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Veh No: GBH 868X	E-mail (within Shrs			122/1/2	lu.	04
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OD / Reporting Only	i-Motor W/O (w		TP 4brs)			)# ) #t
OD - Tapotting City	i-Photo Upload		-	-		
TD.	Assessment/Surve		İ			
TP Insurer:	Ass't Report by F	ax / Hand to	Owner/Wksp	1		-
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
TP Particulars: Veh No:	TIO8X	. INC(	)/Non-INC( )			
Owner / Driver: (			Tel:		·	
Policy No: ( ) F	Period: (	)	Cover Type: (		·	
Confirmed by : (	92	Date:	Time:	100961	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WC		0%; P: 21-79%. P: 30	J-10076]		
Year of Registration: ( )		)/NO(	)			
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000 (	)	Samuel Commence	- 188 E. C.		
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( ) Walk-In Customer: Customer's in ( ) Total Loss Case : to e-mail Insu						
Drive-In ( )/ Towed-In ( ); Invoi		) ( ) ; T	owing Co: (		<u> </u>	)
	de la companya de la		Date&Time Complete		Done b	y
Remarks:- (INC hotline: 6788 6616)	And the second s					
1) Apply for Transport Allowance ( )	( )					
2) QC Check / Post Repair Inspection						
	\$30001 ( )			- Convenience		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )				-	
	\$3000] ( )			West sense is		Contract.
3) Upload Resurvey Photo [Repair Cost>  Injury:	\$3000] ( )	1000			>5728	770. p. s.
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NA 2008 U2  Thiumant's Particulars:- river/Owner:		Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp	paration Checklist:  t Reporting (\$30); Assessment (\$100), IN Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jarection	C (\$80) \$40/\$45 \$120 \$30 2005) \$75	3 Sec. 1831	
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## 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.	to the archiving of this report at the centre and to copies of the report being made available
1945 The Somewhale substitute	ACCIDENT STATEMENT
Date Of Report	23/01/2020 12:23
Date Of Accident	22/01/2020 19:40
Exact Location Of Accident	PIE (CHANGI) BEFORE EXIT 13
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH8368X
Insured/Policyholder	
Name Of Registered Owner	CHILLI API CATERING PTE LTD
Co Reg No	2XXXXX964G
Email Address	NOEMAIL

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer TOYOTA

Model DYNA 150 5MT

Exact Purpose for which vehicle was being used at

time of accident

WORKING

OFFICE-62460163

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken Th

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 5113078331

Cover Note Number

Driver

 Name of Driver
 SUN KE

 Passport No/FIN
 GXXXX853Q

 Date Of Birth
 23/02/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/10/2016

Driving Experience 3 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98340123

Fax Number

Contact Number OFFICE-98340123

EMail Address NOEMAIL

3015 BEDOK NORTH STREET 5 Address

#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 COLLISION - HEAD TO REAR

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

If Yes. Please state which Police Station

Was notice of intended Prosecution given?

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 HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SJX5108X Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category TEO VINCENT Name of Driver SXXXX142B NRIC/Passport Number

Contact Number

Address Postcode

# 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Material.

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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	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	· Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy 1	40,				Date	of Accident	22	/01/2020 19	:40	
	Vehicle	No.(For Motor)	GВН83	68X		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	5113078331		CHILLI API CATERING PTE LTD	200208964G	GCV	Comprehensive	GBH8368X			10/10/2020
						Continue	1				

Policy No.	5113078331	Policyholder Name	CHILLI AP	CATERING PTE LTD	Policyholder NRIC	200208964G	
Certificate No.					THE C		
Address	3015 BEDOK NORTH STREET 5	06-27 SHIME	E EAST KIT	CHEN SINGAPORE 48	6350		
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	03/10/2019	Effective Date	11/10/201	9 00:00	Expiry Date	10/10/2020 23	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	/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETING	Agent Tel.			GST Flag	Υ:	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	3015 BEDOK NORTH STRI	ET 5 Addres	is 2	#06-27 SHIMEI EA	ST KITCHEN	Address 3	SINGAPORE 486350
Address 4		Addres	s Type	Singapore address		Post Code	486350
Unit No.		Relate Numbe	d Policy	5069284952-05			
	d Object: GBH8368X						
Insure							
	ements						

Policy No.					
placy No.					
TOTAL STREET	5113078331	Vehicle No.	GBH8368X	GST Registration No.	
rt.ficate No.					
	CHILLI API CATERING PTE LTD			Policyholder NRIC	2002089640
(1)	COMMERCIAL VEHICLE INSURA				0.0
		Cover Type	Comprehensive	Loading	
	0	Contact No.(Office)	62460163	Contact No.(Home)	0
iaii Address		Special Remark		eCode	14.0
K	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	10	Private Hirts	No.
Accident Details					
port Date	23/01/2020 14:03	Accident Report Within 24 hrs.	Yes	Acadent Type	Collision - Head to Rear
			10.00		- Mineral -
	22/01/2020	Time of Accident hh:mm	19:40	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	PIE (CHANGI) BEFORE EXIT 13				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Otronal Excess					
tal OD Excess Applicable	274.00	Total TD Persons & colored			
	600.00	Total TP Excess Applicable			
8 Benefits					
GST Registered Informat	len				
F Registered	Yes		GST Registration Date	01/02/2005	
T Registration No.	200208964G		GST Status Verified	Yes	
diffication History	23/01/2020 14:04:12 Syst 23/01/2020 14:04:12 Syst	em changed GST Registered from No em changed GST Registration No. fr em changed GST Registration Date I	a to Yea orn null to 200208964G		
		em changed GST Registration Date I	rom Hull to 01/02/2005		
Policyholder Mailing Add	ress				
dress 1	3015 BEDOK WORTH STREET 5	Address 2	#06-27 SHIMEI BAST KITCHEN	Address 3	SINGAPORE 486350
dress 4		Address Type	Singapore address	Post Code	486350
et No.		Related Policy Number	5069284952-05		
OI Driver Info		160000000000000000000000000000000000000	CONTRACTOR CONTRACTOR		
	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name.	SUN KE	Driver NRIC	GXXXXB53Q	Driver DD8	23/02/1968
gister Date of Driver License	10/10/2018	Driver Age	31	Oriving Experience	1
mact No.(Mobile)	96340123	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	3015 BEDOK WORTH STREET 5	Address 2	SHOWEL EAST KUTCHEN	Address 3	SINGAPORE 486350
dress 4		Address Type	Singapore address	Post Code	486350
	06-27				
ar he our a Classican					
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore ogistered car?		Driver Vehicle No.		Briver Insurer Company	
es he own a Singapore gistered car? Claration		Driver Vehicle No.		Driver Insurer Company	
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es he own a Singapore gistered car? Claration eathalyser or Blood Test ading? dification History	○ Yes ® No		○ Yes ® No	Driver Insurer Company	
es he own a Singapore gistered car? Claration cathalyser or Blood Test ading? Iffication History	○ Yes ® No		○ Yes  ® No	Driver Insurer Company	
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