NATIONAL Assessment Ce	entre Services wel Janios M	up 119048648	
Date In: 15/4/19 - 12:00	Jeb description	Date & Time Completed	Done by
Res No: Na No 1900 Grhy	SAS e-filing	i	
Veh No: 6561614C	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 14/4/19-11:50	i-Motor Claim Form	M7/104247-001	Klylin my
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW		Tel:	Fax:
	INC . INC	()/Non-INC()	Œ:
Owner / Driver: (Tel:)
Policy No: (Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (9	%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
Year of Registration: () Warranty: YES ()/NO ()	
Excess: (\$) Loading:		·	
General Remarks;-	STATE OF THE STATE	######################################	1925 V. 15
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() Walk-In Customer: Customer's	information strictly Confidential & S	trictly NO refer of repairer.	
() Total Loss Case : to e-mail In	surer URGENTLY.	The State of the S	
Drive-In ()/ Towed-In (); Inv	voice: YES() / NO();	Towing Co: ()
Remarks; (INC hotline: 6788 661	Contract to the second second	1	NI DINJERBUT NATATI
	20 12 12 12 12 12 12 12 12 12 12 12 12 12	Date&Time Completed	Done by
) / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		
Injury:			
Date/Time Actions			esastioaru
			
NA 190775J	Inveice Pre	paration Checklist	Ant (S) Ami
aimant's Particulars :-	1) AR : Acciden	t Reporting (\$30);	S. S. D. D. H. S. Anda
		Assessment (\$100); INC (\$8	-
river/Owner:	3) TF : Towing I 4) FT : Follow-T		V\$45 \$120
ontact No:		hrough Survey (Resurvey)	530
		gainst INC Only (wef 10 Jan 2005	100000
maged Portion:	6) TR : Re-inspe		\$75
	8) NTUC Additi		\$160
Checked by (Engr-In-Charge):	<u>on•</u>		
- , (g. in charge).		Car / Tpt Allowance	\$5
iditors! Comments :-	*N6: Repair C		\$10 \$25
1:	*N8: DV / Co	llect Excess Coordination	\$5
- 10 - 10	TP (N11): TP 9) N12: Idee Mo	(Non INC) against INC	30
2/3:	Invoice dated	Fee Charged	30
	Involce dated	Fee Charged	SECTION

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.
- 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 aforesaid.

attended the property of the second	ACCIDENT STATEMENT
Date Of Report	15/04/2019 12:20
Date Of Accident	14/04/2019 11:50
Exact Location Of Accident	40 CAIRNHILL RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG1614L
Insured/Policyholder	
Name Of Registered Owner	DNF MARKETING & SERVICES
Co Reg No	45376600E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92397819
Alternative Phone No	OFFICE-92397819
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105297126
Cover Note Number	
Driver	
Name of Driver	CHEN YAO
Passport No/FIN	G6814340W
Date Of Birth	04/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97510242
Fax Number	
Contact Number	OFFICE-97510242
EMail Address	NOEMAIL

Address 26 SIGLAP DRIVE FRANKEL ESTATE

Postcode 456153

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 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?

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) 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

ON STATED DATE AND TIME, AS I WANTED TO FILTER FROM LANE 1 TO LANE 2. I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPORT BEFORE I CAN PROCCED. WHEN MY VEHICLE INCH OUT TO LANE 1 A LITTLE. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 2 AND HT ONTO MY VEHICLE FRONT LEFT 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

2

Vehicle Registration Number SLE8445J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TEO WOON TECK

NRIC/Passport Number S8607615B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

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.
- 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:
 - (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:

ERV

Driver's Signature

(If driver is not the policyholder)

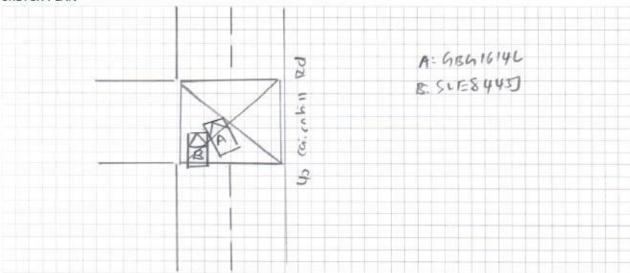
Date & Time:

Reporting Centre Personnel

ignature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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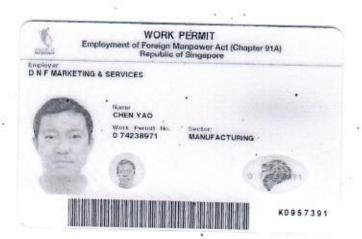
DECLARATION

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

Name: NRIC/FIN No.:





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

EFFECTIVE DATE

Class 3C Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver 29 Nov 2018

NP 428A



VISIT PASS

Immigration Regulations

16-11-20 to

Name

CHEN YAO



FIN G6814340W

Date of Birth 04-05-1987

MULTIPLE JOURNEY VISA ISSUED

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



eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			and the second second		• Change	e Language	• Chang	e Password	• Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	1	14/04/2019 1	1:50	
	Vehicle No.(For Motor)	GBG16	14L		Certi	ficate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5105297126		DNF MARKETING & SERVICES	45376600E	GCV	Preferred Workshop Plan	GBG16141	GBG1614L	09/11/2018	21/12/2019
				1	Continue	1				

Policy No.	5105297126	Policyholder Name	DNF MARK	ETING & SERVICES	Policyholder NRIC	45376600E	
Certificate No.							
Address	26 SIGLAP DRIVE FRANKEL ESTA	TE SINGAPO	RE 456153				
roduct lame	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy Ssue Date	09/11/2018	Effective Date	09/11/201	8 00:00	Expiry Date	21/12/2019	23:59
xcess		All Claims Excess					
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
Additional excess		OS Premium	0				
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State Stat						
Martine Mart	icy No:	5105297126	Vehicle No.	GBG1614L	GST Registration No.	
AMERICAN COMPRESENTATIONS COMPTENDED COMPTE	Tricate No.					
Control No.	icyholder Name	DNF MARKETING & SERVICES			Policyholder NRJC	45376600E
Section Sect	oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading	0
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Ure Finalisation Ves		GBG1614L / SLEB445) ON 14 Apr 2019			Name of Preferred Workshop	
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Sepistered 15/04/2019 23:41 Claim Close Date Date Received 15/04/2019 00:00	uire Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
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