	e Services. well Jan'os J.	13 12001	
Date In: logo ha - logo	Jeb description	Date & Time Completed	Done by
D.C.N.	SAS e-filing		
CALINI MOISBAVIM	E-mail (within Shrs, AIC 2hrs)		4
D.O.A: 9 12 - 08:30	i-Motor Claim Form	My 11 13029-001	10/12/22 10:07
D.O.A . 1/10/13 2 08 -335	i-Motor W/O (Within: OD 2)		
OD / TP)! Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hane	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Fax:
TP Particulars: Veh No: jew	146828 INC	()/Non-INC().	
Owner / Driver: (Tel:)
Company of the Compan	eriod: () Cover Type: () .
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	-20%; P: 21-79%. P: 30-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,	000 ()/\$2,000 ()		
General Remarks:			
() Walk-In Customer: Customer's info	ormation strictly Confidential &	Strictly NO refer of repairer	
() Total Loss Case : to e-mail Insur		*	
	ce: YES () / NO () ;	Towing Co: (.)
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()	-	`
3) Upload Resurvey Photo [Repair Cost > \$	33000] ()		
Injury:			SCHOOL STATE
warner - real Professional Control of Contro	POSTO MOR CONTROLLED A CONTROLL		Maria Cara Cara Cara Cara Cara Cara Cara
Date/Time Actions			
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Date/Time. Actions	Invoice H		Ant (S) Amt (S)
	(A)	reparation Checklist.	
S Care MAN	1) AR : Acci 2) DA : Dam	reparation Checklist: dent Reporting (\$30); usge Assessment (\$100); INC	Ant'(5) Amt (5) (\$1.Bill Add Bill (\$80)
NM ways :-	1) AR : Acci 2) DA : Dam 3) TF : Towi	reparation Checklist. dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey	Ant (5) Amt (5)
Claimant's Particulars:	1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo	reparation Checklist dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30
Claimant's Particulars:- Oriver/Owner:	1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-in	Preparation Checklist. dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 20 aspection	(\$80) \$40/\$45 \$120 \$30 \$205) \$75
Claimant's Particulars:- Oriver/Owner:	1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-in 7) N1 : Idac	dent Reporting (\$30); Mage Assessment (\$100); INC Ing Fee W-Through Survey W-Through Survey (Resurvey) Magaginst INC Only (Wef 10 Jan 20 Aspection DA + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$20(\$5)
Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-ir 7) N1 : Idao 8) NTUC Ac	Preparation Checklist dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2) nspection DA + SMRT Survey dditional Services:-	Ant(S) Amt(S) (\$80) \$40/\$45 \$120 \$30 \$205) \$75
Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-ir 7) N1 : Idao 8) NTUC Ac OD* *N5: Cour	dent Reporting (\$30); lage Assessment (\$100); INC lage Ass	(\$80) \$40/\$45 \$120 \$30 \$20/\$5 \$160 \$5 \$15
Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-ir 7) N1: Idac 3) NTUC Ac QD* *N5: Cou *N6: Repi *N7: Fost	reparation Checklist. dent Reporting (\$30); lage Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2) aspection DA + SMRT Survey Iditional Services: rtesy Car / Tpt Allowance air Co-ordination Repair Inspection	Ant (\$) Amt (\$) (\$80) \$40/\$45 \$120 \$30 \$205 \$75 \$160 \$5 \$5 \$10 \$25
Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-ir 7) N1: Idao 8) NTUC Ac OD* *N5: Cou *N6: Rep. *N7: Fost *N8: DV	dent Reporting (\$30); lage Assessment (\$100); INC lage Ass	(\$80) \$40/\$45 \$120 \$30 \$20/\$5 \$160 \$5 \$15
	1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-ir 7) N1: Idao 8) NTUC Ac OD* *N5: Cou *N6: Rep. *N7: Fost *N8: DV	dent Reporting (\$30); large Assessment (\$100); INC large Assessment (\$100); INC large Fee w-Through Survey w-Through Survey (Resurvey) large against INC Only (wef 10 Jan 20 laspection DA + SMRT Survey liditional Services: large Car / Tpt Allowance lar	Ant (5) Amt (3) (580) 540/545 \$120 \$30 205) \$75 \$160 \$55 \$10 \$525 \$53 \$20 \$30

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SN0920CA0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/12/2020 10:00 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (10/12/2020 10:00 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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

10/12/2020 10:00 (SGT) Date of Submission 09/12/2020 08:30 (SGT) Date of Accident TPE, Singapore Exact Location of Accident Additional Location Information twds cte Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number GBK2981Z

INSURED/POLICYHOLDER

Is company? HARESH ENTERPRISES (S) PTE LTD Name Of Registered Owner 2XXXXX619M Company Reg No ngsaypoh4986@outlook.com Email Address (Phone) +65-89999999 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hiace Model Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Commercial vehicle Vehicle Category

INSURANCE COMPANY

Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5116844140 Policy Number Cover Note Number

DRIVER

NG SAY POH (HUANG SHIBAO) Name of Driver SXXXX986C NRIC No 08/12/1973 Date Of Birth Outdoor Occupation

Date Of Driving Pass	22/05/2017
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82802828
Alt. Phone Number	- ngsaypoh4986@outlook.com
Email Address Address	BLK 314 ANG MO KIO AVENUE 3
Address Address complement	#03-2370
Postcode	560314
s the driver the policyholder?	No
f No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	-
nsurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
at a section we high involved in the accident?	No
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any injured conveyed to nospital by ambdidities. Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
	N
Was the accident reported to the police?	No No
Was notice of intended Prosecution given? If yes, against whom?	No -
if yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
	Ver
Are accident photos available for attachment?	Yes No
Was there any video captured by Car Camera? Was there any audio recorded?	No
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SKU4682P
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	
Name of Driver	ONG YANG YOU WINSTON
Contact Number	(Phone) +65-98271107
Address	•
Address complement	· ·
Postcode	. · ·
Insurance Company Name	-

Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG SAY POH (HUANG SHIBAO)
Address	-
Address Complement	-
Post Code	0 = :
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	GBK2981Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 (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)

l understand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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")

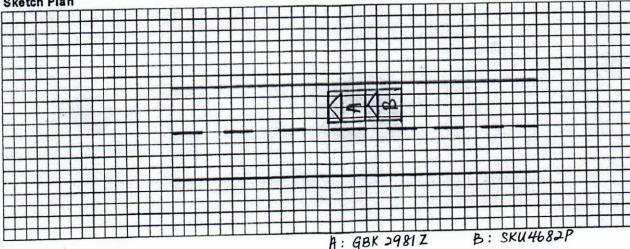
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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When		went .	to ch	eck,	rea	lised	vehi	cle	В	had	colli	ded	onto
the	rear	portion	of	my v	ehicle	•						<u> </u>	
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	NAME OF TAXABLE PARTY.										All the second second second		

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

五(201315619)

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

& Time

Witnessed by Reporting Centre Personnel

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.

	ACCIDENT DETAILS	2000年的五大
Date of accident	9/12/2020	(DD/MM/YY)
Time of accident	0830	(HH:MM)
Exact location of accident	Along slip road of TPE towards CTE	

Marking the Company of the Company	对多类型	DETAILS OF	VEHICLE	
Vehicle registration number	GBK 298	1 Z		
Vehicle make and model				
Type of vehicle	Saloon Lorry	MPV □ Bus □	CRV □ Vap√1 Motorcycle □ Others:	
Vehicle category	Private	Comm	ercial Motorcycle	
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes □ Third part o	No p	if no, please select: Reporting only □	

N. 8 (A) EL SA (A) (A) (A) (A) (A)	INSURANCE IN	FORMATION	(1)
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive □	Third party fire & theft	TP only 🗆

	INSURED / POLICY HOLDER		文学是不是
Name NRIC / Fin / Passport number	Haresh Enterprises Pte Ltd 2013 156 19 M	Male 🗆	Female
Contact			
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Ng Say Poh Malex	Female					
NRIC / Fin / Passport number	57344986C						
Contact	8280 2828						
Address	BIK 314 Ang Mo KTO Avenue 3 # 03-2370 S(560314)						
Email address	ngsaypoh 4986 @ outlook.com						
Date of birth	08/12/1973						
Occupation	Indoor D Outdoor						
Driving date pass	22/05/2017						

the insured's company? Accident captured by camera? Weather condition	Yes 🗆 Clear 🗹 Dry 🗹	No tionship of the No Raining Wet PASSENCE	e driver and insured: Others:(Inclusive of driver)
Accident captured by camera? Weather condition Road surface No of passenger	Yes Clear Dry	No Raining U	Others:(Inclusive of driver)
Weather condition Road surface No of passenger	Clear Dry Dry D	Raining Wet	(Inclusive of driver)
Road surface I No of passenger C	Dry 🗹	Wet □	(Inclusive of driver)
No of passenger	01	Commission and Space of	
		PASSENG	
Name	Mala =	PASSENG	
Name	Malo E	PASSENG	
Name	Male		iEK 1
	MADIO		
Gender	iviale 🗆	Female	
		Acceptable to the contract	A CONTRACTOR OF THE PROPERTY O
		PASSENG	SER 2
Name			
Gender	Male 🗆	Female	
	And the second		
BOAT STATE OF THE SHAPE AND	加州 安徽	PASSENC	GER 3
Name			
Gender	Male 🗆	Female 🗆	/
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Gender	Male 🗸	Female	
and the first of the second of			
All the process of the second section of		PASSENC	GER 5
Name			
Gender	Male 🗆	Female	7
		PASSENC	SER 6
Name /			
Gender	Male 🗆	Female 🗆	
	XV35597	OTHER INFO	RMATION
	Yes	No 🗆	
Was other vehicle damaged?	Yes 🗸	No 🗆	
	,		
	DETAIL	S OF POLICE	STATION ACTION
Reported to police?	Yes 🗆	No p	yes, please state which police station.
Police station name			
and the second state of th		sand stated the services	the company of the second of t
A CONTRACTOR OF THE PROPERTY O		WITNE	SS 1
Name			
			and the second
AND CHILD SECURIORS OF THE PROPERTY.	Water A	WITNE	SS 2
Name			

	THIRD PARTY VEHICLE 1
Vehicle registration number	SKU 4682P
Vehicle make model	
Name	Ong Yang You Winston
NRIC / Fin / Passport number	38528804D
Contact	98>7 1607
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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THE STATE OF THE STATE OF THE STATE OF	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Mary Commence of the Commence	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
	the second se
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	INJURED PERSON 1	1
Name		
Injuries sustained	Ng Say Poh Bx N	
Which vehicle person in?	GBK 2981Z	
Were seat belts worn?	Yes No D	
Was injured conveyed to	Yes No No	
hospital by ambulance?		
morphism of announces.		A STATE OF
	INJURED PERSON 2	學學
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes No	
Was injured conveyed to	Yes D No D	
hospital by ambulance?		
	INJURED PERSON 3	
Name		and the same of th
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes No	
Was injured conveyed to	Yes D No D	
hospital by ambulance?		
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Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆 No 🗷	
Was injured conveyed to	Yes D No D	
hospital by ambulance?		
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AND THE STATE OF THE STATE OF	INJURED PERSON 5	W NOTE AND ADDRESS.
Name		
Injuries sustained		
Which vehicle person in?	X	
Were seat belts worn?	Yes No	
Was injured conveyed to	Yes D No D	
hospital by ambulance?		194
	Secretaria de Caracia de Secretaria de Caración de Caración de Caración de Caración de Caración de Caración de	
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Name /		1 1
Injuries sustained		- 1
Which vehicle person in?		
Were seat belts worn?	Yes No	
Was injured conveyed to	Yes No	

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My Desktop	Polic	cy Query				The state of the s					,
Notice of Loss	Policy No.					Date of Accident 08/12/2020 08:30					
	Vehicle No.(For Motor) GBK2981Z				Certificate Number						
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116844140		HARESH ENTERPRISES (S) PTE LTD	201315619M	GCV	Preferred Workshop Plan	GBK2981Z	GBK2981Z	06/04/2020	05/04/2021
	4					Continue	1	X 222-123 VIII VIII VIII VIII VIII VIII VIII VI			

Policy No.	5116844140	Policyholder Name	HARESH EN	TERPRISES (S) PTE	Policyholder NRIC	201315619M			
Certificate	ate								
ddress	61 KAKI BUKIT AVENUE 1 #03-1	2 SHUN LI IN	NDUSTRIAL PA	ARK SINGAPORE 417	7943				
Product Name	COMMERCIAL VEHICLE INSURAL Plan				Group Policy Flag	N			
Policy ssue Date	27/03/2020	Effective Date	06/04/2020	5/04/2020 00:00		05/04/2021 23:59			
Excess Type	Per Accident	All Claims Excess							
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100			
Additional Excess	Premi Outsic re Singa		0						
Outside Singapore OD Excess						Young/Inexperience Driver Excess			
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751		GST Flag	Υ			
Co- insurance Flag Open Policy Info	No								
Certificate Info									
	holder Mailing Address		***************************************						
Address 1	C4 MANT DINTE AVENUE			HOD 40 CHURL LT TI	UDUCTOTAL D	Address 3	CINCAPORE 417943		
	61 KAKI BUKIT AVENUE		ess 2	#03-12 SHUN LI II	NDUSTRIAL P		SINGAPORE 417943		
Address 4		Addr Relat	ess Type ed Policy	#03-12 SHUN LI II Singapore address 5118220808	NDUSTRIAL P	Address 3 Post Code	SINGAPORE 417943 417943		
Address 4 Unit No.	03-12	Addr	ess Type ed Policy	Singapore address	NDUSTRIAL P				
Address 4 Unit No. Insure	03-12 ed Object: GBK2981Z	Addr Relat	ess Type ed Policy	Singapore address	NDUSTRIAL P				
Address 4 Unit No.	03-12 ed Object: GBK2981Z sements	Addr Relat Num	ess Type ted Policy ber	Singapore address 5118220808		Post Code	417943		
Address 4 Unit No. Insure	03-12 ed Object: GBK2981Z sements	Addr Relat Num	ess Type ed Policy	Singapore address 5118220808 t Type	Endorsement	Post Code			

olicy No. 5116844140		Vehicle No.	GBK2981Z	GST Registration No.		
rtificate No.						
icyholder Name HARESH ENTERPRISES (S) PTE LTD				Policyholder NRIC	201315619M	
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading	0	
ntact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0	
nail Address		Special Remark		eCode	Nc 🗸	
K	● No ○ Yes	TCA	No ○Yes	eCode Reason		
CD Protection	No	NCD Entitlement(%)	20	Private Hire	No	
					Sept. Co.	
Accident Details		And don't Done of Wilhin 24 has	Vac	Accident Type	Collision - Head to Rear	
eport Date	10/12/2020 10:02	Accident Report Within 24 hrs	Yes			
ate of Accident	08/12/2020	Time of Accident hh:mm	08:30	Country of Accident	Singapore	
porting Centre		Orange Force		ICM No.		
cident Location	TPE					
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?		
ditional Excess						
tal OD Excess Applicable	600.00	Total TP Excess Applicable				
7 Benefits						
	Hon					
GST Registered Informa	Yes		GST Registration Date	01/07/2013		
T Registered T Registration No.	201315619M		GST Status Verified	Yes		
dification History	10/12/2020 10:04:10 System	changed GST Registered from N	o to Yes			
aario. , aaroi y	10/12/2020 10:04:10 System	changed GST Registration No. fr changed GST Registration Date	om null to 201315619M			
Policyholder Mailing Ad			And the second of the second o			
	61 KAKI BUKIT AVENUE 1	Address 2	#03-12 SHUN LI INDUSTRIAL P.	Address 3	SINGAPORE 417943	
ddress 1	OT WALL BOAT! WATEROE I			Post Code	417943	
ddress 4		Address Type	Singapore address			
nit No.	03-12	Related Policy Number	5118220808			
OI Driver Info						
river Name	Unnamed Driver	Driver Type	Unnamed Driver		10210222022010 D. I. C.	
nnamed driver Name	NG SAY POH (HUANG SHIBAO)	Driver NRIC	S7344986C	Driver DOB	08/12/1973	
egister Date of Driver License	22/05/2017	Driver Age	47	Driving Experience	3	
ontact No.(Mobile)	82802828	Contact No.(Office)	0	Contact No.(Home)	0 TECK GHEE EVERGREEN 560314	
ddress 1	BLK 314	Address 2	ANG MO KIO AVENUE 3	Address 3		
ddress 4	SINGAPORE 560314	Address Type	Singapore address	Post Code		
	03-2370					
init No. loes he own a Singapore		Police Mahiele Ne		Driver Insurer Company		
egistered car?	○ Yes No	Driver Vehicle No.		Differ Madrer Company		
			7/15-William 19-15-15-15			
reathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No			
reathalyser or Blood Test	0 mg	Any injury?	• Yes O No			
reathalyser or Blood Test eading?	0 mg	Any injury?	● Yes ○ No			
reathalyser or Blood Test eading?	0 mg	Any injury?	● Yes ○ No			
reathalyser or Blood Test eading? odification History	0 mg	Any injury?	⊕ Yes ○ No			
reathalyser or Blood Test eading? odification History	Omg	Any injury?	⊕ Yes ○ No			
reathalyser or Blood Test eading? odification History					NAVE ON	
reathalyser or Blood Test eading? odification History	O mg	Any injury?	Yes No HARESH ENTERPRISES (S) PTE	Insured NRIC	201315619M	
reathalyser or Blood Test eading? oddfication History Claim 001 New				Contact No.(Office)		
reathalyser or Blood Test eading? Claim 001 New Illiam Type * ontact No.(Mobile)		Insured Name			201315619M SKU4682P	
reathalyser or Blood Test leading? Claim 001 New New North State	OD-MX V	Insured Name Contact No.(Home)	HARESH ENTERPRISES (S) PTE	Contact No.(Office)		
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reathalyser or Blood Test eading? Claim 001 New Claim 7001 New Claim 7001 New Claim Type * Contact No.(Mobile) mail Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Description	OD-MX V	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	HARESH ENTERPRISES (S) PTE GBK2981Z Please Select	Contact No.(Office) TP Vehicle Number	SKU4682P	
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reathalyser or Blood Test eading? Claim 001 New Claim 701 New C	OD-MX V Please Select V	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	HARESH ENTERPRISES (S) PTE GBK2981Z Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SKU4682P	
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eathalyser or Blood Test adding? Claim 001 New	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	HARESH ENTERPRISES (S) PTE GBK2981Z Please Select Not at Fault Preferred Workshop, Name unknown 10/12/2020 10:06 Category * Gear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urge	Received 10/12/2020 00:00	
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Claim Type * Contact No. (Mobile) Imail Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact 10. Lequire Finalisation Date Registered Report Taken By Print AK letter Attachment	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows	HARESH ENTERPRISES (S) PTE GBK2981Z Please Select Not at Fault Preferred Workshop, Name unknown 10/12/2020 10:06 Category * Gear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urge V NO V Normal V NO V Normal	Received	

Attachment	Uploaded	By/Date	Category	9	Urgency	De	scription	Msg Sent? (CO)	1
SAN RAIL	NAC_PAYA_UBI_800601(NATION CES) on 10 De	AL ASSESSMENT CENTRE SERVI c 2020 10:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving	License 2020-12-10		
1	NAC_PAYA_UBI_800601(NATION CES) on 10 De	AL ASSESSMENT CENTRE SERVI c 2020 10:06	SAS		Normal	SAS	2020-12-10		
Tu.	NAC_PAYA_UBI_800601(NATION CES) on 10 De	AL ASSESSMENT CENTRE SERVI c 2020 10:05	Photos		Normal	Photos	s 2020-12-10		
	NAC_PAYA_UB1_800601(NATION CES) on 10 De	AL ASSESSMENT CENTRE SERVI c 2020 10:05	Photos		Normal	Photos	s 2020-12-10		
1	NAC_PAYA_UBI_800601(NATION CES) on 10 De		Photos		Normal	Photo:	s 2020-12-10		
	NAC_PAYA_UBI_800601(NATION CES) on 10 De	IAL ASSESSMENT CENTRE SERVI	Photos		Normal	Photo	s 2020-12-10		
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V	NAC_PAYA_UBI_800601(NATION CES) on 10 Do	NAL ASSESSMENT CENTRE SERVI ec 2020 10:05	Photos		Normal	Photo	s 2020-12-10		
	NAC_PAYA_UBI_800601(NATION CES) on 10 D	NAL ASSESSMENT CENTRE SERVI ec 2020 10:05	Photos		Normal	Photo	s 2020-12-10		
	NAC_PAYA_UBI_800601(NATION CES) on 10 D	NAL ASSESSMENT CENTRE SERVI ec 2020 10:05	Photos		Normal	Photo	s 2020-12-10		
	NAC_PAYA_UBI_800601(NATIO CES) on 10 D	NAL ASSESSMENT CENTRE SERVI ec 2020 10:05	Photos		Normal	Photo	s 2020-12-10		
7 Video List			OSS WARRANT W. S.	File Name		Ŷ	Source		A