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	i-Photo Up	loaded				
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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	x:	
TP Particulars: Veh No:	YM 2262H	. INC()/Non-INC	().	3	
Owner / Driver: (Tel:	74)	,
Policy No: () Peri	iod: ()	Cover Type: ()	
Confirmed by: (Date:	Time	:)	
Insured/Driver Liability: (%) [N	lote-Est. Status (WO): N: 0-20	%: P: 21-79%	P: 30-10	0%1	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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.

· 新国的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人	ACCIDENT STATEMENT
Date Of Report	15/04/2020 14:03
Date Of Accident	26/02/2020 12:40
Exact Location Of Accident	KPE BEF TAMPINES RD EXIT TWDS TPE
Country/State of Loss	SINGAPORE
The second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE3235U
Insured/Policyholder	
Name Of Registered Owner	BSN TECH ENGINEERING PTE LTD
Co Reg No	2XXXXX445N
Email Address	BSNTECHENGINEERING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62980961
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERICAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5115947455
Cover Note Number	
Driver	
Name of Driver	CHIDAMBARAM BASKARAN
NRIC No	SXXXX312Z
2860 1110 202 203 300	

 NRIC No
 SXXXX3123

 Date Of Birth
 26/04/1970

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/03/2015

Driving Experience 4 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94294283

Fax Number Contact Number

EMail Address BSNTECHENGINEERING@GMAIL.COM

Address

BLK 47 BENDEMEER ROAD #04-1473 SINGAPORE

Postcode

330047

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

COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

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 SKETCH PLAN.

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

YM2262H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

83001930

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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, englished and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

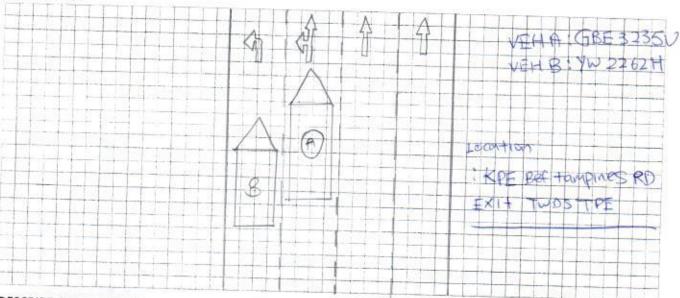
Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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and m	ove out.	NO ONE	Injury	and N	o police re	port made
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CH ENG!	Va	- Marie				

Policyholder's Signature Date & Time:

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

Reporting Contre Personnel's Signature Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

ACCIDENT DATE: (26/02/2020)(DD/MM/YYYY), TIME: (12.40)(HH:MM)

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+	CIPOLICY NU	MBER: 518591	TAIL WIS	War rece	usmit.
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	IF NO. PLEAS	AIMING UNDER YOUR	OWN INSURANCE (YES,	\v0)	
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		SSPORT: 9706		MALE / FEMALE)	- 0 5
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5400 O O O	* CONTINUE TO	3.d IF DRIVER ALSO P	OLICY HOLDER	te Inu	- ×
The of passanga	DRIVER		OLIC I HOLDER		
(Including driver)	a)NAME:		(64)	ALE / FEMALE)	
()	b)NRIC/FIN/PA	SSPORT:	CONTACT		
(_)	c)ADDRESS:	STATE OF STA			
	· -				
69		TH: (/	(DD/MM/YYYY)	27	_
	e)OCCUPATION	N: (INDOOR / OUTDOO	ORL	0 (A)	
	T) YEARS OF DRI	VING EXPRERIENCE:_			Si es es esta
4.	WAS DRIVER A	AN EMPLOYEE OF THE	E INSURED'S COMPA	NY? (YES / NO	1) driver
5	THINO, RELATIO	ONSHIP OF THE DRI	/ER WITH INSURED:		
٥.	DIPOAD SUBLA	NDITION: (CLEAR / RA	INING / OTHERS)
4	MAS ANYBODY	CE: (DRY / WET / OTHE	RS)
7	MAS ANTBODY	INJURED (YES /NO		7	
***	IF YES PLEASE	POLICE (YES NO			
. 8.	THIRD PARTY VEH	STATE WHICH POLICE	STATION;		
He of passenger	a) VEHICLE NU	MBER: Ym 22	La H WORK		
Including driver)	b) DRIVER'S NA	AME: ZNEL			-
()	c) NRIC/FIN/P		(Bhc)	830019	7/20
9.	THIRD PARTY VEH	IICLE	CONTACT.	43 00/9	130.
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Including driver)	f) NRIC/FIN/PA		CONTACT:		-
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Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115947455

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: GBE3235U

Chassis Number

2. Name of Policyholder

KDY2318021225

3. Effective Date of Insurance

BSN TECH ENGINEERING PTE. LTD.

: 07 Feb 2020

4. Expiry Date of Insurance

: 06 Feb 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

EXCESS (SECTION 1)

: \$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: LAKE-VIEW CREDIT PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: TECK WEI CREDIT PTE. LTD. (00000572499)

Date of Issue

/: 07 Feb 2020 16:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

-
Task
Claim
 Handling(
 Claim

4/15/2020

Statistical Stat	Claim Handling			(None and) for the control of the			
SINTECT ENGINEERING FITE LTD. Public No. CHINGTON NO. Public No. CHINGTON NO. Public	Accident MT/1086254						Exit
Sept	Policy No.	5115947455	Vehicle No.	GBE3235H	CCT Danishard No.		
State Stat	Certificate No.				GST REGISTRATION NO.		
CONTROLLY, UPSICIAL PROLLAW Count 'Year Count' (1964)	Policyholder Name	BSN TECH ENGINEERING PTE. LTD,			Polinchalder MDTC		
No. Control the (Office) Control the (O	Product Code	COMMERCIAL VEHICLE INSURA!	Cover Type	Comprehensive	The second second	NOTED SHEET	
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Accordant Report Within 24 his Yes	NCD Protection	No	NCD Entitlement(%)	0	British His		
24/02/2020 17-34	▼ Accident Details		,	16	A INGREDIE	0	
240/02/2029 Time of Accident throme in 12-40 Country of Accident throme in 12-40 Country of Accident throme in 12-40 Country of Accident in Singapore	Report Date	28/02/2020 17:38	Accident Report Within 24 hrs	Yes	Accident Type	Cide Cuden	
Activities Act	Date of Accident	26/02/2020	Time of Accident hh:mm	12:40	Country of Accident	adiac page	
First Continue C	Reporting Centre	administrator	Orange Force	2	County of Accident	Singapore	
Par Accident Windstreen Excess 100,00 Total Percess 100,00	Accident Location	KPE TOWARDS TPE LAMP POST 9			TOW NO.		
Per Accident Windstration Excess 100,00 To Standard Excess 100,00 Total IT Excess Applicable 0,00 Total IT Excess Applicab	▼ Total Excess Applicable						
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Part	Additional Excess		YIED TP Excess		Driver is Covered?	Not Applicable	
Total ITP Excess Applicable Dots	Total OD Evctore Applicable						
No CST Registration Date State	▼ Benefits	00,000	lotal IP Excess Applicable	0.00			
No GST Registration Date Status Verified Yeas		ıtion					
28/02/2020 17:40:00 System changed GST Registration has from 1016/59445N to null 28/02/2020 17:40:00 System changed GST Registration base from 15/07/2016 to null 28/02/2020 17:40:00 System changed GST Registration base from 15/07/2016 to null 28/02/2020 17:40:00 System changed GST Registration base from 15/07/2016 to null 28/02/2020 17:40:00 System changed GST Registration base from 15/07/2016 to null 28/02/2016 to null 28/02/2020 17:40:00 System changed GST Registration base from 15/07/2016 to null 28/02/2016 to null	GST Registered	No		GST Registration Date			
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BROOKE ROAD	Modification History		stem changed GST Registered from Yes to them changed GST Registration No. from 2 stem changed GST Registration Date from	No 01619445N to null 15/07/2016 to null	1		•
1 BROOKE ROAD Address 2 #B1-25 KATONG PLAZA Address 3 Address Type Singapore address Post Code B1-25 Related Policy Number 5115947455 Driver Type Driver NRIC Contact No.(Office) Address 2 Address 2 Address 2 Address 2 Address 2 Address 3 Address 7 Post Code Contact No.(Office) Driver Veelign address 9 Driver Insurer Company	V Policyholder Mailing Add	Iress					
81-25 Related Policy Number Singapore address Post Code Related Policy Number 5115947455 Driver Type Driver NBIC Driver Age Contact No.(Office) Address 2 Address 1ype Post Code Oriver Vehicle No.	Address 1	1 BROOKE ROAD	Address 2	#B1-25 KATONG PLAZA	Address 3	SINGAPORE 429979	
81–25 Related Policy Number 5115947455 Driver Type Driver NILC Driver Age Contact No.(Office) Address 2 Address Type Foreign address Oriver Vehicle No. Driver Vehicle No. Oriver See No. Driver Vehicle No.	Address 4		Address Type	Singapore address	Post Code	429979	
Driver Type Driver NRIC Driver Age Contact No. (Office) Address 2 Address Type Foreign address.	Unit No.	81-25	Related Policy Number	5115947455			
Driver NLC Driver NLC Driver Age Contact No. (Office) Address 2 Address Type Foreign address Oriver Vehicle No.	▼ OI Driver Info						
Driver Age Contact No. (Office) Address 2 Address Type Foreign address Oriver Vehicle No.	Driver Name		Driver Type				
Contact No. (Office) Address 2 Address Type Foreign address. Oriver Vehicle No.	Unnamed driver Name		Driver NRIC		Driver DOB		
Contact No.(Office) Address 2 Address Type Foreign address Oriver Vehicle No.	Register Date of Driver License		Driver Age		Driving Experience		
Address 2 Address Type Foreign address Yes • No Driver Vehicle No.	Contact No. (Mobile)		Contact No.(Office)		Contact No. (Home)		
Address Type Foreign address Ves * No Driver Vehicle No.	Address 1		Address 2		Address 3		
. Yes ★ No Driver Vehicle No.	Address 4		Address Type	Foreign address	Post Code		
Yes • No	Unit No.						
	Does he own a Singapore Registered car?	Yes . No	Driver Vehicle No.		Driver Insurer Company		

Claim 002 New

Modification History

4/15/2020

Send Message Upload Action Edit Edit Date Received 15/04/2020 00:00 Description . Msg Sent? (CO) 201619445N YM2262H NIL Name of Preferred Workshop TP Vehicle Number Contact No. (Office) BSN TECH ENGINEERING PTE. IJ Insured . ٠ . NRIC/ Driving License 2020-4-15 Urgency . Normal Normal Normal Normal Normal Normal SAS 2020-4-15 Description GBE3235U Confidential • Insured Contact No. (Home) OI Vehicle Number GBE3235U / YM2262H ON 26 Feb 2020 ON Close Close Date ON 0 ON. ON 9 15/04/2020 14:31 15/04/2020 14:32 Please Select Please Select Please Select Please Select Please Select Please Select XM-do Urgency Normal Normal Save Submit Clear Clear Clear Clear Clear Clear 0-NRIC/ Driving License GIA Received Category SAS Upload Date Claim No. NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 14:32 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 14:32 Preferenced Please Select Option Uploaded By/Date Path * • Yes O No MT/1086254 Choose File No file chosen ▼ Attachment List Contact No.(Mobile) Preferred Workshop Bentakt No. Yes Finalisation Last Doc, Received Print AK letter Attachment Claim Description Date Registered Report Taken By Message Read Attachment 19 Kg. 10 Email Address Claim Type * Accident No. Þ

https://giclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?cannew=true

	Edit	Edit	Edit	Edit	Edit	Edit	Edit	Edit	Edit	Edit	Edit	Edit	Action	
	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Source	
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Claim Handling(Claim Task)	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	File Name	dow Scan and uploading
0	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Œ	Display in New Window
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 14:32	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 14:32	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 14:32	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 14:32	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 14;32	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 14:31	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 14:31	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 14:31	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 14:31	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 14:31	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 14;31	Folder Date	
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4/15/2020						4			117	-	3)	▼ Video List		