NATIONAL Assessment CE	Jcb description	Date & Time Complete	Done by
	SAS e-filing		
Ref No: Ha Nc 4021594 24	E-mail (within Shrs, All	C 2hrel	
Veli No: GBH 15 674	i-Motor Claim For		71119 09:34
D.O.A: 6/1/19.15:45	The state of the s	6	3/10/19 01/21
OD / TP-! Reporting Only	i-Motor W/O (Within i-Photo Uploaded	o: OD 2lits, TP 4brs)	
	Assessment/Survey F	Report	
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	:(Tel:	Fax:)
TP Particulars: Veh No:	667219K	INC()/Non-INC()	*
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Dat	e: Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 21-79%. P: 9	(0-100%)
Year of Registration: () Warranty: YES ()/1	40()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		
General Remarks:-			Carlos Alice
() Walk-In Customer: Customer's	information strictly Confiden		
() Total Luss Case : to e-mail I			
	voice: YES () / NO (); Towing Co: (.)
		5	d Done by
Remarks:- (INC hotline: 6788 661		Date&Time Complets	Done by
1) Apply for Transport Allowance ()/Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
 Upload Resurvey Photo [Repair Cost 	:>\$3000] ()		
Injury:			
		7 To 49	
Date/Time Actions			SCP-18/20023-180/351-5-5-1
		1	
		S 8410 (100 - 1110 - 1100 - 1110 - 1100 - 11	
•			
	lny	oice Preparation Checklist	Ant (\$) Amt (\$) for Bill Add Bill
NA 1909158 :	2000	: Accident Reporting (\$30);	fitBill Add Bill
laimant's Particulars:-	2) DA	: Damege Assessment (\$100); IN	C (\$80)
river/Owner:		: Towing Fee : Fallow-Through Survey	\$120
ontact No:	S)FT	: Follow-Through Survey (Resurvey)	3005)
		claiming against INC Only (wef 10 Jan : Re-inspection	\$75
amaged Portion:	7) N1	: Idao DA + SMRT Survey	\$160
	NT (8) NT	UC Additional Services:-	
C Checked by (Engr-In-Charge):	•N	5: Courtesy Car / Tpt Allowance	\$5 \$10
Charles what I this is A. S. Prenadayeta he like whi	·N	6: Repair Co-ordination 7: Fost Repair Inspection	\$25
uditors' Comments :-	*N	8: DV / Collect Excess Coordination	\$5
1.1:		(N11): TP (Non INC) against INC 2: Idae Mobile	30
1.2/3:		2: Idae Moone See dated Fee Cha	rgad Latert C
212	Lucati	ce daied Fee Cha	rged Siles

per at 1 70

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.
- 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.

aforesaid.	and the state of the copy of t
基定用 的原则是由于2018年的1980年代	ACCIDENT STATEMENT
Date Of Report	07/12/2019 09:12
Date Of Accident	06/12/2019 15:45
Exact Location Of Accident	BLK 210 HOUGANG ST 21 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
A CONTRACTOR OF THE CONTRACTOR	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH1562Y
Insured/Policyholder	
Name Of Registered Owner	HOUSE OF AMBER NECTAR PTE LTD
Co Reg No	201223969C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94389111
Alternative Phone No	OFFICE-94389111
Vehicle Particulars	
Manufacturer	тоуота
Model	DYNA 3.0 M
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	5106930648
Cover Note Number	
Driver	
Name of Driver	SAMPATH SEENU BALAJI
Passport No/FIN	G3422325X
D Of D	27/05/4005

 Passport No/FIN
 G3422325X

 Date Of Birth
 27/05/1995

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/09/2018

Driving Experience 1 YEAR AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83325930

Fax Number

Contact Number OFFICE-83325930

EMail Address NOEMAIL

221 HENDERSON ROAD Address

#01-06 HENDERSON BUILDING

Postcode 159557

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 SIDE SWIPE 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)

Details of Police Action

Was the accident reported to the police?

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, AS I WANTED TO REVERSED ONTO CARPARK LOT, I CHECK MY BLINDSPORT AND TURN ON MY VEHICLE DOUBLE INDICATOR LIGHT BEFORE I PROCEED TO REVERSE. WHEN I REVERSED SLOWLY ONTO CARPARK LOT AND REALIZED THAT MY VEHICLE REAR RIGHT PORTION INTACT WITH VEHICLE B FRONT RIGHT PORTION.

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

SLT219K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR TAN TIONG HOCK Name of Driver

NRIC/Passport Number S1793711A

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.

Policyholder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

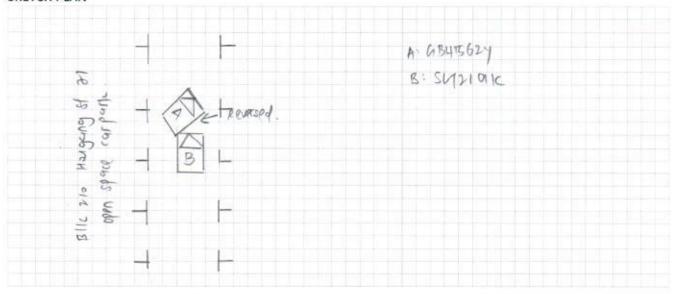
Driver's Signature

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	
ROTE TO HOTEMAN.	
	-

DECLARATION

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

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.:

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						+ Change	Language	Chang	e Password	· Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	¥o.				Date	of Accident	06	/12/2019 15	5:45	
	Vehicle	No.(For Motor)	GBH15	62Y		Certi	ficate Number				
						Search	B				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106930648		HOUSE OF AMBER NECTAR PTE LTD	2012239690	GCV	Comprehensive	GBH1562Y	G8H1562Y		30/01/2020
						Continue]				

Sequen	ce Date of Endorsement)	Endorsement	Туре	Endorsement	Status	Endorsement Content
□ Endors	ements						
) Insure	d Object: GBH1562Y						
Jnit No.		Relate Numb	d Policy er	5111399186			
Address 4			ss Type	Singapore address	1	Post Code	159557
Address 1	221 HENDERSON ROAD	Addre	ss 2	#01-06 HENDERSO	N BUILDING	Address 3	SINGAPORE 159557
→ Policyh	older Mailing Address						
Certificate Info							
Policy Info							
lag Open	20.00						
Co- nsurance	No						
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ	
Singapore OD Excess		Singapore TP Excess				Youn	g/Inexperience Driver Excess
Excess Outside		Premium Outside	8				
Additional		os	0				
Third Party Excess	0	damage Excess	600		Windscreen Excess	100	
Гуре		Excess Own					
ssue Date	15/01/2019	Date All Claims	31/01/2019	9 00:00	Expiry Date	30/01/2020 2	23:59
Name Policy	COMMERCIAL VEHICLE INSURAI	Plan Effective			Policy Flag	N	
Address Product	221 HENDERSON ROAD #01-06	HENDERSON	BUILDING S	INGAPORE 159557	Group		
Certificate No.							
Policy No.	5106930648	Policyholder Name	HOUSE OF	AMBER NECTAR PTE	Policyholder NRIC	201223969C	

Certificate No. Policyholder Name Product Code Contact No. (Mobile) Email Address	5106930648				
Certificate No. Policyholder Name Product Code Contact No. (Mobile) Emel Address					
Policyholder Name Product Code Contact No. (Mobile) Email Address	1100930048	Vehicle No.	G8H1562Y	GST Registration No.	NA
Product Code Contact No.(Mobile) Email Address					
Contact No.(Mobile) Email Address	HOUSE OF AMBER NECTAR PTE LTD			Policyholder NRJC	201223969C
Email Address	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
	94389111	Contact No.(Office)	0	Contact No.(Home)	0
KFK		Special Remark		eCode	T-V
	® No ○ Yes	TCA	No Yes Yes Yes No No Yes No No No Yes No No No No Yes No No No No No No No No	eCode Reason	
NCD Protection	40	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	97/12/2019 09:32	Accident Report Within 24 hrs	Vac		02562638
	06/12/2019	Time of Accident phrimm		Accident Type	Side Swipe
Reporting Centra	W122019		15:45	Country of Acadent	Singepore
	era valentae arabarra arabarr	Orange Force		IOM No.	
♥ Excess	BUK 210 HOUGANG ST 21 OPEN SPACE C	ARPARK			
Dwn 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	om.				
IST Registered	Yes		GST Registration Date	09/01/2013	
SST Registration No.	201223969C		GST Status Venified	Yes	
fodification History	07/12/2019 09:33:27 591	stem changed GST Registration No. fri stem changed GST Registration Date f stem changed GST Status Verified from	om NA to 201323969C Fom 01/01/2015 to 09/01/2013 In No to Yes		
Policyholder Hailing Addre	155				
Address 1	21 HENDERSON ROAD	Address 2	#01-06 HENDERSON BUILDING	Address 3	SINGAPORE 159557
Address 4		Address Type	Singapore address	Post Code	199557
Jinit No.		Related Policy Number	5111399186		
♥ OI Driver Info					
Driver Name U	innamed Driver	Driver Type	Unnamed Driver		
Innames driver Name 5	AMPATH SEENU BALAJI	Driver NRJC	G3422325X	Driver DOB	27/05/1995
Register Date of Driver License 1	0/09/2018	□river Age	24	Driving Experience	1
	13325930	Contact No. (Office)	0	Contact No.(Home)	0
	21 HENDERSON ROAD	Address 2			
	21 PERDEKSON RUNG		HENDERSON BUILDING	Address 3	SUNGAPORE 159557
Address 4		Address Type	Singapore address	Post Code	159557
	1-06				
Doas he own a Singapore Registered car?	Yes ® No.	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Brewthalyser or Blood Test 0 Reading?	mg	Any injury?	○ Yes ® No		
KORKOLA JOSEPHONOS					
fod fication History					
Claim 901 New					
Daim Type *	00-MX	Insured Name	HOUSE OF AMBER NECTAR PTE	Insured NRTC	201223969C
	6279797	Contact No.(Home)		Contact No. (Office)	62502453
Contact No.(Mobile) 9	EGNARD.TANGAMBERNECTAR	Ol Vehicle Number	GBH1562Y	TP Vehicle Number	SLT219K
	Nease Select	Type of Benefit *	Please Select		
mail Address	1	Claimant NRIC +			
mail Address Laimant Type Claimant Type •	2.2				
Travil Address Claimant Type Claimant Type • Claimant Name •	335				
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