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	i-Motor W/O (Within: OD 2h		-114 114 11	. 47
OD (TP) Reporting Only	i-Photo Uploaded			
TDI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			ax:	-
	GOFBILU INC		-	
Owner / Driver: (IIIO(Tel:		
Policy No: (Period: (Cover Type: (-
Confirmed by : (Date:	Time:		
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Remarks:- (INC hotline: 6788 6616	i)	Date&Time Completed	Done b	v -
15 4 4 4	/ Courtesy Car ()		24973 6	-
2) QC Check / Post Repair Inspection	()	***		
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()			
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ASSESSMENT OF THE PROPERTY OF	1) AR : Accident		Mi Bill	AddI
aimant's Particulars :-	875-98-5,000 00 00 00 00 00 00 00 00 00 00 00 00	Assessment (\$100); INC (\$80	0)	
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Checked by (Engr-In-Charge):	•N5: Courtesy	Car / Tpt Allowance	\$5	30000
C.VOTE SERVICE SERVICES ACCUSED TO A LABOR.	*N6: Repair C	n-ordination	310 525	
THE PROPERTY OF THE PROPERTY O	31 A. A. A. A. C.	lect Excess Coordination	55	
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2/3;	9) N12: Idac Mol	Per Charged	30	拉河
To bear	Invoice dated	Fee Charged	wastroy.	33

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 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

atoresaid,	
positive to the work of the	ACCIDENT STATEMENT
Date Of Report	09/04/2019 14:24
Date Of Accident	09/04/2019 09:15
Exact Location Of Accident	UBI RD 2
Country/State of Loss	SINGAPORE
District Control of the Control of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ4047U
Insured/Policyholder	
Name Of Registered Owner	ALLIANCE GRAPHICS PTE LTD
Co Reg No	201107833H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
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	THIRD PARTY
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	5079348678-03
Cover Note Number	
Driver	

D				
111	re	٧,	•	

Name of Driver LOW KAR KEAT Passport No/FIN F7128120P Date Of Birth 05/11/1972 Occupation OUTDOOR Date Of Driving Pass 01/08/2009

Driving Experience 9 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96616401

Fax Number

Contact Number OFFICE-96616401

EMail Address NOEMAIL

25 UBI ROAD 4 Address

#05-02

Postcode 408621

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

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

1

Number of Passengers (Including Driver)

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?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF312U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver WU GUIJIN NRIC/Passport Number 075378963

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.
- 3. Information provided must be as <u>truthful</u> and <u>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.
- 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:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

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DECLARATION

I/We deciate the coregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

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

Reporting Centre Person Al's Signature Name:

NRIC/FIN No .:

Personal Particulars
Date of Accident: 9 4 19 Time of Accident: 9 15 am
Exact Location of Accident: Ubi Rd 2
Owner's Name: Alliana Graphics Pte Ltarric No: HP No:
Driver's Name: LOW Kar Keat NRIC No: F7128 120 P HP No: 966 1640
Date of Birth: 5 11 1972 Driving Licence Passing Date: 18 2009 Occupation: Indoor / Outdoor
Address: 25 Ubi Rd 4 #05-02 (408621)
Relationship of Driver with Insured: Employee Email Address:
Vehicle No: GZ 4047U Make & Model: Toyota Hiare
Insurance Co: NTU C Coverage: Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Perty Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
*Weather Condition ? Clear / Raining / Others: Wet / Dry / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+0 B. 1+0 C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name / NRIC / In Vehicle:
*Was The Accident Reported To The Police ?
O No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
O No O Yes, Vehicle Registration No:insurer:
*Was any foreign vehicle involved? (Yes / No))f yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Ves/No)
Third Party Driver's Particulars
Vehicle B No: GBF 312 U Make & Model:
Driver's Name: NRIC No: 0 75378963HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name: NRIC No: HP No:

.

88



966 (640)

LOW KAR KEAT Occupation SUPERVISOR

L8079157

30-06-2017 Date of Expiry 30-06-2019

07-06-2017

5 Page No. 5 22930687

Immigration Regulations WISIT PASS

Name LOW KAR KEAT

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Date of Birth 05-11-1972

FIN Date of Issue F712812@ 30-06-2017

YOU ARE TO SURRENDER THIS CARDWHEN IT IS CANCELLED OF HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Date of Expiry 30-06-2019

MALAYSIAN

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	· Chan	ge Password	• Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	ło.				Date	of Accident	-	09/04/2019	09:15	
	Vehicle	No.(For Motor)	GZ404	7U		Certif	icate Number	[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5079348678- 03		ALLIANCE GRAPHICS PTE LTD	201107833H	GCV	Third Party, Fire & Theft		GZ4047U	30/03/2019	29/03/2020
		III SH		PIE LTD		Continue	I I				

Policy No.	5079348678-03	Policyholder Name	ALLIANCE G	SRAPHICS PTE LTD	Policyholder NRIC	201107833H	
Certificate No.					THE C		
Address	25 UBI ROAD 4 #05-02 SINGAP	ORE 408621					
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy Issue Date	27/02/2019	Effective Date	30/03/2019	00:00	Expiry Date	29/03/2020 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	ZEAL INSURANCE AGENCY	Agent Tel.	66848884		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	25 UBI ROAD 4	Addre	ess 2	#05-02		Address 3	SINGAPORE 408621
Address 4		Addre	ess Type	Singapore address		Post Code	408621
Unit No.	05-02	Relati	ed Policy per	5079348678-03			
D	ed Object: GZ4047U						
D Insure	10%						
□ Insure □ Endors □	sements						

laim Handling						
ccident MT/1039511	5079348678-03		Vehicle No.	G24047U	GST Registration No.	NA .
Certificate No.					2011/10/2010/1011/1011	100
olicyholder Name	ALLIANCE GRAPHICS PTE LTD	D			Policyholder NRIC	201107833H
Yoduct Code	COMMERCIAL VEHICLE INSUR	RA	Cover Type	Third Party, Fire & Theft	Loading	0
ontact No.(Molsile)	0		Contact No. (Office)	0	Contact No.(Home)	0
mail Address	51		Special Remark			100
FK	® No ⊜ Yes		TCA	® No ○ Yes	eCode	10.00
					eCode Reason	
CD Protection	No		NCD Entitlement(%)	20	Private Hire	No
Accident Details						
port Data	09/04/2019 17:41		Accident Report Within 24 hrs	Ves	Acadent Type	Collision - Change / Cross lane
te of Accident	09/04/2019		Time of Accident hh:mm	09:15	Country of Accident	Singapore
porting Centre			Orange Force		ICM No.	
cident Location	UBI RD 2				Table Man	
Excess						
	9	88	142123111223114			
in damage Excess	0.	.00	Additional Excess		Windscreen Excess	0.00
named Driver Excess			Outside Singapore OD Excess			
rd Party Excess	0.	00	Outside Singapore TP Excess			
Benefits						
GST Registered Inform	ation					
T Registered	Yes			GST Registration Date	01/04/2011	
T Registration No.	201107833H			GST Status Venified	Yes	
dification History	09/04/2019 1	7:42:28 System	changed GST Registration No. In	rom NA to 201107933H from 01/01/2015 to 01/04/2011		
	09/04/2019 1	7:42:28 System	changed GST Status Verified fro	m No to Yes		
Policyholder Halling Ad	dress					
iress 1	25 UBE ROAD 4		Address 2	#05-02	Apdress 3	SINGAPORE 408621
dress 4			Address Type	Singagore address	Post Code	408621
t No.	05-02		Related Policy Number	5079348678-03		375000
OI Driver Info						
ver Name	Unnamed Driver		Deliver Fune	120000000000000000000000000000000000000		
named driver Name	LÓW KAR KEAT		Driver Type Driver NRIC	Unnamed Driver	17 a 1970 - 2 a 2	-
				F7128120P	Driver DOB	05/11/1972
jster Date of Driver License			Driver Age	46	Driving Experience	9
Hact No. (Mobile)	96616401		Contact No.(Office)	0	Contact No.(Home)	0
dresa 1	25 UBI ROAD 4		Address 2		Address 3	SINGAPORE 408621
dress 4			Address Type	Singapore address	Post Code	408621
it No.	05-02					
es he own a Singapore gistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
Section and Con-					Coopers	
daration						
ethelyser or Blood Test	0 mg		Any ingury?	○ Yes ® No		
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dification History						
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im Type *	OD-MX 3	v)	Insured Name	ALLIANCE GRAPHICS PTE LTD	14000000000	particular and a second
ntact No.(Mobile)				PELIANCE GRAPHICS PIECID	Insured NRIC	201107833H
			Contact No.(Home)		Contact No.(Office)	63830814
all Address	account \$alliancegraphics.com		OI Vehicle Number	GZ4047U	TP Vehicle Number	GBF312U
mant Type Claimant Type.*	Please Select	<u> </u>	Type of Benefit *	Please Select		
mant Name *		22	Claimant NRIC *			
mant Address						
m Description	GZ4047U / GBF312U ON 9 Ap	or 2019			Name of Preferred Workshop	
ferred Workshop Contact			Insured Liability .	Not at Fault	100	
ure Finalisation	Yes	₹T	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
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dere No.	MT/1039511 ③ Yes ○ No		Claim No. Upload Date	001 09/04/2019 17:44		
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