NATIONAL Assessment Cen			1		·
Date In: 3/10/20-15:04	Jeb description	Date &Tir	ne Completed	Done	s př.
Ref No: LIA [INCONTENTAL	SAS e-filing	i			
Veh No: SMR77NJ	E-mail (within Shrs, A	AIC 2hrs)			
D.O.A: 7/17/2-19:30	i-Motor Claim Fo	orm	1292001	3/11/2	17:45
	i-Motor W/O (With	hin: OD 2hrs, TP 4hrs)			
OD / Tr / Reporting Only	i-Photo Uploaded				0.
TD 1	Assessment/Survey	Report			and the second s
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/W	ksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	ix:)
TP Particulars: Veh No:	X 1871)	INC()/Non-	INC().		
Owner / Driver: (Tel:)	
Policy No: () F	Period: () Cover Typ	oe: () .	
Confirmed by : (Da	ite:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-	79%. P: 80-10	00%]	128
Year of Registration: ()		NO()			
Excess: (\$) Loading: \$1	,000 () / \$2,000 ()	<i></i>	}*\	
General Remarks.		3.000 7.000			
() Walk-In Customer: Customer's in	formation strictly Confider	ntial & Strictly NO ref	er of repairer.		
() Total Loss Case : to e-mail Insu		. , , , , , ,			
Drive-In ()/ Towed-In (); Invoi	ce: YES () / NO (); Towing Co: ()
Remarks:- (INC horline: 6788 6616)		Date&Tim	e Completed	Done	by
1) Apply for Transport Allowance ()/	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()	-			
3) Upload Resurvey Photo [Repair Cost>5	3000] ()				
Injury:	, ,				
Date/Time Actions				2001	eri, sa, p., r.
Transfer and the second				* ************************************	<u>·</u>
	•				
•					
Inna-1t1	Inv	oice Preparation Cl	iecklist	Ant (S) fst Bill	Amt (3) Add Bill
Hayo6535	1) AR	: Accident Reporting (5	30);		- Addison
· · · · · · · · · · · · · · · · · · ·		: Damage Assessment (\$: Towing Fee	100); INC (\$80) \$40/5		
river/Owner:	4) FT	: Follow-Through Survey	\$1	20	
ontact No:	5) FT	: Follow-Through Survey ((wef 10 Jan 2005)	30	
amaged Portion:	6) TR	: Re-inspection		375	
		: Idac DA + SMRT Survey 'UC Additional Services:-	. 31	(60)	
C Checked by (Engr-In-Charge):	OD *N	5: Courtesy Car / Tpt Allow	ACCE	\$5	
	13.				
		6: Repair Co-ordination		510	
uditors' Comments::-	·N			525 535	
uditors' Comments :=]:	* 'N *N	6: Repair Co-ordination 7: Fost Repair Inspection 8: DV / Collect Excess Coo (N11): TP (Non INC) again	rdination nst INC S	\$25 \$5 \$20	
uditors: Comments::: 1: 2/3:	*N *N TP 9)N1	6: Repair Co-ordination 7: Fost Repair Inspection 8: DV / Collect Excess Coo	rdination nst INC S	\$25 \$5 \$20 30	

A a per at 1 and



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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

ACCIDENT STATEMENT

Date of Submission 03/12/2020 15:09 (SGT) Date of Accident 02/12/2020 19:30 (SGT) Exact Location of Accident Yuan Ching Rd, Singapore Additional Location Information TWDS AYE (ECP) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR7712J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **BLAZE MOTORING PTE LTD** Company Reg No 2XXXXX362N Email Address mervin.pan@blazemotoring.com.sg Mobile Phone No (Phone) +65-91449265

Alternative Phone No +65-91449265

VEHICLE PARTICULARS

Manufacturer Honda Model Shuttle Variant

Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5115597508 Cover Note Number

DRIVER

Name of Driver JAYSHANKERA S/O GOVINDASAMY NRIC No. SXXXX584E Date Of Birth 16/11/1980 Occupation Outdoor

Date Of Driving Pass	26/05/2005
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87666231
Alt. Phone Number	(Filotie) +03-07000231
	- · · · · · · · · · · · · · · · · · · ·
Email Address	mervin.pan@blazemotoring.com.sg
Address	BLK 671B EDGEFIELD PLAINS
Address complement	#09-519
Postcode	822671
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
verlicle Registration Number of Other Verlicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
insurance company of other vehicle owned by briver	
CENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Assidant	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	N 2
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	T .
	Ne
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
DETAILS OF TOLIGE ACTION	
Man the posident remerted to the nelice?	No.
Was the accident reported to the police?	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
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SJX1851J
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	
Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	-
Incurance Company Name	

Nature Of Damage
Details of property damaged in accident
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 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 (GA) 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

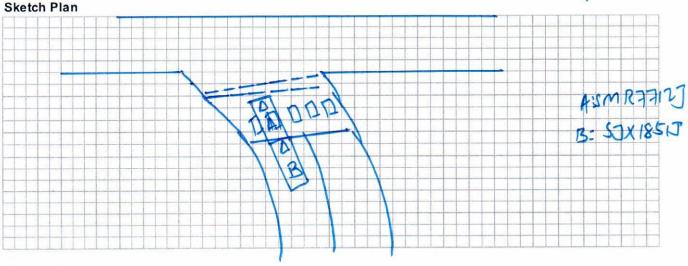
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (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' law yers/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 versitaw firms), which may be sited outside of Singapore, for one or more of the above Purposes. (including their law

Policyholder's Signature / Date & & Time Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel



1 Stop	ped my	Whice	before +	he Stoppin	ng line to	cheolc (naming	
ehicles	on the	main rd	. Enddenly	1 1414	en impact	of my	vehicle	md
				to my ver				
- 1								

Declaration

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 2 /12 / 20)(DD/MM/YYYY), TIME: (19: 30.)(HH:MM
LOCATION: Yuan ching nd twus AyE (ECP)
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SMR 772
DINSURANCE COMPANY: 1 1100
C)POLICY NUMBER:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:/SALOON / COURT / MEN / MAN /
f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WYGO 9.
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A)NAME:
b) NRIC/FIN/PASSPORT:(MALE / FEMALE) CIADDRESS:CONTACT: 91449765.
c)ADDRESS:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
passenge Driver
(Including driver) a)NAME: (MAJE / FEMALE)
()
c)ADDRESS:CONTACT:_6 7666 251.
*d)DATE OF BIRTH: ()(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
T) YEARS OF DRIVING EXPRERIENCE.
4. WAS DRIVER AN EMPLOYEE OF THE INSURED COMPANY OF THE
TO THE DE THE DRIVED WITH INCURED
OF THE CONDITION: (CI HAR / RAINING / OTHERS
DINOAD SURFACE: (DRY) / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
The of passenger of VEHICLE MILLARDED.
(Induding driver) b) DRIVER'S NAME: MODEL:
(Induding driver) b) DRIVER'S NAME: (1.) C) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE
9. THIRD PARTY VEHICLE
Man of processes d) VEHICLE NUMBER.
(Indulia Indulia MODEL:
(Induding driver) f) DRIVER'S NAME:
CONTACT:
0. 11

email =

fax =

VIDEO = X

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						→ Change	e Language	• Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
	Policy N	lo.				Date o	of Accident	O	2/12/2020 1	9:30	
	Vehicle	No.(For Motor)	SMR77:	12)		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115597508		BLAZE MOTORING PTE LTD	201531362N	GPC	drivo CLASSIC	SMR7712J	SMR7712J	21/01/2020	20/01/2021
					C	ontinue				***************************************	

Policy No.	5115597508	Policyh	older BI A7	F MOT	ORING PTE L	TD	Policyholder	201531362	N	
the sourceston sour	3113397306	Name	DLAZ	LINOI	OKING FILL	-10	NRIC	20133130211		
Certificate No.										
Address	53 UBI AVENUE 1 #05-44 PAY	YA UBI IND	USTRIAL PA	RK SI	NGAPORE 408	8934				
Product Name	PRIVATE CAR INSURANCE	Plan					Group Policy Flag	N		
Policy issue Date	16/01/2020	Effectiv Date	/e 21/0	/2020	00:00		Expiry Date	expiry Date 20/01/2021 23:59		
Excess Type	Per Accident	All Clair Excess								
Third Party Excess	1500	Own damage Excess					Windscreen Excess	100		
Additional Excess	0	OS Premiu	o 0							
Outside Singapore OD Excess	2000	Outside Singape TP Exce	ore 1500					You	ing/Inexperience Driver Excess	
Agent	ANIKA INS BROKERS & CONS	UL Agent 1	Tel. 6672	9988			GST Flag	Y		
Co- insurance Flag	No									
CANADA STATE										
Open Policy Info Certificate Info										
Policy Info Certificate Info	older Mailing Address									
Policy Info Certificate Info Policyh	oolder Mailing Address 53 UBI AVENUE 1		Address 2		#05-44 PAY	YA UBI II	NDUSTRIAL	Address 3	SINGAPORE 408934	
Policy Info Certificate Info	Service and William Assessment Means are a constituted as a		Address 2 Address Typ	e	#05-44 PAY		NDUSTRIAL	Address 3 Post Code	SINGAPORE 408934 408934	
Policy Info Certificate Info Policyh Address 1	Service and William Assessment Means are a constituted as a					ddress	NDUSTRIAL I			
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	53 UBI AVENUE 1		Address Typ Related Polic		Singapore a	ddress	NDUSTRIAL I			
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	53 UBI AVENUE 1 17-204 d Object: SMR7712J		Address Typ Related Polic		Singapore a	ddress	NDUSTRIAL I			
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured	53 UBI AVENUE 1 17-204 d Object: SMR7712J ements		Address Typ Related Polic	У	Singapore a 511307288-	ddress 4-01	NDUSTRIAL	Post Code		
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endors	53 UBI AVENUE 1 17-204 d Object: SMR7712J ements	ent	Address Typ Related Polic Number	У	Singapore a 511307288	ddress 4-01		Post Code	408934	

Continue Cancel

Claim Handling							
ccident MT/1112292							
olicy No.	5115597508	Vehicle No.	SMR77123	GST Registration No.			
ertificate No.							
olicyholder Name	BLAZE MOTORING PTE LTD			Policyholder NRIC	201531362N		
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0		
ontact No.(Mobile)	91449265	Contact No.(Office)	0	Contact No.(Home)	0		
mail Address		Special Remark		eCode	No V		
FK	No ○ Yes	TCA	No ○ Yes	eCode Reason	SECRET SELECT CONTROL		
			0	Private Hire	Vac		
CD Protection	No	NCD Entitlement(%)	0	Private nire	Yes		
Accident Details				7. H	College of the Control		
eport Date	03/12/2020 17:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear		
ate of Accident	02/12/2020	Time of Accident hh:mm	19:30	Country of Accident	Singapore		
porting Centre		Orange Force		ICM No.			
cident Location	Yuan Ching Rd						
▼ Total Excess Applicable							
cess Type	Per Accident	Windscreen Excess	100.00				
Standard Excess	2,000.00	TP Standard Excess	1,500.00				
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?			
iditional Excess	0						
tal OD Excess Applicable	2000.00	Total TP Excess Applicable					
P Benefits							
GST Registered Informa	ition						
ST Registered	No		GST Registration Date		nema		
T Registration No.	ACCOUNTS OF THE SECOND		GST Status Verified	Yes			
odification History							
Policyholder Mailing Add	dress						
idress 1	53 UBI AVENUE 1	Address 2	#05-44 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934		
ddress 4		Address Type	Singapore address	Post Code	408934		
			5113072884-01	1031 6046	100331		
nit No.	17-204	Related Policy Number	51130/2004-01				
OI Driver Info	Unanged Driver	Driver Type	Unnamed Driver				
iver Name	Unnamed Driver	Driver Type Driver NRIC	S8036584E	Driver DOB	16/11/1980		
nnamed driver Name	JAYSHANKERA S/O GOVINDASA				15		
egister Date of Driver License		Driver Age	40	Driving Experience			
ontact No. (Mobile)	87666231	Contact No.(Office)	0	Contact No.(Home)	0		
idress 1	BLK 671B	Address 2	EDGEFIELD PLAINS	Address 3	WATERWAY BANKS		
idress 4	SINGAPORE 822671	Address Type	Singapore address	Post Code	822671		
nit No.	09-519						
oes he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company			
egistered car?	0			12. 32			
eclaration							
reathalyser or Blood Test	0 mg	Any injury?	○ Yes No				
eading?	o mg	Any injury	0.000.00				
odification History							
Claim 001 New							
Claim 001 New							
aim Type •	OD-MX	Insured Name	BLAZE MOTORING PTE LTD	Insured NRIC	201531362N		
ontact No.(Mobile)	97984296	Contact No.(Home)	NIL	Contact No.(Office)			
mail Address		OI Vehicle Number	SMR7712)	TP Vehicle Number	SJX18513		
	[Planes Called			ir veince Number			
aimant Type Claimant Type *		Type of Benefit *	Please Select				
aimant Name *	>>	Claimant NRIC *					
aimant Address							
aim Description	SMR7712J / SJX1851J ON 2 Dec 2020			Name of Preferred Workshop			
eferred Workshop Contact		Insured Liability *	Not at Fault				
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
ate Registered	03/12/2020 17:45	Claim Close Date		Date Received	03/12/2020 00:00		
eport Taken By	Jackson	Vaccount (1995) 1855/165					
2	packad.						
Print AK letter							
			Save Submit				
Attachment							
accomment.							
₹							
	MT/1112292	Claim No.	001				
ccident No.	MT/1112292						
ast Doc, Received	● Yes ○ No	Upload Date	03/12/2020 17:46				
	Path •		Category *	Confidential Urgen			
		Browse	Clear Please Select	NO V Normal	<u> </u>		
		Browse	Clear Please Select	NO V Normal	V		
		Browse		V NO V Normal	V		
				V NO V Normal			
		Browse		NO V Normal			
		Browse	Clear Please Select				

Attachment Attachment		d By/Date	Category	9	Urgency	Des	scription	Msg Sent?	
Ten des Only auto 2 Mars	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVI ec 2020 17:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving	License 2020-12-3	(00)	
	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVI ec 2020 17:46	Photos		Normal	Photos	2020-12-3		
1016 (F	NAC_PAYA_UBI_800601(NATIO CES) on 03 D	NAL ASSESSMENT CENTRE SERVI ec 2020 17:46	Photos		Normal	Photos	2020-12-3		
#		NAL ASSESSMENT CENTRE SERVI ec 2020 17:46	Photos		Normal	Photos	2020-12-3		
		NAL ASSESSMENT CENTRE SERVI ec 2020 17:46	Photos		Normal	Photos	2020-12-3		
		NAL ASSESSMENT CENTRE SERVI ec 2020 17:46	Photos		Normal	Photos	2020-12-3		
		NAL ASSESSMENT CENTRE SERVI ec 2020 17:45	Photos		Normal	Photos	2020-12-3		
	NAC_PAYA_UBI_800601(NATIO CES) on 03 D	NAL ASSESSMENT CENTRE SERVI ec 2020 17:45	Photos		Normal	Photos	2020-12-3		
		NAL ASSESSMENT CENTRE SERVI ec 2020 17:45	Photos		Normal	Photos	2020-12-3		
		NAL ASSESSMENT CENTRE SERVI ec 2020 17:45	Photos		Normal	Photos	2020-12-3		
10		NAL ASSESSMENT CENTRE SERVI ec 2020 17:45	Photos		Normal	Photos	2020-12-3		
		NAL ASSESSMENT CENTRE SERVI ec 2020 17:45	Photos		Normal	Photos	: 2020-12-3		
7 Video List	Uploaded By/Date	Folder Date		ile Name		9	Source		Ac