NATIONAL Assessment Cer	tre Services pet 13	15000 MNA 119 1626	147	10). 10 (10) (10) (10) (10) (10) (10) (10) (1	Name of Street
Date In: 11/1/19-12:36	Jeb description		c Completed	Done	by
Rei No: 40/14/19 - 7/8/19/24	SAS e-filing				
Veh No: GBF7917P.	E-mail (within Shrs, Al	(C 2hrs)			
D.O.A: 12/1/19-17:50	i-Motor Claim For	in milion	5260-001	illivlia	14:11
	i-Motor W/O (With	n: OD 2hrs, TP 4hrs)			The state of the s
OD TP Reporting Only	i-Photo Uploaded	1			-
TD !	Assessment/Survey I	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wk	<u>sp</u>		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	x:	
TP Particulars: Veh No: JN	14844c	INC()/Non-I	NC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Typ	e: ()	
Confirmed by : (Dat	e: T	ime:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-7	9%. F: 80-10	0%]	100 - 2000
Year of Registration: ()	Warranty: YES ()/N	40()			
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()				
General Remarks:	A TOTAL OF		Caxil 173	200	
() Walk-In Customer : Customer's in		The state of the s			
() Total Loss Case : to e-mail Inst		aar a cureay 110 1510			
		Y Touring Co. /			
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO () ; Towing Co: (
Remarks: (INC hotline: 6788 6616)		Date&Time	Completed b	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()			***************************************	
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()				
F. 2					
Injury:					
Date/Time Actions	The Control of the Control				
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NAV	100000		823 Kanting 9 828	Anit (S)	Amt (\$
491909378.	lnyo	ice Preparation Ch	ecklist;	1 Bill	Add Bi
aimant's Particulars :-		Accident Reporting (53	the state of the s		<u> </u>
		: Damage Assessment (\$1 Towing Fee	\$40/5		
iver/Owner:	4) FT :	Follow-Through Survey	The second secon	20	
ontact No:	5) FT :	Follow-Through Survey (I	(wef 10 Jan 2005)	30	
ornered Bertian	6) TR:	Re-inspection		75	
maged Portion:		Idac DA + SMRT Survey	\$1	60	
	8) NTU	JC Additional Services:-			
Checked by (Engr-In-Charge):	*N5	Courtesy Car / Tpt Allows		\$5	
CONTROL OF THE STREET AND A STREET OF THE STREET OF THE STREET OF		Repair Co-ordination Fost Repair Inspection		25	-
uditors! Comments :-	•N8	DV / Collect Excess Coor	dination	55	15
1		N11): TP (Non INC) again		20	1
2/2	9) N12	: Idna Mobile	Fee Charged	30	Making E
2/3.	Invoice		Fee Charged	经产品Y	
cancer 100	78.878307.33	CIPAL CALL			

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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
Sales Service Control of the Control	ACCIDENT STATEMENT
Date Of Report	11/12/2019 12:36
Date Of Accident	10/12/2019 17:50
Exact Location Of Accident	EUNOS AVE 7
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF7965P
Insured/Policyholder	
Name Of Registered Owner	KOYO REFRIGERATION AND AIR CONDITION SERVICES
Co Reg No	10403100W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67452869
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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	THIRD PARTY
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	5098959824-01
Cover Note Number	

Driver

Name of Driver CHAN FOOK ONN NRIC No. S1014230Z

Date Of Birth 06/05/1946 OUTDOOR Occupation Date Of Driving Pass 03/04/1964

55 YEARS AND 8 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-98179046

Fax Number

OFFICE-98179046 Contact Number

EMail Address NOEMAIL Address BLK 8 EUNOS CRESCENT

#01-2673

Postcode 400008

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 Registration Number of Driver's Own

1000

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

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)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

NO

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?

ution given?

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 SMN4844C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SCM1199A

Page 2 of 13

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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.
- 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.
- 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.

Koyo Refrigeration & Air-condition Service

Policyholder's Signature Date & Time: Delvar's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

JAPAN, Gradelief of our ASS

SKETCHPLAN EURUS AVE 7 Car park lot Vih A (18F7465P VILL B SMN 4844C Veh C SCMILAGA DESCRIBE CIRCUMSTANCES OF THE ACCIDENT The Stuted Time and GBF196JP bearing carplate number parted vehicle that my was intormed corpare 10t was a vehicle bearing carplate SMN 4844C. collided I then realise that another ulhille bearing carplate scm 1199A was also involved accident DECLARATION I/We declare the foregoing particulars are true in every respect. voyo netrigeration & Air-condition Service Driver's Signature Reporting Centre Personnel's Signature Policyholder's Signature (If driver is not the policyholder) Name: Date & Time: Date & Time: NRIC/FIN No .: MINMS StarglaPlantourn V3

Date of Accident	10/12/2-19 Accident Time: 1750 (24-HR-Format)
Accident Place	Eurus Ave 7
Vehicle Reg. No. (Car Plate No.)	CIRF 7465 P
Vehicle Make/Model	: Nissan NUZOU
Insurance Company	NTUC Policy No.
Owner or Company Name /IC No.	Kont Pat to a fine a first
Owner or Company Contact No.	: 6745 2869 Owner's Hp Company Te
DRIVER'S Name / IC No.	: Chan Fook ONN SIB14230Z
DRIVER'S Date Of Birth	:DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others; Owner
DRIVER'S Address	: B/K & Euros crescent # 01-2673 40008.
DRIVER'S Contact No./ Alt No.	:1) 9817 9046 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: Admine my car sg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET (AFTER RAIN & WET)
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): 0 , nobody instac car
Was there any video Captured by c Exact purpose for which vehicle wa	ar camera: YES \ NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if anv)
Vehicle Reg. No: SMIN 4844	C Vehicle Reg. No: 6 CM 1199 A
Vehicle Make\Model:	
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	

. . .

Hello, NAC_PAYA_UBI_80	0601						• Change	Language	+ Chang	ge Password	· Log Ou
My Desktop	Poli	cy Query									
	Policy N	No.				Date of	Accident	10	0/12/2019 1	7:50	
	Vehicle	No.(For Motor)	GBF79	65P		Certifica	ate Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098959824- 01		KOYO REFRIGERATION AND AIR CONDITION SERVICES	10403100W	GCV	Preferred Workshop Plan	GBF7965P	GBF7965P	14/03/2019	13/03/2020

Policy No.	5098959824-01	Policyholder Name	KOYO REFR	RIGERATION AND AIR	Policyholder NR1C	10403100W	
Certificate No.		assertition .					
Address	BLK 8 #01-2673 EUNOS CRESCE	ENT SINGAPO	RE 400008				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	04/03/2019	Effective Date	14/03/2019	00:00	Expiry Date	13/03/2020 2	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	older Mailing Address						
Address 1	BLK 8 #01-2673	Addres	ss 2	EUNOS CRESCENT	809	Address 3	SINGAPORE 400008
Address 4		Addres	ss Type	Singapore address		Post Code	400008
Unit No.		Relate Numbe	d Policy er	5061594406-06			
Insured	d Object: GBF7965P						
	amants						
	ements						

Policy No. Certificate No.	5096959824-01		Vehicle No.	G8F7965P			GST Registration 6			
Policyholder Name	KOYO REFRIGERATION AND	AIR CONDITIO	ON SERVICES				Policyholder NRIC		10403100V	,
Product Code	COMMERCIAL VEHICLE INSU		Cover Type	Preferred V	Forkshop Plan		Loading		0	
Contact No.(Mobile)	0		Concact No. (Office)	67452869			Contact No.(Home	i	0	
Email Address			Special Remark				eCode		5 V	
ichic .	® No ○Yes		TCA	® No ⊜Y	25		eCode Resson			
NCD Protection	No		NCD Entitlement(%)	20			Private Hire		No	
Report Date	11/12/2019 14:08		Accident Report Within 24 hrs	Yes			Accident Type		Damaged w	Nist parked
Date of Accident	10/12/2019		Time of Accident hitcmm	17:50			Country of Acciden	te:	Singapore	
Reporting Centre			Orange Force				SEM No.			
Accident Location	EUNOS AVE 7									
₩ Excuss										
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 Informa				3677						
SST Registered SST Registration No.	No				Registration Date Status Venfied		Yes			
Modification History	11/12/2019 1	4:10:13 Syst	em changed GST Status Verified from		Status vertoes		1465			
50000000000000000000000000000000000000										
Policyholder Mailing Ad	dress									
Address 1	BLK B #01-2673		Address 2	EUNOS CRE	SCENT		Address 3		SINGAPORE	400008
Address 4			Address Type	Singapore a	ddress		Post Code		40000B	
Unit No.			Related Policy Number	506159440	6-06					
□ 01 Driver Info										
Driver Name	Unnamed Driver		Driver Type	Unnamed D	river					
Unnamed driver Name	CHAN FOOK ONN		Driver NRIC	510142302			Onver DOB		06/05/1946	
Register Date of Driver License			Driver Age	73			Driving Experience		55	
	98179046		Contact No.(Office)	0			Cantact No.(Home))	0	
Contact No.(Motile)				EUNOS CRI	SCIENT		Address 3		SINGAPORE	400008
Address 1	BLK B		Address 2							
Address 4			Address Type	Singapore a	ddress		Post Code		400008	
Address 1 Address 4 Unit No.	01-2673		Address Type		ddress		Post Code		400008	
Address 4					daress		Post Code Driver Insurer Com	pany	400008	
Address 4 Link No. Does ne own a Singapore Registered car?	01-2673		Address Type		ddress			pany	400008	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	01-2673 ○ Yes ® No		Address Type Driver Vehicle No.	Singagore a				pany	400008	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration	01-2673		Address Type					pany	400008	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	01-2673 ○ Yes ® No		Address Type Driver Vehicle No.	Singagore a				pany	400008	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	01-2673 ○ Yes ® No		Address Type Driver Vehicle No.	Singagore a				pany	40008	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalysis or Blood Test Reading? Hodification History	01-2673 ○ Yes ® No		Address Type Driver Vehicle No.	Singagore a				pany	40008	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Floodfication History	01-2673 ○ Yes ® No		Address Type Driver Vehicle No.	Singagore a				opany	40008	
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Address 1 Address 4 Unit No. Does no own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New	01-2623 ○ Yes	Į.	Address Type Driver Vehicle No. Any injury?	Singapore a			Driver Insurer Com		10403100w	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Binathalyser or Blood Test Reading? Claim 001 Mew Claim 001 Mew Claim 1/90 =	01-2623 ○ Yes	Į.	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	Singapore a ○ Yes N KOYO REFR	ie		Driver Insurer Com Insured NRIC Comact No.(Office)		10405100w 98179046	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 Mex Claim Type = Concact No. (Mobile) Irmall Address	01-2623 ○ Yes No 0 mg		Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number	Singapore a	SECRATION AND AIR		Driver Insurer Com		10403100w	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Binesthalpser or Blood Test Reading? Claim 001 New Cham Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type *	01-2623 ○ Yes No 0 mg	<u> </u>	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic *	Singapore a ○ Yes N KOYO REFR	SECRATION AND AIR		Driver Insurer Com Insured NRIC Comact No.(Office)		10405100w 98179046	
Address 1 Address 4 Unit No. Does in eleven a Singapore Registered car? Declaration Bineathalyser or Blood Test Reading? Claim 001 Mex. Claim 109 = Contact No. (Mobile) Irmait Address Claimant Type Claimant Type * Claimant Name *	01-2623 ○ Yes No 0 mg		Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number	Singapore a	SECRATION AND AIR		Driver Insurer Com Insured NRIC Comact No.(Office)		10405100w 98179046	
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Address 1 Address 4 Unit No. Does in eleven a Singapore Registered car? Declaration Binathalyser or Blood Test Reading? Claim 001 New Claim 001 New Contact No. (Mobile) Binath Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claim Description Verland Workshop Contact No. Require Finalisation	O1-2523 Ves ® No O mg OD-608 Please Select GBF796SP / SMN4844C ON 10 Yes	>	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	Singapore a Singapore a Singapore a Singapore a	EGERATION AND AIR	>	Insured NRIC Common No. (Office) TP Vehicle Number Name of Preferred		10403100W 98179046 SHN4844C	
Address 1 Address 4 Unit No. Does in even a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 001 New Claim 4 Name * Claimant Type Claimant Type * Claimant Name * Claimant Nam	01-2523 ○ Yes No 0 mg 0 mg OD-608	≥≥ Dec 2019	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	Singapore a Singapore a Singapore a Singapore a	EGERATION AND AIR	>	Insured NRIC Comtact No. (Office) TP Vehicle Number		10403100W 98179046 SHN4644C	
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