Date In: 100 a. ILI In	Jeb description	Date & Time Completed	Done b	y
118 3-10:17	SAS e-filing			
Ref No: 4/9/14(2) 20822/14	E-mail (within Shrs, AIC 2hrs)			
Veh No: 478724	i-Motor Claim Form		111/20 16	: 22
D.O.A: 1972-08:15	i-Motor W/O (Within: OD 2)	[M7 1599470-W]		
OD TP Reporting Only		its, // +tis/		
V	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hanc		Fax:	)
Preferred Wksp / INC Assign Wksp / QW: (	DIC.	1011	1	
TP Particulars: Veh No: 145 67	MZ. INC	Tel:	)	
Owner / Driver: (	a. (	Cover Type: (	<del></del>	
Policy No: ( ) Perio	Date:	Time:	)	
Confirmed by : (	ote-Est. Status (WO): N: 0-	-20%: P: 21-79%. P: 30-	100%]	7
	arranty: YES ( )/NO (	)		
7 car of reegistations (	0()/\$2,000()		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
General Remarks:-				
( ) Walk-In Customar : Customer's inform		Suicuy No 15161		- Ne (197)-107
( ) Total Loss Case : to e-mail Insurer		Towing Co: (		)
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/NO( );	Towning Co. (	49-12 JUN OF SERVICE OF THE OWNER OWN	The state of the s
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/Co	urtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$30	00] ( )			
Injury:				
Injury:				TE MIL PORT
		a series	Tario and	
				201,
The second secon			Secondary Secondary	
	1			
	1	Secondary Checklist	Ant (S)	AmU(3)
Date/Time / Actions	100 A A A A A A A A A A A A A A A A A A	reparation Checklist.		Amt(\$) Add Bill
Date/Time Actions	1) AR : Accid 2) DA : Darra	dent Reporting (\$30); age Assessment (\$100); INC	Anit (S) fit Bill (\$80)	
Date/Time Actions  LA2のいる  Laimant's Particulars:-	1) AR : Accid 2) DA : Darra 3) TF : Towin	dent Reporting (\$30); age Assessment (\$100); INC	Anit (S)	
Date/Time Actions  LADOUS  Lumant's Particulars:- river/Owner:	1) AR : Accid 2) DA : Darra 3) TF : Towis 4) FT : Follow	dent Reporting (\$30); age Assessment (\$100); INC age Fee w-Through Survey w-Through Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30	
Date/Time Actions  LADOUS  Lumant's Particulars:- river/Owner:	1) AR : Accid 2) DA : Darne 3) TF : Towis 4) FT : Follow 5) FT : Follow For claimin	dent Reporting (\$30); age Assessment (\$100); INC age Fee w-Through Survey w-Through Survey (Resurvey) age ageinst INC Only (wef 10 Jan 20	S80) 540/545 5120 530 105) 575	
Date/Time Actions  LATE ON 15  Laimant's Particulars:- river/Owner: ontact No:	1) AR : Accid 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I	dent Reporting (\$30); sege Assessment (\$100); INC (\$10	(\$80) (\$40/\$45 \$120 \$30	
Date/Time Actions  LA 204/5  Chimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR : Accid 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Ad OD*	dent Reporting (\$30); see Assessment (\$100); INC ( see Assessment (\$100); INC (\$100); I	S80) (S80) (40/S45 (S120 (S30) (S75) (S160)	
Date/Time Actions  LA 204/5  Chimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR : Accid 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 5) NTUC Ad OD* *N5: Cour	dent Reporting (\$30); age Assessment (\$100); INC ( age Fee Sew-Through Survey (Resurvey) age against INC Only (wef 10 Jan 20); spection DA + SMRT Survey ditional Services.	S80) 540/545 5120 530 105) 575	
Date/Time Actions  LADONIS  Laimant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Ad OD* *N5: Cour *N6: Repa	dent Reporting (\$30); see Assessment (\$100); INC ( see Assessment (\$100);	SS0) S40/S45 S120 S30 105) S75 S160 S5 S10 S25	
Date/Time Actions  LADOUNG  Lumant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Darm 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Ad OD* *N5: Cour *N6: Repa *N7: Fost +N8: DV	dent Reporting (\$30);  age Assessment (\$100); INC ( age Assessment (\$100);	S80) 540/S45 5120 530 105) 575 5160	
Date/Time Actions	1) AR : Accid 2) DA : Darm 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Ad OD* *N5: Cour *N6: Repa *N7: Fost +N8: DV	Jent Reporting (\$30);  age Assessment (\$100); INC (\$10	\$30   S75   S160   S25   S20   S30   S25   S20   S30   S30	

971 11

### 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.

Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid.		- 4
Harly by many to the province	ACCIDENT STATEMENT	2011
Date Of Report	11/08/2020 16:17	
Date Of Accident	08/08/2020 08:25	
Exact Location Of Accident	KAMPONG BAHRU RD	
Country/State of Loss	SINGAPORE	
Acquire on the control of the	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP870A	
Insured/Policyholder		
Name Of Registered Owner	S. K. YAP ENGINEERING PTE LTD	
Co Reg No	2XXXXX088E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-87801229	
Alternative Phone No	OFFICE-87801229	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	CANTER FEB21ER4SDEB	
Exact Purpose for which vehicle was being use time of accident	d at WORKING	
Are you claiming under your own insurance po for repair to your vehicle?	licy 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	YES	
Policy Number	5115558207	
Cover Note Number		
Driver		
Name of Driver	ZULFIQA BIN ABDUL AZIZ	
NRIC No	SXXXX644Z	
Date Of Birth	13/07/1994	
Occupation	OUTDOOR	
Date Of Driving Pass	11/02/2016	
Driving Experience	4 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-87801229	
Fax Number		
Contact Number	OFFICE-87801229	
EMail Address	NOEMAIL	

BLK 157 SERANGOON NORTH AVENUE 1 Address #02-853 550157 Postcode 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 SIDE SWIPE Type Of Accident Weather Conditions CLEAR DRY Road Surface Other Information NO Was any foreign vehicle involved in this accident? 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? 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) Passenger 1 NAME: GENDER: : FEMALE Passenger 2 NAME: -GENDER: : FEMALE Passenger 3 NAME: GENDER: : MALE **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station NO Was notice of intended Prosecution given? 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 NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SGS1025P Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** PRIVATE CAR Vehicle Category Name of Driver NRIC/Passport Number

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, 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.

9 olicyholder's Signature

Date & Time:

Ogiver's Signature

(if driver is not the policyholder)

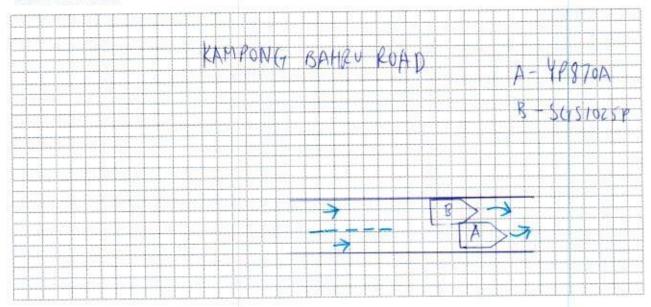
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	-
On Stated date and time, I was travelling along icampong Bahra	1
Rd. its 2 lane roud merging onto one long. Vehicle B was trave	:n:ng
behind of my vehicle. Suddpily I felt on impact of my vehicle	
and realised that webside B square from 2 lone onto one l	un(.
Vehicle is hit onto my vehicle left portion.	

## **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 Reporting Draft

VEHICLE NO: YP870A

MODEL:

DATE OF ACCIDENT	8/8/2020			
TIME OF ACCIDENT	0825 HRS AM/PM			
LOCATION OF ACCIDENT	KAMPONG BAHRU ROAD			
EXACT PURPOSE USE DURING ACCIDENT				
NAME OF OWNER	SK YAP ENGINEERING			
CONTACT NO.	87801229			
NRIC	49106500X			
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P			
INSURANCE CO.	NTUC			
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT			
POLICY NO.				
POLICY NO.				
NAME OF DRIVER	AS ABOVE / IF NO: ZULFIQA BIN ABDUL AZIZ			
NRIC	S9424644Z ANY PASSENGER: 3			
DATE OF BIRTH	() F'Ring			
OCCUPATION	OUTDOOR/INDOOR F: 1895e119			
DATE OF DRIVING PASS	M: Andlka			
GENDER	MALE / FEMALE			
CONTACT NO.	87801229 OFFICE: HOME:			
ADDRESS	14 TUAS VIEW CIRCUIT SINGAPORE (639930)			
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.			
RELATIONSHIP	EMPLOYEE/ IF NO:			
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR			
ROAD SURFACE	DRY_/ WET/ OTHER: DRY			
ANY INJURIES	NO / IF YES:			
CONTACT NO.				
POLICE REPORT	NO IF YES:			
VIDEO RECORDING	NO / YES			
VEHICLE B NO.	SGS1025P ANY PASSENGER:			
NAME				
CONTACT NO.				
VEHICLE C NO.	ANY PASSENGER:			
VEHICLE D NO.	ANY PASSENGER:			
VEHICLE E NO.	ANY PASSENGER:			
VEHICLE F NO.	ANY PASSENGER:			
ANY WITNESS				
WITNESS CONTACT NO.				
PARTICULAR WORKSHOP				
MOBILE NO.	Dudor			
CONTACT PERSON	Ryder Auto Pte Ltd			
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,			
	Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277			



	29722220000	Policyholder		HOWERDING ATT 15	Policyholder	2010210005	
olicy No.	5115558207	Name	S. K. YAP E	NGINEERING PTE. LT	NRIC	201934088E	
Certificate lo.	5115558207-000017						
Address	14 TUAS VIEW CIRCUIT SINGAR	ORE 639930					
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	13/01/2020	Effective Date	15/01/2020	00:00	Expiry Date	22/12/2020 23:59	
xcess Type	Per Accident	All Claims Excess					
Third Party Excess		Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/Inexperience Dr	iver Excess
Agent	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118		GST Flag	Y	
Q15							
insurance Flag	No						
nsurance Flag Open	No						
insurance Flag Open Policy Info Certificate	No						
nsurance Flag Open Policy Info Certificate Info	No nolder Mailing Address						
nsurance Flag Open Policy Info Certificate Info Policyh		Addres	s 2	SINGAPORE 639930	)	Address 3	
Co- insurance insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4	nolder Mailing Address		s 2 s Type	SINGAPORE 639930 Singapore address		Address 3 Post Code 639930	
insurance Flag Open Policy Info Certificate Info Policyh Address 1	nolder Mailing Address	Addres	s Type				
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address	Addre: Relate Numb	s Type	Singapore address			
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address  14 TUAS VIEW CIRCUIT  d Object: 5115558207-00001	Addre: Relate Numb	s Type	Singapore address			
open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address  14 TUAS VIEW CIRCUIT  d Object: 5115558207-00001	Addre: Relate Numb	s Type d Policy	Singapore address		Post Code 639930	ent Content
insurance Flag Open Policy Info Certificate Info Policyt Address 1 Address 4 Unit No. Insure Endors Sequen	nolder Mailing Address  14 TUAS VIEW CIRCUIT  d Object: 5115558207-00001	Addres Relate Number	s Type d Policy	Singapore address 5115558207		Post Code 639930	ent Content

Claim Handling					
Accident MT/1099470					
Policy No.	5115558207	Vehicle No.	YF670A	GST Registration No.	201934088E
Certificate No.	5115558207-000017				
Policyholder Name	S. K, YAP ENGINEERING PTE. LTD.			Policyholder NRIC	201934088E
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Cornect No. (Mobile)	87801229	Contact No.(Office)	0	Contect No. (Home)	0
Email Address		Special Remark		eCode	
KFK	® No ○ Yes	TCA	® No. ○Yes	eCode Reason	85
NCD Protection	No	NCD Entitlement(%)	9	Private Hire	No
Accident Details			67	110000000000000000000000000000000000000	1076
Report Date	11/08/2020 16:25	Accident Report Within 24 hrs.	Yes	Accident Type	Side Swipe
Date of Accident	08/08/2020	Time of Acoident hhomm	08:25	Country of Acodent	Gingapore:
Resorting Centre	45-14-14-14-14-14-14-14-14-14-14-14-14-14-	Orange Force		ICM No.	
Accident Location	KAMPONG BAHRU RO				
Total Excess Applicable					
Excess Type	Per Accident	Windscheen Excess	100.00		
22 27 (20 (20 20 20 20 20 20 20 20 20 20 20 20 20 2	90000	02020000000000			
OO Standard Excess	600.00	TP Standard Excess		COLUMN SA CASCONIA TOTAL Y	
VIEO DO Excess	1000.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable			
⇒ Benefits					
GST Registered Informa					
GST Registeres	Yes		GST Registration Date	01/01/2020	
GST Registration No.	2019340888		GST Status Verified	Yes	
Modification History					
Policyholder Mallior 4 d	Idress				
Policyholder Mailing Ad		114 (2017)	Name and American		
Address 1	14 TUAS VIEW CIRCUIT	Address 2	SINGAPORE 639930	Address 3	
Address 4		Address Type	Singapore address	Post Code	639930
Unit No.		Related Policy Number	5115558207		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ZULFIQA BIN ABDUL AZIZ	Driver NRIC	594246442	Driver DOB	13/07/1994
Register Date of Driver License	11/02/2016	Driver Age	26	Driving Experience	4
Contact No.(Mobile)	87801229	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BUK 157	Address 2	SERANGOON NORTH AVENUE 1	Address 3	53NGAPORE 550157
Address 4		Address Type	Singapore address	Post Code	550157
Unit No.	02-863				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?					
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	□ ves (€) No		
Reading?	150220	(ACCOMMON	ATT ADDRESS.		
Modification History					
Claim 001 New					
Committee of the commit					
Claim Type +	ОВ-МХ	Insured Name	S. K. YAP ENGINEERING PTE. LT	Insured NR3C	2019340680
Contact No.(Mobile)		Contact No. (Home)		Contact No.(Office)	
Email Address		Of Versicle Number	YPS70A	TP Vehicle Number	SGS102SP
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name +	>>	Clarmark NRIC +			
Claimant Address				1	
Claim Description	YP870A / SGS1025P DN 8 Aug 2020			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability +	Not at Fault		100 - 100
No. Regune finalisation	Yes	Preferend Repair Option		GIA report	Received
	The state of the s		Preferred Workshop, Name unknown.		11/08/2020 00:00
Date Registered	11/08/2020 16:27	Claim Close Date		Date Received	1 1100/2020 00:00
Report Taken By	Jackson				
Print AK letter					
			end le soul		
		1 2	Save Submit		
Attachment					
9					
	MT/1099470	Claim No.	001		
Accident No.					
Last Doc. Received	● Yes ○ No	Upload Date	11/08/2020 16:28		
	Path *	nterversus	Category *	Confidential Urgen	AND THE RESERVE OF THE PARTY OF
		Browse.	Gear Please Select	✓ Normal	V .
		Browse.	. Cear Please Select	Normal V Normal	V
		Browse.	Clear Please Select	Normal V Normal	¥
		Browse.	. Cear Pease Select S	Normal V Normal	V
		Browse.	I make a second	Normal V Normal	
		Barrio Barrio	I beautiful frame to		10

