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OD TP Payoring Only i-A	lotor W/O (Within; OD)	Phys TP three	-082 8519
i-P	hoto Uploaded	1 1113)	
TP Insurer: Ass	sessment/Survey Report		
Acu	't Report by Fax / Hand	d to Owner/Wksn	
TP Duration !	Andrew - The South	Tol	
Owner/Driver: (Veh No: SMT	14237BINC		ix:
Policy No: (Tel:	
) Period (Cover Type: ()
Confirmed by : (Date:	T')
Insured/Driver Liability: (%) [Note-Est.	Status (WO): N: 0-2	Time: 20%; P: 21-79%. F: 80-10)
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) Walk-In Customer: Customer's information st) Total Loss Case : to e-mail Insurer URGE	February Control of the Control of t	Sala Salansana	6.00
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	07/05/2019 17:17
Date Of Accident	04/05/2019 16:30
Exact Location Of Accident	EUNOS AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG9071A
Insured/Policyholder	
Name Of Registered Owner	PASSIONAIR M&E PTE LTD
Co Reg No	200005084E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90825176
Alternative Phone No	OFFICE-90825176
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096980492-01
Cover Note Number	
Driver	
Name of Driver	GNANASEKARAN RAJA
Passport No/FIN	G6542050W
Date Of Birth	07/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	09/12/2014

4 YEARS AND 4 MONTHS

(LOCAL) +65-90825176

OTHERS-90825176

MALE

NOEMAIL

Address

PASSIONAIR M&E PTE LTD

Postcode

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

NO COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

...

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

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

PLS REFER TO THE ATTACHED 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

SMJ4237B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SEBASTIAN LEE ZHI HAO

NRIC/Passport Number

S9408494F

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.
- 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

Name:

NRIC/FIN No.:

Vehicle A was driving along Euros Ares. Info	unt
of Vehicle A was dose	
to VehicleB but did not hit Vehicle A	
rear portions. Vehicle A no damages and Vehicle B no damages.	
Velicle B no damagos.	

DECLARATION

I/We declare the toregoing 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 .:

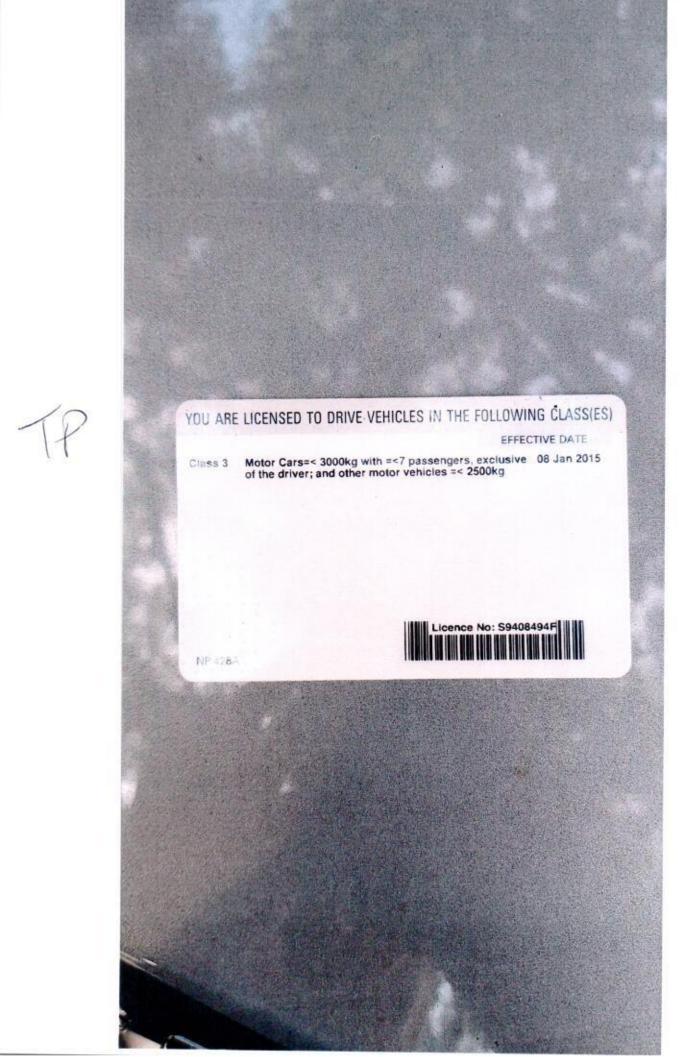
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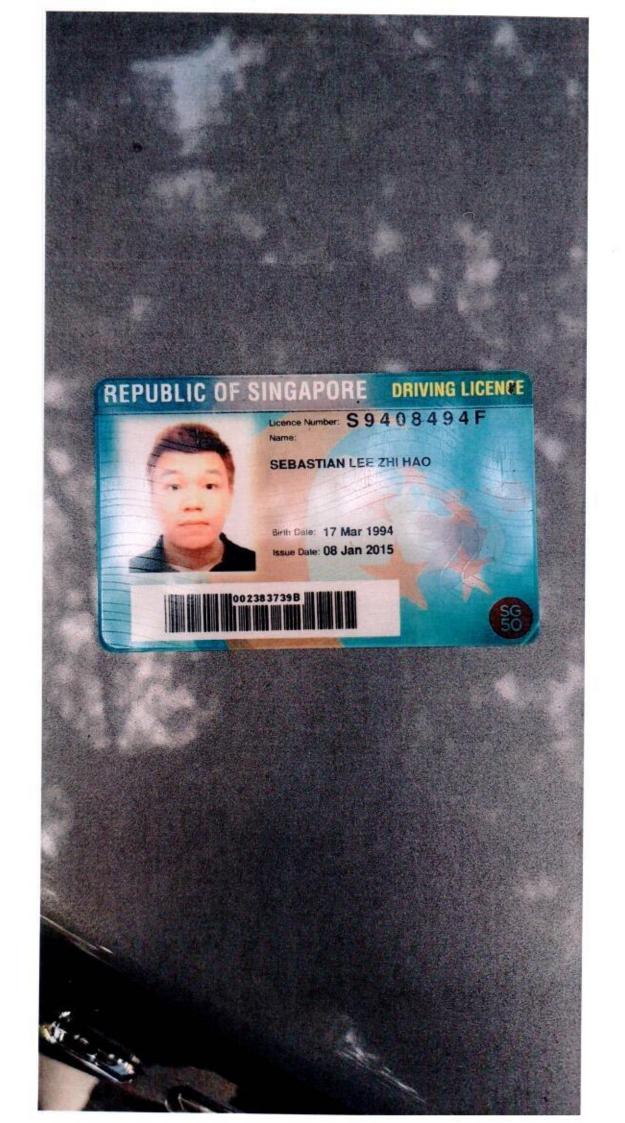
2

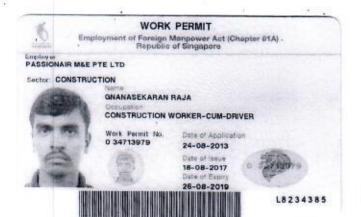


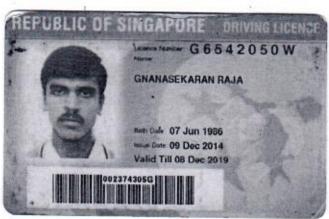


















Certificate of Insurance

	Certifica	ate of insurance
MOTOR VEHICLES (THIRD PARTY RI MOTOR VEHICLES (THIRD PARTY RI ROAD TRANSPORT ACT, 1987 (MAI MOTOR VEHICLES (THIRD PARTY RI	SKS AND COMPENSAT AYSIA)	TION) RULES, 1960
Certificate Number : 5096980492		Cover : Preferred Workshop Plan
Index mark and Registration Nu Chassis Number Name of Policyholder Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons e (a) The Policyholder. (b) Any other person who is dipersoned.	umber of Vehicle entitled to drive# riving on the Policyholo	: GBG9071A : JTFHT02P300234161 : PASSIONAIR M&E PTE LTD : 09 Jan 2019 : 08 Jan 2020 der's order or with his/her permission. accordance with the licensing or other laws or regulations to drive is not disqualified by order of a Court of Law or by reason of any
enactment or regulation in 6. Limitations as to Use# (a) Use for social domestic and	that behalf from driving that behalf from driving driving drivers and driving that the driving	ing the Motor Vehicle. Ind in connection with the Policyholder's business or profession. Innection with the Policyholder's business.
This Policy does not cover		
(a) Use for hire or reward.		
(b) Use for racing, pace-makin	g, reliability trial or spe	eed-testing.
		the Motor Vehicle (Third Party Risks and Compensation) Insport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$600	
EXCESS (SECTION 2)	: N/A	
WINDSCREEN EXCESS	: S\$100	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY	: UNITED OVER	RSEAS BANK LIMITED
SUM INSURED	: MARKET VALU	UE OF INSURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Con Agency : ABWIN Date of Issue : 28 Nov	to which this Certifican inpensation) Act (Chapt PPTE LTD (0000061423 2018 18:16 hrs 2018 18:17 hrs	te relates is issued in accordance with the provisions of the Motor ter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) 84) For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	Authorised Officer	Chief Executive

eBao Tech								Genera	alClaim
Hello, NAC_PAYA_UBI	_800601				• Chang	e Languag	e • Chan	ge Password	· Log Ou
My Desktop	Policy Query							5.9	
Notice of Loss	Policy No.			Date	of Accident		04/05/2019	16:30	
	Vehicle No.(For Motor)	GBG9071A		Cert	ificate Numbe	er			
				Search					
		ertificate Policyholder Name Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5096980492- 01	PASSIONAIR M&E PTE LTD	200005084E	GCV	Preferred Workshop Plan	GBG9071A	NEW TORK	09/01/2019	08/01/2020
			200005084E	GCV	Workshop Plan	GBG9071A	GBG9071A	09/01/2019	08/0

Policy Information Policyholder Policy No. 5096980492-01 Policyholder PASSIONAIR M&E PTE LTD 200005084E Name NRIC Certificate No. Address BLK 1085 #01-08 EUNOS AVENUE 7A SINGAPORE 409535 Product COMMERCIAL VEHICLE INSURAL Plan Group Name N Policy Flag Policy Effective issue 28/11/2018 09/01/2019 00:00 08/01/2020 23:59 Expiry Date Date Date Third Own Windscreen Party damage 600 100 Excess Excess Excess Additional OS 0 Excess Premium Outside Outside Singapore Singapore OD TP Excess Excess Agent ABWIN PTE LTD Agent Tel. 68423301 GST Flag Coinsurance No Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 BLK 1085 #01-08 Address 2 **EUNOS AVENUE 7A** Address 3 SINGAPORE 409535 Address Address 4 Singapore address Post Code 409535 Type Related Unit No. Policy 5099561720-01 Number Insured Object: GBG9071A

1779	En	4-			
	EIII	101	36	me	ents

Sequence Date of Endorsement **Endorsement Type Endorsement Status Endorsement Content** Continue Cancel

Claim Handling

Accident MT/1043434				
Policy No.	5096980492-01	Vehicle No.	GBG9071A	GST Registration N
Certificate No.				SST Negladation in
Policyholder Name	PASSIONAIR M&E PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home
Email Address		Special Remark		eCode
KFK	• No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
▼ Accident Details				SPIGAGE HIPE
Report Date	08/05/2019 09:08	Accident Report Within 24 hrs	Yes	THE PARTY OF THE P
Date of Accident	04/05/2019	Time of Accident hh:mm	16:30	Accident Type
Reporting Centre		Orange Force	10.50	Country of Acciden
Accident Location	EUNOS AVE 5	N. 32.35		ICM No.
♥ Excess				
Own damage Excess	600.00	Additional Excess		Aur a
Unnamed Driver Excess		Outside Singapore OD Excess		Windscreen Excess
Third Party Excess	0.00	Outside Singapore TP Excess		
→ Benefits		565-77-665-50-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-		
▼ GST Registered Inform	ation			
GST Registered	Yes		GET Pasistentias Poto	
GST Registration No.	200005084E		GST Registration Date GST Status Verified	22/20/20
Modification History	08/05/2019 09:10:1	9 System changed GST Registered from No to y	200 200 200 200 200 200 200 200 200 200	Yes
		9 System changed GST Registration No. from n 9 System changed GST Registration Date from n		
Policyholder Mailing Ad	ldress			
Address 1	BLK 1085 #01-08	Address 2	EUNOS AVENUE 7A	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5099561720-01	Post Code
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	GNANASEKARAN RAJA	Driver NRIC	G6542050W	Driver DOB
Register Date of Driver License	09/12/2014	Driver Age	32	Driving Experience
Contact No.(Mobile)	90825176	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				Post Code
Does he own a Singapore Registered car?	Yes * No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test	0 mg	14 122		
Reading?	o mg	Any injury?	Yes No	
Modification History				
Claim 002 OD-MX New				
Claim Type *				
ACCUSED FREEDOM			OD-MX	▼ Insured Name PASSIO
Contact No.(Mobile)				Contact
				No. (Home)
Email Address				OI Vehicle GBG90:
2/20/22/03/03/03/03				Vehicle GBG90: Number
Claim Description			GBG9071A	/ SMJ4237B ON 4 May 2019
Preferred	Inguind United			
Workshop Beause No. Finalisation		ally at Fault T		
Finalisation Lies Date Registered	Repair Preferred Worksh	nop, Name unknown GIA report Received	(▼	Photos
Sale regarded			08/05/2019	Claim Close
Report Taken By			V	Date
Report Taken By				Date Workshop Repairer

Attachment		L	Save Submit	1	
Accident No.	MT/1043434	(Value 1933)			
ast Doc. Received	Yes No	Claim No.		002	
	50- VSR 50- 510A	Upload Date		08/05/2019 15:40	
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Choose File No file			Clear	Please Select	▼ NO
Choose File No file			Clear	Please Select	▼ NO
Choose File No file			Clear	Please Select	* NO
Choose File No file			Clear	Please Select	▼ NO
Choose File No file			Clear	Please Select	▼ NO
Message Read	SI DOGUI		Clear	Please Select	* NO
▼ Attachment List					
es/CornelAge 167					
Attachment	Uploaded By/Date	Category	P	Urgency	D
K.L. 1920 K.L. 1920	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 15:44	NRIC/ Driving License		Normal	NRIC/ Driving
13	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 15:42	SAS		Normal	SA
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	AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 15:41	Photos		Normal	Photo
N	AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 15:41	Photos		Normal	Photo
M	AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 15:41	Photos		Normal	Photo
-	AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 15;41	Photos		Normal	Photo
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