NATIONAL Assessment Cen		The second secon	HO LA DA DIORA		
Date In: 20/7/20-11:14	Jeb descripti		Date &Time Completed	Do	ne by
Res No: HA NC 2007 JUSTY	SAS e-filin	g			
Veh No: 6043717A	E-mail (with	ia Shrs, AIC 2hrs)			
D.O.A: 4/7/2-10:42	i-Motor Cl	aim Form	100-024 POILW.	22/3/20	11:27
OD / TR / Reporting Only	i-Motor W.	O (Within: OD 2hr:			
2422239		Survey Report			
TP Insurer:		by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: SUK	395TX	INC (
Owner / Driver: (1037		Tel:)	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (1	Date:	Time:	1	100000
	[Note-Est Status		0%; P: 21-79%. F: 80-1	00%1	-
Year of Registration: ()	Warranty: YES (170, 1.21-770. 1.30-1	0070]	
Excess: (\$) Loading: \$1			/		1132500
	,000 ()/\$2,00	0()	Callana e v 10 Pro a samo		
General Remarks:-			a mat \$1800 is somewhat \$1.500.	Sam P.	š *
() Walk-In Customer : Customer's int	formation strictly Co	onfidential & Stri	ctly NO refer of repairer.		
The state of the s	rer URGENTLY.				-
			wing Co: (
,, invol	ce. TES () /	110(),10	willig Co. (
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Don	e by
		55.000 (Bell STUDBERT BEST BEST STUDBERT	SECTION 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1) Apply for Transport Allowance ()/	Courtesy Car ()	 		
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()	<i>Y</i>		
2) QC Check / Post Repair Inspection	()))	<i>Y</i>		
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()		The state of the	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury:	()		Nagio (1)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	(Invoice Preparation	aration Checklist	Anic(S)	Anti
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions	(Invoice Preparation of the Invoice Preparation o	aration Checklist		Anti
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions Actions aimant's Particulars:-	(1) AR : Accident R 2) DA : Damage A	aration Checklist: eporting (\$30); ssessment (\$100), INC (\$80	Anic (5) Tet Bill	Anti
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions Actions aimant's Particulars:-	(1) AR : Accident R 2) DA : Damage A 3) TF : Towing Fee	aration Checklist sporting (\$30); ssessment (\$100); INC (\$80); \$40/	Anic (5)	Anti
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time Actions aimant's Particulars:- iver/Owner:	(1) AR : Accident R 2) DA : Damage A 3) TF : Towing Fee 4) FT : Follow-Thr	aration Checklist: eporting (\$30); ssessment (\$100), INC (\$86) \$40/ ough Survey \$	Anic (5) Tet Bill	Anti
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time Actions aimant's Particulars:- iver/Owner:	(1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga	eration Checklist: eporting (\$30); ssessment (\$100); INC (\$80 \$40/ ough Survey \$ ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005)	Ant (5) Tst Bill) 545 120 530	Anti
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time Actions alimant's Particulars:- iver/Owner:	(1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti	aration Checklist. sporting (\$30); ssessment (\$100), INC (\$86) \$40/ ough Survey \$ ough Survey (Resurvey) inst JNC Only (wef 10 Jan 2005) on	Anit (5) Tst Bill) 545 120 530	Anti
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time Actions alimant's Particulars:- iver/Owner:	(1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 3	aration Checklist sporting (\$30); ssessment (\$100); INC (\$80 \$40/ ough Survey (\$courvey) inst INC Only (wef 10 Jan 2003) on SMRT Survey \$	Ant (5) Tst Bill) 545 120 530	Anti
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions dimant's Particulars: iver/Owner: intact No: maged Portion:	(1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti	aration Checklist sporting (\$30); ssessment (\$100); INC (\$80 \$40/ ough Survey (\$courvey) inst INC Only (wef 10 Jan 2003) on SMRT Survey \$	Anit (5) Tst Bill) 545 120 530	Anti
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions alimant's Particulars:- iver/Owner: Intact No: Imaged Portion:	(1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 3 8) NTUC Additions OD: *N5: Courtesy C	aration Checklist. sporting (\$30); ssessment (\$100); INC (\$80 S40/ ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on SMRT Survey \$ st Services:- st / Tpt Allowance	Anit (5) fit Bill) 545 120 530 675 160	Anti
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions alimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	(1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 3 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co-	aration Checklist. sporting (\$30); ssessment (\$100), INC (\$86 \$40/ ough Survey (\$survey) inst INC Only (wef 10 Jan 2005) on SMRT Survey \$ st Services:- or / Tpt Allowance ordination	Anit (5) 1st Bill) 545 120 530 675 160	Amil
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions alimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	(1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 3 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair	aration Checklist. sporting (\$30); ssessment (\$100), INC (\$86 \$40/ ough Survey (\$survey) inst INC Only (wef 10 Jan 2005) on SMRT Survey \$ st Services:- or / Tpt Allowance ordination	Anit (5) fit Bill) 545 120 530 675 160	Ami
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions aimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	(1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idao DA + 3 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect	aration Checklist: sporting (\$30); ssessment (\$100); INC (\$86 S40/ ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on SMRT Survey \$ Services:- or / Tpt Allowance ordination Inspection It Excess Coordination	Anit (5) Tat Bill) \$45 120 \$75 160 \$510 \$525	Ant (Add B
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury:	(1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idao DA + 3 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect	aration Checklist. sporting (\$30); ssessment (\$100); INC (\$80) ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on SMRT Survey \$1 Services: ser / Tpt Allowance ordination Inspection It Excess Coordination in INC) against INC	\$45 120 530 \$75 160 \$55 \$50 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	Amti

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.
- 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

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/07/2020 11:14
Date Of Accident	21/07/2020 12:40
Exact Location Of Accident	BLK 511 WOODLANDS AVE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH3719A
Insured/Policyholder	
Name Of Registered Owner	COSMOS BATHWARE PTE LTD
Co Reg No	2XXXXX848W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92999383
Alternative Phone No	OFFICE-92999383
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5100360464-02
Cover Note Number	
Driver	
Name of Driver	BHUIYAN NAZMUS SAKIB

Name of Driver	BHUIYAN NAZMUS SAKIB
NRIC No	GXXXX163M
Date Of Birth	01/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2016
Driving Experience	3 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98257671

Fax Number

Contact Number OFFICE-98257671

EMail Address NOEMAIL

BLK 10 LORONG 14 GEYLANG Address

#03-12

Postcode 398922

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 DRY

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?

YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

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

NO 1

Number of Passengers (Including Driver)

Details of Police Action

NO

Was the accident reported to the police? 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 SLK3965X

Vehicle Make/Model/Colour

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)

DETAILS OF INJURED PERSON 1

Name BHUIYAN NAZMUS SAKIB Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

GBH3719A

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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.
- 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

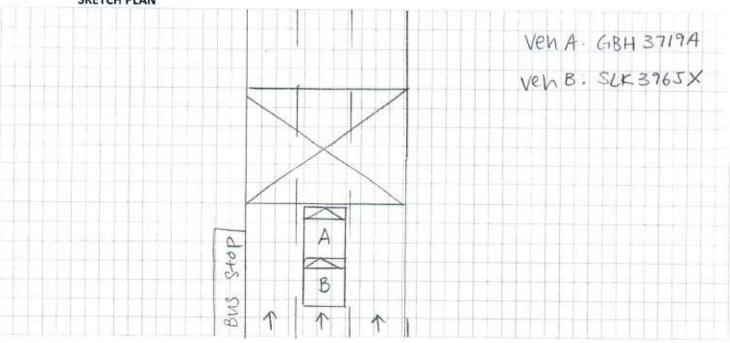
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

00.5

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Or	1 the	6 2	tated	date a	and -	fime,	IW	ut 26	avellin	g a	long
BIK	SII	MOO	d land	ls Ave	2.iv	+ne	n	ioldle	lane	23	
As	a b	ns i	260	eaving	the	bus	Stop	, 1	Stop	peol	behind
the	Yel	wor	box.	Мч	Vehic	de Co	аВН	3719A) w	280	Station
"S W	oddenn	4 -	venicle	В	SLK	3965	(x)	Colli	cled	on	to the
rea	v po	vtion	of	my	venic	le.					TENE
	==0000				V 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Thire				
	- 4										

DECLARATION

I/We declare the foregoing particulars are true in every respect.

District States

Policy holder's signature Date & time: Bri

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

建筑是国际政治的联合的	ACCIDENT DETAILS	
Date of accident	21 07 2020	(DD/MM/YY)
Time of accident	12 Hopm	(HH:MM
Exact location of accident	Along BIK 511 Woodlands Ave 2	

and the first control of the latest the same		DETAILS OF				
Vehicle registration number		GBH 3	719A	Selection of the select		
Vehicle make and model		Toyota	a Hiace			
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆		□ Vanj orcycle □	Others:	
Vehicle category	Private	Comm	ercial 🗆	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes □ Third part	No 🗹		ease select: ng only 🗆		

拉拉 医多种原理 1773 对他	INSURANCE IN	FORMATION	Marin Service
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

INSURED / POLICY HOLDER	THE TOTAL STATE OF THE STATE OF	
Cosmos Bathware Pte. Ltd	Male □	Female 🗆
2016258 45 W		
BIK 627 Aljunied Road #01-01	2 (38983	7)
	Cosmos Bathware Pte. Ltd 201625848W 923499383 923 9299	Cosmos Bathware Pte. Ltd Male 1201625845W

9825 7671

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)							
Name	Bhuiyan Nazmus Sakib Male Female o							
NRIC / Fin / Passport number	98117163M							
Contact	9825 7671							
Address	BIK 10 Gelyang lorong 14 #03-12 5(398922)							
Email address								
Date of birth	01/07/1984							
Occupation	Indoor Outdoor							
Driving date pass	13/12/2016.							

ALL STREET, ST	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes	No 🕏		2010年1月20日 1月1日 1月1日 1月1日 1日 1
the insured's company?	If no, rel	ationship of the	driver and insured:	Driver.
Accident captured by camera?	Yes 🗆	Nod		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet □		
No of passenger	1			(Inclusive of driver)
	Alexander ex			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Elder Willer and Company of the Company	de la la	PASSENGE	R1	
Name				The state of the s
Gender	Male 🗆	Female 🗆		
50.000 1000 1000 1000 1000 1000 1000 100				
(DISTRIBUTION SAFETING THE		PASSENGE	R 2	
Name				三角形式 1000 m Life Life Life Life Life Life Constitution
Gender	Male 🗆	Female		
200	<i>*</i> /			
是是古典的一种的特殊的	2000	PASSENGE	R 3	
Name		Market Street		
Gender	Male 🗆	Female □		
		PASSENGE	P /	
Name		T. D. J. L.	77年10日 10日 10日 10日 10日 10日 10日 10日 10日 10日	的人。1995年特里岛市公共国的15万里1909
Gender	Male 🗆	Female		
	West Committee	PASSENGE	O E	No. 27 Control State Sta
Name		TADDICK OLD		《15.25 集集》。 [15.15]
Gender	Male 🗆	Female		
	TTTCTC E	remaie L		
		PASSENGE	or and a second	
Name	THE ROLL OF THE PERSON	PASSENGE		Danier String mention String St.
Gender	Male 🗆	Female		
		Tomate D		
	STATE SALE	OTHER INFORM	ATION	A PROPERTY OF THE PROPERTY OF
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
Maria Constant Constant Constant	DETAILS	OF POLICE STA	TION ACTION	
Reported to police?	Yes 🗆	THE RESERVE AND ADDRESS OF THE PARTY OF THE	s, please state which	nolice station
Police station name		n ye.	, prease state willen	ponce station.
Stelling School Stelling		WITNESS 2	ALCO THE REAL PROPERTY.	and a state of the
Name	Will School School	THE PERSON NAMED IN	企业的企业	2000年11月1日 11日 11日 11日 11日 11日 11日 11日 11日 11
Market and the second section is	1. Vin Stephe	MUTNIEGE		The later with the second of the second
Name	1111年分景	WITNESS 2	CONTRACTOR OF THE SECOND	
ituilie				

多性分类内部 发展的公司和	THIRD PARTY VEHICLE 1
Vehicle registration number	SLK 3965X
Vehicle make model	3LN 3 103N
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
1	
AND THE RESIDENCE OF THE PARTY	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
建设的工具工作工具工作的	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
精色域 法公司 医二氏 经货车运输	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
从 外的是"主义"之外,在文法,以及"自",是"自"。	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
State of the same state of the	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

建筑了 自己,提高的第三人		טנמו	RED PERSON 1		
Name	Bh	NEVIN	Nazmus Sarit		AND EAST OF E
Injuries sustained		eck 4	Back-	20	
Which vehicle person in?		river			
Were seat belts worn?	Yes 🖵	No 🗆			
Was injured conveyed to	Yes 🗆	No.E	/		
hospital by ambulance?	THE STATE OF THE S	85			
12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
是AMPENDED AND TO THE OWNER.		וענמו	RED PERSON 2	BEN THE BEST	
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No □			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
		NAME OF STREET			
	SEAT STATE	INJU	RED PERSON 3	《记录》	
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
A CONTRACTOR OF THE PARTY OF TH		UNITED	ED DEDGON A		
Name		HUJUR	RED PERSON 4	REAL PROPERTY.	
Injuries sustained					
Which vehicle person in?	1				
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?	res 🗆	NO L			
mospital by ambalance.					
HOUSE AND THE PLANTS AND		INIUR	RED PERSON 5		Market State of the State of
Name		T. P.	LED I ENSON S		三二元 [2] 三二元
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?	, / Attoriosa (- C) 54				
to the second second second		INJUR	ED PERSON 6	Constant and	C. State State Co.
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					

Hello, NAC_PAYA_UBI_80	0601						· Chan	ge Languag	e + Chan	ge Password	· Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy I	No.	4	1			Date of Accident		21/07/2020 12:40		
	Vehicle	No.(For Motor)	GBH3719A			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100360464- 02		COSMOS BATHWARE PTE LTD	201625848W	GCV	Preferred Workshop Plan	G8H3719A	A. 6-750500	04/05/2020	03/05/2021

Sequen	ce Date of Endorsement	E	ndorsemer	t Type	Endorsement	Status	Endorsement Content
Endors	ements						
Insured	Object: GBH3719A						
nit No.	06-95	Related Numbe	d Policy er	5109229893-01			
ddress 4		Addres	s Type	Singapore address		Post Code	640545
ddress 1	dress 1 BLK 545 #06-95		s 2	JURONG WEST STREET 42		Address 3	SINGAPORE 640545
→ Policyh	older Mailing Address						
ertificate nfo							
pen olicy Info							
o- nsurance lag	No						
gent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL		GST Flag	Υ	
Outside lingapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
dditional xcess		OS Premium	0				
hird Party excess	O	Own damage Excess	600		Windscreen Excess	100	
xcess ype	Per Accident	All Claims Excess					
olicy ssue Date	06/04/2020	Effective Date	04/05/20	20 00:00	Expiry Date	03/05/2021	23:59
Product COMMERCIAL VEHICLE INSURAI		Plan			Group Policy Flag	N	
Address	BLK 545 #06-95 JURONG WEST	STREET 42 S	INGAPORE	640545			
Certificate No.		Wallie			NRIC	J. 100 100 100 100 100 100 100 100 100 10	5
Policy No.	5100360464-02	Policyholder Name	COSMOS	BATHWARE PTE LTD	Policyholder	201625848W	ı

Accident MT/1097550					
Policy No.	5100360464-02	V2520352459	Name (Name of the Control of the Con		
ertificate No.	5100350464-02	Vehicle No.	GBH3719A	GST Registration No.	201625848W
Hcyholder Name	COCHOC DATIONADE ME . TO				
oduct Code	COSMOS BATHWARE PTE LTD COMMERCIAL VEHICLE INSURA:		(D)(D)(S)(E)(E)(E)	Policyholder NRIC	201625848W
intact No.(Mobile)	929993B3	Cover Type	Preferred Workshop Plan	Loading	0
naii Address	92999383	Contact No.(Office)	0	Contact No. (Home)	0
nas Aboress	® No ⊜Yes	Special Remark: TCA	T. C.	eCode	W.Y
00 Protection	No.	NCD Entitlement(%)	No ○ Yes o	eCode Reason	
Accident Details	40	acts cuttramaticize)		Private Hire	No
igort Date	22/07/2020 11:24	Academt Report Within 24 hrs	Ottor	Christian	Seat attended of the contents of the
ate of Accident	21/07/2020	Time of Accident thomas	Yes 12:40	Accident Type	Collision - Head to Rear
eporting Centre		Orange Force	12.40	Country of Accident	Singapore
Cident Location	BLK 511 WOODLANDS AVE 2			ICM No.	
Total Excess Applicable					
coess Type	Per Accident	Windspreen Excess	100.00		
		1 6 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
ED DO Excess	0.00	VIED TP Excess		Driver is Covered?	
Iditional Excess					
rai OD Excess Applicable	600.00	Total TP Excess Applicable			
Benefits					
GST Registered Inform	ation				
T Registered	Yes		CGT Registration Date	14/11/2016	
T Registration No.	201625848W		GST Status Verified	Yes	
diffication History					
Policyholder Hailing Ad					
dress 1	BLK 545 #06-95	Address 2	JURONG WEST STREET 42	73207727	
dress 4	600 340 × 00-35			Address 3	SINGAPORE 640545
et No.	06-95	Address Type	Singapore address	Post Code	640545
OI Driver Info	56-35	Related Policy Number	5109229893-01		
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	BHUIYAN NAZMUS SAKIB	Driver NRIC	S8117163M	Driver DOB	01/07/1984
gister Date of Driver License	13/12/2016	Driver Age	26		
htact.No.(Mobile)	98257671	Contact No.(Office)	0	Driving Experience Contact No. (Home)	3
ovess 1	10 LORONG 14 GEYLANG	Address 2	20	Address 3	Thursday was said
dress 4		Address Type	Singapore address		SINGAPORE 398922
€ No.	03-12	Production 19pe	angapare autress	Post Code	398922
es he own a Singagore	C Yes ® No	2			
getered car?	C residence	Driver Vehicle No.		Oriver Insurer Company	
ciaration					
sathelyser or Blood Test ading?	D mg	Any injury?	® Yes ○No		
			#.00 #000		
dification History					
Claim 001 New					
m Type •	Ор-мх 🔻	30000000			
	OD-MX V	Insured Name	COSMOS BATHWARE PTE LTD	Insured NRIC	201625848W
flect No. (Mobile)		Contact No. (Home)		Contact No. (Office)	MIL
ali Address		OI Vehicle Number	GBH3719A	TP Vehicle Number	SLK3965X
mant Type Claimant Type *	The state of the s	Type of Benefit * Claiment NRIC *	Please Select		
mant Address	28	Claiment reduct		77	
m Description	GBH3719A / SLX3965X ON 21 Jul 2020			Home of Destroyed Warrance	
erred Workshop Contact		lon and course a	Not as To de	Name of Preferred Workshop	
	Man	Insured Liability *	Not at Fault	- EASTERNACE	
ure Finelisation	Yes v	Preferend Repair Option	Preferred Workshop, Name unknown		Received
e Registered	22/07/2020 11:26	Claim Close Date		Date Received	22/07/2020 00:00
ort Taken By	Jackson				
Print AK letter					
			Save Submit		
ttachment			and		
William Description					
dent No.	MT/1097550	Claim No.	901		
Doc. Received	Yes ○ No	Upload Date	22/07/2020 11:27		
	Path •		Category *	Confidential Urgeni	ty * Description
		Browse	I second Provide the second se	V Normal	V Description
		Browse		✓ Normal	<u> </u>
		0.7890		- I I I I I I I I I I I I I I I I I I I	
		Browse	Clear Pleace Salart	V Inc.	[62]
		Browse.		V Normal	<u> </u>
		Browse	Clear Please Select	V Normal	▼
			Crear Please Select Open Please Select		

