	services well Janos J.	13-10CH 00.		
Date In: A Nu-13:22	Job description	Date & Time Completed	Done b	y.
Reino: Haluczalyazzin	SAS e-filing	1		
Veh No: YHI3YB	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 16/1/20-14:00	i-Motor Claim Form	M7/11/3988-001	17/12/22	10:75
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD / TP-/ Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
	INC	()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () Period	i: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Not	te-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	-
Year of Registration: () Was	rranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000	()/\$2,000()		- K. a.a	
General Remarks:-			S 28 8 1 1 1	
() Walk-In Customer: Customer's information	ation strictly Confidential & S	Strictly NO refer of repairer		
() Total Loss Case : to e-mail Insurer I		* 3		
Drive-In ()/ Towed-In (); Invoice: Y		Towing Co: (·)
		Date&Time Completed	Done	by
Remarks:- (INC hotline: 6788 6616)	rterus Cor (18	
-727-5	rtesy Car ()	***		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$300	0) ()			
Injury:				
	3		W. A. S. W. S.	
			\$25000 E	
	1			Amt(1)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 17/12/2020 10:20 (SGT) Date of Accident 16/12/2020 14:00 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information before dairy farm exit Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number YN1329B

Manufacturer

INSURED/POLICYHOLDER

Yes Is company? Name Of Registered Owner THE NEW CHARIS MISSION Company Reg No TXXXXX166B Email Address enquiry@newcharis.com.sg (Phone) +65-64833707 Mobile Phone No (Office) +65-64833707 Alternative Phone No

VEHICLE PARTICULARS

Fe83beosrdea Model Variant Exact purpose for which vehicle was being used at time of **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 Type of Coverage Comprehensive Fleet Policy Policy Number 5116584961 Cover Note Number

DRIVER

TOH CHIN CHUAN Name of Driver SXXXX378A NRIC No 28/03/1957 Date Of Birth Occupation Outdoor

Date Of Driving Pass 20/06/2013 Driving experience 7 YEARS AND 6 MONTHS Male Gender (Phone) +65-87791772 Mobile Number Alt. Phone Number Email Address enquiry@newcharis.com.sg BLK 2D UPPER BOON KENG ROAD Address Address complement #21-656 Postcode 384002 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 Collision - Head to Rear Type of Accident Weather Conditions Clear 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? PASSENGER 1 Name Gender Male PASSENGER 2 Name Gender Male PASSENGER 3 Name Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No 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?

Vehicle Registration Number	GBJ2340D
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	=
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	•
Address	-
Address complement	•
Postcode	-
Insurance 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 <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)

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:
- (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 TIPLE THE THE THE THE PROPERTY HERE. WE SHOW SHOW THE PROPERTY HERE.

Mailing Address

Thomson Road Post Office P.O. Box 305, Singapore 915711

Location

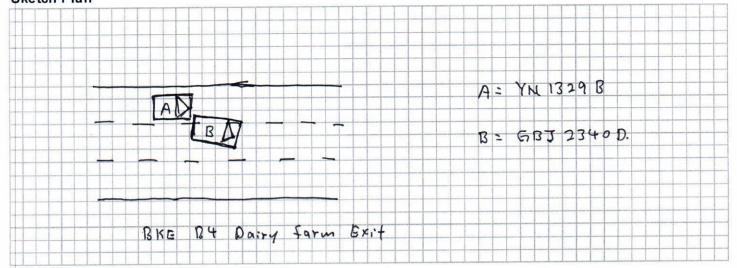
11 Jalan Ubi, Block 1 #01-01

Kembangan-Chai Chee Community Hub

Singapore 409074
Tealigy holder of Signature (Jack & / 674 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



I	was	travelli	ng o	long	BKE	04	Dairy	farm	Gxi+
On	the	extreme	lest	lane	, +	here i	was a	cciplent	infront
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my	Veh	accide	+ally	hit	onto	Veh	B left	rear	portion.
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Declaration

THE NEW CHARIS MISSION

Making Address

The New Charis Mission

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Making Address

Mission

Making Address

The New Charis Mission

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Thomson Road Post Office P.O. Box 305, Singapore 915711

Location

11 Jalan Ubi, Block 1 #01-01 Kembangan-Chai Chee Community Hub Singapore 409074

Teronicy notice's Signature / Date & 6742 Driver's Signature (If driver is not the policyholder) / Date Emple office@tncm.org.sg & Time

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 12 / 20)(DD/MM/YYYY), TIME: (14:00)(HH:MM)
LOCATION: BKE B4 Dairy Farm Exit
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: YM 1329 B. b) INSURANCE COMPANY: JMC c) POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e) MAKE & MODEL: Mrt Fuso Manual f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: Work 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: The New Chaps S Mission (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 6483370
CONTINUE TO 2 d IS DRIVER ALSO POLICY HOLDER
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a) NAME: Toh Chin Chin (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: \$7791772. c) ADDRESS:
*d)DATE OF BIRTH: (/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS After Fain) 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 STATION: 8. THIRD PARTY VEHICLE
His of passenger a) VEHICLE NUMBER: GBJ 2340 D. MODEL: Toyota Higer
(Including driver) b) DRIVER'S NAME:
d) VEHICLE NUMBER: MODEL:
(Including driver) f) DRIVER'S NAME:
THE NEW CHARIS MISSION Mailing Address: hop. Thomson Road Post Office P.O. Box 305, Singapore 915711 Location 11 Jalan Ubi, Block 1 #01-01
T1 Jalan Ubi, Block 1 #01-01 Kembangan-Chai Chee Community Hub Singapore 409074 Tel: 6483 3707 Fax: 6483 3658 / 6742 2326 Email: office@tncm.org.sg

eBao Tech									eralClaim		
Hello, NAC_PAYA_UBI_80060	01						 Change La 	inguage	• Chan	ge Password	Log Out
My Desktop Notice of Loss	Polic	cy Query								•	
	Policy No.				Date of Accident 16				6/12/2020 14:00		
	Vehicle	No.(For Motor)	YN13298	3		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	5116584961	5116584961- 000003	THE NEW CHARIS MISSION	T06SS0166B	GFM	Comprehensive	YN1329B	YN1329B	01/04/2020	31/03/2021
			1000		C	ontinue					

Address 4 Unit No. Insure Endors Sequer		Num	ed Policy ber ent Type	Singapore address 5116585477 Endorsement Numbro	er Endorse Endorsem Effective	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 22 Sep 2020, the Vehicle Type is amended from Standard Lorry with Hood/ Canopy to Standard Van for the following vehicle: VEHICLE NUMBER 1. YQ2626X Endorsement Content	
Address 4 Unit No. Insure Endors Sequer	sements nce Date of Endorsement	Num O3 Endorsem Basic Informa	ed Policy ber ent Type	5116585477 Endorsement Number	Endorsem	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 22 Sep 2020, the Vehicle Type is amended from Standard Lorry with Hood/ Canopy to Standard Van for the following vehicle: VEHICLE NUMBER 1.	
Address 4 Unit No. Insure Endors	sements	Num 03	ed Policy ber	5116585477	er Endorse		Endorsement Content	
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Address 4 Unit No.	d Object: 5116584961-0000	Num	ed Policy	THE SHAPE SHAPE WELL		Post Code	915711	
Address 4			ed Policy	THE SHAPE SHAPE WELL		Post Code	915711	
			200 200 CONTROL CONTRO	Singapore address		Post Code	915711	
		Addr	ess Type					
Address 1	P O BOX 305	Addr	ess 2	THOMSON ROAD P	OST OFFICE		SINGAPORE 915711	
▼ Policyl	holder Mailing Address							
Certificate Info								
Open Policy Info								
nsurance Flag	No							
Co-								
Agent	LOO KAY SIONG	Agent Tel.	63379066		GST Flag	Y		
Singapore OD Excess		Singapore TP Excess		672.05		Young/Inexperience Driver Excess		
Excess Outside		Premium Outside	072.03					
Additional		os	672.05					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Excess Type	Per Accident	Excess						
Policy ssue Date	05/03/2020	Date All Claims	01/04/2020 00:00		Expiry Date	31/03/2021	23:59	
lame	FLEET MASTER INSURANCE	Plan			Policy Flag	N		
ddress	P O BOX 305 THOMSON ROAD		SINGAPORE	915/11	Group			
44	5116584961-000003							
lo.		Name	THE NEW	CHARIS MISSION	NRIC	1065501668		
Certificate	5116584961	Policyholder	THE NEW	CHARIS MISSION	Policyholder	T06SS0166B		

	cident MT/1113986		Vehicle No.	YN1329B	GST Registration No.	NAME AND DESCRIPTION OF THE PARTY OF THE PAR		
The Control of Michael Michael Michael Mi	MALES CONTROL	5116584961	Vehicle No.	1N13290	OST REGISTRATION NO.			
CAN F 1961					Policyholder NDTC	T06SS0166B		
March Colon AgE Montes Stauburgs Colon Face Colon	licyholder Name	THE NEW CHARIS MISSION						
March Mar	oduct Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive				
# Address No. Trial Park Par	ntact No.(Mobile)		Contact No.(Office)	64833707	Contact No.(Home)			
20 meteros	nail Address		Special Remark		eCode			
Processed Parallel Parallel Paralle		● No ○ Yes	TCA	No ○Yes	eCode Reason			
## ACCIDENT REPORT NOTICE ## ACCIDENT STATES 17/12/2028 18-12					Private Hire	No		
Marchanist 10/12/2002 10/	D Protection	No	NCD Entitlement(%)					
The Audient Statistics of Audient Statistics	Accident Details					SECURIOR VICTORIAN SECURIOR		
Control Contr	port Date	17/12/2020 10:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear		
Companies Comp	ate of Accident	16/12/2020	Time of Accident hh:mm	14:00	Country of Accident	Singapore		
Press Pres		A STATE OF THE STA	Orange Force		ICM No.			
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Accret 2	odification History							
Accret 2								
## Address 1	Policyholder Mailing Ad	iress			2703	CHICADOST CATA		
## Section Se	ddress 1	P O BOX 305	Address 2	THOMSON ROAD POST OFFICE	Address 3	SINGAPORE 915711		
Related Policy Number 901 Diver 186 1002 To Diver	ddress 4		Address Type	Singapore address	Post Code	915711		
## Of Driver Table ## Of				5116585477				
More Marine More Marine More				1000000				
DOT COTIN CRIANN			Dailes Time	Unnamed Driver				
Driver Name Contact No.					Driver DOB	28/03/1957		
### STONGER OF Order Excess 2 UPPER BOTH KEIN ROAD Address 3 Address 3 Address 2 UPPER BOTH KEIN ROAD Address 3	Innamed driver Name							
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## Accident No. Morphischion Contact No. Profession No. Diversion No. Diversion No. No. Profession No. No. Profession No. No. Profession No. No. Profession No.	Contact No.(Mobile)	87791772	Contact No.(Office)	0		and the second resolutions and the second		
Address 4 SINAAPORE SEALUZ AUDITES 1/ps Intel No. 21-55 Det he own a Singapore agreed card or a sing	address 1	BLK 2D	Address 2	UPPER BOON KENG ROAD	Address 3	KALLANG HEIGHTS		
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Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Cesimo Signapore Ce								
Any injury?		21-656			Data and Language Company			
Any Injury?	Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company			
Any Injury?								
Insured Nation New Insured Name THE NEW CHARIS MISSION Insured NRIC TOSS0166B	eclaration							
Claim Ot New Contact No. (Mobile) B9780577 Contact No. (Home) Contact	Breathalyser or Blood Test	0 mg	Any injury?	○ Yes No				
Claim 001 Nex Claim 17ye * OD-MX	teadingr							
Claim 001 Nex Claim 17ye * O.D.MX								
Contact No. (Mobile) 98780637 Contact No. (Mome) Contact No. (Mome) Contact No. (Office) 64833707 Contact No. (Mobile) 98780637 Contact No. (Mome) Contact No. (Office) 64833707 Colimant Type Colimant Type* Please Select ✓ Type of Benefit * Please Select ✓ Contact No. (Office) Co	Modification History							
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Service Save Submit Service Save Submit Save Save Submit Save Save Submit Save Sa	Claim Type #	OD-MX	Insured Name	THE NEW CHARIS MISSION	Insured NRIC	T06SS0166B		
Contact No, (Mobile) S8780537 Confidential No, (Mobile) Contact No, (Mobile) Conta					Contact No.(Office)	64833707		
Claimant Type Piess Select V Normal V Pies				VN1329B				
Laimant NRIC * Save Submit	Email Address				The standard of the standard o			
Dalamant Address Claim Description Vin 13298 / GB123400 ON 16 Dec 2020	Claimant Type Claimant Type *	Please Select		Please Select				
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Talm Description YN13298 / GB123400 ON 16 Dec 2020 Insured Liability * Fully at Fault Insured Liability * Fully at Fault Preferred Workshop Name unknown V GIA report Received 17/12/2020 10:55 Date Registered 17/12/2020 10:55 Date Registered Print AK letter Attachment Accident No. MT/1113986 Claim No. Upload Date Path * Category * Confidential Urgency * Description Preferred Workshop Name unknown V GIA report Received 17/12/2020 00:00 Accident No. MT/1113986 Claim No. Upload Date Path * Category * Confidential Urgency * Description Preferred Workshop Name unknown V GIA report Received 17/12/2020 00:00 Date Received 1	Claimant Address							
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