Date In: 1-11/0 - 11:06	Job description	Date & Time Complet	ed	Done by	1
Rel No: NAINC 1000847/24	SAS e-filing	İ			
Veli No: GBE 70 75M	E-mail (within Shrs, AIC 2)	ars)			
D.O.A: Mipo-05:32	i-Motor Claim Form	m/107 9994-001	lylih	10 12:	4
	i-Motor W/O (Within: O	D 2hrs, TP 4hrs)			
OD : TP) Reporting Only	i-Photo Uploaded				
	Assessment/Survey Rep	ort			
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:		
TP Particulars: Veh No: 40	8247 IN	IC()/Non-INC(
Owner / Driver: (Tel:)	
Policy No: () P	Period: () Cover Type: (STATISTICS AND ADDRESS.)	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N:	0-20%; P: 21-79%. F: !	30-100%]	102-01	
Year of Registration: ()	Warranty: YES ()/NO	()			
Excess: (\$) Loading: \$1,	,000 ()/\$2,000 ()				
General Remarks;-					1
() Walk-In Customer : Customer's inf	formation strictly Confidential	& Strictly NO refer of repai	rer.		
() Total Loss Case : to e-mail Insur	rer URGENTLY.				
Drive-In ()/ Towed-In (); Invoice	ce: YES () / NO ()	; Towing Co: (
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$	Courtesy Car () ()	Date&Time Complets		Done by	y
2) QC Check / Post Repair Inspection	Courtesy Car () () () () ()				y
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car () () () () ()				y
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car () () () () ()				y
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Courtesy Car () () () () () () () () () (·(G)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Courtesy Car ()	Preparation Checklist.		•(G)	- A
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Claimant's Particulars:	Courtesy Car ()	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INC.		·(G)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MA 2000 32	Courtesy Car ()	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INc ing Fee ow-Through Survey	C (\$80) \$40/\$45 \$120	·(G)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Courtesy Car ()	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INc ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan	C (\$80) \$40/\$45 \$120 \$30 2005)	·(G)	- A
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Claimant's Particulars:	Courtesy Car ()	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INc ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan inspection	(\$80) \$40/\$45 \$120 \$30	·(G)	A
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars:: Oriver/Owner:	Courtesy Car ()	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INc ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan	C (\$80) \$40/\$45 \$120 \$30 2005) \$75	·(G)	- A
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions: Actions: Particulars: Oriver/Owner: Contact No:	Invoice	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INc ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan inspection DA + SMRT Survey dditional Services:	C (\$80) \$40/\$45 \$120 \$30 2005) \$75	·(G)	- A
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Particulars: Oriver/Owner: Contact No: Damaged Portion:	Courtesy Car () ()	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INc ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan inspection DA + SMRT Survey dditional Services: Irlesy Car / Tpt Allowance ist Co-ordination	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	·(G)	- A
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars:: Oriver/Owner:	Courtesy Car ()	Preparation Checklist ident Reporting (\$30); image Assessment (\$100); INc ing Fee ow-Through Survey ow-Through Survey (Resurvey) image against INC Only (wef 10 Jan inspection IDA + SMRT Survey dditional Services:	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	·(G)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Oamaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car ()	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INc ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan inspection DA + SMRT Survey dditional Services: Intesy Car / Tpt Allowance Intesy Car / Tpt Allowance Interpretation I Repair Inspection / Collect Excess Coordination): TP (Non INC) against INC	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$10 \$25 \$3 \$20	·(G)	AAA
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Claimant's Particulars: Contact No: Camaged Portion: C Checked by (Engr-In-Charge): Auditors! Comments:	Courtesy Car ()	Preparation Checklist ident Reporting (\$30); inage Assessment (\$100); INcoming Fee ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan inspection IDA + SMRT Survey idditional Services: Intest Controllination I Repair Inspection / Collect Excess Coordination): TP (Nun INC) against INC c Mobile	\$10 \$30 \$20 \$30 \$20 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	·(G)	A

· . part tar

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.

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.	
THE RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	14/01/2020 11:06
Date Of Accident	13/01/2020 05:30
Exact Location Of Accident	YISHUN RING RD
Country/State of Loss	SINGAPORE
Design of the second se	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE7075M
Insured/Policyholder	
Name Of Registered Owner	TAN YOU PENG FOOD SUPPLY
Co Reg No	2XXXX800W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
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	5107856847
Cover Note Number	
Driver	
Name of Driver	CHEE TIAM WHAT
MULTI LATERS	CVVVVNOCH

SXXXX098H NRIC No 13/08/1960 Date Of Birth OUTDOOR Occupation 25/04/1979 Date Of Driving Pass 40 YEARS AND 8 MONTHS Driving Experience MALE Gender (LOCAL) +65-81922809 Mobile Number Fax Number

OFFICE-81922809 Contact Number

NOEMAIL EMail Address

BLK 31 CHAI CHEE AVENUE Address

#10-190

461031 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 - HEAD TO REAR Type Of Accident

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) 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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

1

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

YP824J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

BAI YONGBO Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

CHEE TIAM WHAT Name

Page 2 of 16

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

GBE7075M

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)

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:

CHEE

 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

CHIFF

(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

a in i m I man

NRIC/FIN No .:

0	'A . Î
	A
Shun	[B]
Roll	
Ra	1 = 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SURIBE CINCOMS					100	Elex William		
Stopped	stati	onary	due	to the	traffic	tigh+	News	recle
sidder ly	my	veh	new	port	on bei	of coll	clect	by
ich B								Ties
					-			
		ja			Q.			
			- 108					

going particulars are true in every respect.

Policyholder's Signature Date & Time:

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

Reporting Centre Personnal's Signature Name:

NRIC/FIN No.:

1	Personal Particulars
	Date of Accident: 13 1 20 Time of Accident: 5 - 30 cm
	Exact Location of Accident: Yishun Ring Rd
	Owner's Name: Tan You Peng Food Supply NRICNO: HP NO:
	Driver's Name: Chee Tion What NRIC No: \$1452098174PNO: 8192280
	Date of Birth: 13 8 19 6 0 Driv ng Licence Passing Date: 25 4 1979 Occupation: Indoor / Outdoor
	Address: 31 Chai Cher Ave #10-190 (461031)
	Relationship of Driver with Insured: Employee Email Address:
	Vehicle No: GBE 7075 M Make & Model:
	Insurance Co: N74C Coverage: Compethons w Policy No:
	*Purpose of Reporting?
	*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
-	*Weather Condition? Gar / Raining / Others: Wet / Gy / Others:
	* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
	A: 1+0 B: 1+0 C: D:
	*Was Anybody Injured ? (Yes / No) If yes,
	Name/NRIC/In Vehicle: Chee Tiam What neck & back
	*Was The Accident Reported To The Police ?
	9 No O Yes, Which Police Station?
	*Does the Driver Own Any Other Vehicle?
-	No O Yes, Vehicle Registration No:Insurer:
	*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
	*Was there any video captured by Car Camera? (Yes/No)
	Third Party Driver's Particulars
	Driver's Name: Bai Tong bo NRIC No: HP No: HP No: Wake & Model:
	Driver's Name:NRIC No:HP No:
	Witness Particulars
	Name:NRIC No:HP No:

A section

eBaoTech				1 見渡						Genera	IClaim
Hello, NAC_PAYA_UBI_80	0601				No. of the Lot of the	O S CHARLES SHOW	· Change I	Language	· Change	Password	› Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	lo.				Date	of Accident	13/	01/2020 05	30	
	Vehicle	No.(For Motor)	GBE70	75M		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107856847		TAN YOU PENG FOOD SUPPLY	25929800W	GCV	Comprehensive	GBE7075M	GBE7075M	01/03/2019	02/03/2020
					1	Continue					

olicy No.	5107856847	Policyholder Name	TAN YOU F	ENG FOOD SUPPLY	Policyholder NRIC	25929800W	
ertificate o.							
ddress	94) JALAN SENANG SINGAPORE	418476					
roduct lame	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
olicy ssue Date	28/02/2019	Effective Date	01/03/201	9 00:00	Expiry Date	02/03/2020 2	3:59
xcess	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	٥				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	THOMSON CREDIT (S) PTE LTD	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	941 JALAN SENANG	Addre	ess 2	SINGAPORE 41847	76	Address 3	
Address 4		Addr	ess Type	Singapore address		Post Code	418476
Unit No.		Relat Numi	ed Policy per	5111937471			
) Insure	d Object: GBE7075M						
□ Endors	sements						
	nce Date of Endorsemen		Endorseme	at Tong	Endorsemen	+ Status	Endorsement Content

laim Handling										
cident MT/1079994										
olicy No.	5107856847		Vehicle No.	SBE7	Q75M			GST Registration No.		
ertificate No.										
	TAN YOU PENG FOOD SUPPLY						3	Policyholder NRIC		25929800W
	COMMERCIAL VEHICLE INSUR		Cover Type	Comp	rehens)	ve :		Loading		0
			Contact No. (DMice)	0			- 3	Contact No.(Home)		0
	0		Special Remark	50				eCode		10.00
ail Address	THE STATE OF THE S			(E) No	Yes			eCode Reason		
K.	® No ○ Yes		TCA		101			Private Hire		No
D Protection	No		NCD Entriement(%)	0				Priyect Pire.		
Accident Details										
port Oake	14/01/2020 12:40		Accident Report Within 24 hrs.	THE				Accident Type		Collision - Head to Rear
te of Accident	13/01/2020		Time of Accident hhimm	05:30	0			Country of Accident		Singapore
porting Centre			Grange Porce					ICH NO.		
ident Location	YISHUN RING RD									
Total Excess Applicable										
tess Type	Per Accident		Windscreen Excess			100.00				
Standard Excess	600.0	00	TP Standard Excess			0.00				
D OD Excess	0.1	00	VIED TP Excess					Driver is Covered?		
ditional Excess										
al OD Excess Applicable	600.0	00	Total TP II scess Applicable							
	5,7600	550)								
Renefits	tion									
GST Registered Informa					GST 6	tegistration Date				
Tilkegistered Tilgenistration No.	TWO					tatus Ventied		Yes		
T Registration No. dification History	14/01/2020 1	2:41:48 System	changed GST Status Vented fro	m No to						
	92,000,000,000		SCV/2500							
Policyholder Mailing Adv	dress									
idress 1	94) JALAN SENANG		Address 2	SING	APORE	418476		Apdress 3		
	240 Jacobs Schools				spore ad			Post Code		418476
idress 4			Address Type					Publicuse		1.70
ift No.			Related Policy Number	5111	937471					
OI Driver Info										
iver Name	Unnamed Driver		Driver Type		med Dr	ver		1500000221		Trouvous
named driver Name	CHEE TIAM WHAT		Driver NRIC		XXXXXXXX			Driver DOB		13/08/1960
gister Date of Driver Liberale	25/04/1979		Driver Age	59				Driving Experience		40
mact No.(Mobile)	81922809		Contact No.(Office)	0				Contact No.(Home)		0
dress 1	BLK 31		Address 2	CHA	OHEE !	VVENUE		Address 3		51NGAPORE 461031
dress 4			Address Type	Sings	apore ac	loress		Post Code		461031
nst No.	10-190									
oes he own a Singapore	○ Yes (No		Driver Vehicle No.					Driver Insurer Compa	iny	
egistered car?	D 144 G 144									
claration										
reachalyser or Blood Test			Nan Adams (Co.	0.4	es O N					
eading?	0 mg		Any injury?	100						
dification History										
e Text control and section in										
Claim 001 New										
and Towns	CD MY	7	Insured Name	TAN	YOU PE	NG POOD SUPPLY		Insured NRIC		25929800W
aim Type •	ор-мк	~	Contact No. (Home)	1	117.00			Contact No. (Office)		P. C.
ontact No.(Mobile)				000	20.754			TP Vehicle Number		YP824)
nail Address			OI Vehicle Number	- Administration	7075M	133		11. Activities terminals		1,000
aimant Type Claimant Type •	Please Select	V	Type of Benefit *	Phea	ise Sele	4				
gimant Name +		his	Clarmant NR3C *							
aiment Address		-0.0000/W						many remark	200000	
aim Description	GBE7075M / YP8243 ON 13 3	wn 2020					-	Name of Preferred W	presnop	
referred Workshop Contact			Insured Liability *	Not	at fault	y				the contract of the contract
squire Finalisation	Yes	V	Preferered Repair Option	Fret	ferred W	lorkshop, Name unknown		GIA report		Received
ate Registered	14/01/2020 12:42	-10	Claim Close Date					Date Received		14/01/2020 00:00
sport Taken By	Jackson									
	JAN SANCO									
Print AK letter										
				Save	Subt	wit				
Attachment										
- Section of the										
w.										
codent No.	MT/1079994		Claim No.			001				
ast Doc. Received	® Yes ○ No		Upload Date			14/01/2020 12:43				
an out, received			proceedings (SC)			Category •		Confidential	Urgen	cy * Description
	Path. 1		1120000	. 11	Phone:	900773-344	1/4	Tarti See Albania (Control	Normal	<u> </u>
			Brows			Please Select				1000
			Brows			Please Select			Normal	2)
			Brows	10	Clear	Please Select	-	y v	Nonnai	<u> </u>
			Brows	e	Clear	Please Select	V		Normal	v
			Brows	0	Class	Please Select	10	1 10 V	Normal	V
			Di Owa	-	Market Ma	100000000000000000000000000000000000000				-

