NATIONAL Assessment Cen				
The state of the s	tre Services. [wet 1 James] A	MID LIGIORANS	50 30	
Date In: 24 19 - 16:48	Job description	Date & Time Completed	Done	by
Res No: 44 NC 1929196/24	SAS e-filing			
Veli No: 48482975	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 23/19-17:28	i-Motor Claim Form	M7 1045963-001	WIE ig i	2: 16
	i-Motor W/O (Within: OD 2)		7/1/1/1	7.00
OD TP Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksn		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: 48	INC (ax:	
Owner / Driver: (1764)	Tel:		
Policy No: () F	Period: (Cover Type: (
Confirmed by : (Date:	Time:		
	[Note-Est. Status (WO): N: 0-2	The second secon	00%1	-012
Year of Registration: ())	3070]	
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() Walk-In Customer : Customer's inf	formation strictly Confidential 8 C	GARTER AGENCY (C.	1000 P. C. C.	. / 4
() Total Loss Case : to e-mail Insu		trictly NO refer of repairer.		**************************************
Drive-In ()/ Towed-In (); Invoid		Control Co. (
		Fowing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	. Done l	oy .
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
 Upload Resurvey Photo [Repair Cost > 5 	and the second s			
- Cost > 2	3000] ()		and the second second	
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Injury: Date/Time Actions Lacose Survivors Limant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Darnege	Reporting (\$30); Assessment (\$100); INC (\$80	fie Bill	1.500
Injury: Date/Time Actions Hacosay aimant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$80) Reporting (\$100); INC (\$100);	16 Bill)) 345 120	100000000000000000000000000000000000000
Injury: Date/Time Actions Hacology aimant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) i'T: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$80); ree \$40/ hrough Survey \$ hrough Survey (Resurvey)	16 Bill 0) 345 120 530	1.500
Injury: Date/Time Actions Haco & 14 sumant's Particulars: iver/Owner: intact No:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$80) fee \$400 hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	56 Bill 545 120 530 575	1.500
Injury: Date/Time Actions Haco & 14 sumant's Particulars: iver/Owner: intact No:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idae DA	Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$400 Abrough Survey (Resurvey) Seainst INC Only (wef 10 Jan 2005) Stion SMRT Survey \$	56 Bill 345 120 530	1.500
Injury: Date/Time Actions Lace Action Lace Action Lace Action Lace Action Lace Action Lace Action Lace Act	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$400 Abrough Survey (Resurvey) Seainst INC Only (wef 10 Jan 2005) Stion SMRT Survey \$	56 Bill 545 120 530 575	1.500
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Injury: Date/Time Actions Line Action L	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40/2 Abrough Survey (Resurvey) Seainst INC Only (wef 10 Jan 2005) Stion SMRT Survey \$500 and Services:- Car / Tpt Allowance Description Services - Car / Tpt Allowance Description Services - Car / Tpt Allowance	58.Bill 5345 120 530 575 160	1.500
Injury: Date/Time Actions HA(co % 14 atimant's Particulars: iver/Owner: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$80); Fee S40/ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$ onal Services:- Car / Tpt Allowance co-ordination air Inspection lect Excess Coordination	58.Bill 7) 545 120 530 575 160 55 510 525 53	: Amt(\$):Add Bill
Injury: Date/Time Actions	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$80); Fee S40/ Arough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$ onal Services:- Car / Tpt Allowance coordination air Inspection lect Excess Coordination (Non INC) against INC		: Amt (3)

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.
- 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.

Available to the second of the	
	ACCIDENT STATEMENT
Date Of Report	24/05/2019 16:48
Date Of Accident	23/05/2019 13:25
Exact Location Of Accident	1 SELETAR AEROSPACE CRESCENT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH8297S
nsured/Policyholder	
Name Of Registered Owner	LIP ANN ENGINEERING PTE LTD
Co Reg No	199200504G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68441783
Vehicle Particulars	
Manufacturer	ТОУОТА
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
f 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104585707
Cover Note Number	
Driver	
Name of Driver	CHAN POH WENG
NRIC No	S1237022I
Date Of Birth	11/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92474098
Fax Number	
Contact Number	OFFICE-92474098

Address BLK 702 TAMPINES STREET 71

#14-24

Postcode 520702

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

12

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAF
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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

0

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ALONG THE STATED VENUE AS UNLOADING GOODS. WHEN I CAME BACK TO MY VEHICLE AND REALIZE THAT VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT 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

Vehicle Registration Number GBH4387S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

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.
- 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:

NEE

Driver's Signature

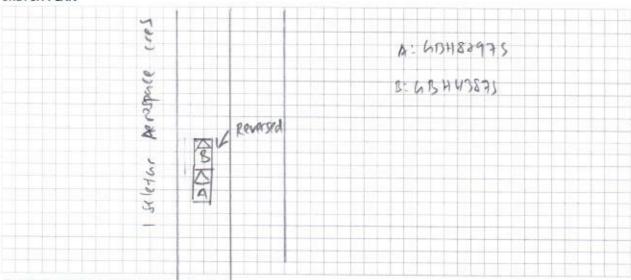
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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refer to datement.
KEHT TO STUTEMING.
OFFICE

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:

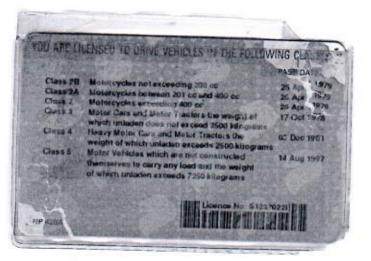
Reporting Centre Personne's Signature Name:

Name: NRIC/FIN No.:









eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						· Change	e Language	· Chang	e Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	vo.				Date	of Accident		23/05/2019 1	3:25	
	Vehicle	No.(For Motor)	GBH8:	297S		Cert	ificate Number	8			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104585707		LIP ANN ENGINEERING PTE LTD	199200504G	GCV	Preferred Workshop Plan	GBH82975	GBH8297S	12/10/2018	11/04/2020
					1	Continue					

Policy No.	5104585707	Policyholder Name	LIP ANN EN	GINEERING PTE LTD	Policyholder NRIC	1992005040	
Certificate No.							
ddress	225 KAKI BUKIT AVENUE 1 SH	HUN LI INDUSTE	RIAL PARK SI	NGAPORE 416047			
roduct lame	COMMERCIAL VEHICLE INSUR	Al Plan			Group Policy Flag	N	
olicy ssue ate	10/10/2018	Effective Date	12/10/2018	00:00	Expiry Date	11/04/2020	23:59
xcess Type		All Claims Excess					
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
Additional excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Your	ig/Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ	
Insurance Flag Open Policy Info Certificate	No						
Policyl	holder Mailing Address						
ddress 1	225 KAKI BUKIT AVEN	UE 1 Addr	ess 2	SHUN LI INDUSTRI	AL PARK	Address 3	SINGAPORE 416047
ddress 4		Addr	ess Type	Singapore address		Post Code	416047
Jnit No.		Relat Numi	ed Policy ber	5104585707			47577519
	d Object: GBH8297S						
	sements						
Sequer	nce Date of Endorsen	ent	Endorsemen	Туре	Endorsement	Status	Endorsement Content Thank you for giving us the opportunity to serve you. We
1	12/10/2018 00:00		Information	Endorse	ment Take Ef	fective	confirm that from 12 Oct 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: ABWIN PT LTD CHASSIS NUMBER:
	12/10/2018 00:00		Information sement	Endorse	ment Take Ef	fective	the following policy details are amended as follows: HIRE PURCHASE COMPANY: ABWIN PT LTD CHASSIS NUMBER: JTFAT35Y60K211498 ENGINE NUMBER: IKD2822727 VEHICLE REGISTRATION NUMBER: GBH8297S ORIGINAL REGISTRATION DATE: 12 Oct 2018 Thank you for giving us the opportunity to serve you. We confirm that from 15 Oct 2018, the following policy details are
1	12/10/2018 00:00 15/10/2018 00:00	Endo:			ment Take Ef		the following policy details are amended as follows: HIRE PURCHASE COMPANY: ABWIN PT LTD CHASSIS NUMBER: JTFAT35Y60K211498 ENGINE NUMBER: KD2822727 VEHICLE REGISTRATION NUMBER: GBH8297S ORIGINAL REGISTRATION DATE: 12 Oct 2018 Thank you for giving us the opportunity to serve you. We confirm that from 15 Oct 2018,

ident HT/1045963					
4. 644					
y No.	\$104585707	Vehicle No.	GBH82975	GST Registration No.	199200504G
ficate No.					
holder Name	LIP ANN ENGINEERING PTE LTD			Policyholder NRIC	199200504G
ct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading	0
sct No (Mobile)	0	Contact No.(Office)	66441763	Contact No.(Home)	0
Address		Special Remark		eCode	100
	® No ○ Yes.	TCA	® No ○ Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details			27/	Trivate rain	res
rt Date	24/05/2019 17:04	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
of Accident	23/05/2019	Time of Accident hhomm	13:25	Country of Accident	Singapore
rting Centre		Orange Force		ICM No.	
lent Location	I SELETAR ABROSPACE CRESCENT				
Excess					
damage Excess	600.00	Additional Excess		Windows of Forest	-100.00
med Driver Excess	Out.			Windscreen Excess	100.00
		Outside Singapore CO Excess			
Perty Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Inform	etion				
Registered	Yes		GST Registration Date	20/10/1997	
Registration No.	199200504G		GST Status verified	Yes	
fication History	24/05/2019 17:05:53 System 24/05/2019 17:05:53 System	changed GST Registration Date I changed GST Status Verified fro	From 01/01/2015 to 20/10/1997 m No to Yes		
	a-11021 2012 21:03:33 398180		MITTER TO THE		
Policyholder Mailing Ad	dress				
m 1	225 KAKI BUKIT AVENUE 1	Address 2	SHUN LI INDUSTRIAL PARK	Address 3	SINGAPORE 416047
ess 4	- www.cooks.cocksase.cock	Address Type	Singapore address	Post Code	
No.				Post Code	416047
		Related Policy Number	5104585707		
OI Driver Info					
r Name	Unnamed Driver	Driver Type	Unnamed Driver		
med driver Name	CHAN POH WENG	Driver NRIC	S1237022I	Driver DOS	11/10/1957
iter Date of Driver License	17/10/1978	Driver Age	61	Driving Experience	40
act No.(Mobile)	92474098	Contact No.(Office)	٠	Contact No.(Home)	0
ess 1	BLK 702	Address 2	TAMPINES STREET 71	Address 3	TAMPINES SUNRISE
ess 4	SINGAPORE 520702	Address Type			
No.		Mooreas Type	Singapore address	Post Code	520702
s he own a Singapore	14-24				
a ne own a amgapore	O Yes ® No	Driver Vehicle No.		Clark and Language Communication	
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stered car?				priver insurer company	
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thalyser or Blood Test ling? fication History	0 mg	Any injury? Insured Name	○ Yes ® No	Insured NRIC	199200504G
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