	re Services 1	1111	MINDAKAM		
Date In: 14 19-11:13	Jeb description		Date & Time Completed	Done l	pì.
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Veh No: YP9468 U	E-mail (within \$1	irs, AIC 2his)			
D.O.A: 26/7/19-08:30	i-Motor Claim	Form	1022717-201	297/19 18:	III
OD TP Reporting Only	i-Motor W/O	(Within: OD 2hrs,	THE RESERVE AND ADDRESS OF THE PARTY OF THE	1-119 10.	48
OB Trapoliting Only	i-Photo Uploa	ded	1		9
TP Insurer:	Assessment/Sur	vey Report	i I		
Transuler.	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	-
TP Particulars: Veh No: Juc 5	2966	INC ()/Non-INC().		9.5
Owner / Driver: (7.74		Tel:)	
Policy No: () Pe	riod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (WO	D): N: 0-20	%; P: 21-79%. P: 30-	100%]	
17)/NO()			
Excess: (\$) Loading: \$1,0	00()/\$2,000()			
General Remarks:-		2532	PERSONAL SERVICES		
() Walk-In Custom as a Customeda lafe		engigengheiseth st	ed Principalities (L. 2.7.)	13.47 Feb. 15	
() Walk-In Customer: Customer's infor	mation strictly Confid	dential & Stric	tly NO refer of repairer.		
() Total Loss Case : to e-mail Insure		*			
Drive-In ()/ Towed-In (); Invoice	: YES () / NO	(); To	ving Co: ()
Remarks:- (INC hotline: 6788 6616)			B	C742364864 TNT	
					370
	ourtesy Car ()		Date&Time Completed	Done by	
1) Apply for Transport Allowance ()/Co	ourtesy Car ()		Dates: time Completed	September 19	,
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()		Dates: fame Completed	Done by	,
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30]	()		Date & Tame Completed	Done by	
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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.
- 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.
- 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
	ACCIDENT STATEMENT
Date Of Report	26/07/2019 18:13
Date Of Accident	26/07/2019 08:00
Exact Location Of Accident	YISHUN AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP9468U
Insured/Policyholder	
Name Of Registered Owner	ABSOLUTE LIQUOR PTE LTD
Co Reg No	200823218C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98538177
Alternative Phone No	OFFICE-98538177

Vehicle Particulars

Manufacturer HINO

Model XZU710R 14FT WIDE CAB 5T

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 NO

Policy Number 5104554837

Cover Note Number

Driver

 Name of Driver
 SHAO FEI

 NRIC No
 \$7388966I

 Date Of Birth
 08/07/1973

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/03/2009

Driving Experience 10 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90665118

Fax Number

Contact Number OFFICE-90665118

EMail Address NOEMAIL

95 YISHUN STREET 81 Address

#07-02

NO

1

Postcode 768452

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 - HEAD TO REAR

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?

YES Was any other material or property damaged?

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

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

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLK5795G Vehicle Make/Model/Colour MAZDA 3

Details Of Properties

Vehicle Category PRIVATE CAR

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.
- 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 withholding 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. 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.
- 7. 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 aforesald.
- 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:
 - (i) 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:

JAPAN SLINGSPRINT ON SEE

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

	0n	the	etated	time	and	l date	,					Season		54.5	
station	ary at									74175	ng Yp94 en 1 te				
impact colliston	from	the	back.	١											rea
	W.														
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				2010						THE VIEW	on appear				

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

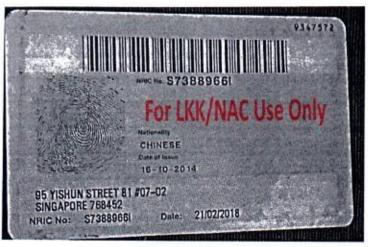
Name:

NRIC/FIN No ::

aMiMC Stateballing near No.

: 26 07 2019 Accident Time: 0800 Hrs (24-HR-Format)
: Yishun Aves
) : YP9468U
: 11mo 300
:_ NTUCPolicy No
o. : Absolute Liquor Pte Utd
98538177 Owner's HpCompany Tel
: Shao Fei. (573889661)
: 08 07 1973 DRIVER'S License Pass Date 19 3 2009
: Spouse \ Parents \ Children \ Sibling \ Employee Others:
: 95 Yishun Street 81 #07-02 5768452
:1) 90665118 2)
: INDOOR \ OUTDOOR (e.g. working inside or outside office)
: Admin@ my car. sg
CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
: Reporting Only Claim Other Party) Claim Own Insurance
Driver): Ol No. injures
car camera: YES(NO) vas being used at the time of accident: Private use \ Workpurpose
Party Driver's Particular (if auv)
Vehicle Reg. No:
Vehicle Make\Model:
Name Driver:
IC No. Driver:
Driver's Contact & Add:
1 0











Policy No.	5104554837	Policyholder Name	ABSOLUTE	LIQUOR PTE. LTD.	Policyholder NRIC	200823218	С
Certificate No.		wante			NGC		
Address	51 BUKIT BATOK CRESCENT #0	4-19 UNITY C	ENTRE SING	APORE 658077			
roduct Name	COMMERCIAL VEHICLE INSURA	Plan			Group Policy Flag	N	
Policy ssue Date	10/10/2018	Effective Date	23/10/2018	3 00:00	Expiry Date	22/10/2019	23:59
xcess 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	ng/Inexperience Driver Excess
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
111162							
Certificate info	and a second second						
Certificate nfo	holder Mailing Address						
Certificate nfo Policyl	holder Mailing Address 51 BUKIT BATOK CRESC	ENT Addre	ess 2	#04-19 UNITY CEN	ITRE	Address 3	SINGAPORE 658077
Certificate info Policyh address 1			ess 2 ess Type	#04-19 UNITY CEN		Address 3	SINGAPORE 658077 658077
Certificate nfo Policyh Address 1		Addre	ess Type ed Policy				
ertificate nfo Policyl address 1 address 4 Unit No.	51 BUKIT BATOK CRESC	Addre Relat	ess Type ed Policy	Singapore address			
ertificate info Policyl iddress 1 iddress 4 Init No. Insure	51 BUKIT BATOK CRESC 04-19 ed Object: YP9468U	Addre Relat	ess Type ed Policy	Singapore address			
Certificate nfo Policyl Address 1 Address 4 Unit No.	51 BUKIT BATOK CRESC 04-19 od Object: YP9468U sements	Addro Relat Numi	ess Type ed Policy	Singapore address 5104554837		Post Code	
Certificate info Policyte Address 1 Address 4 Unit No. Insure Endors	51 BUKIT BATOK CRESC 04-19 od Object: YP9468U sements	Addri Relat Numl	ess Type ed Policy per	Singapore address 5104554837 t Type		Post Code Status	658077

Claim Handling					· E
Accident MT/1055213					
Policy No.	5104554837	Vehicle No.	YP9468U	GST Registration No.	
Certificate No.					
Policyholder Name	ABSOLUTE LIQUOR PTE, LTD.	504-000V_E v5-v	S LINGUIS AND	Policyholder NRIC	200623218C
Product Code	COMMERCIAL VEHICLE INSURA:	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98536177	Contact No.(Office)	0	Contact No.(Home)	0
Email Address KPK	® No ○Yes	Special Remark	B	eCode	140-4
NCD Protection		TCA	® No ○Yes	eCode Reason	
Accident Details	No	NCD Entitlement(%)	0	Private Hire	. No
Report Date	26/07/2019 18:46	Accident Report Within 24 hrs.	Yes	10.210030.52505	020500000000000000000000000000000000000
Date of Accident	26/07/2019			Accident Type	Collision - Head to Rear
	20/07/2019	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location © Excess	YISHUN AVE 1				
	****	(Washington within)			
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess	223	Outside Singapore OD Excess			
Third Party Excess ### Benefits	0.00	Outside Singapore TP Excess			
□ GST Registered Inform	ation				
GST Registered	Yes		GST Registration Date	01/02/2009	
GST Registration No.	200823218C		GST Status Verified	Yes	
Modification History	26/07/2019 16:47:1	I System changed GST Registered from N	o to Yes		
	26/07/2019 18:47:1	B System changed GST Registration No. fr B System changed GST Registration Date (om null to 21/02/2009 from null to 01/02/2009		
□ Policyholder Mailing Ad	idress				
Address I	51 BUKIT BATOK CRESCENT	Address 2	#04-19 UNITY CENTRE	Address 3	SINGAPORE 658077
Address 4		Address Type	Singapore address	Post Code	658077
Unit No.	04-19	Related Policy Number	5104554837		
OI Driver Info					
Driver Name	Unnamed Oriver	Driver Type	Unnamed Driver		
Unnamed driver Name	SHAD FEI	Driver NR3C	\$73889661	Driver DOB	08/07/1973
Register Date of Driver License	19/03/2009	Driver Age	46	Driving Experience	10
Confact No.(Mobile)	90665118	Contact No.(Office)	0	Contact No.(Home)	0
Andress 1	95 YISHUN STREET #1	Address 2	ORCHID PARK CONDOMINIUM	Address 3	SINGAPORE 768452
Address 4		Address Type	Singapore address	Post Code	768452
Unit No.	07-02				
Does he own a Singapore Registered car?	Yes (No	Driver Vehicle No.		Driver Insurer Company	
Declaration Breathalyser or Blood Test			536 SW		
Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
Claim 001 New					
Claim 001 New					
Claim Type *	00-MX	Insured Name	ABSOLUTE LIQUOR PTE. LTD.	Insured NRJC	200823218C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Of Vehicle Number	YP9468U	TP Vehicle Number	SLK5795G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select 🔝		
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description	YP9468U / SLKS79SG ON 26 Jul 2015			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/07/2019 18:48	Claim Close Date		Date Received	26/07/2019 00:00
Report Taken By	3ackson				
Print AK letter					
			the state of the s		
B 17 1 B		9	Save Submit		
Attachment					
Accident No.	MT/1055213	Claim No.	601		
Last Doc. Received	● Yes ○ No		001		
The state of the s		Upload Date	26/07/2019 18:48	ALCONO.	
	Path *	-	Category *	Confidential Urgen	
		Browse.	Clear Please Select	V Normal	×
		Browse.	Clear Please Select	V Normal	<u> </u>
Kr.		Browse		V Normal	V
			Clear Please Salect	V Normal	v

