NATIONAL Assessment Ce	ntre Services	wet i Jan'ost Mi	14190721V3		
Date In: 79/5/19-13-17	Jeb descripti		Date &Time Complete	od Done	by
Rel No: HA IN CIGOSPOS 0/24	SAS e-filin	g			
Veh No: 92777	E-mail (with	iia Shrs, AIC 2hrs)		<u> </u>	
D.O.A: 29 119- 1150	i-Motor Ci		M7 1046765-00	1 20 July 10	111=
OD / TP Reporting Only	i-Motor W	O (Within: OD 2hrs.	7P 4hrs)	29/5/19/19	1.41
OD 1 Reporting Only	i-Photo Up		· · · · · · · · · · · · · · · · · · ·		
TP Insurer:		Survey Report		1	
IF hisurer;		by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			Tel:	Fax:	
	HOE 6 MIE	INC (Contract of	
Owner / Driver: (11/201-20	· mc()/Non-INC()	· · · · ·	
Policy No: (Period: ()	Cover Type: (-
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%	Note-Est Status		%; P: 21-79%. P: 80)	
Year of Registration: ()	The second secon		70, P: 21-/9%. P: 50)-100%]	
Excess: (\$) Loading: \$	Warranty: YES (
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Walk-In Customers	information strictly C	onfidential & Stric	tly NO refer of repaire	т.	-10-10
() Total Loss Case : to e-mail Ins	urer URGENTLY.	32	* ***	100	
Drive-In ()/ Towed-In (); Invo	oice: YES () /	NO(); To	wing Co: (ν.
Remarks: (INC hotline: 6788 6616					
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Contraction of the contract of		Date&Time Completed	Done	y
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
Injury:					
Date/Time Actions				PROBEOTIE	5.795.PA
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		1) AR : Accident Re			
iver/Owner:		1) AR : Accident Re 2) DA : Damage Ass	essment (\$100); INC (\$80)	
		1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thron	essment (\$100); INC (\$80) 40/\$45 \$120	
		1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thron 5) FT: Follow-Thron	essment (\$100); INC (\$18h Survey 18th Survey (Resurvey)	\$80) 40/\$45 \$120 \$30	
ntact No:		1) AR: Accident Re 2) DA: Damage Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection	essment (\$100); INC (: \$1 gh Survey 1 gh Survey (Resurvey) 1 st INC Only (wef 10 Jan 200	\$80) \$0/\$45 \$120 \$30 \$) \$75	
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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.
- 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

aloresaid.	
	ACCIDENT STATEMENT
Date Of Report	29/05/2019 17:17
Date Of Accident	29/05/2019 11:50
Exact Location Of Accident	REDWOOD AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ273J
Insured/Policyholder	
Name Of Registered Owner	POLARIS INTERNATIONAL (S) PTE LTD
Co Reg No	200405092K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67494125
Vehicle Particulars	
Manufacturer	ISUZU
Model	NHR69E
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	DESCRIPTION OF SECURITION OF S
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5084826358-02

'olicy Number 5084826358-02

Cover Note Number

Driver

Name of Driver ZHAO YAN Passport No/FIN G2294439N Date Of Birth 23/08/1984 Occupation OUTDOOR Date Of Driving Pass 27/11/2013

Driving Experience 5 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86710351

Fax Number

Contact Number OFFICE-86710351

EMail Address NOEMAIL

10 UBI CRESCENT Address #06-81 UBI TECHPARK

Postcode 408564

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 SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: 100m

2

NO

GENDER: : MALE

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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS PARKED ON THE STATED VENUE. SUDDENLY VEHICLE B HIT ONTO RIGHT SIDE MIRROR

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 Witness 1

Name STAVE Phone Number 81004514

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB6123E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver AZHARI BIN ABDUL KADIR

NRIC/Passport Number S8205263A Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

3

Passenger 2

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:

Driver's Signature

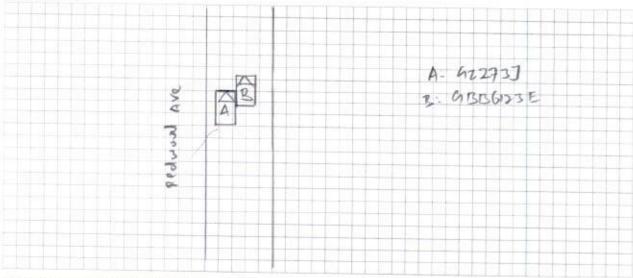
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Relative to statement.				
	Refer to s	Hatement.		
		The state of the s		

DECLARATION | |
|/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.:





For LKK/NAC Use Only

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

27 Nov 2013

NP 428A





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Hello, NAC_PAYA_UBI_80	0601				4.4	· Change Lang	uage	· Change Pa	-0.00000	Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date of A	Accident	29/0	05/2019 11:50		
	Vehicle No.(For Motor)	GZ2733			Certificat	te Number				
				Sea	arch					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5084826358- 02	10	POLARIS VTERNATIONAL (S) PTE LTD	200405092K	GFT	Comprehensive	GZ2733		11/10/2018	
				Cont	tinue					

	5084826358-02	Policyholder	POLARIS II	TERNATIONAL (S) P	Policyholder	200405092K	
Certificate No.		Name	, Johns II	TENANTONAL (3) P	NRIC	200402092K	
Address	10 UBI CRESCENT #06-81 UBI	TECHPARK SIN	IGAPORE 40	8564			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	13/09/2018	Effective Date	11/10/2018	00:00	Expiry Date	10/10/2019 23:	59
Excess Type		All Claims Excess					
Third Party Excess	0.00	Own damage Excess	600.00		Windscreen Excess	100.00	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver Excess
Agent	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118		GST Flag	Υ	
Co- insurance Flag	No				1.000.00.00.00.00		
Open Policy Info							
ruto							
onto Certificate Info							
Certificate nfo	holder Mailing Address						
Certificate Info		Addre	ss 2	#06-81 UBI TECHPA	ARK .	Address 3	SINGAPORE 408564
Certificate info Policyl Address 1	holder Mailing Address		ss 2 ss Type	#06-81 UBI TECHPA Singapore address		Address 3	SINGAPORE 408564 408564
Certificate Info Policy	holder Mailing Address	Addre	ss Type d Policy				Annual State of the State of th
Certificate info Policyl Address 1 Address 4 Unit No.	holder Mailing Address	Addre Relate	ss Type d Policy	Singapore address			Annual State of the State of th
Certificate info Policy Address 1 Address 4 Jnit No.	holder Mailing Address 10 UBI CRESCENT ed Object: GZ273)	Addre Relate	ss Type d Policy	Singapore address			Annual State of the State of th

2/=2/j6					
cy No.	5084826358-02	Vehicle No.	GZ2737	GST Registration No.	
rficate No.					
cyholder Name	POLARIS INTERNATIONAL (S) PTE LTO			Policyholder NR3C	200405092K
duct Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
ntact No.(Mobile)	0	Contact No.(Office)	67494125	Contact No.(Home)	0
all Address		Special Remark		eCode	N. V
September 1	® No ○ Yes	TCA	No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	29/05/2019 19:43	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
te of Acodent	29/05/2019	Time of Accident nh:mm	11:50	Country of Acadent	Singapore
porting Centre		Orange Force		ICM No.	
ident Location	REDWOOD AVE				
Excess					
n damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
nd Party Excess	0.00	Outside Singapore TP Excess			
Senefits					
GST Registered Informa					
Registered	No		GST Registration Date		
T Registration No. dification History			GST Status Venfied	Yes	
Policyholder Mailing Ad	dress				
dress 1	10 UBI CRESCENT	Address 2	#96-81 UBI TECHPARK	Address 3	SINGAPORE 408564
dress 4		Address Type	Singapore address	Post Code	408564
t No.		Related Policy Number	5084826358-02		
OI Driver Info			1000 ACCOMMENS		
ver Name	Unnamed Driver	Onver Type	Unnamed Driver		mental management of the control of
named driver Name	ZHAO YAN	Driver NRIC	G2294439N	Driver DOB	23/08/1984
pater Date of Driver License		Driver Age	34	Driving Experience	5
mact No.(Mobile)	86710351	Contact No. (Office)	0	Contact No.(Home)	0
dress 1	10 UBI CRESCENT	Address 2	UBI TECHPARK	Address 3	SINGAPORE 408564
dress 4		Address Type	Singapore address	Post Code	408564
it Na.	06-81				
es he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration cathalyser or Blood Test	2464	N 20500000	A.U. (1920)		
iding?	D mg	Any injury?	○ Yes ® No		
dification History					
Stalm 001 New					
im Type *	00-MX V	Insured Name	POLARIS INTERNATIONAL (S) P	Insured NATO	2004080025
ntact No.(Mobile)		Contact No.(Home)	- Service and Control (2) N	Insured NRIC	200405092K
at Address		OI vehicle Number	672733	Contact No.(Office)	67488966
120000000000000000000000000000000000000	Please Select	Type of Benefit *	GZ273) Please Select	TP Vehicle Number	GBB6123E
mant Type Claimant Type *		Claimant NRIC +	Lucas seietr		
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mant Name * mant Address m Description erred Workshop Contact use Finalisation	GZ2733 / GBB6123E ON 29 May 2019 Yes	Preferered Repair Option	Not at Pault Preferred Workshop, Name unknown	GIA report	Received
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mant Name * mant Address m Description erres Workshop Contact ure Finalisation is Registered out Taken By	GZ2733 / GBB6123E ON 29 May 2019 Yes	Preferered Repair Option		GIA report	
mant Name * mant Address m Description erred Workshop Contact ure Finalisation s Registered out Taken By	GZ2733 / GB66123E ON 29 May 2019 Ves 29/05/2019 19:45	Preferered Repair Option		GIA report	
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mant Name * mant Address im Description ferred Workshop Contact ture Finalisation is Registered ort Taken By Print AK letter	GZ2733 / GB66123E ON 29 May 2019 Ves 29/05/2019 19:45	Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	
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imant Name * imant Address im Description ferred workshop Contact ture Finalization a Registered out Taken By Print AK letter ttachment	GZ2733 / G886123E ON 29 May 2019 Ves 29/05/2019 19:45 Jackson	Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	
imant Name * imant Address im Description ferred workshop Contact ture Finalization a Registered out Taken By Print AK letter ttachment	GZ2733 / GB66123E ON 29 May 2019 Ves 29/05/2019 19:45	Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	
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mant Name * mant Address in Description ories Workshop Confact use Finalisation is Registered out Token By Print AK letter tachment	GZ2733 / G886123E ON 29 May 2019 Ves 29/05/2019 19:45 Jackson MT/1046765 Yes No	Preference Repair Option Claim Close Date Claim No.	Preferred Workshop, Name unknown Save Submit 001 29/05/2019 19:46 Category *	GIA report Date Received	29/05/2019 00:00
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