				and the second s	
Date In: 3/4/2-1639	Jcb description	Da	e &Time Completed	Done	o,
Ref No: 44/14/20005 022/24	SAS e-filing	i			
Veh No: YPSSTIA	E-mail (within Shrs,	AIC 2hrs)			
D.O.A: (14/2-13:35	i-Motor Claim F	orm M	1 109 52 -031	7 4 2 1	:21
	i-Motor W/O (W				
OD / TP / Reporting Only	i-Photo Uploade	d			V)
SCORE SCORE	Assessment/Surve	y Report			
TP Insurer:	Ass't Report by F	ax / Hand to Ow	ner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Тө	l:	Fax:	
TP Particulars: Yeh No:	75907	, INC( , )	Non-INC()		
Owner / Driver: (	1	т	el:	)	
	Period: (	) Co	ver Type: (	)	
Confirmed by : (	I	ate:	Time:	)	
	Note-Est. Status (WO)	): N: 0-20%;	P: 21-79%. F: 80-	100%]	-
Year of Registration: ( )		/NO( )			
Excess: (\$ ) Loading: \$		)			
		STANSAN STANS	BERTHERS TO		alter.
General Remarks;-	of carrier of the contract of the contract of	THE RESERVE OF THE PARTY OF THE	Million Company of Account	The state of the s	-
( ) Walk-In Customer : Customer's in		ential & Strictly	NO refer of repairer	<u>.</u>	
) Total Luss Case : to e-mail Ins	urer URGENTLY.				
Drive-In ( )/ Towed-In ( ); Invo	oice: YES ( ) / NO	( ); Towin	g Co: (		)
emarks;- (INC hotline: 6788 6616		Da	te& Time Completed	Done	by
CONTRACTOR OF THE PROPERTY OF	Control of the Contro			S-12-1-A	
1 C M + Allerson - A					
	/ Courtesy Car ( )			No.	
QC Check / Post Repair Inspection	( )				
QC Check / Post Repair Inspection	( )		* **		
QC Check / Post Repair Inspection	( )				
QC Check / Post Repair Inspection  Upload Resurvey Photo [Repair Cost >  Injury:	( )				
2) QC Check / Post Repair Inspection  B) Upload Resurvey Photo [Repair Cost > Injury:	( )	729		See Carre	
QC Check / Post Repair Inspection  Upload Resurvey Photo [Repair Cost >  Injury:	( )			Nessonine.	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )			NESS CANE	
QC Check / Post Repair Inspection  Upload Resurvey Photo [Repair Cost >  Injury:	( )				
QC Check / Post Repair Inspection  Upload Resurvey Photo [Repair Cost >  Injury:	( )				
) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost >  Injury:	( )			Ant (S)	Am((3)
OQC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >  Injury:  ate/Time   Actions	( )	ivoice Prepara	tion Ghecklist	Anic (\$)	W
QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost >  Injury:  ate/Time Actions	( ) \$3000] ( )	AR : Accident Repo	rting (\$30);	fúBill	W 10 10 10 10 10 10 10 10 10 10 10 10 10
QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost >  Injury:  ate/Time Actions	( ) \$3000] ( )	AR : Accident Repo DA : Damage Asses	rting (\$30); sment (\$100); INC (	fúBill	W 10 10 10 10 10 10 10 10 10 10 10 10 10
OC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > Injury:  Actions  Actions  Umant's Particulars:	( ) \$3000] ( )	AR: Accident Repo DA: Damage Asses TF: Towing Fee FT: Follow-Throug	rting (\$30); sment (\$100); INC ( \$	76 Bill (\$80) 40/\$45 \$120	W 10 10 10 10 10 10 10 10 10 10 10 10 10
OC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > Injury:  Actions  Law 263  Limant's Particulars:-  ver/Owner:	( ) \$3000] ( )	AR: Accident Repo DA: Damage Asses TF: Towing Fee FT: Follow-Throug	rting (\$30); sment (\$100); INC (  \$ Survey h Survey (Resurvey)	\$80) (40/\$45 \$120 \$30	W 10 10 10 10 10 10 10 10 10 10 10 10 10
QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost >  Injury:  atte/Time Actions  Limant's Particulars:  iver/Owner:	( ) \$3000] ( )	AR: Accident Repo DA: Damage Asses TF: Towing Fee FT: Follow-Throug FT: Follow-Throug For claiming against TR: Re-inspection	rting (\$30); sment (\$100); INC (  \$ h Survey h Survey (Resurvey) JNC Only (wef 10 Jan 20)	\$80) 40/\$45 \$120 \$30 05) \$75	Amt (5)
QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost >  Injury:  atte/Time Actions  Limant's Particulars:  iver/Owner:	( ) \$3000] ( ) 1i 2) 2) 3) 4) 5)	AR: Accident Repo DA: Damage Asses TF: Towing Fee FT: Follow-Throug FT: Follow-Throug For claiming against TR: Re-inspection N1: Idac DA + SM	rting (\$30); sment (\$100); INC (  \$	\$80) 40/\$45 \$120 \$30 05)	W
QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost >  Injury:  ate/Time Actions  Liminates Particulars:  iver/Owner:  ntact No:	( ) \$3000] ( ) 1i 2) 2) 3) 4) 5)	AR: Accident Repo DA: Darrage Asses TF: Towing Fee FT: Follow-Throug FT: Follow-Throug For claiming against TR: Re-inspection N1: Idae DA + SM NTUC Additional S	rting (\$30); sment (\$100); INC (  \$	\$80) 40/\$45 \$120 \$30 05) \$75	W 10 10 10 10 10 10 10 10 10 10 10 10 10
QC Check / Post Repair Inspection  ) Upload Resurvey Photo [Repair Cost >  Injury:  atte/Time Actions  atternet's Particulars:  iver/Owner:  ntact No:  maged Portion:	( ) \$3000] ( ) \$11 1) 2) 3) 4) 5) 6) 7)	AR: Accident Repo DA: Darrage Asses TF: Towing Fee FT: Follow-Throug FT: Follow-Throug For claiming agains TR: Re-inspection N1: Idac DA + SM NTUC Additional S OD* *N5: Courtesy Car /	rting (\$30); sment (\$100); INC (  \$	\$80) 40/\$45 \$120 \$30 \$55 \$160	W 10 10 10 10 10 10 10 10 10 10 10 10 10
QC Check / Post Repair Inspection  Di Upload Resurvey Photo [Repair Cost >  Injury:  Actions  Actions  aimant's Particulars:  iver/Owner:  ntact No:  maged Portion:	( ) \$3000] ( ) \$11 1) 2) 3) 4) 5) 6) 7)	AR: Accident Repo DA: Darrage Asses TF: Towing Fee FT: Follow-Throug FT: Follow-Throug For claiming against TR: Re-inspection N1: Idae DA + SM NTUC Additional S OD!* *N5: Courtesy Car *N6: Repair Co-ord	rting (\$30); sment (\$100); INC (  \$	\$80) 40/\$45 \$120 \$30 \$55 \$10	W
QC Check / Post Repair Inspection  Deposit Repair Cost > Injury:  Actions	( ) \$3000] ( ) \$11 1) 2) 3) 4) 5) 6) 7)	AR: Accident Repo DA: Damage Asses TF: Towing Fee FT: Follow-Throug FT: Follow-Throug For claiming against TR: Re-inspection N1: Idae DA + SM NTUC Additional S OD* *N5: Courtesy Car *N6: Repair Co-ord *N7: Fost Repair In	rting (\$30); sment (\$100); INC (  \$ Survey h Survey (Resurvey) JNC Only (wef 10 Jan 20) RT Survey ervices:-  Tpt Allowance ination spection	\$80) 40/\$45 \$120 \$30 \$55 \$160	F 12 14 4
QC Check / Post Repair Inspection  B) Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions  Actions  aumant's Particulars:  iver/Owner:  ntact No:  maged Portion:  Checked by (Engr-In-Charge):	( ) \$3000] ( )	AR: Accident Repo DA: Darrage Asses TF: Towing Fee FT: Follow-Throug FT: Follow-Throug For claiming agains! TR: Re-inspection N1: Idae DA + SM NTUC Additional S OD* *NS: Courtesy Cer *NS: Courtesy Cer *N6: Repair Co-ord *N7: Fost Repair In *N8: DV / Collect I TP (N11): TP (Nur	rting (\$30); sment (\$100); INC (  \$	\$80) \$40/\$45 \$120 \$30 \$25 \$160 \$5 \$10 \$25 \$25 \$20	W 10 10 10 10 10 10 10 10 10 10 10 10 10
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Oute/Time: Actions	( ) \$3000] ( ) 11 21 22 31 41 51 61 77 81	AR: Accident Repo DA: Darrage Asses TF: Towing Fee FT: Follow-Throug FT: Follow-Throug For claiming against TR: Re-inspection N1: Idae DA + SM NTUC Additional S OD!* *N5: Courtesy Car *N6: Repair Co-ord *N7: Fost Repair In *N8: DV / Collect I	rting (\$30); sment (\$100); INC (  \$	\$80) \$40/\$45 \$120 \$30 \$25 \$160 \$5 \$10 \$25 \$25 \$20 \$30	W 10 10 10 10 10 10 10 10 10 10 10 10 10

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.
- onies of the report being made available

A STATE OF THE STATE OF THE STATE OF	ACCIDENT STATEMENT	
Date Of Report	07/04/2020 16:39	
Date Of Accident	06/04/2020 13:35	
Exact Location Of Accident	BLK 211 HOUGANG ST 21 CARPARK	
Country/State of Loss	SINGAPORE	
All the state of the same special	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP3855A	
Insured/Policyholder		
Name Of Registered Owner	PACKADZ PTE LTD	
Co Reg No	2XXXXX438N	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-65136936	

Vehicle Particulars

MITSUBISHI Manufacturer

CANTER FEB21ER3SDEB Model

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?

REPORTING ONLY If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5083111152-03 Policy Number

Cover Note Number

Driver

JOH SENG HWA ANTHONY (XU CHENGHUA) Name of Driver

NRIC No SXXXX775Z 04/02/1973 Date Of Birth OUTDOOR Occupation 21/04/1993 Date Of Driving Pass

Driving Experience 26 YEARS AND 11 MONTHS

MALE Gender

(LOCAL) +65-96744295 Mobile Number

Fax Number

Contact Number OFFICE-96744295

EMail Address NOEMAIL Address BLK 814 TAMPINES STREET 81

#03-572

Postcode 520814

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 COLLIDED INTO PARKED VEHICLE

Weather Conditions RAINING
Road Surface WET

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?

YES

NO

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?

NO

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?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMT590D

Vehicle Make/Model/Colour

Details Of Properties

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

0

## SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2 This Form most be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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.
- 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)

Lunderstand, 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

c 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 Personn Name

ature

NRIC/FIN No.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	testenomi.
STREET, SECTION	

DECLARATION

I/We 1007-8 (6) foregoing particulars are true in every respect

wite aby

Policyho deris Signature

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

Date & Time:

Reporting Centre Personnel Signature

Name NRIC/FIN No. ON STATED DATE AND TIME, WHILE I REVERSED MY VEHICLE ONTO CARPARK LOT AND ACCIDENTALLY HIT ONTO VEHICLE B RIGHT SIDE MIRROR AND FRONT RIGHT DOOR.

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 6 / Y / 27 ) (DD/MM/YYYY), TIME: ( 15: 35 ) (HH:M
LOCATION: BIK 11 Houging H 11 carparle
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: YP 3857A
DINSURANCE COMPANY: HTVC
C)POLICY NUMBER: 5 083 11457 -03
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEF
f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WOTICING
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) -
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A) NAME: Packadz Pie Ud (MALE / FEMALE)
b)NRIC/FIN/PASSPORT: 1011 IVY 38 N CONTACT: 65/36936
c)ADDRESS:CONTACT
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
The of passengs. DRIVER
(Including driver) a) NAME: (ISM JONG HWG ANTOONY (MY CHINT (MALE / FEMALE)
CONTACT: 1674
c)ADDRESS:
*diDATE OF BIDTILL II . 1. 1931
*d) DATE OF BIRTH: (4 / V / MANAYYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO
IF YES, PLEASE STATE WHICH POLICE STATION:
8 THIRD PARTY VEHICLE
No of Descenses of Manager Control Teach
(Including driver) b) DRIVER'S NAME: MODEL:
() C) NRIC/FIN/PASSPORT:CONTACT:
9. THIRD PARTY VEHICLE
No of passanger d) VEHICLE NUMBER:MODEL:MODEL:
Induding delicas (e) DRIVER'S NAME:
Including driver f) NRIC/FIN/PASSPORT:CONTACT:

email = Norman@ packadz . com. 19
fax =
VIDEO = X



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

		ADDE	INDOM
(A)	PARTICULARS OF PE	RSON MAKING THE AMENDM	IENTS:
	Original Report No	MNA120041010	Vehicle Registration No: YP3855A
	Name(as shown in NRIC)	PACKADZ PTE LTD	NRIC/FIN/Passport No: 2XXXXX438N
	(*Vehicle Driver / Ve	hicle Owner) (*) Please delete	as appropriate
	Address		Singapore(
	Contact (Tel)	65136936	Mobile No.:
	Email Address	·	
	Date of Accident	. 06/04/2020	Time of Accident : 13:35
	Place of Accident	BLK 211 HOUGANG ST 2	1 CARPARK
	Insurance Company	NTUC Income Insurance C	Co-operative Ltd
	-		
	Deliverhelder / Del	la Ciamatura	Reporting Contro Porsonal Pa Signature
	Policyholder / Driver Date:	s Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					THE COLUMN TWO	Change	Languag	e • Char	nge Password	· Log Out
My Desktop	Policy	Query									
Notice of Loss	Policy No.					Date o	f Accident		06/04/2020	13:35	
	Vehicle No	a.(For Motor)	YP3855	iA		Certific	ate Number				
					5	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 5	083111152- 03		PACKADZ PTE. LTD.	201114438N	GCV	Preferred Workshop Plan	YP3855A	YP3855A	15/08/2019	14/08/2020
					C	ontinue	NEWS DI				

Policy No.	5083111152-03	Policyholder Name	PACKADZ	PTE. LTD.	Policyholder NRIC	201114438N	
Certificate No.					Mile		
Address	3 KALLANG WAY 2A #04-06 FOR	G TAT BUILD	ING SINGAR	ORE 347493			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	08/08/2019	Effective Date	15/08/201	9 00:00		14/08/2020 2	3:59
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	/Inexperience Driver Excess
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	3 KALLANG WAY 2A	Addres	s 2	#04-06 FONG TAT	BUILDING	Address 3	SINGAPORE 347493
Address 4		Addres	s Type	Singapore address		Post Code	347493
Jnit No.	40-00	Relate Numbe	d Policy er	5070749295-05			
Insured	Object: YP3855A						
	ements						
<b>▽</b> Endorse	- Trans						



