NATIONAL Assessment Cen	tre Services 1	wef 1 Jan'05 M	lar 20015116					
Date In: 4 10 - 10158	Jeb description		Done	Done by				
Res No: Ha INC 2001876/24	SAS e-filing							
Veh No: GR751D	E-mail (within 8)	hrs, AIC 2hrs)						
D.O.A: 26/1/22-12:00	i-Motor Clain	Form	my 1081916-001	4/2/20	12:00			
	i-Motor W/O	(Within: OD 2hr						
OD : TP ! Reporting Only	i-Photo Uploa	ded	1					
	Assessment/Sur	vey Report						
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp							
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:				
TP Particulars: Veh No: 10	(V 601 X	, INC()/Non-INC().					
Owner / Driver: (Tel:)				
Policy No: (Period: ()	Cover Type: ()				
Confirmed by : (Date:	Time:)				
Insured/Driver Liability: (%)	Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%. F: 80-	100%]				
Year of Registration: ()	Warranty: YES ()/NO()					
Excess: (\$) Loading: \$	1,000 ()/\$2,000 (()						
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Drive-In ()/ Towed-In (); Invo	ice: YES () / N	0();1	owing Co: (
Remarks: 4 (INC hotline: 6788 6616	10	42.50	Date&Time Completed	Done	by			
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	/ Courtesy Car ()							
2) QC Check / Post Repair Inspection				-				
3) Upload Resurvey Photo [Repair Cost>	23000] ()		Table					
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aimant's Particulars :-		2) DA : Damego	Assessment (\$100); INC	(\$80) (40/ \$ 45				
iver/Owner:	10. == 62-510°	3) TF : Towing ! 4) FT : Follow-I		\$120				
entact No:	5) FT : Follow-1	hrough Survey (Resurvey)	530					
intact No:		6) TR : Re-inspe	ngoinst INC Only (wef 10 Jan 20	\$75				
maged Portion:		7) N1 : Idao DA	+ SMRT Survey	\$160				
	- 1	8) NTUC Additi	onal Services:-					
Checked by (Engr-In-Charge):		*NS: Courles	y Car / Tpt Allowance	\$5				
-7 (-18 -1 -27	*N6: Repair Co-ordination \$10							
iditors! Comments :-		*N7: Fost Re	pair Inspection	- \$25 \$5	†			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- 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 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.	THE AT A THE PROPERTY OF THE PARTY OF THE PA
	ACCIDENT STATEMENT
Date Of Report	04/02/2020 10:58
Date Of Accident	26/01/2020 12:00
Exact Location Of Accident	BLK 90 PIPIT RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GR7051D
Insured/Policyholder	
Name Of Registered Owner	BELIEVE CATERING
Co Reg No	5XXXX455J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	DYNA 150 D
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5065321525-05
Cover Note Number	
Driver	
Name of Driver	ANDY BAY TECK BENG
NRIC No	SXXXX551I
Date Of Birth	26/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	29/05/2008
Driving Experience	11 YEARS AND 7 MONTHS
1. The control of the	

MALE

NOEMAIL

(LOCAL) +65-88155175

OFFICE-88155175

Address

BLK 90 PIPIT ROAD

#06-157

Postcode

370090

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:

: FEMALE

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, WHILE I EXIT CARPARK LOT OF BLK 90 PIPIT ROAD. MY VEHICLE ACCIDENTALLY SLIGHTLY HIT ONTO VEHICLE B FRONT 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

SKX1072D

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 15

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.
- 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:
 - 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.

1 53181455J N

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN SIE GO PIPI Ped Open Spuco curport 8: SKX1077D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to Hatement.		
The spirate of		

DECLARATION

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

(53181455

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	GeneralClaim										
Hello, NAC_PAYA_UBI_80	0601			The second second			• Change	Languag	e · Chan	ge Password	· Log Out
My Desktop	Poli	Policy Query									976
	Policy N	io.				Date o	f Accident		26/01/2020 1	2:00	
	Vehicle	No.(For Motor)	GR7051	D		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5065321525- 05		BELIEVE CATERING	531814557	GCV	Third Party	GR70510	GR7051D	01/04/2019	31/03/2020
					(Continue					

LKK Paya Ubi

From:

Desmond Foo Guo Hui <desmond.foogh@income.com.sg>

Sent:

Tuesday, 4 February 2020 12:02 PM

To:

LKK Paya Ubi

Cc:

ODsupport; Theresa Vimala D/O Balagangadharan; Teng Ken Leong

Subject:

RE: Vehicle number: GR 7051D

Hi

You may quote, MT/1081916-001 in your billing.

Desmond Foo

Manager Operations, Motor & Personal Lines 7+65 6430 7976 www.income.com.sg











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From: LKK Paya Ubi [mailto:rspu@lkkauto.com]

Sent: Tuesday, 4 February 2020 11:53 AM

To: Desmond Foo Guo Hui <desmond.foogh@income.com.sg>

Cc: ODsupport <ODsupport@income.com.sg>; Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>;

Teng Ken Leong <kenleong.teng@income.com.sg>; 'Daniel Koh' <daniel.koh@income.com.sg>

Subject: Vehicle number: GR 7051D

Importance: High

Dear Desmond,

Above mentioned vehicle, Ebao cannot created. Attachment is the photo, GIA report and driver IC & DL. Please give me the claims number to billing the invoice.





Best Regards,

Jackson Ho Admin

National Assessment Centre Services (LKK Group) Vehicle number: SJQ 7697K

Phone: 6841-0055 | email: <u>rspu@lkkauto.com</u> | fax: 6841-6315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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