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NATIONAL Assessment Centi	e Services. Well 13	30'05 JN3921	12001	Do	ne by			
Date In: 71 M. 10:57	Jeb description	Date	&Time Completed		lie oʻi			
1	SAS e-filing	İ						
- IM INC I SO T	E-mail (within Shrs, Al	(C 2hrs)			•			
ADDRES	i-Motor Claim For	rm m	1115787-01	2/1/21	11:08			
D.O.A: 31/1/20-14:05	i-Motor W/O (With	in: OD 2hrs, TP 4hr.	5)					
OD : (TP)! Reporting Only	i-Photo Uploaded							
	Assessment/Survey	Report						
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp							
Wisco LOW: (Tel:		Fax:)			
Preferred Wksp / INC Assign Wksp / QW: (117	INC()/	Non-INC().					
TP Particulars: Veh No: Sh	. ردان	Te	1:)				
Owner / Driver: (Policy No: () P	Period: () Cov	er Type: ()			
Confirmed by (Da	ite:	Time:)				
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%;	P: 21-79%. F: 80	-100%]				
Year of Registration: ()		ИО()						
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()		-3 4 9 8 1 1 m				
VALUE AND ALL AND				S. (2)				
() Walk-In Customer: Customer's in	formation strictly Confide	ntial & Strictly I	NO refer of repaire	r				
() Total Loss Case : to e-mail Insu	irer URGENTLY.				.)			
	ice: YES () / NO (7			
Remarks;- (INC horline: 6788 6616)		Dat	e&Time Completed	* A SOUND	one by			
ATOM FOR A TOM AND A DOCUMENT OF SOME AND A DESCRIPTION OF THE PROPERTY OF THE	/ Courtesy Car ()		***					
2) QC Check / Post Repair Inspection	()							
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()							
Injury:								
					13.46 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5			
Date/Time Actions								
	3							
•	7.11			An	t(S) Amt(S)			
110	In	voice Prepara	tion Checklist	**************************************	Bill Add Bill			
Masyn	1).	AR : Accident Repo	rting (\$30);	C (\$80)				
Claimant's Particulars :-	3)	DA : Damage Asses TF : Towing Fee		\$40/\$45				
Driver/Owner:		FT : Follow-Throug	h Survey (Resurvey)	\$30				
Contact No:		For claiming agains TR: Re-inspection	INC Only (wef 10 Jan	3005) \$75				
Damaged Portion:	7)	N1 : Idac DA + SM	RT Survey	\$160				
		NTUC Additional S						
QC Checked by (Engr-In-Charge):		*NS: Courtesy Car	Tpt Allowance	\$5 \$10				
		*N6: Repair Co-ord *N7: Fost Repair In	spection	\$25				
Auditors' Comments::		+N8: DV / Collect	excess Coordination n INC) against INC	\$5 \$20	·.			
<u> </u>	9)	N12: Idac Mobile	Fee Cha	30	Carlot F			
2at. 2/3;	1	voice dated	Fee Cha	1005				
	1.							

SN0921120001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/01/2021 10:57 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (02/01/2021 10:57 (SGT))



SINGAPORE ACCIDENT STATEMENT

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.

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 02/01/2021 10:57 (SGT) Date of Accident 31/12/2020 14:05 (SGT) Exact Location of Accident Eu Tong Sen St, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD8207Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner YAN PALACE RESTAURANT HOLDINGS P/L Company Reg No 2XXXXX786R Email Address jmartauto@gmail.com Mobile Phone No (Phone) +65-89999999 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant

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

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5094766065-03 Cover Note Number

DRIVER

HO SHUI LAM Name of Driver SXXXX562B NRIC No Date Of Birth 01/12/1949 Occupation Outdoor

Date Of Driving Pass 01/04/1996 Driving experience 24 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98411063 Alt. Phone Number Email Address jmartauto@gmail.com Address BLK 261 BISHAN STREET 22 Address complement #06-251 Postcode 570261 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 Collision - Head to Rear 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? 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 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGC15J Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car ONG TIONG WEI DARYL Name of Driver SXXXX430I NRIC No (Phone) +65-90084176 Contact Number Address Address complement

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.

Policyholder's Signature / Date & Time

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Tong Sen s

DO A = 31/12/20

A. GBD 8207 Z

B: SGC 15;

While	waiting	for	the	traffic	light	to turn	green	€.
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Declaration

IWVe declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date &

Time

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

& Time

Witnessed by Reporting Centre

Personnel

e Personal Pari	ciculars			
Date of Accident	: 3/12/26	Time of Acc	ident: 2 · 0	lpm
Exact Location of	Accident:Eu	Tong Sen	3+	
Owner's Name:	Yan Palace Restauran	+ Holdings Pic	NRIC No:	HP No:
Driver's Name:	Ho Shui Lam		NRIC No: <u>\$26159</u>	62BHP No: 9841063
Date of Birth: 1	12 1946 Driv ng Licence F	Passing Date: 14	1996 Occupation	on: Indoor / Outdoor
Address: 261	Bushon St 22	#06-251	(5 10)(1)) '1
Relationship of C	Oriver with Insured:	Email Address:_	J martauto k	gmail con
Vehicle No:	00 02012	Make & Model.	19900	
Insurance Co:	NTUC	Coverage:	POLICY IND	,
*Purpose of	Reporting? Own Dame	ige Claim / 3rd Par	Ry Claim / Not Claim	ing, Just Reporting Only
*Exact Purpo	ose of The Vehicle Was E	Being Used At T	ime Of Accident	: Private Use / Work
*Weather Co	ondition? Cer/Refer	ing / Others:		D () Others:
	nger inside vehicle involv	2		
A:	B.	1+0	_ C:	D:
*Was Anybo	dy Injured ? (Yes / 🐚)	f yes,		
Name / NRIC /	In Vehicle:			
*Was The Ac	ccident Reported To The	Police ?		
D No O Yes,	Which Police Station?			
"Does the D	river Own Any Other Ve	hicle?		
O No O Yes.	Vehicle Registration No:	insu	rer:	
	reign vehicle involved?			
				.5017.
	any video captured by C	al Callierar (Y	ezi (KO)	
	Oriver's Particulars			ď.
		/	-	
Driver's Name:	Ong Trong Wei D			
Vehicle C No: _		Make & Model:		
Driver's Name:			NRIC No:	HP No:
Witness Par	ticulars	¥		
iVame:			NRIC No:	HP No:

eBao Tech	Genera									lClaim	
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My Desktop Notice of Loss	Polic	cy Query									•
	Policy N	lo.		Date of Accident 31/12					12/2020 14:05		
	Vehicle	No.(For Motor)	GBD82	07Z		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094766065- 03		YAN PALACE RESTAURANT HOLDINGS P/L	200003786R	GCV	Comprehensive	GBD8207Z	GBD8207Z	20/10/2020	19/10/2021
						Continue					

Policy No.	5094766065-03	Policyholder Name	YAN PALAC	E RESTAURANT HOLI	Policyholder NRIC	200003786R			
Certificate No.									
Address	BLK 531 #04-38 UPPER CROSS	STREET SING	APORE 0505	31					
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N			
Policy ssue Date	12/10/2020	Effective Date	20/10/2020	00:00	Expiry Date	19/10/2021 23	:59		
Excess Type	Per Accident	All Claims Excess							
Third Party Excess	0	Own damage Excess		600 Windscree Excess					
Additional Excess		OS Premium	0						
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/Inexperience Driver Excess			
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel. 68410900 GS		GST Flag	Y				
Co- insurance Flag	No								
Open Policy Info									
Certificate Info									
Policyh	older Mailing Address								
Address 1	BLK 531 #04-38	Addre	ess 2	UPPER CROSS STRE	EET	Address 3	SINGAPORE 050531		
Address 4		Addre	ess Type	Singapore address		Post Code	050531		
Unit No.		Relati Numb	ed Policy per	5094766065-03					
Insure	d Object: GBD8207Z			***************************************					
▽ Endors	ements								
Sequer	nce Date of Endorsemen	Endorsement Type			Endorsement	Status	Endorsement Content		

licy No.	5094766065-03	Vehicle No.	GBD8207Z	GST Registration No.	200003786R			
	5094766065-03	Total Total						
tificate No.	A STATE OF THE STA			Policyholder NRIC	200003786R			
cyholder Name	YAN PALACE RESTAURANT HOLDINGS P/L	V avelero a mon	Camanahanniya	Loading	0			
duct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Contact No.(Home)	0			
itact No.(Mobile)	0	Contact No.(Office)	0	SANCERSON TO SELECT AND THE ESSENCIAL SERVICES.	Nr. V			
ail Address		Special Remark	00	eCode				
K	No ○ Yes	TCA	No ○Yes	eCode Reason	AND THE RESERVE OF THE PARTY OF			
D Protection	No	NCD Entitlement(%)	0	Private Hire	No			
Accident Details								
port Date	02/01/2021 10:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear			
ate of Accident	31/12/2020	Time of Accident hh:mm	14:05	Country of Accident	Singapore			
porting Centre		Orange Force		ICM No.				
cident Location	Eu Tong Sen St							
	Ed Tong Self St							
Total Excess Applicable	200 100 200 2	Windscreen Excess	100.00					
cess Type	Per Accident	Williagor Colf Excess						
Standard Excess	600.00	TP Standard Excess	0.00					
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?				
dditional Excess	600.00	Total TP Excess Applicable						
ital OD Excess Applicable	600.00	. Juli 17 Excess Applicable						
7 Benefits								
GST Registered Informa			GST Registration Date	10/05/2000				
T Registered	Yes 2000027858		GST Registration Date GST Status Verified	Yes				
T Registration No.	200003786R 02/01/2021 11:05:27 System	n changed GST Registered from No		LASS				
dification History	02/01/2021 11:05:27 System	n changed GST Registration No. fro	om null to 200003786R					
. Ballachald - 11-11- 11		n changed GST Registration Date f						
Policyholder Mailing Ad		Address 2	UPPER CROSS STREET	Address 3	SINGAPORE 050531			
ddress 1	BLK 531 #04-38	Address 2		Address 3				
ddress 4		Address Type	Singapore address	Post Code	050531			
nit No.		Related Policy Number	5094766065-03					
OI Driver Info								
river Name	Unnamed Driver	Driver Type	Unnamed Driver					
nnamed driver Name	HO SHUI LAM	Driver NRIC	S2615562B	Driver DOB	01/12/1949			
egister Date of Driver License	01/04/1996	Driver Age	71	Driving Experience	24			
ontact No.(Mobile)	98411063	Contact No.(Office)	0	Contact No.(Home)	0			
ddress 1	BLK 261	Address 2	BISHAN STREET 22	Address 3	SINGAPORE 570261			
ddress 4		Address Type	Singapore address	Post Code	570261			
	06-251							
nit No. loes he own a Singapore		TENNY TOWNS IN		Driver Insurer Company				
egistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company				
eclaration								
reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes No					
odification History								
10.8W No.								
Claim 001 New								
laim Type •	OD-MX	Insured Name	YAN PALACE RESTAURANT HOLE	Insured NRIC	200003786R			
		Contact No.(Home)		Contact No.(Office)	65351033			
ontact No.(Mobile)								
			GBD82077	TP Vehicle Number	SGC153			
		OI Vehicle Number	GBD8207Z	TP Vehicle Number	SGC15)			
laimant Type Claimant Type •	Please Select	OI Vehicle Number Type of Benefit *	GBD8207Z Please Select	TP Vehicle Number	SGC15J			
laimant Type Claimant Type •	Please Select ✓	OI Vehicle Number		TP Vehicle Number	SGC15)			
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aimant Type Claimant Type * aimant Name * aimant Address aim Description eferred Workshop Contact ob equire Finalisation ate Registered eport Taken By Print AK letter Attachment ccident No.	≥≥ G8D8207Z / SGC15J ON 31 Dec 2020 Yes	OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	Please Select Not at Fault Preferred Workshop, Name unknown Save Submit 001 02/01/2021 11:09	Name of Preferred Workshop GIA report Date Received	Received 02/01/2021 00:00			
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	NAC_PAYA_UBI_800601(NATION	AL ASSESSMENT CENTRE SERVI	NRIC/ Driving License	Y	Normal	NRIC/ Driving License	2021-1-2	(CO)	
	CES) on 02 Jan	2021 11:09	NRIC/ Driving License	1	Normal	NRIC/ Driving Deense	2021-1-2		
EFA	NAC_PAYA_UBI_800601(NATION CES) on 02 Jan		NRIC/ Driving License	Y	Normal	NRIC/ Driving License	NRIC/ Driving License 2021-1-2		
10	NAC_PAYA_UBI_800601(NATION, CES) on 02 Jan		SAS		Normal	SAS 2021-1-2			
	NAC_PAYA_UBI_800601(NATION CES) on 02 Jan		Photos		Normal	Photos 2021-	1-2		
=	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jan 2021 11:08		Photos		Normal	Photos 2021-	1-2		
T	NAC_PAYA_UBI_800601(NATION, CES) on 02 Jan		Photos		Normal	Photos 2021-1-2			
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1	NAC_PAYA_UBI_800601(NATION. CES) on 02 Jan		Photos		Normal	Photos 2021-	1-2		
	NAC_PAYA_UBI_800601(NATION. CES) on 02 Jar		Photos		Normal	Photos 2021-	1-2		
Video List	Uploaded By/Date	Folder Date	-	ile Name		9	Source		Ac