NATIONAL Assessment Cer	itre Services - pr	e! 1 Jan'06] M	MShoouten		
Date In: 3/2/20-12:14	Jeb description		Date &Time Completed	Done by	•
Res No: Halincropola66th	SAS e-filing				
Veh No: Gyigire	E-mail (within Shr	rs, AIC 2hrs)			4
D.O.A: 1/2/20-19:35	i-Motor Claim	Form	M7 108 26 08 201	3/2/20 13:1	8.
	i-Motor W/O (Within: OD 2hrs	(, TP 4hrs)		
OD / P Reporting Only	i-Photo Upload	led			
Salar di	Assessment/Surv	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:)
TP Particulars: Veh No: 6	The state of the s	. INC ()/Non-INC()		-
Owner / Driver: (Tel:		
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	-
Insured/Driver Liability: (%	Note-Est Status (Wo	O): N: 0-2	0%; P: 21-79%. F: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()			
General Remarks				535.00% S	1.0
() Walk-In Customer: Customer's	With the same of t	The second second	ALIAN MARKANIA MARKAN		
() Total Loss Case : to e-mail Ins			*		
	oice: YES () / NO) () : T	owing Co: ()
Drive-In ()/ Towed-In (); Inv	olec: 125 () / 1.0	/ //-		1777008385775F	
Remarks:- (INC hodine: 6788 6616	ຄຸ		Date & Time Completed	Done b	у
1) Apply for Transport Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost:	>\$3000] ()				
Injury:					
Date/Time Actions			F (gate		1
Date/Time Actions					
Charles and the State of the St		Invoice Pre	paration Checklist	Anit (S) fit Bill	Add Bill
HA BOOKING !		1) AR : Acciden	t Reporting (\$30);	(0.00)	
laimant's Particulars :-		2) DA : Damage 3) TF : Towing	Assessment (\$100); INC	(\$80) (40/\$45	
river/Owner:	17	4) FT : Follow-7	Through Survey	\$120	
ontact No:		SYPT - Follow-	Through Survey (Resurvey) against INC Only (wef 10 Jan 20	\$30	
		6) TR : Re-inspe	ection	275	
amaged Portion:		7) N1 : Idao DA 8) NTUC Addit	+ SMRT Survey	\$160	9-11-50-42-01-2 00-11-50-42-01-2
		OD*			
C Checked by (Engr-In-Charge):		*N5: Courles	y Car / Tpt Allowance	\$5 510	
The service of the se		*N6: Repair *N7: Fost Re	pair Inspection	\$25	
unditors' Comments :-		*N8: DV / C	ollect Excess Coordination	\$20	
at. 1:		TP (N11): T 9) N12: Idao M	P (Non INC) against INC	30	
		Invoice dated	Fee Charge	NOTICE STREET	地位了
at. 2/3;		Invoice dated	Fee Charge	ed Maria	

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

	ACCIDENT STATEMENT	
Date Of Report	03/02/2020 12:19	
Date Of Accident	01/02/2020 17:35	
Exact Location Of Accident	SUPREME COURT LANE	
Country/State of Loss	SINGAPORE	
Mark the second second second	DETAILS OF OWN VEHICLE	SE SE SE
Vehicle Registration Number	GY1812C	
Insured/Policyholder		
Name Of Registered Owner	HOMEONE EURO TRADING PTE LTD	
Co Reg No	2XXXXX137M	
Email Address	NOEMAIL	
Mobile Phone No		

OFFICE-67422023

Alternative Phone No. Vehicle Particulars

TOYOTA Manufacturer

HIACE VAN TURBO 5DR MT Model

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

Are you claiming under your own insurance policy

NO

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5115140090 Policy Number

Cover Note Number

Driver

CHIDAMBARAM SARAVANAN Name of Driver

GXXXX669X Passport No/FIN 08/03/1974 Date Of Birth OUTDOOR Occupation 12/09/2019 Date Of Driving Pass

0 YEAR AND 4 MONTH **Driving Experience**

MALE Gender

(LOCAL) +65-92255676 Mobile Number

Fax Number

OFFICE-92255676 Contact Number

NOEMAIL EMail Address

Address

690 GEYLANG ROAD

Postcode

389611

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

SIDE SWIPE

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

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 TURNING ONTO BASEMENT CARPARK. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B OVERTAKING MY VEHICLE FROM BEHIND AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

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

GBB1868Y

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

MALIK MUHAMMAD RAFIQ

NRIC/Passport Number

SXXXX491C

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 14

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 withholding 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. 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.
- 7. 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:

- 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:
 - (i) 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
- 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 Date & Time:

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

Name:

NRIC/FIN No .:

Reporting Centre Personne s Signature

fer to fluntement.		
		_
		_

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.:

GIARMIC SketchPlanForm V3

eBaoTech Hello, NAC_PAYA_UBI_80	0601		100000				+ Change	Language	• Chan	ge Password	· Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.	511514	0090		Date o	f Accident	0	1/02/2020 1	7:35	100
	Vehicle	No.(Far Motor)	GY1812	C		Certific	ate Number	L			
					5	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115140090		HOMEONE EURO TRADING PTE LTD	200105137M	GCV	Preferred Workshop Plan	GY1812C	GY1812C	07/01/2020	06/01/2021

Policy No.	5115140090	Policyholder Name	HOMEONE E	EURO TRADING PTE	Policyholder NRIC	200105137M	
Certificate							
ddress	690 GEYLANG ROAD SINGAPORE	389611					
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
olicy ssue Date	03/01/2020	Effective Date	07/01/2020	00:00	Expiry Date	06/01/2021 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	SGML PTE, LTD.	Agent Tel.	86682223		GST Flag	Υ	
Co- Insurance	No						
Flag							
Flag Open Policy Info							
Open							
Open Policy Info Certificate Info	older Mailing Address						
Open Policy Info Certificate Info Policyh	older Mailing Address 690 GEYLANG ROAD	Addr	ess 2	SINGAPORE 38961	1	Address 3	
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Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	690 GEYLANG ROAD d Object: GY1812C ements	Addr Relat Num	ess Type ted Policy	Singapore address 5115140090	1 Endorsemen	Post Code	389611 Endorsement Content Thank you for giving us the

cident MT/1082608					
icy No.				GST Registration No.	
	5115140090	Vehicle No.	GV1812C	usi regionalisti no.	
ricate No.				Policyholder NR3C	200105137M
yholder Name	HOMEONE EURO TRADING PTE LTD				0
uct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading	0
ract No. (Mobile)	0	Consect No. (Office)	67422023	Contact No.(Home)	
il Address		Special Remark		eCode	lex.
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
ort Date	03/02/2020 13:15	Accident Report Within 24 hrs.	Yes	Accident Type	Side Swipe
		Type of Accident hhomm	17:35	Country of Accident	Singapore
of Accident	01/02/2020			ICH No.	
orting Centre		Grange Force		ATC 2500	
dent Location	SUPREME COURT LIME				
Yotal Excess Applicable			400.00		
ess Type	Per Accident	Windscreen Excess	100.00		
		With Plantage of Princers	0.00		
Standard Excess	600,00	TP Standard Excess	0.0000	Driver is Covered?	
D QD Excess	1,000,00	VIED TP Excess		30/30/10/30/20/20	
bonel Excess					
ol OD Excess Applicable	1600.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date	2.4	
Registration No.			GST Status Verified	Yes	
dification History	03/02/2020 13:17:30 5ys	em changes GST Status Verified fro	m No so Yes		
Policyholder Halling Ad	dress			70700000	
dress 1	590 GEYLANG ROAD	Address 2	SINGAPORE 389011	Address 3	
dress 4		Address Type	Singapore address	Post Code	389611
it No.		Related Policy Number	\$115140090		
OI Driver Info					
ver Name	Unnamed Driver	Onver Type	Unnamed Oriver		
named driver Name	CHIDAMBARAM SARAVANAN	Driver NRIC	GIOCOX669X	Driver DOB	08/03/1974
		Driver Age	45	Driving Experience	0
gister Date of Oriver License		Contact No.(Office)	0	Contact No. (Home)	0
ntact No.(Mobile)	92255676			Address 3	
dress 1	690 GEYLANG ROAD	Address 2	SINGAPORE 389631		389611
oress 4		Address Type	Singapore address	Post Code	309011
nyt No.					
	25,000,250,00	Driver Vehicle No.		Driver Insurer Company	
	☐ Yes (#) No	CHARL ARMOR MAY		21112	
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7.		TONAL ASSESSMENT CENTRE SERVI Feb 2020 13:19	NR3C/ Driving License	٧	Normal	NREC/ Driver	ng License 2020-2-3	
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