLE INCH ONTO 1ST LANE A LITTLE, SUDDELY VEHCICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

ACCIDENT STATEMENT

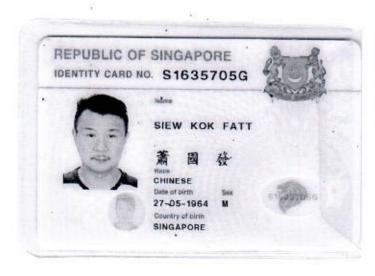
ACCIDENT DATE: 139/3/19 100/MM/	YYYY), TIME: (17 32) (HH:MM)
LOCATION: SI: P Rd. You they kn	
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GBG438 C	
DINSURANCE COMPANY: ATJC	
C)POLICY NUMBER: 510542 38 18	
d)POLICY TYPE: (COMPREMENSIVE / THIRD	DADTY (TUTE)
f)TYPE:(SALOON / COUPE / MPV /VAN / LC	OPPY / MOTORCYCLE / OTHER
g) VEHICLE CATEGORY: (PRIVATE / COMME	DICKLY MOTORCYCLE / OTHERS)
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" " LEASE STATE (THIRD PARTY OF ALLA	PERCETUS CAUSE
"TOLIC HOLDER	-
DINRIC/FIN/PASSPORT: J 2011 65220	PIE HAMAIE / FEATALE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTACT: 63394066.
c)ADDRESS:_/	
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* CONTINUE TO 3.d IF DRIVER ALSO POLICY DRIVER OF passenges DRIVER	HOLDER
T PASSON APE DRIVER	
(Including driver) a)NAME: SIEW 16k FG+1	(MALE / FEMALE)
(1.) b)NRIC/FIN/PASSPORT: 5/6357056.	CONTACT: 91867472
THE WILL MAY	& 62-320 (791446)
*d)DATE OF BIRTH: (V7/ \$ /1964 -)(DO	
e)OCCUPATION: (INDOOR / OUTDOOR)	D/MM/YYYY)
TITEARS OF DRIVING EXPRERIENCE: 2.1.	-11981
4. WAS DRIVER AN EMPLOYEE OF THE INCL.	DED/G / 7 · ·
O. WITTER CONDITION (OF AD / DAINING	/ OTHERS
DINUAD SUKFACE: (DRY / WET / OTHERS	OTTERS
O. WAS ANYBODY INJURED LYES (NID)	
/- a) REPORTED TO POLICE (YES / NON -	
IF YES, PLEASE STATE WHICH POLICE STATION	N:
Me of passinger a) VEHICLE NUMBER: SUH 7961M	
Including a line by DRIVER'S NAME IN	MODEL:
Same of the same o	
9. THIRD PARTY VEHICLE	CONTACT:
d) VEHICLE	
No of passenger d) VEHICLE NUMBER:	MODEL:
The state of the s	
() NRIC/FIN/PASSPORT:	CONTACT:

email =

fax =

VIDEO =









eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_8000 My Desktop Notice of Loss		cy Query					• Change L	anguage	• Change	Password	· Log Ou
	Policy N Vehicle	No.(For Motor)	GBG	9348C			of Accident	29/	/03/2019 17	30	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105523818		CONSTRUCTION PTE, LTD.	201106353E	GCV	Comprehensive	GBG9348C	GBG9348C	10/01/2019	09/01/2020

Policy No.	5105523818	Policyholde Name	HENG DON	G CONSTRUCTION PT	Policyholder NRIC	201106353E	
Certificate No.		, to the			WAIC		
Address	1 YISHUN INDUSTRIAL STREET	#05-26 A	POSH BIZHUB	SINGAPORE 768160			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	23/11/2018	Effective Date	10/01/2019	9 00:00	Expiry Date	09/01/2020 23:	59
Excess Type		All Claims Excess					
Third Party Excess	o	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver Excess
Agent	TIMES INS BROKERS (MOTOR B	Agent Tel.	62528888		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	1 YISHUN INDUSTRIAL S	TREET Add	ress 2	#05-26 A'POSH BIZ	HUB	Address 3	SINGAPORE 768160
ddress 4		Add	ress Type	Singapore address		Post Code	768160
			eted Policy	5105523818			
Jnit No.							
MINISTER IN	d Object: GBG9348C						
Jnit No. D Insure □ Endors	Monage Colon of 1						

folicy No.					
	5105523818	Vehicle No.	G8G9348C	GST Registration No.	
rtificate.No.					
icyholder Name	HENG DONG CONSTRUCTION PTE. LTD.			Policyholder NRIC	201106353E
duct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
ntact No.(Mobile)	0	Contact No. (Office)	63395066	Contact No.(Home)	0
ail Address		Special Remark		eCode :	
15000000000	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	12(22)
D Protection	No.		2000 TOOL		
Accident Details	NG.	NCD Entitlement(%)	10	Private hire	No
oort Date	01/04/2019 16:42	Academ Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
e of Accident	29/03/2019	Time of Accident hhomm	17:30	Country of Accident	Singapore
orting Centre		Orange Force		IOM No.	0.4
Ident Location	SLIP RD YIO CHU KANG RD TWOS AMK AVE	3			
Excess					
n damage Excess	600.00	Additional Excess		Windspreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess		William Excess	100.00
d Party Excess	0.00				
Benefits	0.00	Outside Singapore TP Excess			
	-11				
GST Registered Inform.					
Registered	Yes		GST Registration Date	01/07/2012	
T Registration No.	2011063538	an electrical CET for contract from the	GST Status Verified	Yes:	
dification History	01/04/2019 15:43:53 Syste	m changed GST Registered from No m changed GST Registration No. fr	om null to 201106353E		
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dress 3	I YISHUN INDUSTRIAL STREET	Address 2	#05-26 APOSH BIZHUB	Address 3	SINGAPORE 768160
dress 4		Address Type	Singapore address	Post Code	768160
it No.		Related Policy Number	5105523818		
OI Driver Info					
ver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
named driver Name	SIEW KOK PATT	Driver NRIC	\$1635705G	Driver DOB	27/05/1964
jeter Date of Driver License	02/12/1981	Driver Age	94	Driving Experience	37
cact No.(Mobile)	91862977	Contact No. (Office)	9	Contact No.(Home)	0
Press 1	BLK 446A	Address Z	JALAN KAYU		
dress 4				Address 3	PERNVALE LODGE
	SINGAPORE 791446	Address Type	Singapore address	Post Code	791446
ett Ng.	02>320				
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Seretion					
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