NATIONAL Assessment Centre	PARTITION I	wet 1 Jan 05] .			
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[15 Insurer:	Ass't Report by	Fax/Hand	o Owner/Wksn	Fax:	THE STREET STREET
Profured Wisp / IHC Assign Wksp / QW: (			Tol:	1100.	
IP Particulars: Veh No:	GBO 6556	D: INC	)/Non-INC( ).	· ·	
Owner/Driver: (			161.		
Policy No: ( ) Pc	ríod: (	)	Cover Type: (		
Confirmed by : (		Date:	Time:	100%]	
Insured/Driver Liability: ( %) [1	Note-Est. Status (V		0%; P: 21-79%. F: 80	7-10070	
tallit of the Guerran	Warranty: YES (	)/NO(	)		
	00()/\$2,000	( )	STREET,	त्भागुर्ग्यहराज	
Concoll Religion Face & Francis Zalesco.			PERMINANCE !	47.14.04 14.1.	•
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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.

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

<b>发生的原理的复数形式的影响的影响的影响影响</b>	ACCIDENT STATEMENT
Date Of Report	03/04/2020 16:49
Date Of Accident	01/04/2020 09:00
Exact Location Of Accident	117 ALJUNIED AVE 2 CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF3738E
Insured/Policyholder	
Name Of Registered Owner	THE EASTERN RESTAURANT 487 PTE LTD
Co Reg No	2XXXXX523D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94569122
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5112796796
Cover Note Number	
Driver	
Name of Driver	TAN ZHAO JIN
NRIC No	SXXXX747A
Date Of Birth	01/01/1955
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1975
Driving Experience	45 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88383738
Fax Number	
Contact Number	
	The state of the s

NOEMAIL

Address BLK 147 LORONG 2 TOA PAYOH #24-336

Postcode 310147

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

NO

0

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)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

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?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBD6556D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver KUMARASAMY NRIC/Passport Number GXXXX890T

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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.

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

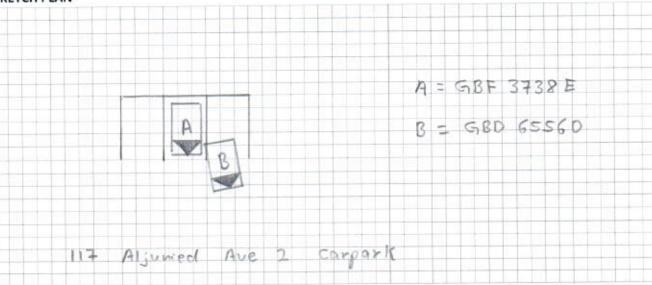
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

## SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	t <sub>o</sub>	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 .:

I PAKRED MY VEH AT THE 117 ALJUNIED AVE 2 CARPARK HAVING MY BREAKFAST AT THE FOOD CENTRE. WHEN I WENT BACK TO MY VEH, THERE WAS A FEW MAN COME TO TOLD ME, THERE SAY WHEN THERE TRY TO REVERSING INTO THE LOT BESIDE MY VEH, THEIR VEH HIT ONTO MY PARKED VEH LEFT HAND SIDE. THERE ASK ME PROCEED TO CLAIMS HIS INSURANCE.

# ACCIDENT STATEMENT

LOCATION:	Geylang E	ast foodfoor	f Carpark
21 2122222		a cent	re M.
	S OF VEHICLE	22201	117 Aljunos
		F 3738 E	-
b)INSUF	RANCE COMPANY:	INC	_
c)POLK	CY NUMBER:		F)
d)POLK	CY TYPE: (COMPREHENSIVE	/ THIRD PARTY / THIRD	PARTY FIRE &THEFT)
	E & MODEL:	1.47	
f)TYPE:(	(SALOON / COUPE / MPV /	VAN / LORRY / MOTOR	RCYCLE / OTHERS)
	CLE CATEGORY: (PRIVATE /		
50 EN AD 100 PM	OSE OF USING AT ACCIDE		
	OU CLAIMING UNDER YOU		1
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Z. MASUREL	D/POLICY HOLDER E: The Eastern Re /FIN/PASSPORT	1 487 ·	(MALE / FEMALE)
AJNAMI	E: INE EUSTERN NE	STRUPPOT TO	ACT: 9456 9122.
D) mile)	/ I II (/ / / 100 / O / II .	CONTA	ICI: 4436 1122.
c)ADDR	<e22:< td=""><td></td><td>70 July 100 - 100 July 100 Jul</td></e22:<>		70 July 100 - 100 July 100 Jul
0 - CONII	INUE TO 3.d IF DRIVER ALSO	) POLICY HOLDER	
f passanga DRIVER		Tr	(1.1.E / FENALE)
ding di az) ajNAME	E: Tan Zhao J		(MALE / FEMALE)
O )	/FIN/PASSPORT:	CONTA	ACT: 98 38 3738
2) claddr	(ESS:		
	E OF BIRTH: (//		D
	UPATION: (INDOOR / OUTE		
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IF NO, F	RELATIONSHIP OF THE D	RIVER WITH INSURE	D:
<ol><li>a)WEATH</li></ol>	HER CONDITION: (CLEAR /	RAINING / OTHERS	)
	SURFACE: (DRY / WET / O		
6. WAS AN	IYBODY INJURED (YES / NO	)	
7. a)REPOR	RTED TO POLICE (YES / NO		
	PLEASE STATE WHICH POLI		
8. THIRD PA	ARTY VEHICLE		
		6526 D WODEL	£5
ling driver) b) DRIV		asamy	A STATE OF THE STA
al MDIC	C/FIN/PASSPORT: G 78		ACT:
		1 30 13 1 001117	
		MODEL:	#3 #15#6 W
9. THIRD PA	HOLE VILLY DED-	IVI ZI ZE L	·
9. THIRD PA	HICLE NUMBER:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21
9. THIRD PA	VER'S NAME:		CT
9. THIRD PA			CT:
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9. THIRD PA	VER'S NAME:		(CT:
9. THIRD PA	VER'S NAME:		(CT::

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	• Log Ou
My Desktop	Poli	cy Query									9
Notice of Loss	Policy N	No.				Da	ate of Accident		01/04/2020 1	6:04	
	Vehicle	No.(For Motor	GBF:	3738E		Ce	ertificate Number				
						Search	n				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112796796		THE EASTERN RESTAURANT 487 PTE LTD	200501523D	GCV	Comprehensive	GBF37388	GBF3738E	27/09/2019	26/09/2020
	÷-			#13787012755959#		Continu	ie l				

# Claim Handling

Accident MT/1090664				and the second s	
Policy No.	5112796796	Vehicle No.	G8F3738E	GST Registration No.	
Certificate No.				Notice builder NRTC	2005015230
Policyholder Name	THE EASTERN RESTAURANT 487 PTE LTD			Policyholder NRIC	0
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive.	Loading	
Contact No.(Mobile)	94569122	Contact No.(Office)		Contact No.(Home) eCode	No *
Email Address		Special Remark	w No - Yes	eCode Reason	
KPIC	w No Yes	TCA		Private Hire	No
NCD Protection	No	NCD Entitlement(%)	20	5.14046.3119	
Accident Details				Accident Type	Damaged whilst parked
Report Date	03/04/2020 17:35	Accident Report Within 24 hrs	Yes	Country of Accident	Singapore
Date of Accident	01/04/2020	Time of Accident hh: mm	09:00	ICM No.	
Reporting Centre		Orange Force		100.00	
Accident Location	117 ALJUNIED AVE 2 CARPARK				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
			0.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIEO TP Excess			
Additional Excess		Total TO Corner Applicable	0.00		
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0100		
▽ Benefits	1999				
□ GST Registered Informa			GST Registration Date		
GST Registered	No		GST Status Verified	Yes	
GST Registration No. Modification History					
modification History					
Policyholder Mailing Add	tress				
Address 1	487 GEYLANG ROAD	Address 2	SINGAPORE 389446	Address 3	
	THE SECURE PROPERTY.	Address Type	Singapore address	Post Code	389446
Address 4		Related Policy Number	5112796796		
Unit No.					
	Unnamed Driver	Driver Type	Unnamed Driver	and the second	THE CONTRACTOR OF THE CONTRACT
Oriver Name		Driver NRIC	SXXXX747A	Driver DOB	01/01/1955
Unnamed driver Name	TAN ZHAO JIN	Driver Age	65	Driving Experience	45
Register Date of Driver License	24/03/1975 88383738	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	BLK 147 #24-336	Address 2	LORONG 2 TOA PAYON	Address 3	TOA PAYOR TOWERS
Address 1	SINGAPORE 310147	Address Type	Singapore address	Post Code	310147
Address 4 Unit No.	24-336				
Does he own a Singapore		Driver Vehicle No.		<b>Driver Insurer Company</b>	
Registered car?	₩es # No	Dilect version no.			
Declaration  Breathalyser or Blood Test		Any injury?	⊕ Yes in No		
Reading?	0 mg	and admit	- 010/2/073		
Modification History					
n					
Claim 001 New					
Claim Type *			OD-MX	Insured THE EASTERN R	ESTAURANT 48 Insured 20050
Claim type			10	Contact	Contact No. 94569
Contact No.(Mobile)				No. (Home)	(Office)
				OI Vehicle GBF3738E	Vehicle GBD6
Email Address				Number	Number Name of
CONT. TO SECULTARIA SECULTARIA			GBF3738E / GB06	556D ON 1 Apr 2020	Preferred ()
Claim Description			VI C.	WAY DE PARTIE DE LA CONTRACTION DEL LA CONTRACTION DE LA CONTRACTI	Workshop
Preferred Workshop 0	Insured Liability Not at Fa	uit *			
Boquiet No. Yes	* Repair Preferred Workshop,		processor and the second secon	Claim ,	Date 03/04
Date Registered	Option		03/04/2020 17:37	Close	Received 03/04
			LIEW SHAN HUT		
Report Taken By			210011901		
22					
Print AK letter					
			Save Submit		
Attachment					
ACCOUNTER OF					
▼					
Accident No.	MT/1090664	Claim No.	001		
Last Doc, Received	● Yes ⇒ No	Upload Date	03/04/2020 17:38		
THE STATE OF THE STATE OF			Categor	y • Confidential	Urgency * Des
The second second	Path *		Clear Please Select	The second secon	rmal Y
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Choose File No file chose			Clear Please Select	The state of the s	rmai *
Choose File No file chose			Clear Please Select	* NO * No	ermai *
	550				0
Message Read					

# Claim Handling(accident reporting Claim Task )

CAUTION CONTROL O	Folder Date		File Name		Source	
PAYA_UB1_800601( N	ATIONAL ASSESSMENT CENTRE SERVICES) o 3 Apr 2020 17:37	Photos		Normal	Photos 2020-4-3	
PAYA_UBI_800601( N	ATIONAL ASSESSMENT CENTRÉ SÉRVICES) o 3 Apr 2020 17:37	Photos		Normal	Photos 2020-4-3	
PAYA_UBI_800601( No.	ATIONAL ASSESSMENT CENTRE SERVICES) o 3 Apr 2020 17:37	Photos		Normal	Photos 2020-4-3	
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