NATIONAL Assessment Centre		ei 1 Jan'05) M J		Done Done	lav:
Date In: 27/11/20-(5:40)	Jeb description		Date & Time Completed	Done	oř.
Ref No: 44 HC 12012990 24	SAS e-filing		İ		
Veh No: GM13/1X	E-mail (within Shr	s, AIC 2hrs)			
D.O.A: 23/11/2-14:00	i-Motor Claim	Form	m/11/1363-04	ال حلاالا	76
	i-Motor W/O	Within: OD 2hrs,	7'P 4hrs)		
OD : TP-! Reporting Only	i-Photo Upload	led	1		
	Assessment/Surv	ey Report			Market and a Market Avenue and a
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 178	997	INC ()/Non-INC().		
Owner / Driver: (Tel:)	
	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (WO	O): N: 0-20	%; P: 21-79%. P: 80	-100%]	
Year of Registration: () V	Varranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00	00()/\$2,000()			
General Remarks:-					
() Walk-In Customer: Customer's infor	mation strictly Confi	dential & Stri	ctly NO refer of repaire	r.	
() Total Loss Case : to e-mail Insure			No. of the second		
Drive-In ()/ Towed-In (); Invoice:		(); To	wing Co: ()
			Date&Time Completed	Done	hv
Remarks: (INC hotline: 6788 6616)	G. ()		Datesci in a Completed		1.3
	ourtesy Car ()			-	
2) QC Check / Post Repair Inspection	()			 	
3) Upload Resurvey Photo [Repair Cost > \$3	000) ()	··			
Injury:			-		
Onte/Time Actions			9.0	With Carry	
			•		
,	3	,			
Sav.		nvoice Prep	aration Checklist	Anit (S) Ist Bill	Ami (3
M20MX.	188) AR : Accident l		recommon	- Adii.Di
aimant's Particulars :-	2	DA : Damage A	Assessment (\$100); INC	(\$80)	
river/Owner:) TF : Towing Fe) FT : Follow-Th		\$120	
ntact No:	. 5	FT : Follow-Th	rough Survey (Resurvey)	\$30	
	6	For claiming ag) TR: Re-inspec	ainst INC Only (wef 10 Jan 20	\$75	
maged Portion:	7) N1 : Idac DA +	SMRT Survey	\$160	
					1
	0	OD*	nal Services:-		
C Checked by (Engr-In-Charge):		*N5: Courlesy	Car / Tpt Allowance	\$5	
Colorado Control Maso Color Mentro distante de Cara Silvetti Anti-		*N5: Courlesy *N6: Repair Co	Cor / Tpt Allowance	\$5 510 \$25	
Colorado Control Maso Color Mentro distante de Cara Silvetti Anti-	•	*N5: Courlesy *N6: Repair Co *N7: Fost Repair Co *N7: Fost Repair Co	Car / Tpt Allowance	\$10 \$25 \$5	
uditors' Comments :-		*N5: Courtesy *N6: Repair Co *N7: Fost Repair N8: DV / Coll TP (N11): TP	Cor / Tpt Allowance -ordination ir Inspection cct Excess Coordination (Non INC) against INC	\$10 \$25	
C Checked by (Engr-In-Charge): uditors: Comments:- 1. 1:	9	*N5: Courlesy *N6: Repair Co *N7: Fost Repair Co *N7: Fost Repair Co	Cor / Tpt Allowance -ordination ir Inspection cct Excess Coordination (Non INC) against INC	\$10 \$25 \$5 \$20 30	23/10)

i a per et incre

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.	
within SS Co. Schools Committee Co. 2012	ACCIDENT STATEMENT
Date Of Report	25/11/2020 10:42
Date Of Accident	23/11/2020 14:00
Exact Location Of Accident	BLK 221 BOON LAY PLACE CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ1712X
Insured/Policyholder	
Name Of Registered Owner	LISON AIR-CON SERVICES & CONSTRUCTION
Co Reg No	5XXXX534W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81863092
Alternative Phone No	OFFICE-81863092
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
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	REPORTING ONLY
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	5106919550-01
Cover Note Number	
Driver	
Name of Driver	LIM WEI KEONG
	CVVVCEEL

SXXXX655H NRIC No 04/07/1974 Date Of Birth OUTDOOR Occupation 07/12/2001 Date Of Driving Pass 18 YEARS AND 11 MONTHS **Driving Experience** MALE Gender (LOCAL) +65-81863092 Mobile Number Fax Number OFFICE-81863092

Contact Number

NOEMAIL **EMail Address**

Address

27 JLN AUSTIN HEIGHTS 1/21 TAMAN MOUNT AUSTIN JOHOR BAHRU

Postcode

81100

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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

SJD8199T

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)

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 <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.
- 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)

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)
 - (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
- (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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN Blk 221 Boon Lay Place DESCRIBE CIRCUMSTANCES OF THE ACCIDENT portion DECLARATION I/We declare the oregoing particulars are true in every respect. Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.: Date & Time:

GIARMC SketchPlanForm_V3

ACCIDENT STATEMENT

ACCIE	DENT DATE: (23/11/ 2.)(DD/MM/YYYY),	TIME:(14:00)(HH:MM)
LOCAT	TON: Blk 201 BOON Lay Place	carran
	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPANY: c) POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSURA IF NO, PLEASE STATE (THIRD PARTY CLAIM / REP. INSURED / POLICY HOLDER A) NAME: b) NRIC/FIN/PASSPORT: c) ADDRESS:	MOTORCYCLE / OTHERS) L / MOTORCYCLE / LW/LIND ANCE (YES/NO) ORTING ONLY) (MALE / FEMALE)
₩Wo of passenges (Including driver) (1.)	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLI DRIVER a) NAME: b) NRIC/FIN/PASSPORT: c) ADDRESS:	(MALE / FEMALE)
5. 6.	*d)DATE OF BIRTH: (/)(DD/MI e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED IF NO, RELATIONSHIP OF THE DRIVER WITH a)WEATHER CONDITION: (CLEAR / RAINING / OT b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	O'S COMPANY? (YES / NO) INSURED:
the of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: 5081997 b) DRIVER'S NAME:	_MODEL:
(_) 9.	b) DRIVER'S NAME:	_CONTACT:
(Induding driver)	f) NRIC/FIN/PASSPORT:	_CONTACT:

cmail = 150m@yahoo.com
fax =
VIDEO = X

Hello, NAC_PAYA_UBI_800	601			A STATE OF STREET		Alexandra (alexandra)	· Change La	nguage	• Change	Password	→ Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date o	of Accident	23/	11/2020 14	:00	
	Vehicle	No.(For Motor)	GBJ1712X			Certificate Number					
					3	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106919550- 01		LISON AIR-CON SERVICES & CONSTRUCTION	53218534W	GCV	Comprehensive	GBJ1712X	GBJ1712X	23/01/2020	22/01/2021

olicy No.	5106919550-01	Policyholder Name LISON AIR-C		CON SERVICES & CC	Policyholder NRIC	53218534W	
Certificate Io.							
ddress	BLK 311 #08-183 HOUGANG AV	ENUE 5 SIN	GAPORE 53031	1			
roduct lame	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	31/12/2019	Effective Date	23/01/2020	00:00	Expiry Date	22/01/2021 23	3:59
xcess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/Inexperience Driver Excess	
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	gent Tel. 62538288 GST Flag Y	Y			
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	BLK 311 #08-183	Add	dress 2	HOUGANG AVENUE	5	Address 3	SINGAPORE 530311
Address 4		Add	dress Type	Singapore address		Post Code	530311
Unit No.	08-183		ated Policy mber	5106919550-01			
▶ Insure	d Object: GBJ1712X						
T Endors	sements						
Seque	nce Date of Endorsemen	nt	Endorsemen	Туре	Endorsemen	t Status	Endorsement Content

C00 & 60 AC	All the control of th	Access No.	CB11717V	GST Registration No.			
	5106919550-01	Vehicle No.	GB)1712X	GOT REGISTRATION NO.			
rtificate No.							
icyholder Name L	ISON AIR-CON SERVICES & CONSTRUCTION			Policyholder NRIC	53218534W		
	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0		
	81863092	Contact No.(Office)	0	Contact No.(Home)	O Nc V		
	31003072	Special Remark		eCode			
nail Address		TCA	No ○Yes	eCode Reason			
	No ○ Yes			Private Hire	No		
D Protection	No	NCD Entitlement(%)	20	Private rine			
Accident Details							
port Date	25/11/2020 11:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road		
ate of Accident	23/11/2020	Time of Accident hh:mm	14:00	Country of Accident	Singapore		
		Orange Force		ICM No.			
porting Centre		Orange Force					
cident Location	BLK 221 BOON LAY PLACE CARPARK						
▼ Total Excess Applicable							
cess Type	Per Accident	Windscreen Excess	100.00				
Standard Excess	600.00	TP Standard Excess	0.00				
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?			
iditional Excess							
otal OD Excess Applicable	600.00	Total TP Excess Applicable					
Benefits							
GST Registered Informat			CCT Pacietration Date				
ST Registered	No		GST Registration Date GST Status Verified	Yes			
ST Registration No.		shapped CCT Status Variety for		West			
odification History	25/11/2020 11:25:38 System	changed GST Status Verified fro	III NO to les				
Policyholder Mailing Add	ress						
ddress 1	BLK 311 #08-183	Address 2	HOUGANG AVENUE 5	Address 3	SINGAPORE 530311		
ddress 4		Address Type	Singapore address	Post Code	530311		
	08-183	Related Policy Number	5106919550-01				
	08-103						
OI Driver Info			Unnamed Driver				
	Unnamed Driver	Driver Type	S7488655H	Driver DOB	04/07/1974		
nnamed driver Name	LIM WEI KEONG	Driver NRIC			18		
egister Date of Driver License	07/12/2001	Driver Age	46	Driving Experience			
Contact No.(Mobile)	81863092	Contact No.(Office)	0	Contact No.(Home)	0		
ddress 1	27 JLN AUSTIN HEIGHTS 1/21 7	Address 2		Address 3			
Address 4		Address Type	Foreign address	Post Code			
		200000000000000000000000000000000000000					
Unit No.	Andrew Control Control			Driver Insurer Company			
Does he own a Singapore Registered car?	○ Yes No	Driver Vehicle No.		Direct Industry delingery			
eclaration							
JIGUTO.		Any injury?	○ Yes No				
reathalyser or Blood Test							
reathalyser or Blood Test leading?							
Breathalyser or Blood Test Reading?							
Reading?							
Reading? dodification History							
Reading?							
leading?							
leading? lodification History Claim 001 New	Орму	Insured Name	LISON AIR-CON SERVICES & CO	Insured NRIC	53218534W		
leading? Claim 001 New Claim Type •	OD-MX	Insured Name	LISON AIR-CON SERVICES & CO		53218534W		
leading? Claim 001 New Claim Type * Contact No. (Mobile)	OD-MX 97532933	Contact No.(Home)		Contact No.(Office)			
claim 001 New Claim Type * Contact No.(Mobile) Email Address	97532933	Contact No.(Home) OI Vehicle Number	GB31712X		53218534W SJD8199T		
codification History Claim 001 New Claim Type * Contact No.(Mobile) Small Address		Contact No.(Home) OI Vehicle Number Type of Benefit *		Contact No.(Office)			
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claim 790 * Claim 700 * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address	97532933 Please Select ≥≥ GB31712X / S3D8199T ON 23 Nov 2020	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability *	GB31712X Please Select Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SJD8199T		
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claim 101 New Claim 001 New Claim 709 * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	97532933 Please Select ≥≥ GB31712X / S308199T ON 23 Nov 2020 Yes Ves V 25/11/2020 11:26	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	GB31712X Please Select Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report	S)D8199T		
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