	Jeb description	Date & Time Completed	Done b).V
Ref No: NA HEROBORD 48 24	SAS e-filing			
Veh No: 618 16767	E-mail (within Shrs, AIC 2hrs)	<u> </u>		
D.O.A: 31/12/19-11:30	i-Motor Claim Form	M7/1078174-001	2/1/20 15	127
	i-Motor W/O (Within: OD 2)		- 111 40 13	1.1
OD (TP) Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:		to Ouman/Wilson		
S. C. Allie (NGA) - Will (ASI)	Ass't Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW: (was t		ix:	
TP Particulars: Veh Noum	K9435 . INC)/Non-INC()		
	Period: ()			
		Cover Type: (
Confirmed by : (Date:		7	
	[Note-Est Status (WO): N: 0-	20%; P: 21-79%. P: 50-10	70%0]	
Year of Registration: ()	7,110			
	1,000 ()/\$2,000 ()		95 97.	
			U0/1 (1)	- 1
() Walk-In Customer : Customer's in		trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	urer URGENTLY.			
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO();	Fowing Co: ()
Remarks; (INC horline: 6788 6616)		Date&Time Completed	Doneb	v
	A STATE OF THE PARTY OF THE PAR		1221 1 1 1 1 1 1	
1) Apply for Transport Allowance ()	(Courteey Car ()			
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

- 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.
- 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.

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.

atoresaid.	
CANAL SHEET STATE OF THE SECOND SECON	ACCIDENT STATEMENT
Date Of Report	02/01/2020 15:19
Date Of Accident	31/12/2019 11:30
Exact Location Of Accident	PIE (TUAS) AFTER KJE EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE1676T
Insured/Policyholder	
Name Of Registered Owner	CHILLI API CATERING PTE LTD
Co Reg No	2XXXX964G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62479531
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	5084062729-03
Cover Note Number	
Driver	
Name of Driver	LIN JIE
Passport No/FIN	GXXXX541W
Date Of Birth	17/07/1987
Occupation	OUTDOOR

12/03/2019

MALE

NOEMAIL

0 YEAR AND 9 MONTH

(LOCAL) +65-98867045

OFFICE-98867045

Page 1 of 13

Address

3015 BEDOK NORTH STREET 5 #06-27 SHIMEI EAST KITCHEN

Postcode

486350

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

CHAIN COLLISION

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

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)

NO

2

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

. -

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B REAR PORTION. THERE WERE 3 VEHICLES INVOLVED IN THIS ACCIDENT.

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

SMK943S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 13

1

SJA2620Z

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

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)

2

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.
- 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.:

		A: 6BE1676T B: SMK943S C: SJAZ620Z
PIE (Tuns)	A A B A A B A A A B A A A B A A A B A A B A A B A A B A A B A A B A A B A A B A A B A A B	C: SJA16101
cribe circumstances of the	ACCIDENT	

Refer to statement
CATERIA
Compe

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.:

eBao Tech	GeneralC							lClaim			
Hello, NAC_PAYA_UBI_80	0601					and the second	• Change L	anguage	· Change	Password	• Log Out
My Desktop	Policy Query										
Notice of Loss	Policy No.					Date	of Accident	31/	12/2019 11	30	
	Vehicle No. (For Motor)		G8E167	G8E1676T		Certificate Number					
					1	Search					
	Select	Policy Na.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084062729- 03		CHILLI API CATERING PTE LTD	200208964G	GCV	Comprehensive	GBE1676T	GBE1676T	19/09/2019	18/09/2020
					C	Continue					

Policy No.	5084062729-03	Policyholder Name	CHILLI API	CATERING PTE LTD	Policyholder NRIC	200208964G	
Certificate No.							
Address	3015 BEDOK NORTH STREET 5	06-27 SHIM	EL EAST KITC	HEN SINGAPORE 48	6350		
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	04/09/2019	Effective Date	19/09/2019	9 00:00	Expiry Date	18/09/2020 2	3:59
Excess Type	Per Accident	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	INCOME-BRANCH SERVICES	Agent Tel.	67886616		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policyl	nolder Mailing Address						
Address 1	3015 BEDOK NORTH STR	EET 5 Addr	ess 2	#06-27 SHIMEI EA	ST KITCHEN	Address 3	SINGAPORE 486350
Address 4		Addr	ess Type	Singapore address		Post Code	486350
Unit No.		Relat Num	ted Policy ber	5097327042-02			
	d Object: GBE1676T						
▶ Insure ♥ Endors	ements						

Section Sect	Claim Handling					
Marrie	Accident MT/1078179					
Column	Policy No.	5084062729-03	Vehicle No.	G8E1676T	GST Registration No.	
Control Cont	Dertificate No.					
March Michael	Policyholder Name	CHILLI API CATERING PTE LTD			Policyholder NRJC	200208964G
Service Serv	Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	٥
Note Service Marce Mar	Contact No. (Mobile)	- 0	Contact No. (Office)	62479531	Contact No.(Home)	ō
Marie Parlament Marie Parl	Emeil Address		Special Remark		eCode	- V
### CONTROLOGY C	ork.	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
March Marc	NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes
March Marc						
The set of Supplement		02/01/2020 15:34	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Company Comp						
The content of the		31/12/2019		11:20		Singapure
Part			Orange Porce		ILM NO.	
Control Park						
Description	Total Excess Applicable					
MICHON PROCESS 1000 00 Texts Applicable	Excess Type	Per Accident	Windscreen Excess	100,00		
MICHON PROCESS 1000 00 Texts Applicable	0.0000000000000000000000000000000000000	620.00	TO Chandral Course	2.00		
Marrie 1600				0.00	Debug to Proposed?	
100 00 Total Patents 100 00 Total Patents Applicable Total Patent		1000.00	YIED IF EXCESS		Driver is Covered?	
## 505 # Saylor 1905 # 1905 # 1905 # 1905 1905						
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Temperation Pre	▼ Benefits					
2000000000000000000000000000000000000	GST Registered Informa	ation				
Column C	SST Registered					
## PRINCY PRINCE NO BENEFIT OF THE PRINCE TO SERVICE NO	SST Registration No.		STATE OF STREET		Yes	
## PRINCY PRINCE NO BENEFIT OF THE PRINCE TO SERVICE NO	Hodification History	02/01/2020 15:36:31 Syste 02/01/2020 15:36:31 Syste	m changed GST Registered from No im changed GST Registration No. In	to 169 om null to 2002089640		
State		02/01/2020 15:36:31 Syste	em changed GST Registration Date f	rom null to 01/02/2005		
March Marc				00000000000000000000000000000000000000	PANER (SE	
Marie Mari	Address 1	3015 BEDICK NORTH STREET 5				
## Control	Address 6		Address Type	Singapore address	Post Code	486350
Unlamed Siner Unlamed Siner Unlamed Siner Unlamed Siner Unlamed Siner Unlamed Siner Unlamed Si	Unit No.		Related Policy Number	5097327042-02		
Direct Name Contract Name	OI Driver Info					
### Support Glass of Others License 1201/2019 Direct Age 32 Direct Age 32	Driver Name:	Unnamed Driver	Driver Type	Unnamed Driver		
Section Sect	Unnamed driver Name	LIN JIE	Driver NRIC	G0000541W	Driver DOB	17/07/1967
2019 BEOX NONTH STREET 5 A00ress 7 SHIPELE EAST KITO-EIN A00ress 3 SUNGAPORE 486350	Register Date of Oriver License	12/03/2019	Driver Age	32	Driving Experience	0
Address Type Singapore address Post Code 46530 If the courted on the own a Singapore address Driver Insurer Company Columbia Or Driver Insurer Company Ong Anv impury? Yest (®) No Anv impury? Anv impury? Yest (®) No Anv impury? Post (®) No	Contact No.(Mobile)	98567045	Contact No. (Office)	0	Contact No.(Home)	0
The sear is a support of the control	Address I	3015 BEDOK NORTH STREET 5	Address 2	SHIMEI EAST KITCHEN	Address 3	SUVCAPORE 486350
Driver No. or Singalore Oracle No. Driver Oracle No. Driver Oracle Orac	Address 4		Address Type	Singapore address	Past Code	486350
Columbo Name Desire Name D	unit No.	06-27				
Columbian Page OLAN	Does he own a Singapore	O Yes (#) No	Driver Vehicle No		Driver Insurer Company	
Any injury? Yes (8) to addication instancy Calm 001 Nex Sam Typs * OO NN	Registered car?		. Province and the second		1242-1040-14-81-2-010-010-1-01-81-81-81-81-81-81-81-81-81-81-81-81-81	
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Contact No. (Mobile) Type of Benefit * Press Select Type of Benefit * Press Select Claimant Name * Claimant Name of Preferred Workshop Claim Class Date Claim Class Date Pert Ax kitter Codent No. Mf/1078179 Claim No. Claim No. Claim No. Claim Name of Preferred Workshop Claim Class Date Save Submits Attachment Codent No. Mf/1078179 Claim No. Contoners V. No. Contoners V. No. No. Contoners V. No. Contoners V. No. Co	Claim Type *	DD-MX	Insured Name	CHILLI API CATERING PTE LTD	Intured NRIC	200208964G
Tale Address Quiy@Chilipadi.com.sq Oil Vehicle Number GBB1676T TP Vehicle Number SMS935 SM	Contact No.(Mobile)		Contact No.(Home)		Contact No. (Office)	62479531
Date of Preferred Workshop Corect Attachment Attachment Attachment Path * P		tude@chilinadi.com.so		GBE1676T	TP vehicle Number	SMK9435
Laimant Name *						
Description Preferred Workshop Contact Sequence Workshop Contact Sequence Description Preferred Workshop Name unknown V C1A report Reactives V Date Received 02/01/2020 00:00 Description				22		
Taken Description Contract Co	Claimant Address		11.77711			
Insured Liability * Not at Fault V Preferred Workshop Contact (6) Insured Liability * Not at Fault V Preferred Ropair Option Preferred Workshop, Name Linkhown V GIA report Received V Date Received 02/01/2020 15:37 Claim Close Date Point Ak Natter Save Submit Attachment Codent No MF/1078179 Claim No O01 Attachment Peth * Category * Confidential Ungercy * Description * Peth * Category * Confidential Ungercy * Description * Peth * Category * Normal V Power Process Select V Normal V Roome V Normal V R		G8E1626T / SMK943S ON 31 Dec 2019			Name of Preferred Workshop	
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Attachment Original No. Mf/1075179 Claim No. O01 ast Doc. Received Vers. No. Upload Date 02/01/2020 15:39 Path * Category * Confidential Ungercy * Destription * Browse Claim Please Select Vers. No. No. No. No. No. No. No. No. No. No	Date Registered	02/01/2020 15:37	Claim Close Date		Date Received	02/01/2020 00:00
Attachment Codert No. MT/1078179 Cerr No. O01 ast Doc. Received Ves O No. Upload Date O2/01/2020 15:39 Path * Category * Confidential Ungerous * Destription * Destript	Report Taken By	Jackson				
Attachment Codert No. MT/1078179 Cerr No. O01 ast Doc. Received Ves O No. Upload Date O2/01/2020 15:39 Path * Category * Confidential Ungerous * Destription * Destript	Print AK letter					
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