

| | | | |
|----------------------------|--|-------------------------|---------------|
| Date In: 5/10/19 14:56 | Job description | Date & Time Completed | Done by |
| Ref No: NA1 IMC19017554/14 | SAS e-filing | | |
| Veh No: YP 5412 G | E-mail (within 2hrs, A/C 2hrs) | | |
| DATE: 4/10/19 17:05 | I-Motor Claim Form | MT/065534 ⁰¹ | 5/10/19 15:43 |
| TP / Resurvey Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Profound Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SLB 2543 J. INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

| Remarks | Date | Done by |
|---|------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|--|-------------|---------|
| NA 1907446 | Invoice/Repairation Credits | Am (\$) | Am (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Ingr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors Comments: | For claimant's adjust (INC Only) (ver 10 Jan 2003) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | ON: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idao Mobile \$0 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

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 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. 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 | 05/10/2019 14:56 |
| Date Of Accident | 04/10/2019 17:05 |
| Exact Location Of Accident | KAKI BUKIT AVE 3 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------|
| Vehicle Registration Number | YP5412G |
| Insured/Policyholder | |
| Name Of Registered Owner | TECK KEE FRUITS LLP |
| Co Reg No | T09LL0068F |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67786913 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | ISUZU |
| Model | - |
| 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 | 5087781721-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | WONG POH CHING |
| NRIC No | S1515218D |
| Date Of Birth | 18/03/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/08/1985 |
| Driving Experience | 34 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84664088 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 5 TANJONG PAGAR PLAZA #10-05 |
| Postcode | 081005 |
| 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) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |

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 |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------|
| Vehicle Registration Number | SLB2543J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | YUEN POI WAH |
| NRIC/Passport Number | S1527871D |
| 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**.
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 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:
 - (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.

德記 TECK KEE FRUITS LLP

Bk 15, Pasir Panjang

Wholesale Centre #01-124

Singapore 110018 Tel: 6778 0913



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

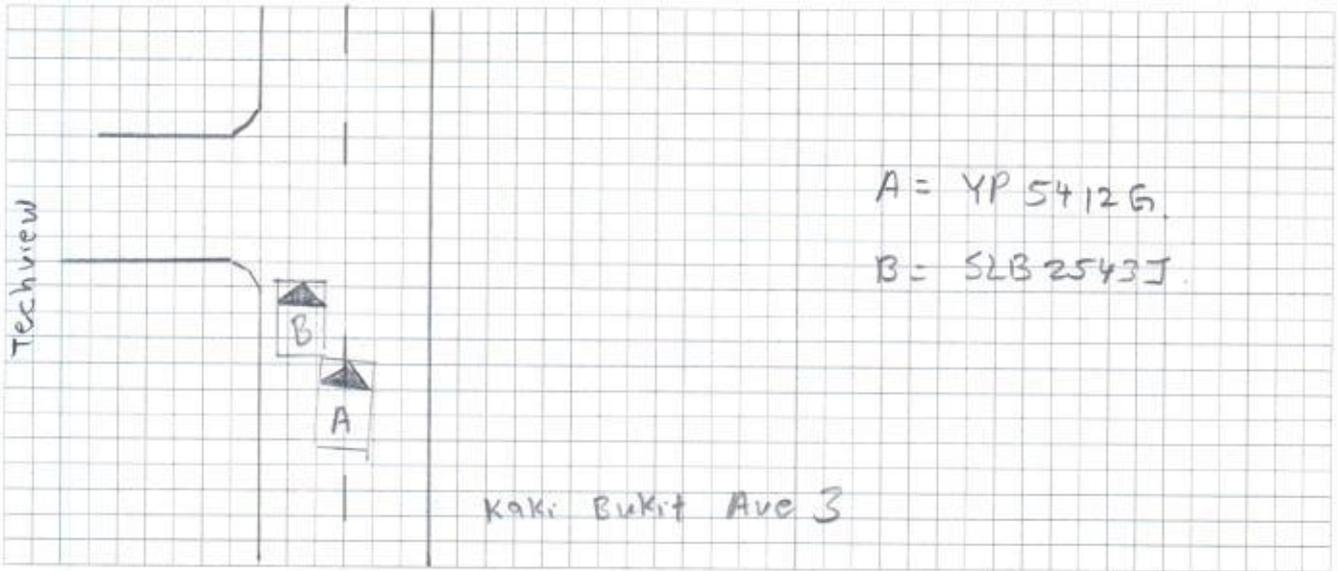
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Kaki Bukit Ave 3, while approaching Techview entrance, suddenly veh B which was in front of me stop, I manage to stop and swerved to right, but still hit onto veh B rear right portion.

DECLARATION

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

Policyholder's Signature
Date & Time:

TECK KEE FRUITS LLP
Blk 18, Pasir Panjang
Wholesale Centre #01-124
Singapore 110018 Tel: 6728 1511

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 4/10/79 (DD/MM/YYYY), TIME: 17:05 (HH:MM)

LOCATION: Jarak bukit Ave 3.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YPS412G.
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Teck Kee Fruits Llp. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 67786913
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wong Poh Ching (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 84664088
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 518/1985

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLB 2543J. MODEL: _____
b) DRIVER'S NAME: Yuen Poi Wah
c) NRIC/FIN/PASSPORT: S1527871D. CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(2)

M.

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* chop.

email =

fax =

video = Yes.

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|---------------|--------------------|---------------------|-------------------|---------|-------------------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5087781721-02 | | TECK KEE FRUITS LLP | T09LL0068F | GCV | Preferred Workshop Plan | YP5412G | YP5412G | 13/02/2019 | 12/02/2020 |

Continue

Claim Handling

Accident MT/1065534

| | | | | | |
|---------------------|---|---------------------|--|----------------------|------------|
| Policy No. | 5087781721-02 | Vehicle No. | YP5412G | GST Registration No. | M90369860C |
| Certificate No. | | | | | |
| Policyholder Name | TECK KEE FRUITS LLP | Cover Type | Preferred Workshop Plan | Policyholder NRIC | T09LL0068F |
| Product Code | COMMERCIAL VEHICLE INSURAN | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 67786913 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode | No |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 10 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date | 05/10/2019 15:39 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 04/10/2019 | Time of Accident hh:mm | 17:05 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | KAKI BUKIT AVE 3 | | | | |

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--|-------------------|--------|
| Own damage Excess | 600.00 | Additional Excess | | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |

Benefits

GST Registered Information

| | | | |
|----------------------|------------|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 01/01/2015 |
| GST Registration No. | M90369860C | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 18 #01-124 | Address 2 | WHOLESALE CENTRE | Address 3 | SINGAPORE 110018 |
| Address 4 | | Address Type | Singapore Address | Post Code | 110018 |
| Unit No. | | Related Policy Number | 5085214978-03 | | |

O1 Driver Info

| | | | | | |
|---|---|---------------------|---------------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 18/03/1961 |
| Unnamed driver Name | WONG POH CHING | Driver NRIC | S1515218D | Driving Experience | 34 |
| Register Date of Driver License | 05/08/1985 | Driver Age | 58 | Contact No.(Home) | |
| Contact No.(Mobile) | 84664088 | Contact No.(Office) | | Address 3 | SINGAPORE 081005 |
| Address 1 | BLK 5 #10-05 | Address 2 | TANJONG PAGAR PLAZA | Post Code | 081005 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 10-05 | Driver Vehicle No. | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 New

| | | | | | | |
|---|----------------------------------|----------------------------------|---------------------|---------------------|----------------------------|---|
| Claim Type * | OO-MX | Insured Name | TECK KEE FRUITS LLP | Insured NRIC | T09LL0 | |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | 67786913 | |
| Email Address | | O1 Vehicle Number | YP5412G | TP Vehicle Number | SLB25433 | |
| Claim Description | YP5412G / SLB25433 ON 4 Oct 2019 | | | | Name of Preferred Workshop | 0 |
| Preferred Workshop | 0 | Insured Liability | Fully at Fault | GIA report | Received | |
| Repair Option | Preferred | Preferred Workshop, Name unknown | | | | |
| Date Registered | 05/10/2019 15:42 | Claim Close Date | | Date Received | 05/10/2019 | |
| Report Taken By | LIEW SHAN HUI | | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | | |
| <input type="button" value="Save"/> <input type="button" value="Submit"/> | | | | | | |

Attachment

| | | | |
|---|---|-----------------------|---------------------------------|
| Accident No. | MT/1065534 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 05/10/2019 15:43 |
| Path * | | | |
| Choose File | No file chosen | Clear | Category * |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Confidential |
| Choose File | No file chosen | Clear | NO |
| Choose File | No file chosen | Clear | Urgency * |
| Choose File | No file chosen | Clear | Normal |
| Choose File | No file chosen | Clear | |
| Choose File | No file chosen | Clear | |
| Choose File | No file chosen | Clear | |
| Message Read | | Clear | |
| Attachment List | | | |
| Attachment | Uploaded By/Date | Category | Urgency |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 05 Oct 2019 15:43 | NRIC/ Driving License | Y Normal |
| | | | Description |
| | | | NRIC/ Driving License 2019-10-5 |



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
05 Oct 2019 15:43

SAS

Normal

SAS 2019-10-5

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05 Oct 2019 15:43

Photos

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Photos 2019-10-5

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Photos 2019-10-5

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window

Scan and uploading