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SN0921240004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/02/2021 10:09 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (04/02/2021 10:09 (SGT))



# SINGAPORE ACCIDENT STATEMENT

- 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

Vehicle Registration Number

- 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 Date of Accident Exact Location of Accident Additional Location Information	04/02/2021 10:09 (SGT) 03/02/2021 13:12 (SGT) Telok Blangah Rd, Singapore
Country/State of Loss	Singapore

### **DETAILS OF OWN VEHICLE**

GZ1967J

INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	Yes JC AIRCONDITIONING SERVICES

Company Reg No 4XXXXX300C **Email Address** LESTERGOH\_59@YAHOO.COM.SG Mobile Phone No (Phone) +65-98804257

Alternative Phone No +65-98804257

### VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace

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? Vehicle Category Commercial vehicle

### **INSURANCE COMPANY**

Name of Insurance Company NTUC Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5076805612-05 Cover Note Number

#### DRIVER

Name of Driver **GOH KWANG YOW** NRIC No SXXXX829J Date Of Rirth 21/01/1050

Date Of Driving Pass	18/07/1978
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98804257
Alt. Phone Number	(Filone) 100-30004237
Email Address	LESTEDSON FORVALION COM SC
	LESTERGOH_59@YAHOO.COM.SG
Address	BLK 420 PASIR RIS DR 6 #03-263
Address complement	-
Postcode	510420
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	
Troad Guillace	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?	Yes
Was any injured conveyed to hospital by ambulance?	7.1
	No
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
	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	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBK1357H
Vehicle Manufacturer	•
Vehicle Model	•
Vehicle Variant	•
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ABDUL HAMIL
Contact Number	(Phone) +65-90195899
Address	-
Address complement	

Address complement
Postcode

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

### INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	<b>GOH KWANG YOW</b>
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	•
Injuries Sustained	BODY
Injured person in which vehicle?	GZ1967J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

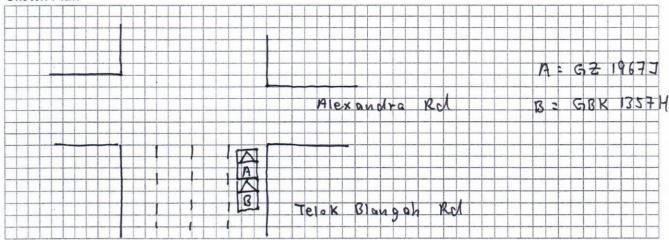
### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This 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 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 forw arded 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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), w hich may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel Sketch Plan



### Describe Circumstances of the Accident

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### Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

to

Witnessed by Reporting Centre Personnel

Continue

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. 03/02/2021 09:20 Date of Accident Vehicle No.(For Motor) GZ1967J Certificate Number Search Certificate Number Policyholder NRIC Commence Date Cover Vehicle Insured Policyholder Name Product Select Policy No. Expiry Date Туре No. Object JC AIRCONDITIONING SERVICES Third 5076805612-05 Party, Fire GZ1967J & Theft 0 44777300C GCV GZ1967J 26/10/2020 25/10/2021

## ACCIDENT STATEMENT

(Including driver) b) DRIVER'S NAME: Abdul Hamil  C) NRIC/FIN/PASSPORT: CONTACT: 90195899.  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  E) DRIVER'S NAME:  (Including driver) f) NRIC/FIN/PASSPORT: CONTACT:  (Including driver) f) NRIC/FIN/PASSPORT: CONTACT:  (Including driver) f) NRIC/FIN/PASSPORT: CONTACT:	ACCIDENT DATE: 3	12/21 )(DD/MM/Y		
a)VEHICLE NUMBER: GZ 1967]  b)INSURANCE COMPANY: INIC c)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THEFT) e)MAKE & MODEL: Toyota Hittory MOTORCYCLE / OTHERS) g)VEHICLE GATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME WOTK h)PURPOSE OF USING AT ACCIDENT TIME  ## NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  1. INSURED / POLICY HOLDER A)NAME: JC ATTOONING THE PRIVATE / CONTACT: 9 FF + 725 7 c)ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER ()NAME: Gol Kwang You (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 9 FF + 725 7 c)ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER ()NAME: Gol Kwang You (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 9 FF + 725 7 c)ADDRESS:  **d]DATE OF BIRTH: (MODOR / 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. C)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) 7. C)REPORTED TO POLICE (YES / NO) 8. THIRD PARTY VEHICLE 0) VEHICLE NUMBER: GRY / STATE WHICH POLICE STATION: 10 PRIVER'S NAME: ABOVEL: 10 NRIC/FIN/PASSPORT: CONTACT: 9 19 5 9 79  11 HOLDER'S NAME: MODEL: 11 NRIC/FIN/PASSPORT: CONTACT: 1 PIRO PARTY VEHICLE 12 ON VEHICLE NUMBER: MODEL: 13 ON VEHICLE NUMBER: MODEL: 14 NEW PROSUNGER 15 ON VEHICLE NUMBER: MODEL: 16 ON VEHICLE NUMBER: MODEL: 17 ON VEHICLE NUMBER: MODEL: 18 ON VEHICLE NUMBER: MODEL: 19 ON VEHICLE NUMBER: MODEL: 20 ON VEHICLE NUMBER: MODEL: 21 ON VEHICLE NUMBER: MODEL: 22 ON VEHICLE NUMBER: MODEL: 23 ON VEHICLE NUMBER: MODEL: 24 ON VEHICLE NUMBER: MODEL: 25 ON TACT: MODEL: 26 ON VEHICLE NUMBER: MODEL: 26 ON VEHICLE NUMBER: MODEL: 27 ON TACT: MODEL: 28 ON VEHICLE NUMBER: MODEL: 29 ON VEHICLE NUMBER: MODEL: 30 ON VEHICLE NUMBER: MODEL: 31 ON VEHICLE NUMBER: MODEL: 32 ON VEHICLE NUMBER: MODEL: 33 ON VEHICLE NUMBER: MODEL: 34 ON VEHICLE NUMBER: MODEL: 35 ON VEHICLE NUMBER: MODEL: 36 ON VEHICLE	LOCATION:	elok Blangah	Rd June 1	with alexandro
e)MAKE & MODEL: Tayo to Mitage Manya!  (i)TYPE(SALOON / COUPE / MPV / VAN, LORRY / MOTORCYCLE / OTHERS)  (g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  (h)PURPOSE OF USING AT ACCIDENT TIME: Work  (i)AREYOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: JC Arround: Services (MALE / FEMALE)  b)NRC/FIN/PASSPORT: CONTACT: 9 \$ \$ 6 \$ \$ 2.5 \$ 7  c)ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (i) MAME: Goh Kwang Yow (MALE / FEMALE)  b)NRC/FIN/PASSPORT: CONTACT: 9 \$ \$ 6 \$ \$ 2.5 \$ 7  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: DWALT  b) DROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THRD PARTY VEHICLE  c) VEHICLE NUMBER: GBK 13 5 7 H. MODEL:  b) DRIVER'S NAME: Abd/w1 Hamm!  c) NEIC/FIN/PASSPORT: CONTACT: 9 19 5 \$ 99.  C) THRD PARTY VEHICLE  c) VEHICLE NUMBER: MODEL:  c) VEHICLE NUMBER: MODEL:  d) VE	a) VEHICLE NUI b) INSURANCE ( c) POLICY NUMI	MBER: GZ 1967 COMPANY: INC BER:		
2. INSURED / POLICY HOLDER  A) NAME: JC Airconditioning Contact: 9 F F o 4257  c) ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT:  C) ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT:  C) ADDRESS:  **CONTACT: 9 F F o 4257  CONTACT: 9 F F O	e)MAKE & MOE f)TYPE:(SALOON g)VEHICLE CAT h)PURPOSE OF i)ARE YOU CLAI	PEL: TOYOTO H I / COUPE / MPV / VAN / LO EGORY: (PRIVATE / COMME USING AT ACCIDENT TIME:_ MING UNDER YOUR OWN IN	DRRY / MOTORCYCLE./ PRCIAL / MOTORCYCLE WORK  NSURANCE (YES/NO)	OTHERS)
Challed of passangs   Children	2. INSURED / POLIC A) NAME:	CYHOLDER  IC Airconditionin  SPORT:	ServiceS(MALE / F	F804257
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: OWNER.  5. a)WEATHER CONDITION: (CLEAR / RAINING / 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 STATION:  8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: GBK 1357H, MODEL: b) DRIVER'S NAME: Abdul Hamil c) NRIC/FIN/PASSPORT: CONTACT: 9:195899.  9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: b) DRIVER'S NAME: MODEL: c) DRIVER'S NAME: CONTACT: GONTACT: f) NRIC/FIN/PASSPORT: CONTACT: CONTACT: GONTACT: CONTACT: CONTACT: GONTACT: CONTACT:	Clinduding driver) DINRIC/FIN/PAS	Goh Kwang You	/(MALE / F	EMALE) P8 0 4257
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!) NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNEY.  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	e)OCCUPATION	: (INDOOR / OUTDOOR)	DD/MM/YYYY)	
6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  8. THIRD PARTY VEHICLE  (Induding driver) b) DRIVER'S NAME: Abdul Hamil  (Induding driver) b) DRIVER'S NAME: CONTACT: 9:19 58 99.  (Induding driver) f) VEHICLE NUMBER: MODEL:  (Induding driver) f) NRIC/FIN/PASSPORT: CONTACT:  (Induding driver) f) NRIC/FIN/PASSPORT: CONTACT:  (Induding driver) f) NRIC/FIN/PASSPORT: CONTACT:	4. WAS DRIVER A IF NO, RELATIC 5. a) WEATHER CON	N EMPLOYEE OF THE INSI NSHIP OF THE DRIVER W NDITION: (CLEAR / RAINING	VITH INSURED: OV	vner.
He of passenger a) VEHICLE NUMBER: GBK 1357H. MODEL:  (Including driver) b) DRIVER'S NAME: Abdul Hamil  (Including driver) b) DRIVER'S NAME: CONTACT: 90195899.  (Including driver) f) VEHICLE NUMBER: MODEL:  (Including driver) f) NRIC/FIN/PASSPORT: CONTACT:  (Including driver) f) NRIC/FIN/PASSPORT: CONTACT:  (Including driver) f) VEHICLE NUMBER: MODEL:  (Including driver) f) NRIC/FIN/PASSPORT: CONTACT:	<ol> <li>WAS ANYBODY I</li> <li>a)REPORTED TO</li> </ol>	NJURED (YES / NO) POLICE (YES / NO)		
9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER:	(Including driver) b) DRIVER'S NA	MBER: Abdul Hami		19 58 99.
Cimail = lestergoh_59 @ yahoo.com Sg	9. THIRD PARTY VEH  No of passanger e) DRIVER'S NA	ICLE MBER: .ME:	MODEL:	
	( ) NRIC/FIN/PA			<del></del> .
		Cimail = lesterg	04_59 Oyahoo.c	om Sg

VIDEO =

No.