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Veh No: GOIC 3776	E-mail (within	Shrs, AIC 2hrs)			
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	i-Motor W/C	(Within: OD 2hr			
OD / TP / Reporting Only	i-Photo Uplo	aded			
	Assessment/St	urvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	: (Tel:	Fax:	
TP Particulars: Veh No:	THB8878B	. INC()/Non-INC()		
Owner / Driver: (3		Tel:)	
Policy No: ()	Period: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (\	WO): N: 0-2	0%; P: 21-79%. F: 8	0-100%]	
Year of Registration: () Warranty: YES ()/NO()		
	\$1,000 ()/\$2,000	()			
General Remarks:				STORY STATE	
() Walk-In Customer : Customer			All Tables		
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Drive-In ()/ Towed-In (); In	voice: YES () / N	NO();1	owing Co: (, na:w:-=
Remarks:- (INC hotline: 6788 66	16)		Date&Time Complete	1. Done	by
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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 07/12/2020 10:17 (SGT) Date of Accident 04/12/2020 18:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **ENTERING BKE (SLE)** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBK3575G**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner VERDECAS ENTERPRISE LLP Company Reg No TXXXXX564K Email Address seantansj@gmail.com Mobile Phone No (Phone) +65-85337661 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to

your vehicle? No - Reporting only Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5112369020-01 Cover Note Number

DRIVER

Name of Driver TAN SEOW JOO NRIC No SXXXX218F Date Of Birth 03/11/1967 Outdoor

Date Of Driving Pass 04/09/1995 Driving experience 25 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-89325260 Alt. Phone Number Email Address seantansj@gmail.com Address **BLK 421 CLEMENTI AVENUE 1** Address complement #28-365 Postcode 120421 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? 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 SHB8878B Vehicle Manufacturer Kia Vehicle Model K5 Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number (Phone) +65-88207678 Address Address complement Postcode Insurance Company Name

Nature Of Damage Details of property damaged in accident

No. Of Passenger (Including Driver)

3

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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.
- 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, acknow ledge, 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 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' 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 (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Verdecas Enterprise LLP Reg No: T14LL0564K		Ma
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	V	

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rdecas Enterprise LLP Reg No: T14LL0564K	

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

Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date & Time

& Time

ACCIDENT STATEMENT

ACCIDENT DATE: (04/12/2020)(DD/M	M/YYYY), TIME: (18 : 45)(HH:MM)
LOCATION: PIE CTUAS) turning to BRECSCE	€) .
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GBK 3575 G	8
MINISTERANCE COMPANY NITH	
b)INSURANCE COMPANY: NTUC	20000
c)POLICY NUMBER: 5112369020 - 01 -	
d)POLICY TYPE: (COMPREHENSIVE / TH	IIRD PARTY / THÍRD PARTY FIRE &THEFT)
e)MAKE & MODEL: TO YOTA DY	
f)TYPE: (SALOON / COUPE / MPV /V AN	/ LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CON	MERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIM	
i) ARE YOU CLAIMING UNDER YOUR OW	YN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLA 2. INSURED / POLICY HOLDER	AIM / REPORTING ONLY)
A) NAME: VERPECAS ENTERPRISE LL	P (1445 (55)445)
b)NRIC/FIN/PASSPORT: TI4LLO564 14	(MALE / FEMALE) CONTACT: 8533 7661
CIADDRESS: 2250 COMPASSIVALE WALK	
CINDONESS.	(14 0 13 3(34323)
* CONTINUE TO 3.d IF DRIVER ALSO POL	ICY HOLDER
HO OF DESCRIPTION 3. DRIVER	THOUSEN.
(Including driver) DINPIC/FIN/PASSPORT: SI791218 F	(MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1791218 F	CONTACT: 8932 5260
CJADDRESS: 421 CLEMENTI AVENE	1 #28-365 5(120421)
*d)DATE OF BIRTH: (03/12/2020	
e)OCCUPATION: (INDOOR / OUTDOOR)	
f)YEARS OF DRIVING EXPRERIENCE:	25
4. WAS DRIVER AN EMPLOYEE OF THE I	NSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVE	
5. a) WEATHER CONDITION: (CLEAR / RAINI	ING / OTHERS
b) ROAD SURFACE: (DRY / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STA	ATION:
8. THIRD PARTY VEHICLE	
He of passenger a) VEHICLE NUMBER: SHB 8878 B	MODEL: KIA KS
Inducting driver) b) DRIVER'S NAME: ALVIN FOO	
(3) C) NRIC/FIN/PASSPORT:	CONTACT: 8820 7678
9. THIRD PARTY VEHICLE	
No of passenger of VEHICLE NUMBER:	MODEL:
e) DRIVER'S NAME:	
Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT::
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My Desktop	Policy Query									Log O	
Notice of Loss	Policy N	No.				Date	of Accident	04	/12/2020 18	:45	
	Vehicle	No.(For Motor)	GBK357	75G		Certi	ficate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112369020- 01	5112369020- 01-000008	VERDECAS ENTERPRISE LLP	T14LL0564K	GFM	Comprehensive	GBK3575G	GBK3575G	12/09/2020	11/09/202:

Policy No.	5112369020-01	Policyholder Name	VERDEC	AS ENTERPRISE LLP	Policyholder NRIC	T14LL0564	K
Certificate No.	5112369020-01-000008						
Address	BLK 225C #14-345 COMPASS\	ALE WALK COM	1PASSVAL	E VISTA SINGAPORE 5	43225		
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	11/09/2020	Effective Date	12/09/20	020 00:00	Expiry Date	11/09/2021	23:59
Excess 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				You	ng/Inexperience Driver Excess
Agent	ACER INSURANCE AGENCY	Agent Tel.	6702290	6	GST Flag	Y	
Control of the Contro							
Open Policy Info Certificate Info Policyh	older Mailing Address						
Open Policy Info Certificate nfo Policyh	older Mailing Address BLK 225C #14-345	Addres	ss 2	COMPASSVALE WA	LK ,	Address 3	COMPASSVALE VISTA
Open Policy Info Certificate Info Policyh Address 1			ss 2	COMPASSVALE WA		Address 3	COMPASSVALE VISTA 543225
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Address 1 Address 4 Unit No. Insured Sequence	BLK 225C #14-345 SINGAPORE 543225 05-93 d Object: 5112369020-01-00 ements ce Date of Endorsement 12/09/2020 00:00 ate Endorsements	Relate Number 0008 Endorsemen	as Type d Policy er at Type	Singapore address 5112369020-01 Endorsement Numbe	er Endorser Endorseme Effective	Post Code	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 12 Sep 2020, the following vehicles are subject to Endorsement M42(A) – EQUIPMEN

Accident MT/1112578					
		man and the second seco			
Policy No.	5112369020-01	Vehicle No.	GBK3575G	GST Registration No.	LAUVE FOR IX FOR IN
Certificate No.	5112369020-01-000008			year and i No.	
Policyholder Name	VERDECAS ENTERPRISE LLP			Deligobelder NDIC	
Product Code	FLEET MASTER INSURANCE	Cover Type	Company	Policyholder NRIC	T14LL0564K
Contact No.(Mobile)	85337661		Comprehensive	Loading	0
	65337661	Contact No.(Office)		Contact No.(Home)	0
Email Address		Special Remark		eCode	Nc V
KFK	● No ○ Yes	TCA	No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
teport Date	07/12/2020 11:04	Accident Report Within 24 hrs	Yes	Accident Type	Callinian Handas Bury
Date of Accident	04/12/2020				Collision - Head to Rear
	04/12/2020	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE				
▼ Total Excess Applicable	•				
xcess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess			
IED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
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otal OD Excess Applicable	600.00	Total TP Excess Applicable			
▼ Benefits					
GST Registered Informa	ation				
ST Registered	No		GCT Paciety-star D		
ST Registration No.			GST Registration Date GST Status Verified		
odification History			GST Status verified	Yes	
Policyholder Mailing Ad	dress				
ddress 1	BLK 225C #14-345	Address 2	COMPASSVALE WALK	Address 3	COMPASSVALE VISTA
ddress 4	SINGAPORE 543225	Address Type	Singapore address	Post Code	543225
nit No.	05-93	Related Policy Number	5112369020-01		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	TAN SEOW JOO	Driver NRIC	S1791218F	Driver DOB	03/11/1967
egister Date of Driver License	04/09/1995	Driver Age	53	Driving Experience	25
ontact No.(Mobile)	89325260	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 421	Address 2	CLEMENTI AVENUE 1		
ddress 4	SINGAPORE 120421			Address 3	CASA CLEMENTI
		Address Type	Singapore address	Post Code	120421
nit No. oes he own a Singapore	28-365				
egistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
claration					
		A	○ Yes • No		
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Video List						9		
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	NAC_PAYA_UBI_800601(NATION CES) on 07	ONAL ASSESSMENT CENTRE SERVI Dec 2020 11:08	Photos		Normal		Photos 2020-12-7	
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