NATIONAL Assessment Centre Services. | Wel 1 Jamos MANOWWY Date In: 18/6/10 - 09:4 Done by Date & Time Completed Jeb description Ref No: 40 14 CTO 6679 12 SAS e-filing E-mail (within Shrs, AIC 2hrs) Veli No: 20 6/20 04:I i-Motor Claim Form D.O.A : M 1095259-001 W/6/22-11:70 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD TPY Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (INC ()/Non-INC (TP Particulars: Veh No: Ug 74 BR Tcl: Owner / Driver: (Cover Type: () Policy No: (Period: (Time: Confirmed by: (Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: \$0-100%] Insured/Driver Liability: (Warranty: YES (Year of Registration: ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.); Towing Co: (Drive-In ()/ Towed-In (); Invoice: YES () / NO (Date&Time Completed Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Invoice Preparation Checklist ht Bill Add Bill MAN 33389 . 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Car / Tpt Allowance \$10 * N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors' Comments :-*N8: DV / Collect Excess Coordination 55 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idac Mobile Fee Charged Involce dated 2at 2/3: Fee Charged Invoice dated

Frynch et 100

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,
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	25/06/2020 09:45
Date Of Accident	24/06/2020 11:30
Exact Location Of Accident	PIE BEFORE EXIT 27
Country/State of Loss	SINGAPORE
A STATE OF THE STA	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE1676T
Insured/Policyholder	
Name Of Registered Owner	CHILLI API CATERING PTE LTD
Co Reg No	2XXXXX964G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62479531
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	5084062729-03
Cover Note Number	
Driver	
Name of Driver	LIN JIE

 Name of Driver
 LIN JIE

 Passport No/FIN
 GXXXX541W

 Date Of Birth
 17/07/1987

 Occupation
 OUTDOOR

 Date Of Driving Pass
 12/03/2019

Driving Experience 1 YEAR AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98867045

Fax Number

Contact Number OFFICE-98867045

EMail Address NOEMAIL

Address

3015 BEDOK NORTH STREET 5 #06-27 SHIMEI EAST KITCHEN

Postcode

486350

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 - HEAD TO REAR

Weather Conditions

CLEAR

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

110

ambulance?

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 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

GBJ413R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

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.
- 3. 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.
- 6. 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.
- 7. 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:
 - (i) 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
- 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)

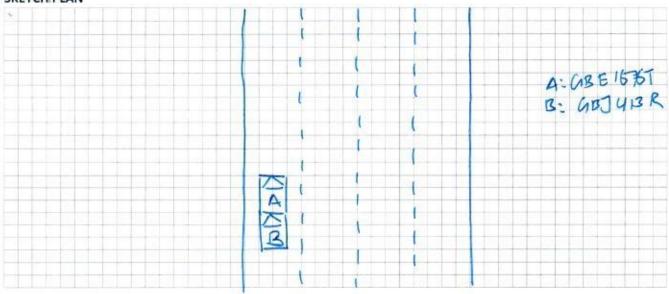
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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mye. From	y vehic	e J	4ke,1	brake r	ny vehicl	e as w	ell. fid	denly 1	fel
n impacf	y,	ny	vehicle	and	rollind	thay	vehicl	B	hig
nto my	vehide	regr	portio	^					
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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.:

ACCIDENT STATEMENT

ACC	DENT DATE: 24 6 1	5)(DD/MM/YYYY)), TIME:(<u>)</u> ; <u>3</u>)(HH:MM)
LOCA	TION: PIE SYNT	27	
1.	DETAILS OF VEHICLE		7,7
	a) VEHICLE NUMBER:	GBE 1676T	
	b)INSURANCE COMPANY:	1	
G	c)POLICY NUMBER:		
		HENRIVE / THIPD DAD	TY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	ILINOIVE / ITINO FAK	II / IIIINDI AKII I IKE MITGI)
		MPV /V AN / LOPRY	/ MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRI		
	h)PURPOSE OF USING AT A		
	I) ARE YOU CLAIMING UND		
	IF NO, PLEASE STATE (THIR!		
2.	INSURED / POLICY HOLDER	Control of the Contro	
	A)NAME:		(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:		
	c)ADDRESS:		
\$ G G	1		
	* CONTINUE TO 3.d IF DRIVE	ER ALSO POLICY HO	LDER
He of passenge	DRIVER		
Including driver)	a)NAME:		(MAYE / FEMALE)
()	b) NRIC/FIN/PASSPORT:		_CONTACT: 98 86 7 693
	cJADDRESS:		
			
50	*d)DATE OF BIRTH: (/_		(M/YYYY)
	e)OCCUPATION: (INDOOR		¥8
	f) YEARS OF DRIVING EXPREI		- COMPANY (FE : (NO)
4.	WAS DRIVER AN EMPLOYE		
5	IF NO, RELATIONSHIP OF a) WEATHER CONDITION: (C		
٥.			THERS
4	b)ROAD SURFACE: (DRY / W WAS ANYBODY INJURED (YE		
	a)REPORTED TO POLICE (YE		
7,7-2	IF YES, PLEASE STATE WHIC		10
. 8.	THIRD BARTY VEHICLE		
le of passenger	a) VEHICLE NUMBER: 6	BYIZR.	_MODEL:
ndudin dilus	b) DRIVER'S NAME:		
1.	C) NRIC/FIN/PASSPORI:		_CONTACT:
(1.) 9.	THIRD PARTY VEHICLE		
			_MODEL:
do of prosonger	-1 550 (5516) (4.4)		
including driver)	f) NRIC/FIN/PASSPORT:		CONTACT:
()	125 No. 501 Sept. 101		
	11 S9 65 TE		26

Cinail =

fax = 67429003

VIDEO =

					· Change Li	anguage	· Change	Password	· Log Out
olicy Query									
cy No.			33	Date	of Accident	24/0	06/2020 11:	30	
Vehicle No.(For Motor)		GBE1676T		Certificate Number					
				Search					
ect Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5084062729- 03		CHILLI API CATERING PTE LTD	200208964G	GCV	Comprehensive	GBE1676T	GBE1676T	19/09/2019	18/09/2020
	ect Policy No.	cicle No.(For Motor) GBE167 ect Policy No. Certificate Number 5084062729-	tect Policy No. Certificate Number Name 5084062729- CHILLI API CATERING	tect Policy No. Certificate Number Name NRIC 5084062729- CHILLI API CATERING 200208964G	cicle No.(For Motor) GBE1676T Certificate Policyholder Name Name NRIC 5084062729- CATERING 200208964G GCV	cicle No.(For Motor) GBE1676T Certificate Number Search Search Policyholder Name NRIC So84062729- CHILLI API CATERING CATER	cicle No.(For Motor) GBE1676T Certificate Number Search ect Policy No. Certificate Number Name NRIC Product Cover Type No. S084062729- CHILLI API CATERING 200208964G GCV Comprehensive GBE1676T	cicle No.(For Motor) GBE1676T Certificate Number Search cct Policy No. Certificate Number Name NRIC Product Cover Type No. Object 5084062729- CHILLI API CATERING 200208964G GCV Comprehensive GBE1676T GBE1676T	icle No.(For Motor) GBE1676T Certificate Number Search Search Certificate Policy No. Certificate Number Name Name Name NRIC S084062729- CHILLI API CATERING 200208964G GCV Comprehensive GBE1676T GBE1676T 19/09/2019

Sequen	ce Date of Endorsement		Endorsemen	t Type	Endorsement	Status	Endorsement Content
♥ Endors	ements						
) Insure	d Object: GBE1676T						
nit No.		Relate Numb	ed Policy er	5054004184-08			
ddress 4			ss Type	Singapore address		Post Code	486350
Address 1	3015 BEDOK NORTH STR	EET 5 Addre	ss 2	#06-27 SHIMEI EA	ST KITCHEN	Address 3	SINGAPORE 486350
Policyh	older Mailing Address						
Certificate nfo							
olicy Info							
lag Open							
nsurance	No						
Agent Co-	INCOME-BRANCH SERVICES	Agent Tel.	67886616		GST Flag	Υ	
DD Excess		TP Excess				Today	grandenence Dilver CACESS
Outside Singapore		Outside Singapore				Young	g/Inexperience Driver Excess
Additional Excess		OS Premium	0				
excess	0	damage Excess	600		Excess	100	
hird Party		Own			Windscreen		
xcess	Per Accident	All Claims Excess					
Policy ssue Date	04/09/2019	Effective Date	19/09/201	9 00:00	Expiry Date	18/09/2020 2	23:59
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Address	3015 BEDOK NORTH STREET 5	+06-27 SHIM	EI EAST KIT	CHEN SINGAPORE 486	5350		
Certificate No.							
Policy No.	5084062729-03	Policyholder Name	CHILLI API	CATERING PTE LTD	Policyholder NRIC	200208964G	

Claim Handling					
Locident MT/1095259		0.00000		Sister State Control	
folicy No.	5084062729-03	Vehicle No.	GBE1676T	GST Registration No.	200208964G
Sertificate No.					
folicyholder Name	CHELLI API CATERING PTE LTD			Policyholder NRIC	200208964G
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	D	Contact No.(Office)	62479531	Contact No.(Home)	0
mail Address		Special Remark		eCode	NC V
ric.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	20	Private Hire	No
♥ Accident Details					
eport Date	25/06/2020 09:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	24/06/2020	Time of Accident hh:mm	11:30	Country of Accident	
	24/00/2020		11.00	2000	Singapore
sporting Centre		Orange Force		ICM No.	
cident Location	PIE BEFORE EXIT 27				
F Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0,00		
ED OD Excess	1000.00	YIED TP Excess.		Driver is Covered?	
ditional Excess					
tal OD Excess Applicable	1600.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	2015/00		Washington Mooday Tolking	220,000,000	
T Registered	Yes		GST Registration Date	01/02/2005	
T Registration No.	200208964G		GST Status Verified	Yes	
dification History					
	E-mail				
Policyholder Mailing Ad					
dress 1	3015 BEDOK NORTH STREET 5	Address 2	#08-27 SHIMEI BAST KITCHEN	Address 3	SINGAPORE 486350
idness 4		Address Type	Singapore address	Post Code	486350
it No.		Related Policy Number	5054004184-08		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LIN IIE	Driver NRIC	GXXXXXX	Driver DOB	17/07/1987
gister Date of Driver License	12/03/2019	Driver Age	32	Driving Experience	1
mact No.(Mobile)	96867045	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	3015 BEDOK WORTH STREET 5	Address 2	SHIMEI EAST KITCHEN	Address 3	SINGAPORE 486350
dress 4		Address Type	Singapore address	Post Code	486350
it No.	06-27	***			100000
es he own a Singapore					
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
cleration					
eathalyser or Blood Test ading?	D mg	Any injury?	○ Yes ® No		
dification History					
enterent de la companya de la compa					
Claim 001 New					
10 T AV	for we	12 2000		725	
im Type *	OD-MX	Insured Name	CHILLI API CATERING PTE LTD	Insured NRIC	200208964G
ntact No.(Mobile)	Lu-	Contact No.(Home)		Contact No.(Office)	62479531
ail Address	judy@chil6padi.com.sg	OI Vehicle Number	GBE1676T	TP Vehicle Number	GBJ413R
imant Type Calmant Type *	Please Select	Type of Benefit *	Please Select		
iment Name +	>>	Claimant NRIC +			
imant Address			CANCEL CONTRACTOR		
em Description	GBE1676T / GB3413R ON 24 Jun 2020			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault		
quire Finalisation	Yes 💟	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	The second secon	Claim Close Date	The state of the same of the s	Date Received	25/06/2020 00:00
	25/06/2020 09:53	Community Date		Para Versiaen	Engineering on the
oort Taken By	Jackson				
Print AK letter					
		51	real result		
			Save Submit		
ttechment					
Extent No.	MT/100E3F0	Claim No.	2004		
cident No.	MT/1095259		001		
t Doc. Received	● Yes ○ No	Upload Date	25/06/2020 09:55		
	Path *		Category *	Confidential Urgen	cy • Description
		Browse.	Clear Please Select	☑ Normal	¥
		Browse.	Dear Please Select	▼ Normal	
		Browse.		V NO V Normal	
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