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	Jeb description Date & Time Completed	Done, by
Date In: 02/03/21	SAS c-filing	
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Veh No GBD3803K	1-Motor Claim Form 03/2 3/17/1135003	001
1111 01/03/21 0830	I-Motor YY/O (Within: OD 2hrs, TP 4hrs)	
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110	Assessment/Survey Report	
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IP Particulars: Veh No:	SEW1940D INC()/ Non-INC())
Owner / Driver: (Cover Type: ()
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SN092132000F / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/03/2021 17:51 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (02/03/2021 17:51 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 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 02/03/2021 17:51 (SGT) Date of Accident 01/03/2021 08:30 (SGT) 529 Hougang Ave 6, Block 529, Singapore 530529 **Exact Location of Accident** Additional Location Information CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

GBD3803K Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WEI ZHONG FOODSTUFF MANUFACTURER Company Reg No 3XXXX000W **Email Address** weizhongfoodstuff@gmail.com Mobile Phone No (Phone) +65-67454155 Alternative Phone No (Office) +65-67454155

VEHICLE PARTICULARS

Manufacturer Nissan CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 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 NTUC Type of Coverage Comprehensive Fleet Policy No Policy Number 5083377990-04 Cover Note Number

DRIVER

Name of Driver TAY HOE KUAN NRIC No SXXXX700H Date Of Birth 07/01/1958 Occupation Outdoor

Date Of Driving Pass	09/07/1976
Driving experience	44 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91436803
Alt. Phone Number	<u>.</u>
Email Address	weizhongfoodstuff@gmail.com
Address	BLK 841 TAMPINES STREET 83
Address complement	#10-106
Postcode	520841
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Town (Assistant	Olda Outina
Type of Accident	Side Swipe
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?	t.
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	Ne
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?	
ii yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE ATTACHED STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any video captured by Car Carriera:	No
was there any addit recorded.	110
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SKW1940D
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	<u> </u>
Contact Number	
Address	

Address

Postcode

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 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)

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 haurers' 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.

2/3/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Sketch Plan

HOUGANG AVE 6 CARARK

A-9808803K

B-5KW/940A

1 1100 Callegine and 100 III	b 1-4-1
was reversing my well into the carpar.	(107 97
ougang Ave 6 carpark blk 529. While	revorsing
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my weh ht onto the front right side	portion
I weh B. I parked my weh beside	Neh Ba
put a note indicate my name and	Contact
o at the ush B driver windscreen.	

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 07 / 03 / 37)(DD/MM/YYYY), TIME: (08 : 30)(HH:MA
LOCATION: HOUGANG AUE 6 CARPARK BUE 529
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: GBD 3803K
b)INSURANCE COMPANY: NTUC
c)POLICY NUMBER: 5083377990 - 04
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT
e)MAKE & MODEL:
F)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME:
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
AMANE WIEL THOUSE FOOD FRIEF HAINUT ACTURE
c)ADDRESS:
C/ADDRESS.
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
The of persongs. DRIVER
(Including driver) a) NAME: TAY MOE KUAN (MALE/FEMALE)
(Including driver) a)NAME: 184 HOE RUAN (MALE/FEMALE) b)NRIC/FIN/PASSPORT: 5/3087004 CONTACT: 9/43 6803
CIADDRESS: BLK 841 FAMPINES ST 83
· #10-106 (520841)
*d)DATE OF BIRTH: (07/01/1958)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPRERIENCE: 09/07/1976
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
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
NO OF DAY OF STANDED STANDED STANDED
Industrial DRIVER'S NAME:
C) NRIC/FIN/PASSPORT: CONTACT:
Induding driver) b) DRIVER'S NAME: () PRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE () VEHICLE NUMBER: MODEL:
No of passage d) VEHICLE NUMBER:MODEL:
NO of passanger el DRIVER'S NAME:
Including driver) fl NRIC/FIN/PASSPORT: CONTACT.
No of passanger, e) VEHICLE NUMBER:MODEL:

Email = weizhongfoodstuff@gnail.com

VIDEO = NO

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 02/03/2021 15:09 Vehicle No.(For Motor) GBD3803K Certificate Number Search Certificate Policyholder Name Policyholder NRIC Vehicle Insured Commence Select Policy No. Product Cover Type Expiry Date Number No. Object Date WEI ZHONG 5083377990-0 FOODSTUFF MANUFACTURER 34635000W GCV Comprehensive GBD3803K GBD3803K 30/09/2020 29/09/2021 04 Continue

Claim Handling

ccident MT/1122902					
Policy No.	5083377990-04	Vehicle No.	GBD3803K	GST Registration No.	3463500
Certificate No.					
Policyholder Name	WEI ZHONG FOODSTUFF MANUFACTURER			Policyholder NRIC	3463500
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No 🗸
(FK	No Yes	TCA	No Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	20	Private Hire	No
	02/02/2021 44-47	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
eport Date	02/03/2021 14:17	Time of Accident hh:mm	00:00	Country of Accident	Singapore
ate of Accident	01/03/2021		00:00	ICM No.	Singapon
eporting Centre		Orange Force		ICM NO.	
ccident Location	UNKNOWN				
▼ Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
IED OD Excess		YIED TP Excess		Driver is Covered?	Not Appl
dditional Excess					ASSESSMENT
		Total TD Evenes Applicable	0.00		
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
→ Benefits → Benefits					
GST Registered Informati					,
ST Registered	Yes		GST Registration Date	01/01/2013	
ST Registration No.	34635000W		GST Status Verified	Yes	
odification History	02/03/2021 14:18:36 System	n changed GST Registration No. from n t n changed GST Registration Date from 0: n changed GST Status Verified from No t	1/01/2015 to 01/01/2013		
Policyholder Mailing Addr			in the state of th		
ddress 1	BLK 3020 #04-135	Address 2	UBI AVENUE 2	Address 3	SINGAPO
ddress 4	55. 3020 #01-133	Address Type	Singapore address	Post Code	408896
		Related Policy Number	5084362662-04		100030
Init No.		Related Policy Number	5084362662-04		
Priver Name		Driver Type			
Innamed driver Name		Driver NRIC		Driver DOB	
egister Date of Driver License		Driver Age		Driving Experience	
ontact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Jnit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Modification History					
Claim 002 OD-MX New					
OT SOURCE AND					
			OD-MX	✓ Insured ✓ Name WEI ZHONG FOOD:	STUFF MANU
			OD-MX	Name WEI ZHONG FOOD.	STUFF MANU
Claim Type *			OD-MX	Name Contact No.	STUFF MANU
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Claim Type *				Contact No. (Home) OI Vehicle Number	STUFF MANU
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Argonia de Caración de Caració	Uploaded By/Date Folder Date		File Name		9	Source
Video List						
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:15	Photos		Normal		Photos 2021-3-3
V	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:15	Photos		Normal		Photos 2021-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:15	Photos		Normal		Photos 2021-3-3
W	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:15	SAS		Normal		SAS 2021-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:15	Photos		Normal		Photos 2021-3-3
0	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:15	SAS		Normal		SAS 2021-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:15	NRIC/ Driving License	Y	Normal	1	NRIC/ Driving License 2021-3-3
tachment	Uploaded By/Date	Category	8	Urgency		Description

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