ANALYS AT THE RESIDENCE OF THE PARTY OF THE		14119117519					
Date In: 4/6/19 - 11: 29	Jcb description	Date & Time Completed	Done	py.			
Res No: NA JHC1927648/44	SAS e-filing	İ					
Veh No: GV708JK	E-mail (within Shrs, AIC 2hrs)			3,5			
D.O.A : 3/9/19-09:32	i-Motor Claim Form	M11060955-001	419/19 W'	47			
	i-Motor W/O (Within: OD 2hrs	i-Motor W/O (Within: OD 2hrs, TP 4hrs)					
OD / TP / Reporting Only	i-Photo Uploaded			25			
TD	Assessment/Survey Report	1					
TP Insurer:	Ass't Report by Fax / Hand t	Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	ax:				
TP Particulars: Veh No: u	INC ()/Non-INC()					
Owner / Driver: (100000	Tel:)				
Policy No: ()	Period: ()	Cover Type: ()				
Confirmed by : (Date:	Time:)	4,4			
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 30-	00%]				
Year of Registration: () Warranty: YES ()/NO ()		200 (F 20)			
Excess: (\$) Loading:	\$1,000()/\$2,000()						
General Remarks:-		VERNERAL SEA CONT.	1917 12: 11:	-			
() Walk-In Currom as Customer's	information strictly Confidential & Str	ictly NO refer of consists	MANAGE COLL - Y				
		cuy NO rater of repatier.					
() Total Loss Case : to e-mail In	surer URGENTLY.						
Drive-In ()/ Towed-In (); Inv	roice: YES() / NO(); To	wing Co: (
Remarks: - (INC hotline: 6788 6616	6) 1	Date& Time Completed	Done	by ·			
) / Courtesy Car ()		5-1574 F. A				
2) QC Check / Post Repair Inspection	()			- (F-17,0)			
3) Upload Resurvey Photo [Repair Cost	>\$3000] ()						
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May 67 45: aimant's Particulars:: iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments::	1) AR : Accident I 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as: 6) TR : Re-inspect 7) N1 : Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	teporting (\$30); ssessment (\$100); INC (\$8 s	51 Bill 50 5120 5330 5120 5330 525 510 5225 525 520 530 50 50 50 50 50 50 50 50 50 50 50 50 50				

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 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 aforesaid.

Secure is a family security where the	ACCIDENT STATEMENT
Date Of Report	04/09/2019 11:29
Date Of Accident	03/09/2019 09:30
Exact Location Of Accident	BLK 24 BOON KENG RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
Management of the Design of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GV7085K
Insured/Policyholder	
Name Of Registered Owner	88 BLOOMS TRADING
Co Reg No	53268718C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97538325
Alternative Phone No	OFFICE-97538325
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE DIESEL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5067684945-04
Cover Note Number	
Driver	
Name of Driver	YAP LEONG PENG
NRIC No	S1532358B
Date Of Birth	28/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97538325
Fax Number	
Contact Number	OFFICE-97538325

NOEMAIL

BLK 22 BOON KENG ROAD Address

#05-11

Postcode 330022

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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

NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

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, THE FRONT VEHICLE WAS STOPPED OUTSIDE OF CARPARK LOT. I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHILE I OVERTAKING FRONT VEHICLE, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE RIGHT PORTION. I AM UNSURE THAT VEHICLE B REVERSE HIS VEHICLE.

NO

NO

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

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.

88 Blooms Trading

Reg No: 53268718C Blk 22 #05-11 Boon Keng Road

> Policyholder's Signature Date & Time:

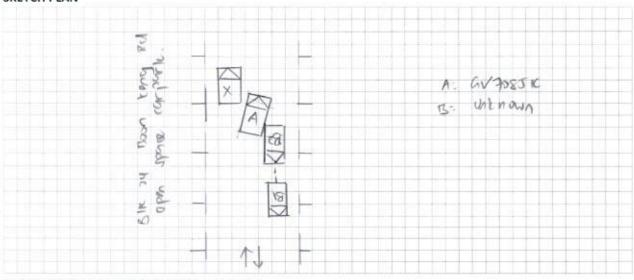
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	

DECLARATION

We declare the foregoing particulars are true in every respect.

Reg No: 53268718C Blk 22 #05-11 Boon Keng Road Singapore 330022

Policyholder's Signature 5 Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

eBao Tech									Genera	lClaim	
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident	[6	3/09/2019	09:30	
	Vehicle	Vehicle No.(For Motor) GV7085K			Certificate Number						
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5067684945- 04		88 BLOOMS TRADING	53268718C	GCV	Third Party	GV7085K	GV7085K	25/09/2018	24/09/2019
		.04		170ADING		Continue		2000000			

Policy No.	5067684945-04	Policyholder	88 BLOOMS	TRADING	Policyholder	53268718C	
Certificate		Name	OU DECOME	THEORIES	NRIC	552007100	
No.							
Address	BLK 22 #05-11 BOON KENG RO	AD SINGAPO	RE 330022				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	13/09/2018	Effective Date	25/09/2018	00:00	Expiry Date	24/09/2019 23	59
Excess Type		All Claims Excess					
Third		Own			Windscreen		
Party Excess	0	damage Excess	0		Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 22 #05-11	Addr	ess 2	BOON KENG ROAD		Address 3	SINGAPORE 330022
Address 4		Addr	ess Type	Singapore address		Post Code	330022
Unit No.	05-11	Relat Num	ed Policy ber	5067684945-05			
	ed Object: GV7085K						
1 Insure							
	sements						

March Marc	Claim Handling					
MINISTRATION OF MINISTRATION	Accident MT/1060955					
Marie	Policy No.	5067684945-04	Vehicle No.	GV7085K	GST Registration No.	
MERIOR SCHOOL S	Certificate No.					
March Month Mont	Policyholder Name	88 BLOOMS TRADING			Policyholder NR3C	53268718C
Special Name	Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party	Loading	0
March Marc	Contact No.(Mobile)	97538325	Concact No.(Office)	0	Consact No. (Home)	0
March Marc	mar Address		Special Remark		eCode	THE V
W GROWER SERVICE STATE	DFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
W GROWER SERVICE STATE	ICD Protection	No	NCD Entitlement(%)	20	Private Hire	No
March Marc						
March		04/09/2019 13:57	Accident Report Within 24 hrs	Yes	Acodent Type	Side Swice
Company Comp						
March Marc		03/09/2019		09:30		Singapore
## Address D.C. Address D.C. Address D.C. D.C.			Children Co.		ICM No.	
Mariene Divers		BLK 24 BOON KENG RD OPEN SPACE CA	ARPARK			
Column C	Excess					
Marian M	lwn damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
## 2007 #	Innamed Driver Excess		Outside Singapore OD Excess			
Tringention	hird Party Excess	0.00	Outside Singapore TP Excess			
17	⇒ Benefits					
ST Separation No.	□ GST Registered Informa	ation				
### PATRICING ### AUTOMATION A MOTION A	ST Registered	No				
## Principholate Malinia, Autores 2 ## Actives 2 ## Actives 3 ## Activ					Yes	
Control Cont	fortification History	04/09/2019 14:02:50 5	ystem changed GST Status Venified fro	im No to Yes		
Control Cont		GOVO.				
## Address Type						
Selection Sele	Address I	BLK 22 #05-11				
## Desire Table Second Sec	Address 4		Address Type	Singapore address	Post Code	330022
Description	init No.	05-11	Related Policy Number	5067684945-05		
Designation Page Color of Direct Marker Color of Direct National Color of Direct Nationa	□ OI Driver Infe					
Second Register Duke of Driver License 15 Contact No (Office) Driver Age Second No (Office) Driver Spanses Second Register No (Office) Driver No (Office) Drive	Inver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Contact No. Motore) 97583325 Contact No. (Office) D	Innamed driver Name	YAP LEONG PENG	Driver NRIC	S1532358B	Driver DOS	28/06/1961
### Address 1	egister Date of Driver License	18/08/2004	Driver Age	58	Driving Experience	15
Street S	Contact No. (Mobile)	97538325	Contact No. (Office)	0	Contact No.(Home)	0
Series S	odress I	BUK 22	Address 2	BOON KENG ROAD	Address 3	BENDEMEER VILLE
Driver Vehicle No. Driver Industrer Company Any Pijury? Ores ® No. Oregonated care Claim OSI Nets Cla	ddress 4	SINGAPORE 330022	Address Type	Singapore address	Post Code	330022
Any vigury?	unic No.	05-11				
Talent Pype * CO-MX	Does he own a Singapore	O Yes @ No	Driver Vehicle No.		Driver Insurer Company	
Any Mysiry? Any Mysiry? Ome Office	registered carr					
Colim 001 Nex Claim 001 Nex Claim 17pr * CO-MX	eclaration					
Colain OSS New Claim OSS On-Mix On-	reathalyser or Blood Test	Oma	Any insury?	○ Yes ® No		
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Claim OOI Next Same Secondary No. Property Contact No. Contac						
Same September Color C	Addition History					
Same September Color C	Superior and Thomas					
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Contact No. (Home) Contact No. (
Contact No. (Priorite)	Daim Type *	00-MX Y	Insured Name	ES BLOOMS TRADING	Insured NRIC	53268718C
Di Vehicle Number	Contact No.(Mobile)				Contact No. (Office)	
Talmant Type (Finals Select V Type of Benefit * Please Select V Type of Be				GV7085K		UNKNOWN
Claimant Name *		Please Select		particular and a second		7.75.0000000000000000000000000000000000
Date Address Date Description	Daimant Name *	CONTROL CONTRO				
Description Description Desc						
Insured Liability * Partially at Fault Insured Liability * Partially at Fault Insured Register of Insuration Yes	Date: Description	DV7085K / UNKNOWN ON 5 Says 2019			Name of Preferred Workshop	
Preference Repair Option Preferred Workshop, Name unknown ✓ GIA report Received ✓ Anter Registered Bullon Date Preferred Repair Option Preferred Workshop, Name unknown ✓ GIA report Received ✓ Attachment Save Submit Attachment Woodent No. MT/166995 Clarm No. D01 ast Doc. Received ● yes ○ No Upload Date D4/09/2019 14:47 Path * Category * Confidential Urgency * Description * Descriptio	referred Workshop Contact			Portially at Fault	116	
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Browse Class Please Select NO V Normal V			Browse	Cear Please Select	V No. V Normal	<u> </u>
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