NATIONAL Assessment Cent	tre Services. well last				
Date In: 19312 - 13:35	Jeb description	Date & Time Com	oleted	Done	by
Reino: MAI MCMOOYMYING	SAS e-filing				
Veh No: NE WEX	E-mail (within Shrs, AIC	2hrs)			
D.O.A: (6/3/20 # :/>	i-Motor Claim Form	m 1088807-	10 B	13/201	8:12
2	i-Motor W/O (Within:			Males de la composition della	
OD TP Reporting Only	i-Photo Uploaded				
	Assessment/Survey Re	port			Andrews (A)
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: JW	lianic .	INC()/Non-INC(),	V	
Owner / Driver: (Tel:)	
Policy No: () P	eriod: () Cover Type: ()	
Confirmed by : (Date	: Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-79%.	P: 80-1009	%]	
Year of Registration: ()	Warranty: YES ()/No	0()			
Excess: (\$) Loading: \$1,					
General Remarks:				\$ 5	
() Walk-In Customer: Customer's inf	formation strictly Confidentia	al & Strictly NO refer of re	pairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.				
Drive-In ()/ Towed-In (); Invoid	ce: YES() / NO(); Towing Co: (ď	*)
					Contract of the last
Remarks: (INC hotline) 6788 6616)			e ad	Done	by
		Date&Time Comp	e sa	Done	by
1) Apply for Transport Allowance ()/	Courtesy Car ()		e-5d	Done	by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()		e ad	Done	by
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car ()		erad.	Done	ьу
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()		ersd%b	Done	by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()			Done	by
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1 . p. 1 . 1 . 20

MNA120033993 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 18/03/2020 13:35 SUBMITTED BY: Jackson Ho Zhao Tian

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.
- 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.	
	ACCIDENT STATEMENT
Date Of Report	18/03/2020 13:35
Date Of Accident	16/03/2020 18:10
Exact Location Of Accident	BUKIT BATOK AVE 1
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE2268X
Insured/Policyholder	
Name Of Registered Owner	CHOON HENG LOGISTICS PTE LTD
Co Reg No	2XXXXX364C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63021999
Vehicle Particulars	
Manufacturer	DAF
Model	FT CF85.410 WB3600
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	YES
Policy Number	5110301495
0 N (N)	

Cover Note Number

Driver

Name of Driver NASZERI BIN MASNOD

 NRIC No
 SXXXX259D

 Date Of Birth
 09/09/1970

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/09/2007

Driving Experience 12 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-89999999

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 219 BUKIT BATOK STREET 21 Address

#03-383

650219 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

NO

NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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

SLV1921C Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

MARCUS WONG WENGUAN Name of Driver

SXXXX985J NRIC/Passport Number 84681311 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:
 - (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)

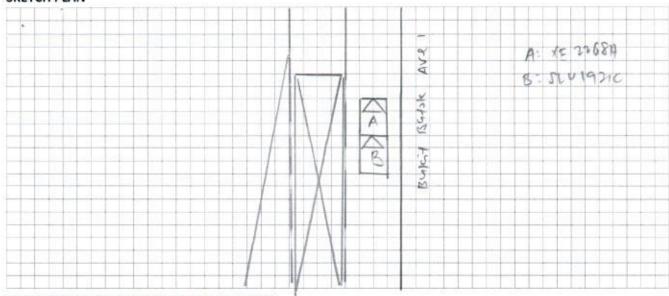
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



	CUMSTANCES OF THE ACCIDENT
peter 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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (6/) (DD/MM/YYYY), TIME:(<u>&</u> : <u>b</u>)(HH:MM)
LOCATION: Bujait Butok Ave 1.	Ammin
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: XE 2268 4X	77
DINSURANCE COMPANY. WITUC	
CIPOLICY NUMBER: 516361495.	
d)POLICY TYPE: (COMPREHENSIVE / TUPE BY A	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PART e)MAKE & MODEL:	Y / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY	/ MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA h) PURPOSE OF USING AT ACCIDENT TIME:	L/MOJORCYCLE)
i) ARE YOU CLAIMING LINDER YOUR COMME	solary after wer
I) ARE YOU CLAIMING UNDER YOUR OWN INSUR, IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPO	ANCE (YES/NO)
2. INSURED / POLICY HOLDER	ORTING ONLY)
AINAME: Choon Hang Lyistics Pte +	401
b) NRIC/FIN/PASSPORT: 20 HI 23 646	TIMINEL / LEIVIMLE!
C)ADDRESS:	CONTACT: 63021999
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLD	DER
Passender Driver	
(Including driver) a)NAME: NGSULFI Bin Masnod	(MALE-/ FEMALE)
(1.) b)NRIC/FIN/PASSPORT: 57030259D.	CONTACT:
c)ADDRESS:	
*dIDATE OF RIPTH: (G , A , 16 to	
*d)DATE OF BIRTH: (9 / 9 / 19 P) (DD/MM	/YYYY) ·
f) YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE THE	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S IF NO, RELATIONSHIP OF THE DRIVER WITH IN	COMPANY? (YES / NO)
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHE	SURED:
b)ROAD SURFACE: (DRY / WET / OTHERS_	ERS)
6. WAS ANYBODY INJURED (YES / NO	
7. a) REPORTED TO POLICE (YES / NO)	N 60
IF YES, PLEASE STATE WHICH POLICE STATION:	
8. THIRD PARTY VEHICLE	*
of passenger a) VEHICLE NUMBER. (LV 1901)	ODEL:
oduding driver) b) DRIVER'S NAME: MGC(4) Wong LUNG	ODEL:
C) MICHIN/PASSPORT. CDV 197 X 2	ONTACT: 8468 13 /1
9. THIRD PARTY VEHICLE	ONIACI: DYDYD II
o of passenger of DeliveriesMC	ODEL:
duding driver) f) DRIVER'S NAME:	JUEL,
f) NRIC/FIN/PASSPORT: CO	ONTAGE
(_)	ONTACT:
	181
	1

email =

fax =

VIDEO =

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601					00	· Change L	anguage	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy No.		511030	1495		Date o	of Accident	16	/03/2020 1	8:10	
	Vehicle	No.(For Motor)	XE2268	×		Certifi	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	5110301495	5110301495- 000025	CHOON HENG LOGISTICS PTE, LTD.	201112364C	GFM	Comprehensive	XE2268X	XE2268X	01/08/2019	07/06/2020
	7.			11200000	C	Continue					

Policy No.	5110301495	Policyholder Name	CHOON HEN	G LOGISTICS PTE. I	Policyholder NRIC	201112364	c
Certificate No.	5110301495-000025						
Address	1 TUAS AVENUE 20 SERES HV	AC ENGINEERIN	G BUILDING	SINGAPORE 638832			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	10/06/2019	Effective Date	08/06/2019	00:00	Expiry Date	07/06/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess		Own damage Excess	3000		Windscreen Excess	500	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
		W0000000000000000000000000000000000000				4	
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	7	
Co- insurance Flag Open	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag		
Co- insurance Flag Open Policy Info Certificate		Agent Tel.	96354288		GST Flag		
Co- Insurance Flag Open Policy Info Certificate Info		Agent Tel.	96354288		GST Flag		
Co- insurance Flag Open Policy Info Certificate Info Policyh	No	Agent Tel.		SERES HVAC ENGIN	-	Address 3	SINGAPORE 638832
Co- insurance Flag Open Policy Info Certificate Info	No older Mailing Address	Addre	ss 2	SERES HVAC ENGIN Singapore address	EERING BUI /	Address 3	SINGAPORE 638832 638832
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1	No older Mailing Address	Addre:	ss 2 ss Type		EERING BUI /		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 1 TUAS AVENUE 20	Addre Addre Relate Numb	ss 2 ss Type	Singapore address	EERING BUI /		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 1 TUAS AVENUE 20 01-01 d Object: 5110301495-0000	Addre Addre Relate Numb	ss 2 ss Type	Singapore address	EERING BUI /		
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Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endors	No solder Mailing Address 1 TUAS AVENUE 20 01-01 d Object: 5110301495-0000	Addre Addre Relate Numb	ss 2 ss Type of Policy er	Singapore address 5110301897	EERING BUI A	Post Code	638832
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Sequen 1	nolder Mailing Address 1 TUAS AVENUE 20 01-01 d Object: 5110301495-0000 ements ce Date of Endorsement	Addre: Addre: Relate Numb- 25 Endorsemer Basic Informat	ss 2 ss Type of Policy er	Singapore address 5110301897 ndorsement Number	EERING BUI /	Post Code	638832 Endorsement Content

	Claim Handling					
Ministration Mini	Accident MT/1068802					
Marie Mari	Policy No.		Vehicle No.	X62268X	GST Registration No.	201112364C
Marie Mari	Certificate No.	5110301495-000025				
Comman	Policyholder Name					
Square S				The state of the s	Amilia 200-50-00	
March Mar		0		0	STATE OF STA	-
Marchane		84-0		8 to 0 to		[News
## MINISTRUMENT MIN						
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Section Sect		THE PERSON NAMED IN	A CONTRACTOR OF THE PARTY OF THE	-	**************************************	College Secretary Bases
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Montane Park Montane						
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Mile Col Brians Gold Villo 19 Forms Contract Applicable Security	DD. Standard Excess	3,000.00	TP Standard Excess			
Total Col Control Applicable 10000 1000 10000 1000 10000 10000 10000 10000 1000	VIED OD Excess				Driver is Covered?	
## 05 File part 19 19 19 19 19 19 19 1	Additional Excess					
Vision V		3000.00	Total TP Excess Applicable			
Part						
201 Salaul verified 1928 1	♥ GST Registered Information	ation				
## Princy Pacified Publishing Auditors ## Princy Pacified Publishing Auditors ## Princy Pacified Publishing Auditors ## Pacified State 1	GST Registered					
### Parkyndode Halling Address 1 Tub S. Art Divid 20	OST Registration No.	201112364C		GST Status Verified	Yes	
Address 2 TIMAS Avebruic 20	Hodification History					
Address 2 TIMAS Avebruic 20						
Address Type			1925250100100	Effective (Cartain Nothing Cartain)	890751420	200000000000000
## 100 Priver 10		1 TUAS AVENUE 20				
## Divine Value Driver Value Driver Value Add 2008 18 Int MARIOCO Driver Vision Add 2008 18 Int MARIOCO Driver Value Add 2008 18 Int Value	Address 4			The state of the s	Past Code	638632
Driver Name	Unit No.	01-01	Related Policy Number	5110301897		
		1.0000000000000000000000000000000000000	02070200	CONTRACTOR OF THE PROPERTY OF		
Page Desire Des					Detuge DOB	00/00/1970
Contact No. (Mosele)						
Address 1			A CONTRACTOR			
Address Type Singspore exteres Post Code (\$50219) Acceptance of Code (\$50219) Any Mosting Code (\$50219) Any Most						
Design to the count of Englace of Surgestion of the County		370,757.0				
Dote the four a Singapore special content of the property of t	Unit No.	03-383				
Any HISHNY? O'NE STORE THE RESERVE O'NE STORE	Does he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
Any injury?	Kegistered carr				areaconder action to by	
Attachment Claim No. MY/1088002 Claim No.	Declaration					
Claim Type * OD MX	Breathalyser or Blood Test	0 mg	Any injury?	() Yes ® No		
Claim 1991 Next Claim 1991 * OD-MX	nearing.					
Claim 1991 Next Claim 1991 * OD-MX	ertewood on the con-					
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