Date in and to a ser	- 11	JANOSI MILIA IVO		Done	it.
Date in: 31/10-11:58	Jeb description	Date	Time Completed	D.V.	(4)
Res No. Majly 22000152 124	SAS e-filing	1			
Veh No: 6BD39740	E-mail (within libra,	AIC 2hts)			- 10
D.O.A : 33/14/9-14:30	i-Motor Claim F	orm [m]	1578102-000	Tilipo m	レンシュ
	i-Motor W/O (wi	thin: OD 2hrs, TP 4hrs)			
OD TP ! Reporting Only	i-Photo Uploade	d			
	Assessment/Surve	Report			
TP Insurer:	Ass't Report by Fr	x / Hand to Owne	r/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:		2011	
TP Particulars: Veh No: 9.9	22126	NC()/N	Ion-INC ()		
Owner / Driver: (Tel:)	
	eriod: () Cover	Type: (2	
Confirmed by : (ate:	Times		
Insured/Driver Liability: (%)	[Note-Est Status (WO)); N: 0-20%; P	21-79% P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()	/NO()			
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()		DOMESTIC TO STREET	
General Remarks				1558 S. S.	
() Walk-In Customar : Customer's in	formation strictly Confid	A STATE OF THE PARTY OF THE PAR			
		Chical & College			
	rer URGENTLY.	(); Towing	Co. (1)
Drive-In () / Towed-In (); Invoi	ce: YES () / NO		3	PERSONAL PROPERTY.	F 17 - 1 1 1
Remarks: (INC hottine: 6788 6616)		Dates	Time Completed	Done	by
The state of the s	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
The state of the s					
	\$30001 ()				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()				
	\$3000] ()			Section 10 Ave	174,78
Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			e das	
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3) Upload Resurvey Photo [Repair Cost > Injury : Date/Fime Actions		voice Přeparati			Adit (3)
Date/Fime Actions NA 2000904	1	AR : Annident Reportin	on Chrcklist	Ant (S)	Print Comment
Date/Fime Actions NA 2000904	1 [1]	AR : Annident Reports DA : Damage Assessin TF : Towing Fee	on Checklist. 15 (\$30); 16 (\$100); INC (\$	Ant (\$) 7st Bill 550) 40/545	Print Comment
Date/Fime Actions NA 2000904 Jaimant's Particulars:	1	AR : Annident Reporting DA : Damege Assessm TF : Towing Fee TF : Pollow Through S	on Chrcklist g (\$30); ent (\$100); INC (\$	Ant (\$) 7st Bill \$89)	Print Comment
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Date/Fime Actions NA 200090 + Calmant's Particulars:	1 (1)	AR: Ancident Reporting DA: Damage Assessing TF: Towing Fea FT: Follow-Through S FT: Follow-Through S For claiming against In TR: Re-inspection	on Checklist. 1g (\$30); 1NC (\$100); INC (\$100); 10 (\$100); INC (\$100); INC (\$100); 10 (\$100); INC (Ant (\$) 75t Bill \$80) 40/\$45 \$120 \$90	Print Comment
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1) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 2000904	1 1) 2) 3) 4) 5) 6) 7) 1 8)	AR: Annident Reporting DA: Damage Assessing TF: Towing Fea FT: Follow-Through S FO: Claiming against In TR: Re-inspection NI: Idae DA + SMRT NTUC Additional Service OD: *N5: Courtesy Cer / T) *N5: Repair Co-ording *N7: Post Repair Co-ording *N7: Post Repair Inspec	on Checklist. Ig (\$39); ent (\$100); INC (Survey Resurvey) IC Only (wef 10 Jan 30 Survey (cest- It Allowance tion est Coordination	\$500) \$500) \$40/\$45 \$120 \$30 \$55 \$160 \$5 \$10 \$25 \$20 30	Pro Maria

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 truffiful 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.

- 5. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for arr hiving and that copies of this report will, for a fee, be made available upon application by interested parties.

afcresaid.	u hereby consent to the archiving of this report at the centre and to copies of the repo	(1.55) N. (1.55)
	ACCIDENT STATEMENT	
Date Of Report	31/01/2020 11:58	
Date Of Accident	30/12/2019 14:00	
Exact Location Of Accident	BLK 116 TECK WHYE LANE CARPARK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBJ5924A	
Ir sured/Policyholder		
Name Of Registered Owner	SAI HUAT METAL FABRICATION PTE LTD	
Co Reg No	2XXXXX048N	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	

			2000	113200
S.Fala	icle	Doge	Smes	-
v-sp	OCCUPE.	Pan	11211	Dates

Manufacturer TOYOTA **DYNA 150 5MT** Model

Exact Purpose for which vehicle was being used at COMMERCIAL USE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5110304316 Policy Number

Cover Note Number

Driver

NGO HUA BOON MARK (WU HUAWEN) Name of Driver

NRIC No SXXXX993J Date Of Birth 31/08/1990 OUTDOOR Occupation 10/05/2010 Date Of Driving Pass

9 YEARS AND 7 MONTHS **Driving Experience**

MALE Gander

Mobile Number (LOCAL) +65-94782402

Fax Number

OFFICE-94782402 Contact Number

NOEMAIL EMail Address

Address

BLK 645 YISHUN STREET 61

#08-324

Postcode

760645

Was driver an employee of the Insured's Company YES

r as driver an employee of the matted a Company. T

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vahicle

4

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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) scliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

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

SLP2217C

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)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

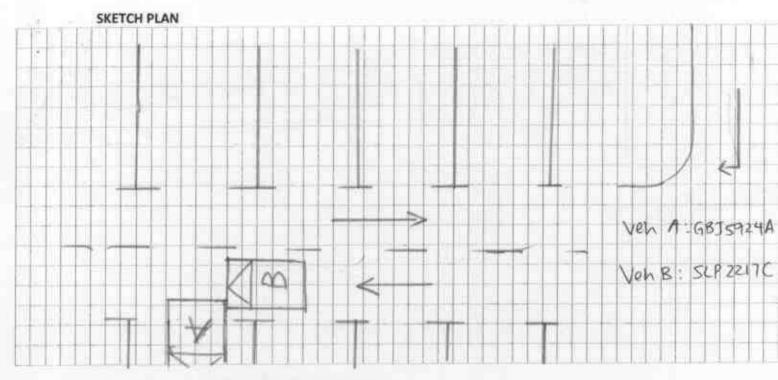
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

TAUH LAZ MOLTAZI REAF LATAM

Policy holder's signature Date / time: Oriver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Oh	the Stated date and time, I was reversing out
of	the parking 10+ 1 had checked throughly before veversing
and	of no car to be seen. While veversing, Ven B turne
out	from another road towards the gantry . Upon seeing,
Veh	B, I inched forward back into the lot for veh 8 to
pa	iss. After stopping for about 5 secs, ven B front lef
Pé	ortion collided outs the rear left portion of my vehi
(veckon that he was not paying attention to the
	v30(.

DECLARATION

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

SAI HUAT

METAL FABRICATION

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate 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 traffic police department for investigation.

	ACCIDENT DETAILS	SHALL STREET
Date of accident	30/12/2019	(DD/MM/YY)
Time of accident	14:00	(HH:MM
Exact location of accident	BIK 116 Teck whye Lane Carpark.	

中国指令中国建筑线域等 有机	D D	ETAILS OF	VEHICLE	12 A 17 4 18 18 18 18 18 18 18 18 18 18 18 18 18		學學學學
Vehicle registration number	CIBJ	5924A				
Vehicle make and model	Toy	uta by	na			
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆	1 2 1100	□ Var orcycle □	Others:	
Vehicle category	Private 🗆	Comm	ercial 🗆	Motorcy	rcle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes Third part cl	No,er aim □		ease select:		

有量的加热性的产品。	INSURANCE IN	FORMATION	计划操作器制度
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

B (1) 14 12 12 12 12 14 14 14 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	INSURED / POLICY HOLDER	STATE OF THE PARTY.
Name	SAI HUAS METAL RABRICATION Male &	Female 🗆
NRIC / Fin / Passport number		
Contact	94782402	
Address	10 Admirary St., Northlink Building	#03-27

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	To state don't				
Name	Não lilua Boon Mark Male or	Female 🗅				
NRIC / Fin / Passport number	S9031993J					
Contact	94782402					
Address	645 YISHNU 5-61 1008-324 760645					
Email address						
Date of birth	31/08/30					
Occupation	Indoor Ø Outdoor Ø					
Driving date pass	(0/05/2010					

明 5是最後接触計算及實際	GENERAL	INFORMATIO	N OF THE ACCIDENT	Mark Principles
Was driver an employee of	Yes 🗆	Noe		
the insured's company?	If no, rela	ationship of th	ne driver and insured:	Driver
Accident captured by camera?	Yes 🗆	No		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry.er	Wet □		
No of passenger	1			(Inclusive of drive
	74			
B BURN III BEN BURN BURN	MATERIAL PROPERTY.	PASSENC	SER 1	STATE OF THE PARTY
Name				
Gender	Male 🗆	Female 🗆		
M DISSE TO PERSONAL STATE SEE	1500	PASSEN	SER 2	不是在他们的
Name				
Gender	Male 🗆	Female 🗆		
建设设计区域的企业的企业	IT TO SEE	PASSENC	SER 3	
Name				
Gender	Male 🗆	Female		
		PASSENC	SER 4	
Name				
Gender	Male 🗆	Female 🗆		
美国外的 (1995年)	MARIN	PASSENC	SER 5	
Name				
Gender	Male 🗆	Female 🗆		
G DOWN TO A SECURIOR WAS AN		PASSENG	SER 6	
Name				
Gender	Male 🗆	Female 🗆		
图 机多数 医结合性 医电影 医神经神经	100	OTHER INFOR	RMATION	
Was anybody injured?	Yes 🗆	No.E		
Was other vehicle damaged?	Yes	No 🗆		
		and the same of th	TATION ACTION	
Reported to police?	Yes 🗆	No 2 If	yes, please state which	police station.
Police station name				
			~~~~	
III PO TORONO DE LA COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA	-	WITNES	51	
Name				
Reputite Historical Actions	-	WITNES	52	
Name				

· 图4.10 · 20 · 30 · 30 · 30 · 30 · 30 · 30 · 3	THIRD PARTY VEHICLE 1
Vehicle registration number	SLP 2217C
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
· 医自由 公司 经营营的 医有种病的	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
I STATE OF CHICAGO STATES	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
S. William S. C. S.	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>对</b> 图可能运动。 <del>这一种有效和全国</del> 政府	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE BEST OF THE PARTY OF THE PA	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

100

A NO. 10 10 10 10 10 10 10 10 10 10 10 10 10	W. 15. 18. 18.	INJURED PER	RSON 1	
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes □	No 🗆		
hospital by ambulance?				
以		INJURED PER	RSON 2	III KARANT
Name				
Injuries sustained				
Which vehicle person in?		WAR-TON		
Were seat belts worn?	Yes □	No 🗈		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
and the same of the same of the same	- 410 ASS	INJURED PER	PSON 3	D SAFELE
Name	SE SUNNE	INJUNED PER	RSONS	
Injuries sustained		7		
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆 /		
hospital by ambulance?	1.55			
34 potential and a second	村内部特	INJURED PER	RSON 4	444
Name		/		
Injuries sustained		1		
Which vehicle person in?				
Were seat belts worn?	Yes 🗆 /	No a		
Was injured conveyed to	Yes 🖂	No 🗆		
hospital by ambulance?	/			
	was the last	ANALUSED DES		NI SULTEN
Name of the Party		INJURED PER	RSON 5	WHEN PARTY
Name Injuries systemed				
Injuries sustained Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No D		
hospital by ambulance?	Tes ti	NO D		
指数中国AMPED SPANTE	THE REAL PROPERTY.	INJURED PER	RSON 6	
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No □		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗅		

eBaoTech			1	100	1		- 2	77		Gener	alClaim
Hello, NAC_PAYA_UDX_80	0601						* Change	s Language	- Chan	ge Password	1 Lug Out
My Desitop Natice of Loss	Policy Query										
	Policy No. Vehicle No.(For Motor)					Date of Accident		8	30/12/2019 14:00		
			E3105924A			Certificate Number		1			
					8	Search					
	Seinct	Policy No.	Certificate Number	Policyholder Name	Policytoider NRUC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Repery Date
	0	3110304316		SAI HUAT METAL FABRICATION PTE LTD	201612548N	SCA	Preferred Workshop Plan	GB35924A	GBJ5924A	14/06/2019	13/06/2020
					-	oncinue :					

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