NATIONAL Assessment Cer			e Completed	Done	pv.
Date In: 21/12-1(14)	Jeb description	Date & Tim	e Completed	Done	-
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Veh No: GDH Softy	E-mail (within Shrs, Al	(C 2hrs)			•
D.O.A: 20/12-14:37	i-Motor Claim For	m m 10851	46-001	नियम 17	206
)	i-Motor W/O (With	in: OD 2hrs, TP 4hrs)			
OD TP! Reporting Only	i-Photo Uploaded				
TDI	Assessment/Survey I	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wk	<u>sp</u>		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fa	ix:)
TP Particulars: Veh No: No	477667	INC()/Non-I	NC().		
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Typ	c: ()	
Confirmed by : (Da		ime:)	V 11101 L8804
Insured/Driver Liability: (%	Note-Est. Status (WO):		9%. P: 80-10	00%]	
Tour of reegistations (NO()			
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()	etit artigit r	101 S 101 S 101 S	
General Remarks:				1.04	
() Walk-In Customer: Customer's		itial & Strictly NO refe	er of repairer.		
() Total Loss Case : to e-mail Ins	The second secon		·		
Drive-In ()/ Towed-In (); Inv	oice: YES () / NO (); Towing Co: (
Remarks:- (INC hotline: 6788 6616	0)	Date&Tim	Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()	2014 TE 2014 TO SECURE	-		
2) QC Check / Post Repair Inspection	()		_		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()	74.			555,1100,1111111
Injurý:					
Date/Time Actions		FIRE CONTRACTOR	- T-3541-5	MARIE AND	- College
7.15-3.0 S.					
	3				
				Anit (S)	Amt (3)
147201777 ·	Inv	pice Preparation Cl	iecklist	fit Bill	Add Bill
laimant's Particulars :-	1) AF	: Accident Reporting (5: : Damage Assessment (5	30); 100): INC (\$8	0)	
	3) TF	: Towing Fee .	\$40	/\$45	
river/Owner:	4) FT	: Follow-Through Survey : Follow-Through Survey (\$30	
ontact No:	For	claiming against JNC Only	(wef 10 Jan 2005	\$75	
maged Portion:		: Re-inspection : Idao DA + SMRT Survey	7. 7.	\$160	
	IN (8	UC Additional Services:-			
C Checked by (Engr-In-Charge):		5: Courtesy Car / Tpt Allow	ande	\$5	
15 72 Name No. 65 7 (Co. L. 10 7 8 20 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	•N	6: Repair Co-ordination 7: Post Repair Inspection		\$10 \$25	
uditors' Comments :-	•N	8: DV / Collect Excess Coo		55	
1		(N11): TP (Non INC) aga: 2: Idae Mobile	inst INC	30	
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restronautisk	Invol	ce dated	Fee Charged		

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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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	20/02/2020 16:43
Date Of Accident	20/02/2020 14:30
Exact Location Of Accident	UBI AVE 3
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH5080U
Insured/Policyholder	
Name Of Registered Owner	EMPIRE CLEANING & PEST CONTROL (S) P L
Co Reg No	1XXXXX582M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67466311
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR
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	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	5110696604
Cover Note Number	
Driver	
Name of Driver	ASHOK S/O K BABULALL
NIBIO N	CVVVVACCI

Name of Driver ASHOK S/O K BABULAL
NRIC No SXXXX086I

 Date Of Birth
 16/07/1959

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/11/1995

Driving Experience 24 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96687417

Fax Number

Contact Number OFFICE-96687417

EMail Address NOEMAIL

Address BLK 341 TAMPINES STREET 33

#02-268

Postcode 520341

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

.

2

NO

NO

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

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.

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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B CAME OUT FROM MINOR ROAD AND HIT ONTO MY VEHICLE 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 SKH7566R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver ONG GUAT WAH

NRIC/Passport Number SXXXX659A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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:
 - 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:

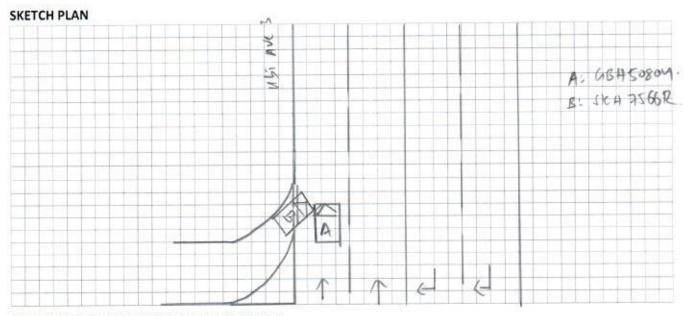
Driver's Signature (If driver is not the policyholder)

ASOK

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AND THE ANALYSIS AND	
Kefer to Hotemens.	
15 disjessing	

DECLARATION

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

Policyholder's Signature Date & Time:

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

Agok

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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Notice of Loss	Policy N	lo.				Date	of Accident	20/	02/2020 14	30	
	Vehicle	No.(For Motor)	GBH50	80U		Certi	ficate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110696604		CLEANING & PEST CONTROL (S)	199305582M	GCV	Comprehensive	GBH5080U	GBH5080U	30/06/2019	29/06/2020

olicy No.	5110696604	Policyholder Name	EMPIRE CL	LEANING & PEST CON	Policyholder NRIC	199305582M	
Certificate							
Address	3032A UBI ROAD 3 #01-126 SIN	GAPORE 40	3660				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	27/06/2019	Effective Date	30/06/201	9 00:00	Expiry Date	29/06/2020 23:	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/I	inexperience Driver Excess
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	64250080		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	3032A UBI ROAD 3	Addr	ess 2	#01-126		Address 3	SINGAPORE 408660
Address 4		Addr	ess Type	Singapore address		Post Code	408660
Unit No.		Rela Num	ted Policy ber	5110696604			
▶ Insure	d Object: GBH5080U						
	water and the same						
♥ Endors	ements						

Policy Mo. S110696604 Vehicle No. GBH5080U GST Registration No. NA Certificate No. Policyholder Name EMPIRE CLEANING & PEST CONTRUL (S) P L Product Code COMMERCIAL VEHICLE INSURAL Cover Type Comprehensive Loading 0 Contact No. (Mobile) 0 Contact No. (Office) 67466311 Contact No. (Home) 0 Email Address Special Remark COde Reason NCD Protection No NCD Protection No NCD Entitiament (%) 10 Private Hire No Accident Details Report Date 20/02/2020 17:03 Accident Report Within 24 hrs. Yes Accident Type Collision Date of Accident 20/02/2020 Time of Accident No. (Mine) 14:30 Country of Accident Singapore Reporting Centre Country of Accident Singapore V Total Excess Applicable Excess Type Per Accident Windscreen Excess 100.00	12M
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Address Type Singapore address Post Code 403660	
Unit No. Related Policy Number 5110896504	
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Unnamed Driver Unnamed Driver Unnamed Driver Unnamed Driver	
Informed driver Name ASHOK S/O K BABULALL Driver NRIC SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	59
legister Date of Driver License 18/11/1995 Oniver Age 60 Driving Experience 24	
contact No. (Office) 96687417 Contact No. (Office) 0 Contact No. (Home) 0	
Address 1 BLK 341 Address 2 TAMPINES STREET 33 Address 3 SINGAPO	RE 520341
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