NATIONAL Assessment Centre Services. ומיות ו וביות : SN 09 20 CQ 000 L Done by Date & Time Completed Jeb description Date In: 26/12/20 17:00 SAS c-filing Ref Ha NAI INC200 14508 144 E-mail (while thes, AIC thrs) Veh No GBK 2981 7 MT/1115070 001 i-Motor Cinim Form 26/12/20 17:10 111111: 24/12/20 14:30 I-Motor W/O (Within: OD 2hrs, Tr 4hrs) AP) ! Reporting Only I-Photo Uplonded Assessment/Survey Report TP bisurer: Ass't Report by Fax / Hand to Owner/Wksn the water record annual car Tol: d Fax: Proferred Wiss / INC Assign Wksp / QW: ()/Non-INC (Veh No: INC (TP Particulars: SJX 6113 Z. Tcl: Owner / Driver: (Cover Type: () Policy No: (Period: (Time: Confirmed by : (Date: %) [Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repotrer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In (); Towing Co; (#)/Towed-In (); Invoice: YES () / NO (Connection of the Continue of 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Colego Strategic Colego NA2100775 1) AR 1 Acoldent Reporting Chimmungaractic INC (240) 2) DA : Damege Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Fellow-Through Survey 5) PT : Follow-Through Burvey (Resurvey) Contact No: For glaiming against INC Only (wor 10 Jan 2003) 6) TR : Re-inspection Damaged Portion: 2160 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-DI). 22 QC Checked by (Engr-In-Charge): *NS: Courlesy Cas / Tpt Allowance 510 . NG: Rapair Co-ordination 525 *NJ: Post Repair Inspection Na: DV / Collect Excess Coordination 33 TP (NII) : TP (Nan INC) equinat INC \$20 9) N12: Idna Mabile

Involve dated

7. 774.

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. Fee Charged

SN0920CQ000L / National Assessment Centre Services [408933] ENTRY DATE & TIME: 26/12/2020 17:00 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (26/12/2020 17:00 (SGT))



IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

- Any false reporting may be referred to the Police for Investigation.
 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 26/12/2020 17:00 (SGT) Date of Accident 24/12/2020 14:30 (SGT) Exact Location of Accident 302 Ubi Ave 1, Singapore 400302 Additional Location Information CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK2981Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HARESH ENTERPRISES (S) PTE LTD Company Reg No 2XXXXXX619M Email Address NGSAYPOH4986@OUTLOOK.COM Mobile Phone No (Phone) +65-62876454 Alternative Phone No (Office) +65-62876454

VEHICLE PARTICULARS

Toyota Model Hiace 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

Manufacturer

your vehicle? No - Claiming third party Vehicle Category Commercial vehicle

INSURANCE COMPANY

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

DRIVER

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

Date Of Driving Pass	22/05/2017
Driving experience	22/05/2017
Gender	3 YEARS AND 7 MONTHS
	Male
Mobile Number	(Phone) +65-82802828
Alt. Phone Number	
Email Address	NGSAYPOH4986@OUTLOOK.COM
Address	BLK 314 AMK AVE 3 #03-2370
Address complement	·
Postcode	560314
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
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?	\$350;
Was any other material or property damaged?	T.
	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	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
If yes, against whom?	No
ii yes, against wildin?	•
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Wahiala Danistasian Number	0.0004407
Vehicle Registration Number	SJX6113Z
Vehicle Manufacturer	¥9
Vehicle Model	2
Vehicle Variant	*
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	LAI KENG LEONG PATRICK
NRIC No	SXXXX671I
Contact Number	(Phone) +65-98220504
LATE POWER AND THE POWER AND T	* AVE

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 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.
- 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, 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 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.

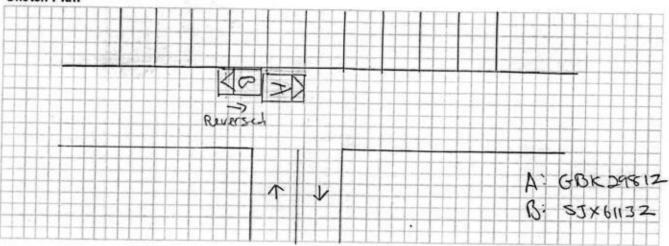
SASINGO

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe	Circumstances	of the	Accident

My	Ver	icle i	uas	conf	uuly	Starfio	nary	al	the	cary	rurla
10	Blk	302		ub'i	Ave	١.	while	my	vehicle	wa	5
Station	urg	waiting		for	partiting	101 ,,	vehicle	ദ	wthout	ch	cki
his	rear	millor	, d	lecided	to	(eve (s	ed and	6	olthed c	into	n
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Declaration

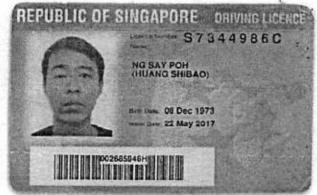
We declare the foregoing particulars are true in every respect.



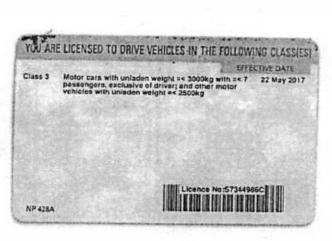
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel









eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601				and with the last of the last	distribution in	• Chang	je Languag	e Char	ge Password	Control of Street Print
My Desktop Notice of Loss	Poli	cy Query									
Hotice of Loss	Policy I	No.				Date	of Accident		24/12/2020	16:52	_
	Vehicle	No.(For Motor)	GBK	981Z		Cert	ificate Numbe	er			
						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		06/04/2020	05/04/2021
						Continue	1				

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.

等最级的 经公共证据 电交换线电路	最多數學	ACC	CIDEN	T DETAIL	S		科的图像是一种
Date of accident	- Saultenner	-1-	1	24/12	12020		(DD/MM/YY)
Time of accident				14	30		(HH:MM)
Exact location of accident	Ubi	Ave	(BIK	302	CP	· · · · · · · · · · · · · · · · · · ·
	550,000,00		2022.0	245-352-36	9	C (

基础的 是是自己的对应。		DETAILS OF	VEHICLE
Vehicle registration number	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	Gi3	K2981Z
Vehicle make and model			Toyota Hiace
Type of vehicle	Saloon Lorry	MPV Bus	CRV U Van 🗹
Vehicle category	Private 🗆	Comm	ercial Motorcycle
Purpose of using at said time			and the second s
Are you claiming under your own insurance company?	Yes Third part	No.z	if no, please select: Reporting only

计算机程序设计和关键设计设计	INSURANCE IN	FORMATION	计算法 经银行金属
Insurance company	N	TUC	
Policy number	1.		1
Type of policy	Comprehensive	Third party fire & theft	TP only

网络 斯特特洛尔斯斯里尔特克尼纳代码	INSURED / POLICY HOLDER
Name	Haresh Enterprises (5) PTE LTD Male o Female o
NRIC / Fin / Passport number	2013156 17 M
Contact	62876454
Address	61 kath Bukit Aul 1 #03-12 Shun li Endustrial Park S(417943)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Ng Say Poh Male Female
NRIC / Fin / Passport number	573449866
Contact	8280 2828
Address	BIK 314 Arg Mo 100 No 3 #03-2370 S(560314)
Email address	ngsay p.h 4986 @ out look - com
Date of birth	08/12/1973
Occupation	Indoor D Outdoor
Driving date pass	22/05/2017

STATE OF THE PARTY	GENERAL	L INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes	No o
the insured's company?	If no, re	lationship of the driver and insured:
Accident captured by camera?	Yes 🗷	No 🗆
Weather condition	Clear	Raining Others:
Road surface	Dry 🗹	Wet p
No of passenger		(Inclusive of driv
	San San San	DASCENCED
Name	Section of the sectio	PASSENGER 1
Gender	Male 🗆	Female
A SECULAR DE LA SECULAR DE LA CONTRACTOR		
Name	SER HEAL	PASSENGER 2
Gender	** 1	
sender	Male 🗆	Female D
SAME OF THE SECOND	2000	PASSENGER 3
Name		
Gender	Male 🗆	Female
MANUALS RIVERS AND ASSESSMENT OF THE PROPERTY	Section 1	
lame	MANA REPORT	PASSENGER 4
Gender	Male 🗆	Female
	ENGLES!	PASSENGER 5
lame	-	CONTRACTOR OF THE PROPERTY OF
ender	Male 🗆	Female
Name of the second		PASSENGER 6
ame		FASSINGER 0
ender	Male 🗆	Female
Maria Vine Michael VIII (1904)		
as anybody injured?	Yes 🗆	OTHER INFORMATION No.
	Yes	No D
		OF POLICE STATION ACTION
	Yes 🗆	No. If yes, please state which police station.
olice station name		
Market Control Control	4,160,160,4	WITNESS 1
ime		

Name

的成份。在中国共享工作大学的发展的	THIRD PARTY VEHICLE 1
Vehicle registration number	SJX 6113Z
Vehicle make model	207 61132
Name	Lai Keng Leong, Padrick
NRIC / Fin / Passport number	
Contact	57821671I 98220504
Marie Marie San Company	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	

	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	

的体型的企业的发生之类。这是对外的	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

数数数据条件的 1955。635 第25 63 3	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 6
Vehicle registration number	THE RESERVE OF THE PARTY OF THE
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

非常是不是一个, 让此个天上的人们的	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Name	PR - 1983 - 27 to 2	INJURED PERSON 1	1000
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

	INJURED PERSON 2	SE SCHOOL
Name		10/03/01/02/03
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to hospital by ambulance?	Yes D No D	

建筑是设计的结合。	科文的民主/法	INJURED PERSON 3
Name	-	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No o

建 建设施设施。	State State	INJURED PERSON 4	Standard Krause of the text of the second
Name			THE RESIDENCE OF STREET, WINDSHIPS, THE PROPERTY OF THE GRADE
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	÷.
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

		INJURED PERSON 5
Name		
Injuries sustained		Ex. C
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No p
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

INJURED PERSON 6		
Name		1
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to hospital by ambulance?	Yes No	