NATIONAL Assessment Ce		I the section of the section of	Done l	11.
Date In: [1/11/19 - 1V: 0)	Jeb description	Date & Time Completed	Dollo (7)
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Veh No: MSK3 433	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 9/11/19-19:00	i-Motor Claim Form	100-946601/LW	1111/19	V:14
OD / TP) / Reporting Only	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		
OD / The reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repor	rt		
ir insurer.	Ass't Report by Fax / Han	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No:	PCSINGE INC	C()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [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()			E1470
General Remarks;-			3.5	
() Walk-In Customer: Customer's () Total Loss Case : to e-mail In				
() Total Loss Case : to e-mail In				
Drive-In ()/ Towed-In (); Inv	voice: YES () / NO ()	; Towing Co: (
Remarks:- (INC hotline: 6788 661	6)	Date&Time Completed	Done	by -
) / Courtesy Car ()	1 6		
2) QC Check / Post Repair Inspection	()	7		20-10-11-12
3) Upload Resurvey Photo [Repair Cost				
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MAIAN 8527	**************************************	Preparation Checklist	Ant (5)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number 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.
- 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	11/11/2019 12:00	
Date Of Accident	09/11/2019 13:00	
Exact Location Of Accident	ESPLANADE DR TWDS SHENTON WAY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF3433J	
Insured/Policyholder		
Name Of Registered Owner	SUMMIT INFOCOMM SYSTEM	
Co Reg No	52866758X	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-94555692	
Alternative Phone No	OFFICE-94555692	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL	
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	THIRD PARTY	
Fleet Policy	NO	
Policy Number	5094392663-02	
Cover Note Number		
Driver		
Name of Driver	SIAH CHEONG CHENG	
NRIC No	S7227065G	
Date Of Birth	04/08/1972	
Occupation	OUTDOOR	
Date Of Driving Pass	30/01/1992	
Driving Experience	27 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-94555692	
Fax Number		

OFFICE-94555692

NOEMAIL

BLK 115 BUKIT BATOK WEST AVENUE 6 Address #04-200

650115 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

COLLISION - CHANGE/CROSS LANE Type Of Accident

2

1

NO

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. 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

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 PC5144E

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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)

Lunderstand, 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:

MIT INFOCOMM SYSTE

V SOON LEE STREET

#03-49, ISPACE
SINGAPORE 627608 1

 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 Signasure

(If driver is not the policyholder)

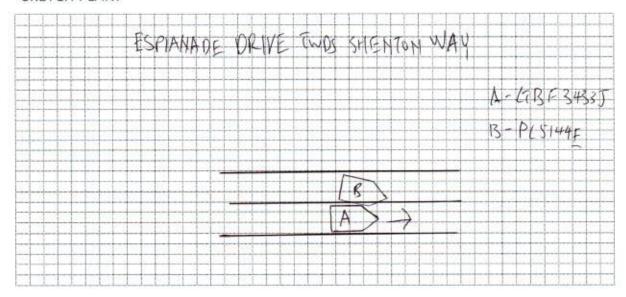
Date & Time:

Reporting Centre Personnell's Signature

Name:

NRIC/FIN No.

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9th Nov 2019 afternoon around 1300hrs, clear weather, dry ground, i was traveling on
second lane reference from left of Esplanade Drive toward Shentonway direction, Along
the extreme left lane there are many tourists minibus bus parked along the road illegally,
as the traffic light turned red, i was queuing behind other cars, when traffic light changed
Green, i moved off straight ahead, Suddenly a minibus (PC5144E) that previously illegal
parked along extreme left lane turned out and cut into my lane, as the minibus was white
in color plus the glare of the bright afternoon sun, conjunction with the sudden cut into my
lane from my blind spot, i did not notice it. thus, accident occurred within that split second,
front left side of my van (GBF3433J) collided with the front Right hand side of the
minibus, refer to the photo the minibus driver was unable to alight from his minibus,
therefore he has to reverse to access to the damage of our vehicles.

DECLARATION

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

7 SOON LEE STREET #03-49, ISPACE

Policyholder's Signature

Date & Time:

Driver's Fignature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC / FIN No.:

Accident Reporting Draft

VEHICLE NO: GBF3433J

MODEL: TOYOTA HAICE

DATE OF ACCIDENT	9/11/19
TIME OF ACCIDENT	1300 HRS AM/PM
LOCATION OF ACCIDENT	ESPLANADE DRIVE TOWARDS SHENTONWAY
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	SUMMIT INFOCOMM SYSTEM
CONTACT NO.	94555692
NRIC .	52866758X
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P
INSURANCE CO.	NTUC
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
POLICY NO.	
NAME OF DRIVER	AS ABOVE / IF NO: SIAH CHEONG CHENG
NRIC NRICE OF DRIVER	S7227065G ANY PASSENGER: 0
DATE OF BIRTH	SIZZIOUSG ANTI PASSENGEN. ()
OCCUPATION	OUTDOOR / INDOOR
DATE OF DRIVING PASS	OU INDOOR / INDOOR
GENDER	MALE / FEMALE
CONTACT NO.	94555692 OFFICE: HOME:
ADDRESS	7 SOON LEE STREET #03-49 ISPACE S(627608)
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/ IF NO:
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR
ROAD SURFACE	DRY / WET/ OTHER: DRY
ANY INJURIES	NO / IF YES:
CONTACT NO.	110711111111111111111111111111111111111
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	PC5144E ANY PASSENGER:
NAME	
CONTACT NO.	
VEHICLE C NO.	ANY PASSENGER:
VEHICLE D NO.	ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	
MOBILE NO.	Ryder Auto Pte Ltd
CONTACT PERSON	Auto Pte Ltd
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277

eBaoTech									Genera	liClaim
100601						• Change	Language	• Chan	ge Password	· Log Ou
Polic	cy Query									
Policy N	lo.				Date o	f Accident	0	9/11/2019 1	3:00	
Vehicle	No.(For Motor)	GBF343	33		Certific	ate Number				37
				18	Search					
Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5094392663- 02		SUMMIT INFOCOMM SYSTEM	52866758X	GCV	Third Party	GBF34333	GBF3433)	21/09/2019	20/09/2020
	Policy N Vehicle	Policy Query Policy No. Vehicle No.{For Motor} Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number 5094392663	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name 5094392663- SUMMIT INFOCOMM	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name Policyholder NRIC 5094392663- SUMMIT INFOCOMM 52866758X	Policy Query Policy No. Date of Vehicle No. (For Motor) GBF34333 Certificate Number Name NRIC Product Number Summit Summ	Policy Query Policy No. Date of Accident Vehicle No.{For Motor} GBF34333 Certificate Number Select Policy No. Certificate Number Name NRIC Product Cover Type Summit Name NRIC Summit Summit Summit NRIC Summi	Policy Query Policy No. Date of Accident O Vehicle No.{For Motor} GBF34333 Certificate Number Select Policy No. Certificate Number Name NRIC Product Cover Type No. No. Summit Name NRIC Summit No.	Policy Query Policy No. Date of Accident 09/11/2019 1 Vehicle No.(For Motor) GBF34333 Certificate Number Select Policy No. Certificate Number Name Name Name Name Name Name Name Name	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Name Name Policyholder NRIC Solect Policy No. Solect Po

Sequen	ce Date of Endorsemen	t	Endorsemen	nt Type	Endorsement	Status	Endorsement Content
□ Endors	ements						
) Insure	d Object: GBF3433)						
Jnit No.	03-49	Relate Numb	ed Policy er	5094392663-02			
Address 4			ss Type	Singapore address		Post Code	627608
Address 1	7 SOON LEE STREET	Addre	ss 2	#03-49 ISPACE		Address 3	SINGAPORE 627608
Policyh	older Mailing Address						
Certificate Info							
Policy Info							
Flag Open							
Co- insurance	No						
Agent	TAN KIM TECK	Agent Tel.	69969003		GST Flag	Υ	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Excess		Premium	0				
Excess Additional		Excess			Excess	Ø.	
Third Party	0	Own damage	0		Windscreen	0	
Excess Type	Per Accident	All Claims Excess					
Policy Issue Date	13/09/2019	Effective Date	21/09/201	9 00:00	Expiry Date	20/09/2020 23	3:59
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Address	7 SOON LEE STREET #03-49 ISP	ACE SINGAP	DRE 627608				
Certificate No.							
olicy No.	5094392663-02	Policyholder Name	SUMMIT IN	FOCOMM SYSTEM	Policyholder NRIC	52866758X	

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Company Comp	rtificate No.						
Contact Cont	licyhalder Neme	SUMMIT INFOCOMM SYSTEM				Policyholder NRJC	5286675800
Section Sect	reduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party		Loading	0
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Marcan Contents	codent Location	ESPLANADE OR TWIDS SHENTON WAY					
To District Security D	Total Excess Applicable						
100 100	cess Type	Per Accident	Windscreen Excess		0.00		
10.00 10.0							
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100	ED OD Excess	0.00	VIED TP Excess			Driver is Covered?	
Part	Iditional Excess						
For Engineering No.	tal OD Excess Applicable	0.00	Total TP Excess Applicable				
Tapperson No	Benefita						
Targeton No.	GST Registered Informa	stion					
Pathyphotes Mailtog Address	T Registered	No		GST Registratio	in Date		
Public P	T Registration No.			GST Status Ver	rhed	Yes	
Description Address 2	dification History						
Description Address 2							
### Address Type	Policyholder Mailing Ad	dress					
## Special Party Number ***OF 10 Priver 100 ***OF 10 Priver 100 ***OF 10 Priver 100 ***Ver Name ***Unramenal Driver** ***Ver Name ***Unramenal Driver** ***Ver Name ***Ver Name ***DOUGH CONTROL CHIEG ***DOWN AND **	idress 1	7 SOON LEE STREET	Address 2	#03-49 ISPACE		Address 3	51NGAPORE 627608
To Derive Note	toress 4		Address Type	Singapore address		Post Code	627608
The Name Direct Mark Direct Mark Direct Name Dir	nit No.	03-49	Related Policy Number	5094392663-02			
The Market			Distribution and Consumity				
Private Part Substitute S	THE SHARE SERVICE	Uppamed Driver	Driver Type	Unnamed Driver			
## Driver Age						Driver DOS	04/08/1972
Correct No. (Mobile) 9455692 Correct No. (Office) 0 No. (Office)							
Address 2 BLK 125 Address 2 BLK 126 Address 3 SINGAPORE 650115 Address Type							
Address Type Singapore address Post Code 650115 In No. 04-200 O Yet (R No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Carriedor Register Code 1000 Any righty? Yes (R No Driver Insurer Company Any righty? Yes (R No Driver Insurer Insurer Company Any righty? Yes (R No Driver Insurer					12002		
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Secretary of Blood Test Omg Any Policy?		04-200					
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