NATIONAL Assessment Contre	Services	98°) 38'79. j		1000 5000		talit e
Date In 36/07/19	Jeb description		Date & Time (Completed	Done b	Ņ
Ref No. Ala/mc 19013203/13	SAS e-filing			4		
Veh No 6844902E	E-mail (within 8)	as, AIC 2hrsy				
DOA 26/07/19 0705	i-Motor Claim	Form	m7/105	5203-	001	
OD (F) Reporting Only	i-Motor W/O		s. TP 4hrs)		-	
TP Insurer:	Assessment/Sur Ass't Report by		to Owner/Wksp			24 14
Preferred Wksp / INC Assign Wksp / QW: (- 4° - 191 - 195 1150		Tel:	F	ax:	
TP Particulars: Veh No: 4	BH3399P	. INC ()/Non-IN	C()		
Owner / Driver: (Tel)	
Policy No: () Per	iod: ()	Cover Type:	()	
Confirmed by : (Date:	Tin	ie.)	
Insured/Driver Liability (%) [N	lote-Est. Status (W	O): N: 0-2	20%; P: 21-79	%. F: 80-1	00%]	
Year of Registration: () W	Varranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	00 () / \$2,000 (()				
General Remarks:-	, s day large gen		APAREL S	And Addition	100	
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	ourtesy Car () () 000] ()				
Date/Time Actions				1000		
NA1905587		Invoice Pr	eparation Che	cklist	Amt (\$) 1st Bill	Amt (\$ Add Bi
Claimant's Particulars :-			ge Assessment (\$10	0); INC (\$80) 40/\$45	
Driver/Owner:		3) TF : Towing 4) FT : Follow	-Through Survey		\$120	
Contact No:		5) FT : Follow For claiming	-Through Survey (R g against INC Only	esurvey) (wef 10 Jan 200	\$30	
Damaged Portion:		6) TR : Re-ins 7) N1 : Idec D			\$75 \$160	
QC Checked by (Engr-In-Charge):		• N5: Courte • N6: Repair	esy Car / Tpt Allowa r Co-ordination	ibse	\$5 310	
Auditors' Comments :-		*N7: Post F	tepair Inspection Collect Excess Coord	V v v v v v	\$25	
Cat. 1:		TING: DY /	POHECT Pycess Conti	mation	\$5	
al. J.			TP (Non INC) again		\$5 \$20 30	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.

	ACCIDENT STATEMENT
Date Of Report	26/07/2019 15:26
Date Of Accident	26/07/2019 07:05
Exact Location Of Accident	JUNC OF ANG MO KIO AVE 6 & ANG MO KIO ST 61
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH4902E
Insured/Policyholder	
Name Of Registered Owner	ITS PRECISION & INDUSTRIAL PTE LTD
Co Reg No	200210554D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81531316
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	NO
Policy Number	5101630732-01
Cover Note Number	
Driver	

Driver

PANG SENG KEE Name of Driver S0672305E NRIC No 27/09/1944 Date Of Birth INDOOR Occupation 08/02/1980 Date Of Driving Pass 39 YEARS AND 5 MONTHS Driving Experience MALE Gender (LOCAL) +65-81531316 Mobile Number

Fax Number Contact Number

NOEMAIL **EMail Address**

BLK 614 ANG MO KIO AVE 4 Address

#06-1009 560614

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY

Other Information

Road Surface

NO Was any foreign vehicle involved in this accident? 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 NO ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG ANG MO KIO AVE 6 TWDS YIO CHU KANG ON THE EXTREME LEFT LANE.SUDDENLY VEH(B)BEARING REG NO GBH3399P CAME OUT FROM ANG MO KIO ST 61 WITHOUT STOPPING AT THE STOP LINE AND COLLIDED ONTO MY VEH .

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBH3399P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

WAN CHEE SOON

S1777225B

83851996

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.
- 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:
 - 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.

To the state of th

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

0/	, ,	10.	- / /			
2/5	repr do	M	state	ment.		
	0					

DECLARATION Ing.

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.:

MO KIU

ANG MO KIU

WAN CHEE SOON

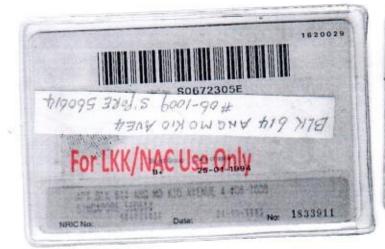
(+ W 7768 n

A-GBH4902E

B- GBH3399P







VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES)

PASS DATE

Class 2B Motorcycles not exceeding 200 cc 08 Feb 1980
Class 2 Motorcycles between 201 cc and 400 cc 06 Feb 1980
Class 3 Motor Cars and Motor Tractors the weight of which unladers does not exceed 2500 killograms

FOR LKK/NAC USE Only

NP 423A



Certificate of Insurance

ertificate Number: 5101630732-01 Index mark and Registration Numl Chassis Number Name of Policyholder Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons enti (a) The Policyholder.		: GBH4902E : VSKYBAM20U0153589
Chassis Number Name of Policyholder Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons enti (a) The Policyholder.		: VSKYBAM20U0153589
Name of Policyholder Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons enti (a) The Policyholder.		
Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons enti (a) The Policyholder.		: ITS PRECISION & INDUSTRIAL PTE LTD
Expiry Date of Insurance Persons or Classes of Persons enti (a) The Policyholder.		: 25 Jun 2019
 Persons or Classes of Persons enting (a) The Policyholder. 		: 24 Jun 2020
	tled to drive#	
(b) Any other person who is drivi	ng on the Policyholder's o	order or with his/her permission.
Provided that the person driv the Motor Vehicle or has bee enactment or regulation in th	n so permitted and is not	dance with the licensing or other laws or regulations to drive t disqualified by order of a Court of Law or by reason of any e Motor Vehicle.
. Limitations as to Use#		
(a) Use for social domestic and p	leasure purposes and in o	connection with the Policyholder's business or profession.
(b) Use for the carriage of passer	ngers or goods in connect	tion with the Policyholder's business.
This Policy does not cover		
(a) Use for hire or reward.		
(b) Use for racing, pace-making,	reliability trial or speed-to	esting.
(c) Use whilst drawing a trailer e	xcept the towing of any o	one disabled mechanically propelled vehicle. Motor Vehicle (Third Party Risks and Compensation) ort Act, 1987 (Malaysia), are not to be included under these
(c) Use whilst drawing a trailer e	xcept the towing of any o	one disabled mechanically propelled vehicle. Motor Vehicle (Third Party Risks and Compensation)
# Limitations rendered inopera Act (Chapter 189) and Section	xcept the towing of any o	one disabled mechanically propelled vehicle. Motor Vehicle (Third Party Risks and Compensation)
# Limitations rendered inopera Act (Chapter 189) and Section headings.	xcept the towing of any c stive by Section 8 of the N n 95 of the Road Transpo	one disabled mechanically propelled vehicle. Motor Vehicle (Third Party Risks and Compensation)
# Limitations rendered inopera Act (Chapter 189) and Section headings. EXCESS (SECTION 1)	except the towing of any continue by Section 8 of the Non 95 of the Road Transports: \$\$600	one disabled mechanically propelled vehicle. Motor Vehicle (Third Party Risks and Compensation)
# Limitations rendered inopera Act (Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2)	xcept the towing of any contive by Section 8 of the Non 95 of the Road Transport : \$\$600 : N/A : \$\$100 : YES	one disabled mechanically propelled vehicle. Motor Vehicle (Third Party Risks and Compensation) ort Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inopera Act (Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS	xcept the towing of any of the No. 195 of the Road Transport S\$600 N/A S\$100 YES UNITED OVERSEAS	one disabled mechanically propelled vehicle. Motor Vehicle (Third Party Risks and Compensation) ort Act, 1987 (Malaysia), are not to be included under these

The owner and vehicle particulars for Vehicle No. GBH4902E as at 25 Jun 2018 are as follows:

	1.	Name	ITS PRECISION & INDUSTRIAL P L
	2.		Company
	3.		: 200210554D
	4.	Country/Region	
	5.	Registered Address	10 UBI CRESCENT
	Э.	Registered Address	#06-60
			UBI TECHPARK
			SINGAPORE 408564
	6	Mailing Address	: -
	6.	Maning Houses	: GBH4902E
	7.	veniere rigi	: 25 Jun 2018
	8.		: 25 Jun 2018
	9.	3.10	
	10.	I Hot Hegiowanian - and	: 25 Jun 2018
	11.	Control of the Contro	: A50 - Goods (Closed) Van/Van Panel (Delivery)
	12.	Telliere Seriesise	: Normal
	13.		: No Attachment
	14.	Attachment 2	-
	15.	Attachment 3	
	16.	· cilicio i i ilino	: NISSAN
	17.		: NV200 ACENTA 1.5S DCI MANUAL
	18.	1 0111 01 1111111111111111	: 2017
	19.		: White
	20.	Secondary Colour	-
	21.		: 1
	22.	Citation I think Carried	: VSKYBAM20U0153589 / -
	23.	Propellant/Emission Standard	: Diesel / Euro VI
	24.	Engine No./Motor No.	: K9KE628D386517 / -
	25.	Engine Capacity(cc)/Power Rating(kW)	: 1461 / -
	26.		: -/-
	27.		: 1340
	28.		: 2000
	29.		: \$17,836.00
,	30.		: No
	31.		(A)
	32.		: \$0.00
	33.	IU Label No.	TO STORY MAN COMMENT
	34.	COE No.	: 2018062505000891Z
	35.	COE Expiry Date	: 24 Jun 2028
	36.	COE Category	
	37.	Quota Premium/Prevailing Quota Premium	: \$33,717.00
	38.	Actual Quota Premium/PQP Paid	: \$17,125.00
	39.	Actual ARF Paid	: \$892.00
	40.	CO2 Emission(g/km)	: 131.00
	41.		: 0.111100
	42.		: 0.033840
	43.		: 0.027070
	44.		: 0.030000
	45.		: -
	46.	CEVS/VES Surcharge Paid	* = :
	47.	Actual Green Vehicle Rebate Utilised	· com
	48.	Vehicle Lifespan Expiry Date	: 24 Jun 2038
	49.	Road Tax Amount	: \$43.00
	77.	IXVIII TUA / HIIVUIII	

Road Tax Start Date 50.

Road Tax End Date 51.

Remarks 52.

: 25 Jun 2018

24 Dec 2018
This vehicle requires side marking.
The vehicle is registered under Early Turnover Scheme.

001641/416

Enquiries on claims, vehicle breakdown and towing

Call our hotline at 6788 6616.

In the event of an accident

You must report the accident to us within 24 hours or by the next working day at any of our appointed Accident Reporting Centre. You must make your vehicle available for inspection at the Accident Reporting Centre, whether or not your vehicle has suffered any visible damage and whether or not you plan to claim under your policy or claim against any other person.

Location of accident reporting centre

Please refer to our website at www.income.com.sg/claims/motor/reportingCentres.asp or call our hotline 6788 6616 for the nearest location convenient to you.

Young and inexperienced driver excess

If the vehicle is driven by an authorised driver who is under 27 years old or has held a Singapore driving licence for less than two years, an extra excess of 5\$1,000 will apply.

If you sell your vehicle

You can call us or email us at csquery@income.com.sg to cancel your policy. In any event, your policy shall be automatically cancelled once your vehicle is sold. Any refund is worked out as follows.

Premium Refund	=	0.85 X the premium X the unexpired period of insurance (days)
		the original period of insurance (days)

If you take up another insurance policy with us within 90 days from the effective date this policy is cancelled, the following apply.

Premium Refund	=	the premium X the unexpired period of insurance (days)
2. 50 7 3.233,740 10.60 2.402/15-00.		the original period of insurance (days)

No refund of premium will be given in the event that any claim has been made or we have paid one or more claims under your policy. If your policy is cancelled before or after the effective date of insurance, we will charge a minimum premium of S\$26.75 (after GST).

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Claim Handling Accident MT/1055203

vectorist titl rossros						
Policy No.	5101630732-01	Vehicle No.	GBH4902E		GST Regi	stration N
Certificate No.						
Policyholder Name	ITS PRECISION & INDUSTRIAL PTE LTD				Policyhok	der NRIC
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		Loading	
Contact No.(Mobile)	81531316	Contact No.(Office)	0		Contact f	Vo.(Home
Email Address		Special Remark			eCode	
KFK	» No Yes	TCA	 No Yes 		eCode Re	eason
NCD Protection	No	NCD Entitlement(%)	10		Private H	ire
Accident Details						
Report Date	26/07/2019 17:49	Accident Report Within 24 hrs	Yes		Accident	Туре
Date of Accident	26/07/2019	Time of Accident hh:mm	07:05		Country	of Acciden
Reporting Centre		Orange Force			ICM No.	
Accident Location	JUNC OF ANG MO KIO AVE 6 & ANG MO KIO ST 61					
✓ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		100.00		
OD Standard Excess		TP Standard Excess		0.00		
YIED OD Excess		YIED TP Excess		0.00	Driver is	Covered?
Additional Excess						
Total OD Excess Applicable		Total TP Excess Applicable		0.00		
GST Registered Informat	tion					
GST Registered	Yes		GST Regis	tration Date		01/01/2
GST Registration No.	200210554D		GST Statu	s Verified		Yes
Modification History	26/07/2019 17:52:19 System cha 26/07/2019 17:52:19 System cha	anged GST Registration Date from anged GST Status Verified from No	01/01/2015 to 01/01/ to Yes	2003		
Policyholder Mailing Add	ress					
Address 1	10 UBI CRESCENT	Address 2	#06-60 UBI TECH	PARK	Address :	3
Address 4		Address Type	Singapore address		Post Code	
Unit No.		Related Policy Number	5101630732-01			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	PANG SENG KEE	Driver NRIC	S0672305E		Driver DC	80
Register Date of Driver License	08/02/1980	Driver Age	74		Driving E	xperience
Contact No.(Mobile)	81531316	Contact No.(Office)	0		Contact N	lo.(Home)
Address 1	BLK 614	Address 2	ANG MO KIO AVEN	UE 4	Address 3	3:
Address 4		Address Type	Singapore address		Post Code	2
Unit No.	#06-1009					
Does he own a Singapore Registered car?	Yes » No	Driver Vehicle No.			Driver In	surer Com
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Modification Witten						
Modification History						
Claim 001 OD-MX New						
Claim Type *				OD-MX	Insured Name	ITS PR
Contract No. (March 1973)					Contact	
Contact No.(Mobile)					No. (Home)	
Email Address					01 Vehicle Number	GBH49
Claim Description				GBH4902E / GBH3399P	35/03/2/30/3/	
Preferred	Section and the section of	<u></u> 8				
Workshop	Profesered Liability Not at Fault	GIA G				
Finalisation 1793	Repair Preferred Workshop, Name u	nknown report Received			, Claim	
Date Registered	and the second			26/07/2019 17:54	Close	

Report Taken By

Workshop Repairer ROSLINDA

Print AK letter

			Save Submit	1	
Attachment		ů.		5.	
7					
Accident No.	MT/1055203	Claim No.		001	
Last Doc. Receiv	ed • Yes • No	Upload Date		26/07/2019 00:00	
	Path *			Category *	Confidential
Choose File	No file chosen		Clear	Please Select •	NO -
Choose File	No file chosen		Clear	Please Select •	NO '
Choose File	No file chosen		Clear	Please Select •	NO .
Choose File	No file chosen		Clear	Please Select •	NO '
Choose File	No file chosen		Clear	Please Select ▼	NO '
Choose File	No file chosen		Clear	Please Select *	NO .
Message Read			X-00-0-0-0-0		
	nt List				
Attachmen	Uploaded By/Date	Category	9	Urgency	Des
500.96 500.50	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2019 17:54	NRIC/ Driving License		Normal	NRJC/ Driving I
0	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2019 17:54	SAS		Normal	SAS 2
400	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2019 17:54	Photos		Normal	Photos
13	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2019 17:53	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2019 17:53	Photos		Normal	Photos
10	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2019 17:53	Photos		Normal	Photos
Q.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2019 17:53	Photos		Normal	Photos
a	NAC_PAYA_UB1_8006D1(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2019 17:53	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on	Photos		Normal	Photos

Folder Date

File Name

Uploaded By/Date