		: , pr. 11	1.7.	
NATIONAL Assessment Centre	Services - wet i Jane			W
Date In: 24 1 15 - 17.58	Jeb description	Date & Time Completed	Dono	e by
Ref No: Nally C 19073088/24	SAS e-filing	i		
Veh No: GDESTOR	E-mail (within Shrs, AIC 2	hrs)		
D.O.A: 21/3/19-09: VT	i-Motor Claim Form	ma/1054876-001	24/7/10	18:(1
	i-Motor W/O (Within: 0			
OD / Reporting Only	i-Photo Uploaded			
	Assessment/Survey Rep	port		
TP Insurer:	Ass't Report by Fax / H	land to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: JE3	39H	NC()/Non-INC()	¥7.	
Owner / Driver: (And the same of th	Tel:)	
Policy No: () Peri	iod: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	lote-Est. Status (WO): N	: 0-20%; P: 21-79%. P: 80-	100%]	
	/arranty: YES () / NO	()		
Excess: (\$) Loading: \$1,00		COURT BOOK STATE OF THE STATE O	PRINCE THE PERSON	
General Remarks:-				
() Walk-In Customer: Customer's inform		& Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer				
Drive-In ()/ Towed-In (); Invoice:	YES () / NO (); Towing Co: ()
Remarks:- (INC horline: 6788 6616)	A SECTION AND ADDRESS OF THE PARTY.	Date&Timb Completed	Done	by
	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
Injury:				
Date/Time Actions	grand English		STATE OF THE	
	1			
- MA			Anit (\$)	Amt(\$)
VAIGO TUGO	12/8/2005	Preparation Checklist	fü Bill	Add Bill
aimant's Particulars :-	0.000000000000000000000000000000000000	ccident Reporting (\$30); amage Assessment (\$100); INC (\$	80)	
iver/Owner:	3) TF : To	wing Fee . \$4 low-Through Survey	\$120	
ntact No:	5) FT : Fol	low-Through Survey (Resurvey)	\$30	
	6) TR: Re	ming against INC Only (wef 10 Jan 200, inspection	\$75	
maged Portion:		e DA + SMRT Survey Additional Services:-	\$160	
Checked by (Engr-In-Charge):	OD.		•	
Checker of (Bigi-tii-Charge).		ortesy Car / Tpt Allowance pair Co-ordination	\$5 \$10	
ditors! Comments :-		st Repair Inspection V / Collect Excess Coordination	\$25	
1:	IP (NI	i): TP (Non INC) against INC	\$20 30	7.
2/3:	9) N12: Id Invoice da			the fat
	lavaice da	led Fee Charged	MACHINE.	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	24/07/2019 17:58
Date Of Accident	24/07/2019 09:25
Exact Location Of Accident	BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE670R
Insured/Policyholder	
Name Of Registered Owner	LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY
Co Reg No	07959000D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64420784
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE 3.0DX A
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5094109319-01
Cover Note Number	
Driver	
Name of Driver	LAU MENG LIANG
NRIC No	S1247941G
Date Of Birth	06/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	28/02/1978
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96740509
Fax Number	
Contact Number	OFFICE-96740509

NOEMAIL

BLK 669 JALAN DAMAI Address #06-51

410669

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

Postcode

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera? Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJE3579H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number 90668864

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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:
 - 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

Name:

NRIC/FIN No .:

Signature

SKETCH PLAN			
			Veh A: 68E 670R
			Veh B: SJE35-T9H
	Bodck North Ave	→ -→	
DESCRIBE CIRCUMSTANC		11 11 11 11 11 11 11	I live the M-
1 was driving on	the tirst lane of Bedok	North HVE 1. A	s I drive near the traffic You box suddenly change
light, ren # (SJESS	collided into the front	left part of m	Van
76 my lank una	Connied with the front	ici pari or in	V 01/7.
		m va le	
1			
	P		
DECLARATION I/We declare the foregoing pa	articulars are true in every respect.		
THE ROW LO	X you		M
Policyholder's Signature Date & Time:	Drive s Signature (If driver is not the policy) Date & Time:	nolder) N	eporting Centre Personner's Signature ame: RIC/FIN No.:

Date & Time:

VEHICLE NO: GBE6		DEL: TOYOTA HEACE
Date of Accident	24/07/24/9 Time: 09:25	Foreign Veh Involved YES / NO
Location of Accident	BEDOK NORTH AVE I	Foreign Veh No
Country of Loss		MALLOS SANTANIA MALANCES SANTANIA SANTA
Vehicle Damaged		No. of Veh Involved : Z
Claim Type	OD / (TP) / REPORTING	Was There Any Witness YES / NO
INSURANCE CO	NTUC INCOME	Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :
Policy No	5094109319-01	
Fleet Policy	YES / NO	
		OTHER VEHICLES
OWNER / CO. NAME	LAV BOON HENG KWEZ TEUW & NOODLE	VEHICLE B : SJE3579H
NRIC / Co's Reg No.	MANUFACTURY U7959000-D	Category :
Address	96 J JALAN SENANG SINGAPORE	Driver's Name :
	418489	NRIC No ;
Contact / Mobile No	64420784	Contact No : 90668 964
Email Address	NOEMAIL	No. of Passenger :
Date of Birth	-	
Gender	(v))./ F	VEHICLE C :
DRIVER'S NAME	LAU MENG LIANT	Category :
NRIC No	512479414	Driver's Name :
Address	APT BLE 669 JALAN DAMAI #06-51	NRIC No :
	SINGAPORE 410669	Contact No :
Contact / Mobile No	96740509	No. of Passenge :
Email Address	NUEMATL	
Date of Birth	06/11/1957	VEHICLE D
Gender	₩/F	Category :
LICENSE PASSED DATE	28/02/1978	Driver's Name :
		NRIC No :
Occupation	Indoor Qutdoor	Contact No :
Relation with Owner	EMPLOYEE	No. of Passenger :
		•
Does Driver Own Any	Other Veh ? YES / NO	
Vehicle Reg No		
Insurance Co		
Weather Condition	Clear / Raining / Others	Video Captured : Yes / No
Road Surface	Ory/ Wet / Others	
INJURED	: YES (NO	
Name of Injured	1	Police Report : YES/NO
Convey To Hospital by	Ambulance : YES / NO	If YES, Where :
NO. OF PASSENGERS	: -	
Name of Passenger		M / F INJURED? YES/NO
Name of Passenger		M / F INJURED? YES/NO
Name of Passenger	1	M / F INJURED? YES/NO
Name of Passenger		M/F INJURED? YES/NO
DEMARKS		
Name of Warkshan	SUCCESS UNITED PTE LTD	Parameter No.
Name of Workshop	2 Kaki Bukit AutoHub	Contact No :
Address	Kaki Bukit Ave 2, #01-33/#02-29	Email :



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1247941G





Name

LAU MENG LIANG

劉 明 Race

CHINESE

Date of birth 06-11-1957

Country of birth

SINGAPORE

4021490

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

PASS DATE

Class 2B

Class 2A

Class 2

Motorcycles not exceeding 200 cc Motorcycles between 201 cc and 400 cc Motorcycles exceeding 400 cc Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

10 Feb 1978

10 Feb 1978 10 Feb 1978 28 Feb 1978

For LKK/NAC

27-03-2007

NRIC No. S1247941G

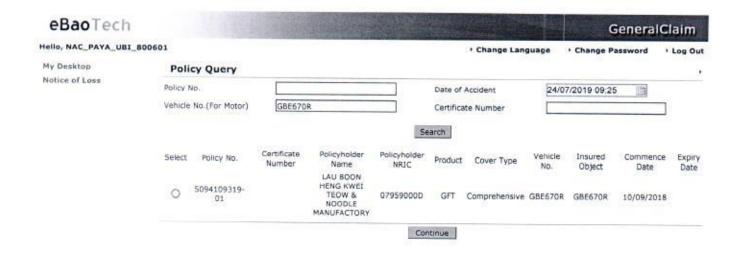
APT BLK 669 JALAN DAMAI #06-51 SINGAPORE 410669

S1247941G

20/11/2012 (R)

NP 428A





Policy No.	5094109319-01	Policyholder	LAU BOO	N HENG KWEI TEOW &	Policyholder	079590000	
Certificate No.		Name			NRIC	073330000	
Address	96) JALAN SENANG SINGAPORE	418489					
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	07/09/2018	Effective Date	10/09/20	18 00:00	Expiry Date	09/09/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ing/Inexperience Driver Excess
Agent	VICTOR MOTOR CREDIT PTE LTI	Agent Tel.	68582020		GST Flag	Υ	
Co- insurance Flag Open	No						
Policy Info							
Policy nfo Certificate							
Policy nfo Certificate nfo	oolder Mailing Address						
rolicy nfo Certificate nfo Policyh	nolder Mailing Address 96J JALAN SENANG	Addre	55 2	SINGAPORE 418489	. ,	Address 3	
Policy nfo Certificate nfo Policyh ddress 1	REPORT OF INTEREST AND ADDRESS OF THE	TOTAL PROPERTY.	ss 2	SINGAPORE 418489 Singapore address		Address 3	418489
Policy Info Certificate Info	REPORT OF INTEREST AND ADDRESS OF THE	Addre	ss Type d Policy	STREET CONTRACTOR AND PROTE		Train Sales Street	418489
Policy Info Certificate Info Policyh Address 1 Address 4 Init No.	REPORT OF INTEREST AND ADDRESS OF THE	Addre: Relate	ss Type d Policy	Singapore address		Train Sales Street	418489
Policy Info Certificate Info Policyh Address 1 Address 4 Init No.	96J JALAN SENANG d Object: GBE670R	Addre: Relate	ss Type d Policy	Singapore address		Train Sales Street	418489
olicy info certificate info Policyh iddress 1 iddress 4 init No. Insured	96J JALAN SENANG d Object: GBE670R ements	Addre: Relate	ss Type d Policy er	Singapore address	1	Train Sales Street	418489 Endorsement Content Thank you for giving us the



	Certifica	te of Insuran	ce
MOTOR VEHICLES (THIRD PAR MOTOR VEHICLES (THIRD PAR ROAD TRANSPORT ACT, 1987 MOTOR VEHICLES (THIRD PAR	RTY RISKS AND COMPENSATION (MALAYSIA)	ON) RULES, 1960	189)
Certificate Number : 509410			Comprehensive
1. Index mark and Registration	on Number of Vehicle	: GBE670R	
Chassis Number		: KDH201501	16984
2. Name of Policyholder			HENG KWEI TEOW & NOODLE MANUFACTORY
3. Effective Date of Insurance	e	: 10 Sep 201	
4. Expiry Date of Insurance		: 09 Sep 201	
5. Persons or Classes of Person	ons entitled to drive#	A3. 19 ROSEARCH #5500 A100	500
(a) The Policyholder.			
	is driving on the Policyhold		
the Motor Vehicle or I enactment or regulati 6. Limitations as to Use# (a) Use for social domesti	has been so permitted and is on in that behalf from drivin ic and pleasure purposes and	not disqualified by g the Motor Vehicle I in connection with	the Policyholder's business or profession.
(b) Use for the carriage of	f passengers or goods in con-	nection with the Pol	icyholder's business.
This Policy does not cover			
(a) Use for hire or reward			
(c) Use whilst drawing a t # Limitations rendered i	naking, reliability trial or spee railer except the towing of a noperative by Section 8 of th Section 95 of the Road Tran	ny one disabled med ne Motor Vehicle (Th	chanically propelled vehicle. nird Party Risks and Compensation) laysia), are not to be included under these
EXCESS (SECTION 1)	. 56500		
EXCESS (SECTION 2)	: \$\$600 : N/A		
WINDSCREEN EXCESS	: S\$100		
INSURE WITH COE	: YES		
HIRE PURCHASE COMPANY	: N/A		
SUM INSURED		OF INSURED VEHIC	LE AT TIME OF LOSS
Vehicles (Third Party Risks and	olicy to which this Certificate Compensation) Act (Chapte	relates is issued in r 189) and Part IV of	accordance with the provisions of the Motor the Road Transport Act, 1987 (Malaysia)
	CTOR MOTOR CREDIT PTE LT	D (00000614276)	
Date of Issue : 07	Sep 2018 10:53 hrs		
	my	For NTUC	INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	Authorised Officer	_	Chief Executive

Claim Handling Accident HT/1054876						
Policy No.	5094109319-01		Vehicle No.	GBE670R	GST Registration No.	201713715E
Certificate No.					usi regaramina.	4V1/13/15E
Policyholder Name	LAU BOON HENG KW	EI TEOW & NOOD	DLE MANUFACTORY		Policyholder WKIC	079590000
Product Code	PLEET INSURANCE		Cover Type	Comprehensive		
Contact No.(Mobile)	0		Contact No.(Office)	64420784	Loading	0
Email Address			Special Remark		Contact No.(Home)	0
KFK	® No ○ Yes		TCA	® No ○ Yes	eCode	No. C
NCD Protection	No		NCD Entitlement(%)	A STATE OF THE PARTY OF THE PAR	eCode Reason	
Accident Details			ACC LINCOLD CO.	0	Private Hire	No
Report Date	200000000000000000000000000000000000000					
	24/07/2019 18:09		Accident Report Within 24 hrs	Ves	Academ Type	Collision - Change / Cross lane
Pate of Accident	24/07/2019		Time of Accident hhomm	09:25	Country of Accident	Singapore
eporting Centre			Orange Force		ICM No.	
Coldent Location	BEDOK NORTH AVE I	1				
▽ Excess						
win damage Excess		600.00	Additional Excess		Windscreen Excess	100.00
Innamed Driver Excess			Outside Singapore OD Excess			
hird Party Excess		0.00	Outside Singagore TP Excess			
♥ Benefits						
GST Registered Inform	sation					
ST Registered	Yes			GST Registration Date	01/07/2017	
ST Registration No.	2017	713715E		GST Status Venified	Yes	
odification History					6/40/	
E Bellevictor to the						
Policyholder Mailing Ar						
ddress 1	963 TALAN SENANG		Address 2	SINGAPORE 418489	Address 3	
diress a			Address Type	Singapore address	Post Code	418489
nit No.			Related Policy Number	5094109319-01		
OI Driver Info			V. 1000// 100			
river Name nriamed Sriver Name	Unnamed Driver		Offver Type	Unnamed Orivor		
	LAU MENG LIANG		Driver NRIC	S1247941G	Driver DOS	06/11/1957
rgitter Date of Driver License			Driver Age	61	Driving Experience	41
ontact No.(Mobile)	96740509		Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 669		Address 2	IALAN DAMAJ	Address 3	EUNOS DAMAI VILLE
Idress 4	SINGAPORE 410669		Address Type	Singapore address	Post Code	410669
nit No.	06:51					
pes he own a Singapore registered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
					onver Pauler Company	
claration						
eathalysier or fillood Test ading?	0 mg		Any injury?	○ Yes ® No		
dification History						
AND POST OF THE PERSON NAMED IN						
Claim 001 New						
m Type *	ор-мк	V	Insured Name	LAU BOON HENG KWES TEOW &	Insured NR3C	079590000
ntact No.(Mobile)			Contact No.(Home)		Contact No.(Office)	64420784
all Address			Of Venicle Number	G86670k	TP Vehicle Number	53E3579H
imant Type Claimant Type +	Please Scied	~	Type of Benefit *	Please Select	TO ENTENN DISCHARE	27532/98
mant Name +		2.5	Claimant NRIC +			
ment Address						
m Description	GBE670R / SXE3579H (ON 24 Jul 2019			Name of Burg	
ferred Workshop Contact			Insured Liability *	Not as Co. is	Name of Preferred Workshop	
ure Finalisation	Yes	[3]		Not at Fault		oti _
e Registeres		7		Preferred Workshop, Name unknown	GIA report	Received
	24/07/2019 18:11		Claim Close Date		Date Received	24/07/2019 00:00
ort Taken By	Jackson					
Print AK letter						
			8	Save Submit		
ttachment			2	John John		
			15.1			
ident No.	MT/1054876		Claim No.	001		
Doc. Received	● Yes ○ No		Upload Date	24/07/2019 18:12		
	Pa	eth +			Park .	
			Browse	Clear Please Salect	Confidential Urgeno	
					V Normal	×
			Browse	Clear Please Select	V Normal	v
			Browse	Clear Please Select	V No V Normal	v
						The state of the s

