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TP Insurer:	Assessment/Survey Report	<u>i</u>		
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax:	
TP Particulars: Veh No: 64181	inc . Inc	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Per	iod: (Cover Type: (
Confirmed by : (Date:	Time:)	William Co.
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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

atoresaid.	
Specific Control of the Control of t	ACCIDENT STATEMENT
Date Of Report	14/02/2020 16:56
Date Of Accident	01/02/2020 17:15
Exact Location Of Accident	SUPREME COURT LANE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB1868Y
Insured/Policyholder	
Name Of Registered Owner	PAKEAST TECH PTE LTD
Co Reg No	1XXXXX636M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98990249
Alternative Phone No	OFFICE-98990249
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Exact Purpose for which vehicle was being used at ime of accident	WORKING
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	COMMERCIAL VEHICLE
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103700095-01
Cover Note Number	
Driver	
Name of Driver	MALIK MUHAMMAD RAFIQ

MALIK MUHAMMAD RAFIQ NRIC No SXXXX491C Date Of Birth 07/10/1975 Occupation OUTDOOR Date Of Driving Pass 17/01/2007 **Driving Experience** 13 YEARS AND 0 MONTHS Gender MALE Mobile Number (LOCAL) +65-98990249 Fax Number

Contact Number OFFICE-98990249

EMail Address NOEMAIL

BLK 417 TAMPINES STREET 41 Address

#09-359

Postcode 520417

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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 2

Number of Passengers (Including Driver)

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 TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE REAR LEFT 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

GY1812C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver CHIDAMBARAM SARAVANAN

NRIC/Passport Number GXXXX669X

Contact Number

Address

Postcode

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
 - 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:

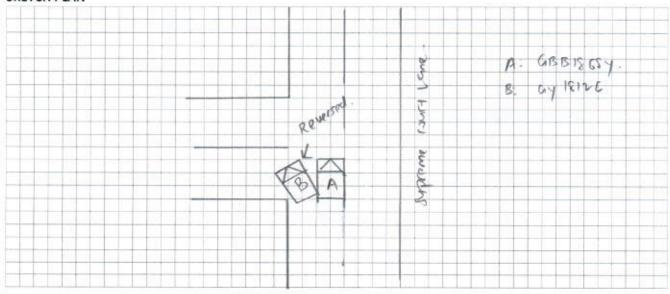
Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN



ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
refer to statement.	

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:

M-M

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

eBao Tech		- LENDSW	1000							Genera	alClaim
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Notice of Loss	Policy No. Vehicle No.(For Motor)				- 77	Date	of Accident	01/	02/2020 17	:15	
			G881868Y			Certificate Number			The state of the s		
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103700095- 01		PAKEAST TECH PTE LTD	199803636M	GCV	Comprehensive	GBB1868Y			07/09/2020

Accident MT/1082762						
Policy No.	\$103700095-01	Vehicle No.	GRRIBGRY	607 h		
Certificate No.		0.5000000	0.000	GST Registration No.		
olicyholder Name	PAKEAST TECH PTE LTD			20039-0157-0770-21024		
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Policyholder NRIC	199803636M	
ontact No.(Mobile)	05063072	Contact No.(Office)	Comprehensive	Landing	0	
mail Address		Special Remark		Contact No. (Home)		
7K	® No ○ Yes	TCA	® No ○ Yes	eCode	No.	
ACD Protection	No		SECOND TO CO.	eCode Reason		
Accident Details		NCO Entitlement(%)	0	Private Hire	No	
eport Date						
	04/02/2020 09:23	Accident Report Within 24 hrs	Yes	Accident Type	Side Swpe	
ate of Accident	01/02/2020	Time of Accident hhimm	17:35	Country of Accident Singapore		
eporting Centre		Orange Force		ICM No.		
coldent Location	SUPREME COURT LANE					
Total Excess Applicable						
cess Type	Per Accident	Windscreen Excess	100.00			
Standard Excess	600.00	TP Standard Excess	0.00			
ED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable	
ditional Excess					AUGUSTANA SUSTA	
tal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00			
Benefits			(100)			
GST Registered Informa	itien					
Registered	No		GST Registration Date			
Registration No.			GST Status Ventled	Yes		
Incation History	04/02/2020 09:24:58 S	stem changed GST Status Venified from	n No to Yes			
Policyheida ar mar	*****					
Policyholder Malling Ad						
dress 1	74 DESKER ROAD	Address 2	SINGAPORE 209597	Address 3		
dress 4		Address Type	Singapore address	Post Code	209597	
t No.		Related Policy Number	5103700095-01		(EC)	
OI Driver Info						
ver Name		Driver Type				
named driver Name		Driver NR3C		Driver DOS		
		Driver NAUL				
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