NATIONAL Assessment Centre	Jeb description	Date & Time Completed	Done by	
Ref Ha MA/INC 2000 6714/64	SAS c-filing			
MCH NO GOH (7-16 P	E-mall (while this, AIC this)			
	I-Motor Claim Form	M7/1095290-		(0.00)
2316120 17:55	I-Motor W/O (Winha: OD 2h			*
D - 1P ! Reporting Only	i-Photo Uplonded			la fista
	Assessment/Survey Report			
TP insurer:	Ass't Report by Fax / Hand	to Owner/Wkon		N LONG
Profested Wksp./ INC Assign Wksp./ QW; (Consequent of the state of the	Tol: Fa	х:	1
TP Particulius: Veh No: 55	JN 1720 INC	,)/Non-INC()		te certain
Owner / Driver: (-		Tcl:)	
Policy No: () Pario	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
The state of the s	ote-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-10	0%]	n inches
The table to the second	arranty; YES ()/NO ()		
Excess: (\$) Loading: \$1,000) () / \$2,000 ()	THE THE PERSON OF THE PERSON OF THE	PETER TOTAL	-
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() Total Loss Case : to e-mail Insurer		Total Control	· · ·	are our
Drive-In () / Towed-In (); Invoice:	YES()/NO();	Fowing Co: (rate report of the second	
Remarks: $= (4864.50)$ is 6700 [645]		EDIE STIMBEODIA 1175	Material pure py	
1) Apply for Transport Allowance () / Cou	irtesy Car ()	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2) QC Check / Post Repair Inspection	.(.)			
 Upload Resurvey Photo [Repair Cost > \$300 	00] ()	1 1 1 11		
Injurý :				
Patertine - Actions - 100 per 1915 party			#4804074	
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Hannata Pariigalareria	1) All 1 Apolden 2) DA : Darriego	tReporting (530); Assussment (5100); INC (530)	8000	
Driver/Owner:	3) TP : Towing	Fee . \$40/1	The state of the s	
	4) FT : Follow-1 5) FT : Follow-1	Through Survey (Resurvey) 5	30	
Contact No:	- For claiming.	egoingt ING Only (wof 10 Jan 2005)	173	2000
Parriaged Portion:	7) 741 : Idao DA	+ SMRT Survey	60 -	
3	8) NTUC Additi	ional Services:-		
C Checked by (Engr-In-Charge):	*NS: Courtes	A PROPERTY AND ASSESSMENT OF THE PARTY OF TH	10 10.00	
	• MG: Repair (1725	
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arditory/Commonts of the second secon	部語の名称:記憶の計 ・NII: DV / Co	licet Exposs Coordination P (Non INC) against INC	33	TIP THE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number 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 <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.
- 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.	
And to remember of the first while	ACCIDENT STATEMENT
Date Of Report	24/06/2020 14:06
Date Of Accident	23/06/2020 13:55
Exact Location Of Accident	PIE 200M AFTER SLIP ROAD TO STEVEN ROAD
Country/State of Loss	SINGAPORE
Marie Paris Company	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH6776P
Insured/Policyholder	
Name Of Registered Owner	PHILIP MOTHA PROPERTY MANAGEMENT PTE LTD
Co Reg No	1XXXXX384H
Email Address	PHILIPMOTHA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81885511
Alternative Phone No	OFFICE-64661342
Vehicle Particulars	
Manufacturer	SUZUKI
Model	EVERY-658CC GA (A)
Exact Purpose for which vehicle was being used at time of accident	WORK USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	GOODS VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115447432
Cover Note Number	
Driver	
Name of Driver	SIAH BENG GUAN
NRIC No	SXXXX085I
Date Of Birth	30/07/1941
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1967
Driving Experience	

MALE

(LOCAL) +65-94849438

PHILIPMOTHA@YAHOO.COM.SG

Address

10 LAKEPOINT DRIVE, #08-68

Postcode

2264

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

NO

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: LYE

GENDER:

: MALE

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 REPORT ATTACHED

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

SJN172U

Vehicle Make/Model/Colour

MAZDA

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN

ICMPORTANT NOTICE

- 1 Please report <u>Carried by</u> the details of the acceptant to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Orient-
- 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 Insurence 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
 the report heing made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lundersland, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, using 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law lirms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose):
 - 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 "Purposex")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitt 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 of agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purp.
- (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 efforcement and government agencies as reasonably required for the purposes stated, or

fill for complying with requirements under any regulations, laws or court orders.

PHILIP MOTHA PROPERTY MANAGEMENT PTE LTD

No. 1A Yuk Tong Ayeng (*) #01-01 Chun Tin Court, (S) 596306

Tel: 6466 1342 / 6463 2294 Fax 6467 371 vernal: philipmotha@yahoo.com.sg

...

website : www.philipmotha.com

Date & Time:

CIPPAL N

Driver's Signature

[If driver is not the policyholder]

Date & Time:

Reporting Centre Personnel's Signature

Raffie

MAICTEIN NO.

Sketch Plan

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_ on the PIF	. The accident happened along	The state of the s
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Overhead pr	dige. The roads were not an	lit was invaline and
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of our vehi	de. No ma las consultin	-1 - 1
	de. No one was reneasly in	jured in the accident.
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ECLARATION /	7	
MOTHA PROPERTY MANAGE	ENERTE LETO every respect.	/
		de
466 1342 / 6463 2294 En	596306	
	1.0407 3/11	DOE
mail philipmotha@yaho: Website www.philipmotr	com scr	

RE: GBH6776P - SUZUKI VAN- NTUC- COMPRESHIVE- OWN DAMAGED CLAIM - DOA 23-6-2020 MT/1095290-001



Thu 6/25/2020 4:03 PM

From: Clarence Richard Anthony

To: "vincent.sim@alpinemotors.sg", Yap Chee Ling

Cc: Teng Ken Leong

Hi Vincent

Unfortunately, there is no medical benefit provided for under comprehensive plan.

Please note the repairs has to be done at our QWS.

You would need to refer the customer to an ARC/IDAC (IDAC NAC Paya Ubi) so that the damage assessment can be done.

Regards

Clarence Anthony

Manager

Operations, Motor and Personal Lines

www.income.com.sg



From: Vincent Sim [mailto:vincent.sim@alpinemotors.sg]

Sent: 25 June, 2020 2:16 PM

To: Clarence Richard Anthony <clarence.anthony@income.com.sg>; Teng Ken Leong

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Attachments:

- image001.png
- image002.png

LKK Paya Ubi

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>

Sent: Thursday, 25 June 2020 3:51 PM

To: LKK Paya Ubi

Cc: Clarence Richard Anthony

Subject: GBH6776P - MT/1095290 - To do damage assessment

Attachments: GBH6776P SAS.zip

HI IDAC,

Owner will be there to do damage assessment. The damage assessment task has been triggered to you.

Enclosed is the GIA Report. We will send the password to you in another email.

Thank you.

Yap Chee Ling (Ms)

Executive
Operations, Motor and Personal Lines
T+65 6430 7893
www.income.com.sg



Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

REF:

Assessor:

Mobile:

YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Accident	<u>:</u>			By Assessor- 1) Vehicle Information		
1) Vehicle hit Vehicle: 2) Vehicle hit ??				Veh No: GBH 6776P Yr Regn: Jan 2018		
a) Motorcar ()	a) Pedestrian	()	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV		
b) M/cycle ()	b) Animal	()	/ Truck / Trailer or		
c) Bicycle ()				Make & Model: Suzuki Evary Turbo c.c 658		
3) Vehicle hit Road Side Objects:				Colour St VN Transmission Type: Auto / Manual		
a) Govrn.Property ()	b) Road Work Object	()	Eng/No: RO6A 2140383 Sp.Reading: 51977		
(Eg: signboard, barrier, tree etc)	c) Private Property	()	C/No: DA17 V821078.		
4) Vehicle drop into drain		()	Gen. Cond: Good / Fair / Poor / Burnt or		
5) Damage due to Act of God:				Steering: Increer / Jammed / Leaked / Burnt or		
a) Fallen Object ()	b) Flood	()	Brake: Inorder / Jammed / Leaked / Burnt or		
c) Other,				Modi: (Nil) / S/Rim / STD A/Rim or		
6) Parked & Found Damaged:				Tyre Size: F: 165 55 R14		
a) Vandalism ()	b) Hit by Moving Object	()	R:		
7) Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
a) Stolen ()	b) Damage found	()	TOYO/YOKO or Palker		
	when recovered.			Front Rear		
8) Fire				R/Bal. 7 mm R/Bal. 7 mm		
a) Whilst driving ()	b) Parked	()	L/Bal. 7 mm L/Bal. 7 mm		
Accident date more than 24hrs Remarks for internal information		()	Parallel Import: Yes No Towed-In: Yes / No Repair Type: Ls I.B.I Towing Required: Yes / No No of Repair Days: Vehicle in Idac: Yes No		
Tomarks for internal information				D.O.I. 26/06/2020 Time: 1030hus.		
				By Assessor- 2) Comments		
				Damages not due to recent accident.		
				2) Damages do not seem hit onto:		
Remarks to appear in Works Orde	& Assessment report	lies.	1	a.Vehicle() b.Motorcycle() c.Bicycle() d.Pedestrian()		
1) Potential Total Loss ()				e.Animal () f.Govrn Object () g.Road Work Object ()		
2) SRS Light on ()				h.Private Property () i.Drain () j.Road Kerb/Grass Verge ()		
3) ABS Light on ()				3) Vehicle does not seem damaged as a result of:		
	11			a.Fallen Object() b.Flood() c.Vandalism() d.Fire()		
				e.Moving Object () f.Stolen () g.Stolen & Recovered ()		
10				Time Started: Time completed:		
				1) CSO		
				2) ASS		
	The second secon					

Entire Operation Completed Time:

9BH 6776 P

1.) Rew tailgate × 1 vega

2) Rev 6/4 Jender XI repr

3.) Root LH/RH Jender X 2 Deuter

4.) Front LH | RH headlenp x 2 broken

5.) Rrant bumper X 1 Deuters

6.) ___ 11 - Side Wadcet x 2 Bt.

7-) Rant Bonnet X 1 Bt

8.) - 11- LH(RH hinge X 2 St.

9.) - 11- lock X 1 3t.

10.) Indercooler XI punctural

11.) Air condens y 1 Bt | punctured

12) Reductor X 1 Bt.

13.) Front number place XI St.

(4.) Wiper washer tank × 1 deformed

15.) Root Support panel × 1 Dentul Bt.

16.) Coo Radiotor you XI?

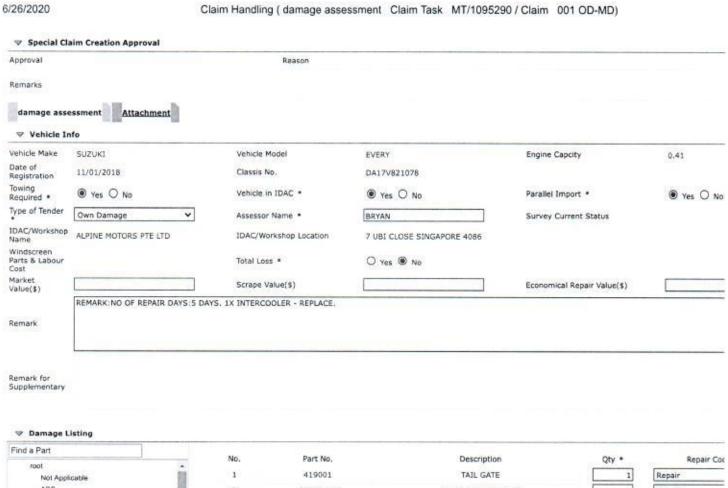
> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	384H
Vehicle No.:	GBH6776P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	26 Jun 2020
Vehicle Make:	SUZUKI
Vehicle Model:	EVERY JOIN TURBO 660 AT 5DR LGV
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	R06A2140383
Chassis No.:	DA17V821078
Maximum Power Output:	
Open Market Value:	\$16,226.00
Original Registration Date:	11 Jan 2018
First Registration Date:	11 Jan 2018
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$812.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	5
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	10 Jan 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$45,112.00
COE Rebate Amount:	\$34,015.00
Total Rebate Amount:	\$34,015.00

The information contained herein is correct as at 26 Jun 2020

Claim Handling · Task Transfer · Exit LOS SAL SUB Accident MT/1095290 GST Registration No. Policy No. 5115447432 Vehicle No. GBH6776P Certificate No. Policyholder NRIC PHILIP MOTHA PROPERTY MANAGEMENT PTE LTD 198903384H Policyholder Name Loading 0 Product Code COMMERCIAL VEHICLE INSURA Cover Type Comprehensive Contact No.(Mobile) Contact No.(Office) 64673711 Contact No.(Home) 94899438 Special Remark eCode Email Address No Y No Yes No Yes eCode Reason TCA NCD Protection NCD Entitlement(%) 0 Private Hire No No Accident Details Accident Report Within 24 hrs Report Date 25/06/2020 14:05 Yes Accident Type Collision - Head on collision Time of Accident Country of Accident Date of Accident 23/06/2020 Singapore 13:55 hh:mm ALPINE MOTORS PTE LTD Orange Force ICM No. Reporting Centre No Accident Location PIE ABOUT 200M AFTER SLIP ROAD TO STEVEN ROAD ▼ Total Excess Applicable Excess Type Per Accident Windscreen Excess 100.00 TP Standard Excess 0.00 OD Standard Excess 600.00 YIED OD Excess 0.00 YIED TP Excess 0.00 Driver is Covered? Covered Additional Excess Total OD Excess Total TP Excess 600.00 0.00 Applicable **▽** Benefits GST Registered Information GST Registration Date **GST** Registered No GST Registration No. **GST Status Verified** 25/06/2020 14:09:41 System changed GST Status Verified from No to Yes Modification History Policyholder Mailing Address Address 3 SINGAPORE 596306 1A YUK TONG AVENUE Address 2 #01-01 CHUN TIN COURT Address 1 Post Code 596306 Address 4 Address Type Singapore address Unit No. Related Policy Number 5115447432 OI Driver Info Unnamed Driver Unnamed Driver Driver Type Driver Name Driver DOB Driver NRIC 507740851 30/07/1941 Unnamed driver Name STAH BENG GUAN Register Date of Driver 02/02/1967 Driver Age Driving Experience 53 78 License Contact No.(Office) Contact No.(Home) Contact No.(Mobile) 64673711 94849438 Address 2 Address 3 Address 1 Address Type Foreign address Post Code Address 4 Unit No Does he own a Singapore Registered Yes No Driver Vehicle No. Driver Insurer Company **▽** Declaration Breathalyser or Blood Test Reading? Any injury? Yes No Modification History ▼ Investigation Claim 001 OD-MD Case Officer Yap Chee Ling **▽** Claim Insured Name PHILIP MOTHA PROPERTY MANA Insured NRIC 19890338 OD-MD Claim Type Contact No. (Home) Contact No. (Office) 64661342 Contact No.(Mobile) Email Address OI Vehicle Number GBH6776P TP Vehicle Number SJN172U Name of Preferred Claim Description GBH6775P ON 23 Jun 2020 Workshop Preferred Insured at Glability Pfeding Workshop Bontiket Yes Preferered Repair Option Claim Close Date Date Received 25/06/20: Date Registered 25/06/2020 14:11 Total Loss but Repaired Workshop Report Taken By Repairer OD Excess Collected by Workshop Print AK letter 25/06/2020 15:02 s991212 Modify TP Vehicle No(-->SJN172U) Modification History



ind a Part	No.	Part No.	Description	Qty *	Repair Co
root	1	419001	TAIL GATE	24	Repair
Not Applicable			APPARTMENT AND A STREET AND A S		
ABS ABSORBER	2	25400105	FENDER (REAR LEFT)	1	Repair
ACCELERATOR	3	25400102	FENDER (FRONT LEFT)	1	Replace
ACTUATOR	4	25400103	FENDER (FRONT RIGHT)	1	Replace
ADVERTISEMENT STICKER	5	27700101	HEAD LAMP (LEFT)	1	Replace
AIR BAG	6	27700102	HEAD LAMP (RIGHT)		Replace
AIR BLOWER		1-100-1-100-1-100-100-100-100-100-100-1	1,0000011000010, 40000100	1	кергасе
AIR BOX	7	16000101	BUMPER (FRONT)	1	Replace
AIR CHAMBER BOX AIR CLEANER	8	16001301	BUMPER BRACKET (FRONT LEFT)	1	Replace
AIR COMPRESSOR	9	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Replace
AIR CON	10	149001	BONNET	1	Replace
AIR CON (VAN)	11	14902201	BONNET HINGE (LEFT)		Replace
AIR COOLER			The second secon	1	керіасе
AIR DISTRIBUTOR	12	14902202	BONNET HINGE (RIGHT)	1	Replace
AIR FILTER	13	14903401	BONNET LOCK (LOWER)	1	Replace
AIR FLOW AIR GRILLE	14	112023	AIR CON CONDENSER	1	Replace
AIR HORN	15	344001	RADIATOR	1	Replace
AIR INTAKE	16	32200101	NUMBER PLATE (FRONT)		Replace
AIR RESONATOR BOX					- Contraction of the Contraction
AIR THROTTLE BODY AND SENSOR	17	454012	WIPER WASHER TANK	1	Replace
ALARM	18	41300101	SUPPORT PANEL (FRONT)	1	Replace
ALTERNATOR ALUMINIUM PANEL - SIDE	19	344008	RADIATOR FAN	1	Unconfirm
5.5 km/s primms			the state of the s	107	

reasonal ranneounas	
	3RD PARTY [] REPORTING ONLY []
DATE OF ACCIDENT: 23/06/20 TIME LOCATION OF ACCIDENT: ALONG PIE, AB VEHICLE REGISTRATION NO. GBH 6776PM NAME OF REGISTERED OWNER / INSURED: MANAGE PURPOSE OF FOR WHICH WAS BRING USED AT TIME INSURANCE COMPANY: NTUC INGONE NAME OF DRIVER: 5 (AH BENG GHA)	OF ACCIDENT 2.60ph SCOPE SCOPENS RA WILLIAM TO SERVE MODEL EVERY EMENT FRENCH NO.: OF ACCIDENT: SITE VISCTS POLICY NO.: S 115447432 UNRIC NO.: S 5774085 I 849438 FAX NO.: 64673711 POSTAL CODE: S 2264
(PLEASE TICK THE RELEVANT CHOICES) WAS DRIVER AN EMPLOYEE OF THE INSURED'S: (PIENO, RELATIONSHIP OF DRIVER WITH INSURED: INSURANCE POLICY NO.: SLIGHT AT 43 (WEATHER CONDITIONS? () CLEAR (PRAINING () OTHERS WAS ACCIDENT REPORTED TO THE POLICE? () NO () YES, WHICH POLICE STATION	2
WAS ANYBODY INJURED IN THE ACCIDENT?	
(V) NO () YES, NAME:	INJURIES SUSTAINED:
NO OF PASSENGER INCLUDING DRIVER: 2 VEHICLE NO. OF INJURED / PASSENGER OR OTHER	NAME (2): NICHULAS LYC SHAP HAD(M/F) NAME (3): [M/F] NAME (4): [M/F]
CONVEYED TO HOSPITAL (VINO ()Y	
(THIRD PARTY DRIVER'S PARTICULARS) DRIVER NAME: LIM TONG KONG	NRIC:S 1788495 F HP NO:
VEHICLE REGISTRATION NOSSAN 172 U	MANUFACTURER MAZDA MODELMAZDA 3
VEHICLE INCOMENTATION TO A	umupatatata (1917)
WITNESS'S PARTICULARS	02020407227

^{*} DOCUMENTS TO ATTACH: I/C & DRIVING LICENCE FRT / BACK INSURANCE CERT, SITE PHOTOS, VIDEO

SKETCH PLAN

INFORTANT 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.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies
 the report being made available aforesaid.
- 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 informatic 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(sof);
 - 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 t 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 permitt 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 of agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purp.
- (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.

PHILIP MOTHA PROPERTY MANAGEMENT PTE LTD

No. 1A Yuk Tong Avenue (1) #01-01 Chun Tin Court. (S) 596306 Tel: 6466 1342 / 6463 2294 Fax: 6467 3711

website: www.philipmotha.com

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NAIC/FIN No .:



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

02 Feb 1967

NP 428A

Licence No: 50774085I

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S07740851





SIAH BENG GUAN

謝明元

CHINESE Date of Birth

30-07-1941 M Country of Bath

SINGAPORE



Class 3 Motor Cars and Motor Tractors the weight of PASS DATE which unladen does not exceed 2500 kitograms

WHICH unladen does not exceed 2500 kitograms

WHICH ULDENDE NO. 507740851



THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- any Endorsement specified as operative in the Schedule
- the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M90372806G

Policy Number

: 5115447432

The Policyholder

: PHILIP MOTHA PROPERTY MANAGEMENT PTE LTD

1A YUK TONG AVENUE #01-01 CHUN TIN COURT SINGAPORE 596306

Period of Insurance

: 10 Jan 2020 To 10 Jan 2021

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: S\$1,247.72

Interest Insured

: Comprehensive Cover Type : SUZUKI/EVERY

Make/Model

Capacity

: 0.41 ton(s) : GBH6776P

Registration Number Chassis Number

: DA17V821078

: \$\$600 Excess (Section 1) Excess (Section 2)

Windscreen Excess

: N/A : \$\$100

Hire Purchase Company

: CARZY FINANCIAL PTE LTD

Memo A : N/A

Endorsement Operative : N/A

Agency

: ALPINE FINANCIAL PTE. LTD. (00000610144)

Date of Issue

: 10 Jan 2020 10:20 hrs

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Number of Seater

Insure with COE

NCD Entitlement : 0%

Registration Date

: 11 Jan 2018

Yes

Signed in Singapore by order of the Board of Directors

Chief Executive

LKK Paya Ubi

From:

Yap Chee Ling <CheeLing.Yap@income.com.sg>

Sent:

Monday, 29 June 2020 10:58 AM

To:

LKK Paya Ubi; amkautopoint

Subject:

GBH6776P | MT/1095290 (Awarding Letter to AMK Autopoint)

Importance:

High

Hi IDAC and AMK Autopoint,

Vehicle is currently in IDAC

Excess of \$600 is applicable.

Please liaise with the person-in-charge - Ms Lisa at tel: 8188 5511 on the necessary. ** Please expedite the repairs.

Thank you.

Yap Chee Ling (Ms)

Executive
Operations, Motor and Personal Lines
T+65 6430 7893
www.income.com.sg





Our Ref: MT/CA/OD/051/1095290-001/YCL

29 Jun 2020

AMK AUTOPOINT PTE LTD BLK 10 ANG MO KIO INDUSTRIAL PARK 2A #01-22 AMK AUTOPOINT SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1095290-001

REPAIR OF VEHICLE NUMBER: GBH6776P

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:

Award Date: 29 Jun 2020

Make: SUZUKI

Model: EVERY

Estimated Repair Days: 5 Location: NAC Paya Ubi

Address: 7 UBI CLOSE SINGAPORE 408604

Benefits: Not applicable Excess Applicable: 600

Please note that supplementary items will not be allowed.

If you have any queries, please contact Yap Chee Ling at 6430-7893 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe Deputy Vice President Motor Insurance

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.



NATIONAL ASSESSMENT CENTRE SERVICES (LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park, Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form.

Vehicle Check-In			12
Vehicle No: GBH 6776 P	Date In:	Time In: with F	Ceys: Yes/No
	20	For Office use	
	42	Attended by:	
Workshop Collection of Vehicle	K		
Workshop: Bodyfix			
Collection Date: 29 - 6 - 2	Time: L	with Keys: Yes / No	1.
Tow Truck No: YN 4668 C	Tow Man:	711 21 Jun NRIC: G	6942616
Signature:		925845	
For office use		12	
Attended by:		Approved by:	
Workshop Return of Vehicle Workshop:	20	ter.	
Returned Date:	0.000		
* Tow In / Drive In Tow Man / Workshop Representative:		NRIC:	k .
Signature:		For office use Attended by:	
		America sy.	
Owner Collection of Vehicle		8 =	
Collection Date:	Time:	with Key: Yes / No	2,4504
Owner:	1	NRIC:	*
Signature:			
For office use			
Attended by:	68	Approved by:	