D. L. L.			1081200MAN	-	
Date In: 20/6/20 - 09:54	Jeb description		Date & Time Completed	Done	by
Res No: Abjuction 6474/	SAS e-filing				
Veh No: 4852381	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 19/6/20 - 8.JD	i-Motor Clai	m Form	m/1594813-001	20/6/20 1	2:09
	i-Motor W/C	(Within: OD 2hrs	The second secon		
OD . TP / Reporting Only	i-Photo Uplo	aded			
	Assessment/St	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No:	BE84944	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (\	WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	,000 ()/\$2,000	()	Commence of the Principle	7520 S 20 T 1	,
General Remarks			des Profession big a 20	Salah Silini	
() Walk-In Customer : Customer's in	formation strictly Co	nfidential & Str	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.	85			
Drive-In ()/ Towed-In (); Invoi	ce: YES()/N	NO();T	owing Co: (9)
			Date&Time Completed	Done	hv
Remarks:- (INC horline: 6788 6616)	Courtesy Car (\ \		S5337 1 a	
Apply for Transport Allowance () / QC Check / Post Repair Inspection	Courtesy Car (,			
3) Upload Resurvey Photo [Repair Cost > :	530001 ()	 		
	33000) (
Injury:					
				STATE OF THE PARTY	
Injury:				S. S	
Injury:				Session in	
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Injury:	1				
Injury: Date/Time Actions	1	Invoice Pre	paration Checklist	Anic (S)	Am((\$)
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Injury: Date/Time Actions A 1003774: Inimant's Particulars:-	1	1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); INC (\$	The Bill	
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Injury: Date/Time: Actions A 10030749 Inimant's Particulars:- river/Owner: Ontact No:	1	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a 6) TR : Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$ 66 \$6 brough Survey hrough Survey (Resurvey) goinst INC Only (wef 10 Jan 200) stion	15¢Bill 180) 10/\$45 \$120 \$30 \$5) \$75	
Injury: Date/Time: Actions A 10030749 Inimant's Particulars:- river/Owner: Ontact No:	1	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey (Resurvey) zoinst INC Only (wef 10 Jan 200 tion SMRT Survey	15¢Bill 180) 10/\$45 \$120 \$30 5)	
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Injury: Date/Time Actions A 1003074 Laimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: N5: Courtesy N6: Repair O N7: Fost Rep *N8: DV / Col TP (N11): TP	Reporting (\$30); Assessment (\$100); INC (\$500); INC (\$		
A 1003V49: Limant's Particulars :- priver/Owner: contact No: hmaged Portion:		1) AR: Accident 2) DA: Damage. 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspect 7) N1: Idae DA: 8) NTUC Addition OD: •N5: Courtesy •N6: Repair O •N7: Fost Rep •N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$500); INC (\$	\$80) 10/\$45 \$120 \$30 \$50 \$75 \$160 \$55 \$50 \$50 \$50 \$50 \$50 \$50 \$5	Add Bill

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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.
- 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.

aforesaid.	
Charles of the Control of the Control	ACCIDENT STATEMENT
Date Of Report	20/06/2020 09:54
Date Of Accident	19/06/2020 08:50
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE
The state of the s	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE2388T
Insured/Policyholder	
Name Of Registered Owner	KEN EXPRESS SERVICES PTE LTD
Co Reg No	2XXXXX761W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96724510
Alternative Phone No	OFFICE-96724510
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	5103401640-01
Cover Note Number	
Driver	
Name of Driver	AUYONG BOON TIONG KEN
NRIC No	SXXXX993Z
Date Of Birth	04/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1990
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90489422

OFFICE-90489422

NOEMAIL

BLK 803B KEAT HONG CLOSE Address

#04-122

Postcode 682803

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 CHAIN COLLISION

CLEAR Weather Conditions Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

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

NO

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? Was there any video captured by Car Camera?

YES

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBF8494A**

TOYOTA HIACE Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

RAMAIAH RAMESH KUMAR Name of Driver

GXXXX661X NRIC/Passport Number Contact Number 90616344

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKK5036B

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

86996344

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name AUYONG BOON TIONG KEN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBE2388T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

B

Policyholder's Signature

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on stated date and time, I was travelling along the stated
venue. Front vehicle brake, I brake my vehicle 45 Well.
Suddenly telt an impact of my vehicle and nealised
that vehicle is hit onto my vehicle rear portion my vehicle
Front portion infact with vehicle c rear portion.

DECLARATION

I/We declare to regoing 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.:

ACCIDENT STATEMENT

ACC	DENT DATE: (19, 6, 20) (DD)	/MM/YYYY), TIME:(08:50)(HH:MM)
LOCA	ATION: WOODLOND A	v E 12.
1.	DETAILS OF VEHICLE GIVEHICLE NUMBER: GBE 23	
100	b)INSURANCE COMPANY:	00.
	C)POLICY NUMBER: 510340	
	e)MAKE & MODEL: NSSAA	THIRD PARTY / THIRD PARTY FIRE &THEFT)
		AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / CO	[2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
	h)PURPOSE OF USING AT ACCIDENT	
	I) ARE YOU CLAIMING UNDER YOUR	
	IF NO, PLEASE STATE THIRD PARTY C	CLAIM/ REPORTING ONLY)
2.	INSURED / POLICY HOLDER	Svcs cop/4 (MALE/FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT: 96724510
	c)ADDRESS:	CONTACT: 707
14 14 14	· ·	
19	* CONTINUE TO 3.d IF DRIVER ALSO P	POLICY HOLDER
the of persongs	DRIVER	
(Including driver)	a)NAME: Payong 2000	
(1)	DJITKIC/I III/I ASSI CKI.	93/2 CONTACT: 909 89422 9-122 Keat 4009 Close
	C)ADDRESS: 3/K 8038 #0	7-127 Next 47079 1038
	*d)DATE OF BIRTH: (58)09/19	TO MODIMMITYTY
0.50	eloccupation: (INDOOR OUTDO	ORP
	f)YEARS OF DRIVING EXPRERIENCE:	ABV 10 YRS.
4.	WAS DRIVER AN EMPLOYEE OF TH	E INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRI	47 C T T T T T T T T T T T T T T T T T T
5.	a) WEATHER CONDITION: (CLEAR) RA	
190	b)ROAD SURFACE: (DRY / WET / OTHI	ERS
	WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO)	77
**	IF YES, PLEASE STATE WHICH POLICE	STATION:
. 8.	THERE SARTY VEHICLE	
He of passenger	a) VEHICLE NUMBER: 48F84	94 A. MODEL: TOYOTA -HAR.
Industing driver)	b) DRIVER'S NAME: RAMAIAH	RAMESH KUMPR
(/)	c) NRIC/HN/PASSPORT: 4 8777	CONTACT: 70676374
	THIRD PARTY VEHICLE d) VEHICLE NUMBER: SKK 50	36 B. MODEL: TOYOTA.
No of passenger,	OL DRIVER'S MANE.	MODEL.
Including driver)	f) NRIC/FIN/PASSPORT:	CONTACT: 86996344
(15		

12	201	i

Cimail = Kenay 2388@gmail.com.

Policy Search Page 1 of 1



Sequen	ce Date of Endorsement		Endorsemer	nt Type	Endorsement	Status	Endorsement Content
♥ Endors	ements						
) Insure	d Object: GBE2388T						
Unit No.		Relate Numb	d Policy er	5113170563			
Address 4			ss Type	Singapore address		Post Code	387384
Address 1	705 SIMS DRIVE	Addre		#06-14A SHUN LI	INDUSTRIAL		SINGAPORE 387384
Selection response	older Mailing Address	10759854	90-27	1 mg/s per 2 de 1 mg/s (2 mm/m/s)		usumminen	Apple Apple Control of Apple Control
Info							
Policy Info Certificate							
Flag Open							
Co- insurance	No						
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Singapore OD Excess		Singapore TP Excess				Young	/Inexperience Driver Excess
Outside		Outside					
Additional Excess		OS Premium	0				
Third Party Excess	0	damage Excess	600		Windscreen Excess	100	
Туре	Per Accident	Excess Own					
issue Date Excess	09/09/2019	Date All Claims	01/10/201	9 00:00	Expiry Date	30/09/2020 23	3:59
Name Policy	COMMERCIAL VEHICLE INSURAI	Plan Effective			Policy Flag	N	
Address Product	705 SIMS DRIVE #06-14A SHUN		AL COMPLE	X SINGAPORE 38738	Group	2	
Certificate No.							
Policy No.	5103401640-01	Policyholder Name	KEN EXPR	ESS SERVICES PTE L'	Policyholder NRIC	200502761W	

Continue Cancel

ocident MT/1094823					
ticy No.	5103401640-01	Vehicle No.	GBE2365T	GST Registration No.	
rtificate No.					
licyholder Name	KEN EXPRESS SERVICES PTE LTO			Policyholder NR1C	200502761W
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
ntact No.(Mobile)	96724510	Contact No.(Office)	0		0
	901/14210			Contact No.(Home)	-
net Address	15, 1757	Special Remark	21 33	eCode	for 🗸
*	® No.○Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
port Date	20/06/2020 10:07	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
te of Accident	19/06/2020	Time of Accident hin:mm	08:50	Country of Accident	Singapore
	19)00/2020		00.30		ampapore
porting Centre		Orange Force		ICM No.	
cident Location	WOODLANDS AVE 12				
Total Excess Applicable	Ć.				
ess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D OD Excess	0.00	YIEO TP Excess		Driver is Covered?	
Injonal Excess					
al OD Excess Applicable	600.00	Total TP Excess Applicable			
Benefits					
GST Registered Inform					
Registered	No		GST Registration Date		
F Registration No.			GST Status Verified	Yes	
Ification History					
Policyholder Mailing Ac	dress				
dress 1	705 SIMS DRIVE	Aparess 2	#06-14A SHUN LI INDUSTRIAL	Adoress 3	\$1NGAPORE 387384
tress 4		Address Type	Singapore address	Post Code	387384
t No.		Related Policy Number	5113170563		
OI Driver Info		The second of th			
ver.Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	AUYONG BOON TIONG KEN	Driver NRIC	SXXXX993Z	Driver DOS	04/04/1970
pister Date of Driver License	06/09/1990	Driver Age	50	Driving Experience	29
ntact No.(Mobile)	90489422	Contact No.(Office)	0	Contact No.(Home)	0
dress I	BUK 803B	Address 2	KEAT HONG CLOSE	Address 3	KEAT HONG PRIDE
				Water and T	
	51NGAPORE 682803	Address Type	Singapore address	Post Code	662803
dress 4	SINGAPORE 682803		Singapore address		662803
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