Date In: 10/9/9-11:30	Jeb description	Date &Time	Completed	Done by	
Res No: NA INCIGOLOGE MY	SAS e-filing				
Veh No: 6470c	E-mail (within Shrs, AIC	2hrs)			
D.O.A: 9/19-200	i-Motor Claim Form		בר ייססיי	15/19 15:0	1
	i-Motor W/O (Within:				
OD / TP / Reporting Only	i-Photo Uploaded				
TD 1	Assessment/Survey Re	port			
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp		4 1944 - 10 July 1944 14 -	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No:		INC()/Non-IN	C()		
Owner / Driver: (Tel:)	
Policy No: () P	eriod: () Cover Type:	()	
Confirmed by : (Date	: Tin	ie:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-79	%. P: 80-1009	%]	11
Year of Registration: ()	Warranty: YES ()/N	0()			0_0
Excess: (\$) Loading: \$1	,000()/\$2,000()				
General Remarks .				5	
() Walk-In Customer : Customer's int	The state of the s	al & Strictly NO refer			
		ar di ottiony 110 1010		201	
() Total Loss Case : to e-mail Insu); Towing Co: (· · ·)
Drive-In ()/ Towed-In (); Invoi	ce: YES() / NO(_		
Remarks:- (INC horline: 6788 6616)		Date&Time C	omple:04	Done by	114
1) Apply for Transport Allowance ()/	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()	- F	(4) 22.		
3) Upload Resurvey Photo [Repair Cost > 5	§3000] ()				
				_	
Injury					
Injury:				MARKATA MARKATA	*******
Injury : Date/Time Actions	The state of the s			PLOKINE.	***************************************
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MNA119124621 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 20/09/2019 11:30 SUBMITTED BY: Jackson Ho Zhao Tian

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.

- 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

offoresaid.	ACCIDENT STATEMENT
2000 Str. 1000 S	20/09/2019 11:30
Date Of Report	09/08/2019 22:00
Date Of Accident	BLK 12 EUNOS CRESCENT OPEN SPACE CARPARK
Exact Location Of Accident	
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GY20C
Insured/Policyholder	
Name Of Registered Owner	ACE BUILDER PTE LTD
Co Reg No	201700287R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67424663
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	REPORTING ONLY
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	5105280970
Cover Note Number	
Driver	
Name of Driver	YONG EE SANG
Passport No/FIN	F1030796K
Date Of Birth	12/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2008
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90880020
Fax Number	HI MAN COMPLET CONTROL
Contact Number	OFFICE-90880020
EMail Address	NOEMAIL
Ellian Flagious	

506 DUNMAN ROAD Address

439199 Postcode

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

NO COLLISION Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

1

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

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

1

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

KAMPONG UBI NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009,

Police Station Address COUNTRY: SINGAPORE

TEL NO: 1800-7479999 - FAX NO: 67453410 Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190919/2170.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

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.
- 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.

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 .:

SKETCH PLAN No sheetch plan provide

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report-1/20190919/2175.	

DECLARATION

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

Policyholder's Signature Date & Time:

Ш

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE:	DD/MM/YYYY), TIME:(>2 : 00)(HH:MM)
LOCATION: THE IN TEMOS LINE	unt i pen space curpurla
1. DETAILS OF VEHICLE	X1 W
a) VEHICLE NUMBER: 64 200	2 2 2
bJINSURANCE COMPANY: NT	
C)POLICY NUMBER: 510 52 800	
	/E / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	THIRD PARTY THIRD PARTY FIRE WITCH
	/VAN/LORRY/MOTORCYCLE/OTHERS)
	/ COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCID	
i) ARE YOU CLAIMING UNDER YO	
IF NO, PLEASE STATE (THIRD PAR	
2. INSURED / POLICY HOLDER	TO SEMINITY REMOVED STREET
AINAME: ACC Brilder Pte	(MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 1217 00	
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALS	O POLICY HOLDER
Ho of passongs DRIVER	~
(Including driver) DINAME: YOU ER SMO	(MAUE-/ FEMALE)
D/14KiC/11K/1 A331 CK1	
(1) CIADDRESS: 506 Dunman	2090 (439199)
* 117 177 07 717 1 10 1 10 1	150
	(DD/MM/YYYY)
 e)OCCUPATION: (INDOOR / OUT f)YEARS OF DRIVING EXPRERIENC 	
	THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE	- 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. a) WEATHER CONDITION: (QLEAR	
b)ROAD SURFACE: (PRY)/ WET / C	
6. WAS ANYBODY INJURED (YES /N	
7. a) REPORTED TO POLICE (YESY NO	0)
IF YES, PLEASE STATE WHICH POI	LICE STATION:
8. THIRD PARTY VEHICLE	
He of passenger a) VEHICLE NUMBER:	MODEL:
The state of the s	CONTACT:
9. THIRD PARTY VEHICLE	CONTACT:
7. ITHIND, PARTI VEHICLE	MODEL:
A MO OF PASSENGER OF DOUGEDIS MANE	
Clade Visa del a Communicación del construcción del const	CONTACT:
J JI MAIC/FIN/FASSFORT.	CONTACT:
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1 of 3

Report No. T/20190919/2170

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

PEROPT OF A TRAFFIC ACCIDENT

REPORT OF A TRAFFIC ACCIDENT		Otation Diem. No.
Date/Time Report Made: 19/09/2019 21:55	Vide Report No.:	Station Diary No.: 29
10/00/2010 21:00		THE RESERVE THE PARTY OF THE PA
The state of the s		

19/09/20	19 21.00						
Informa	nt's Particu	lars					
Name of	Informant: E SANG		Address: 506 DUNMAN ROAD SINGAPORE 439199				
ID Type / ID No.: FIN NO / F1030796K			Contact No.: Home/Office:	Mobile: 90880020			
Nationality: MALAYSIAN			Email:				
Sex: Age: Date of Birth: Male 60 12/04/1959			Type of Informant: Driver				
Race: Chinese			Language: Institution / School Name				
Occupa	tion: CT COORD	INATOR	Driving Licence Information: Class: 3 Date of Expiry:				

eneral intori	mation of the Accident		Data/Time of	Type of Location		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/08/2019 22:00	Car Park		
Location: Along Road 1 EUNOS CRE	SCENT	ark		¥		
vveatrier.		Road Surface: Dry		Road Speed Limit:		
Traffic Flow: One Way	20	Traffic Control: Not Controlled		Traffic Volume: No Traffic		
Type of Collis	sion: cle Against - Parked Vel	nicle		Anyone conveyed by ambulance: No		

Details of V	ehicle Invo	ved			MONEY TO STATE OF THE PARTY OF		
Vehicle No.	Type	- Make	Model	Color	Condition	No of Passenger	
					No	0	
GY20C	Lorry				Damage		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





100117131810131818181818

2 of 3

Report No. T/20190919/2170

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

CONTINUATION OF REPORT

Driver	Commence of the latest	Barrio In			1250	
Name	YONG EE SANG			ID No		F1030796K
Related Vehicle	GY20C (Lorry)			Contact No.		90880020
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 09/08/2019 at about 1600hrs, I parked my company lorry, GY20C at B/12 Eunos Crescent open carpark and went to B/6 Eunos Crescent bakery shop to work. On the same day at about 2200hrs, I drove out the lorry from the lot and realized I was very close to a school bus on the right. I reversed back into the lot and drove out from the lot. I did not heard any sound as I had on my radio loudly. I then drove back home located at 506, Dunman Road. There was no scratch or dent on my company's lorry. On 18/09/2019, my office passed a traffic police letter reference TP/IP/57475/2019 for me to lodge a traffic police report. On the same day, I spotted the school bus and left a note on the windscreen. On 19/09/2019, I received a call from the school bus owner, Shawn Hp:81896168 who informed me to lodge a traffic police report.





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009 Tel No: 1800-7479999

CONTINUATION OF REPORT

Report No. T/20190919/2170

3 of 3

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording T G / Sgt 2 ANG KAH LUN	he Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable	0	Date/Time: 19/09/2019 21:55
Officer In Charge Of Case: TP / HRT /		Classification Of Case:
Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	SINGAPORE POLICE FORCE	
Authentication Stamp NP168	SI	GNATURE

Hello, NAC_PAYA_UBI_800	601						• Change	Languag	e · Char	nge Password	Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date o	f Accident	8	09/08/2019	22:00	
	Vehicle	No. (For Motor)	GY20C			Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105280970		ACE BUILDER PTE LTD	201700287R	GCV	Preferred Workshop Plan	GY20C	GY20C	05/11/2018	04/11/2019

leticy No.				200 Tr 0 1500 V 10 100 EV	900000000000000000000000000000000000000
MT=01107	5105280970	Vehicle No.	GY20C	GST Registration No.	2017002878
ertificate No.					
olicyholder Name	ACE BUILDER PTE LTD			Policyholder NRIC	201700287R
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading	0
ontact No.(Mobile)	NIL	Contact No. (Office)		Contact No.(Home)	N: V
mail Address		Special Remark	0	eCode eCode Reason	10. •
FK	® No ○ Yes	TCA	No ○ Yes		Not available
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Not availed in
Accident Details				1 0000 P000 \$2.000	Collided imp Parked Vehicle
eport Date	05/09/2019 15:45	Accident Report Within 24 hrs	Yes	Academ Type	
ate of Accident	09/08/2019	Time of Accident hitemm	22:00	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	BLK 12 EUNOS CRESENT OPEN CARPARK	LOT NO 45			
T Excess				Windscreen Excess	100.00
wn damage Excess	600.00	Additional Excess Outside Singapore OD Excess		military earl Caccas	
innamed Driver Excess					
hird Party Excess	0.00	Outside Singapore TP Excess			
♥ Benefits					
■ GST Registered Informal ST Registered	Yes		GST Registration Date	10/02/2017	
ST Registration No.	201700287R		GST Status Verified	Yes	
Modification History	05/09/2019 15:46:59 Sy 05/09/2019 15:46:59 Sy	stem changed GST Registered from N stem changed GST Registration No. fr stem changed GST Registration Date	om null to 201700287R		
Policyholder Mailing Ado	fress				
Address 1	71 LORONG 23 GEYLANG	Address 2	#08-02/04 THK INDUSTRIAL BL	Address 3	SINGAPORE 388386
Address 4		Address Type	Singapore address	Post Code	388386
Unit No.	01-78	Related Policy Number	5105280970		
♥ OI Driver Info					
Driver Name		Driver Type		Dec. et 0.00	
Unnamed driver Name		Driver NRIC		Driver DOB. Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2	Foreign address	Post Code	
Address 4		Address Type	roreign address	7300.50	
Unit No. Does he own a Singapore	12/10/21/10	100100000000000000000000000000000000000		Driver Insurer Company	
Registered car?	() Yes (●) No	Driver Vehicle No.		Diver Dadie Company	
Hodification History					
Claim 002 New					
			ACE BUILDER PTE LTD	Insured NRIC	The state of the s
Claim Type •	оо-мх 🔻	Insured Name	ACE BOILDER FIE EID	Insured Anno	201700287R
Claim Type * Contact No.(Mobile)	98571896	Insured Name Contact No.(Home)	NIL.	Contact No.(Office)	201700287R 62841126
	And the second s		NU. GY29C		
Contact No.(Mobile) Email Address	98571896 wong.acebuilder@gmail.com	Contact No.(Home) Of Vehicle Number Type of Benefit *	ND,	Contact No.(Office)	
Contact No.(Mobile) Email Address Claimant Type Claimant Type •	98571896 wong.acebuilder@gmail.com	Contact No.(Home) OI Vehicle Number	NU. GY29C	Contact No.(Office)	
Contact No.(Mobile)	98571896 wong.acebuilder@gmail.com Please Select >>	Contact No.(Home) Of Vehicle Number Type of Benefit *	NU. GY29C	Contact No.(Office) TP Vehicle Number	62841129
Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description	98571996 wong.acebuilder@gmail.com Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	NIL. GY20C Frease Select	Contact No.(Office)	62841129
Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact	98571896 wong.acebuilder@gmail.com Please Select >>	Contact No.(Home) Of Vehicle Number Type of Benefit *	NU. GY29C	Contact No.(Office) TP Vehicle Number	62841129
Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claim Description Preferred Workshop Contact No.	98571896 wong.acebuilder@gmail.com Please Select >>	Contact No.(Home) DI Vehicle Number Type of Senefit * Claimant NRIC * Insured Uability * Preferend Repair Option	NIL. GY20C Frease Select	Corract No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report	62841126 Ractived
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