NATIONAL Assessment Centre	Services :	efilja Meg				
Date In: 15/03/21	Job description		Date &Time Complete	ed i	Done by	
Ref No. MA/INC 21003383/13	SAS e-filing		1			
Veh No. 49393E	E-mail (within 8h					
D.O.A:/3/03/21 /300	i-Motor Claim	Form /5/	13 MT/1124484	-001		
	i-Motor W/O (
OD / (TP) / Reporting Only	i-Photo Upload	ded	:			
	Assessment/Sur	vey Report	i			als 1999 8
TP Insurer:	Ass't Report by	Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No:	GBD27.08.	INC (1		
Owner / Driver: (Tel:)	
Policy No: () Per	iod: ()	Cover Type: (
Confirmed by : (Date:	Time:	20 100%		
			20%; P: 21-79%. F:	30-10070]		
Teat of registrations (Varranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	00 () / \$2,000 ()		1:	: -	
General Remarks:-			NO safes of son 3	iror		
() Walk-In Customer: Customer's infor		fidential & S	Strictly NO Taler of Tepa			
() Total Loss Case : to e-mail Insure	The second secon	- ()	T : Co /)
Drive-In () / Towed-In (); Invoice	: YES () / N	O();	Towing Co. (
Remarks:- (INC horline: 6788 6616)			Date&Time Complet	ed	Done	by
	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()			·	
Injury:						
Date/Time Actions						
	0.600		•			
					1 ((0)	Amt (3
		Invoice P	reparation Checklist	*****	Anıt (\$)	Add Bi
NA2102224		1) AR : Accid	lent Reporting (\$30);	VNIC (690)	30	
Claimant's Particulars :-		2) DA : Dame 3) TF : Towir	ige Assessment (4	INC (\$80) \$40/\$45		
Driver/Owner:		4) FT : Folloy	w-Through Survey w-Through Survey (Resurvey)	\$120 \$30		
Contact No:		For claimin	ng against INC Only (wef 10 J	Jan 2005) \$75		
Damaged Portion:		6) TR : Re-in	spection DA + SMRT Survey	\$160		
Zamapot i orton		8) NTUC Ad	ditional Services:-			
QC Checked by (Engr-In-Charge):		*N5: Cour	tesy Car / Tpt Allowance	\$5		
	O C. STA THEORY TO SERVE S	*N6: Repa	ir Co-ordination Repair Inspection	\$10	1	
Auditors' Comments :-		*N8: DV	Collect Excess Coordination	\$5		
Cat. 1:		TP (N11) 9) N12: Idac	: TP (Non INC) against INC Mobile	\$20		
Cat. 2 / 3:		Invoice date	d Fee C	Charged	Here	Mint)
Cat. 21 3.		Invoice date	d Fee C	Charged	BESSEL VINE	

SN09213F000O / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/03/2021 18:25 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (15/03/2021 18:25 (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 <u>completed by the Policyholder and/or the Authorised Driver</u>
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

olicy 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** 15/03/2021 18:25 (SGT) Date of Submission 13/03/2021 13:00 (SGT) Date of Accident 518 Bedok North Ave 2, Singapore **Exact Location of Accident** Additional Location Information CARPARK Singapore Country/State of Loss **DETAILS OF OWN VEHICLE** Vehicle Registration Number YQ393E INSURED/POLICYHOLDER R

	Van
Is company?	Yes
Name Of Registered Owner	LAM RENOVATION CONSTRUCTION CONTRACTOR
Company Reg No	4XXXX400L
Email Address	NAHOO423@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96894227
Alternative Phone No	+65-96894227

VEHICLE PARTICULARS

Manufacturer	ISUZU
Model	NPR75UH5A MT
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 your vehicle? Vehicle Category	No - Claiming third party Commercial vehicle
Vehicle Category	Commodular vomolo

INSURANCE COMPANY

Vehicle Category

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116146041-01
Cover Note Number	-

DRIVER

Name of Driver	SUTRADHAR JADAB
	GXXXX236L
Passport No/FIN	
Date Of Birth	10/06/1989
Occupation	Outdoor

Date Of Driving Pass	17/07/2018
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98955241
Alt. Phone Number	-
Email Address	NAHOO423@YAHOO.COM.SG
Address	25 KAKI BUKIT RD 3
Address complement	-
Postcode	415815
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
Nodu Guildeo	
OTHER INFORMATION	
	No
Was any foreign vehicle involved in the accident?	
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)	No
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, againet mienii	
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?	Yes
Was there any audio recorded?	No
DETAILS OF STAIL	ER VEHICLE PROPERTY 1
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
	00007001
Vehicle Registration Number	GBD2708J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	- Communication binds
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.
- 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 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)

l 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) wino have insured vehicle(s) involved in this accident (all insurer(s) wino 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
- (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

North Au. 2 Corports

A. YQ393 E B. GBD 2708

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	Miles III															

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

stym 15/03/21

Witnessed by Reporting Centre Personnel

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 departs. Any false reporting may be referred to the traffic police department for investigation.

Date of accident	ACCIDENT DETAILS	
Time of accident	1305-2021	(DD/MM/YY)
Exact location of accident	13CO Hiros	(HH:MM)
	518 Bedok Worth - Carpark.	

Vehicle registration number Vehicle make and model	DETAILS OF VEHICLE	THE BUILDING
Type of vehicle Vehicle category Purpose of using at said time	Saloon D MPV D CRV D Van D Lorry Bus D MA	
own insurance commender	Yes No if no, please select: Reporting only	

	The second second second		
Insurance company Policy number	INSURANCE IN	FORMATION	
Type of policy	5116146041		
	Comprehensive 🗹	Third party fire & theft	TP only □

Name	INSURED / POLICY HOLDER		
NRIC / Fin / Passport number Contact	Lam Renovation Construction Contractor 49971400L	Male 🗆	Female
Address	9689 4227		
	8 Kaki Bukit Avenue 4 # 0732 Premier @ Kaki B	unit (5) 415875	

Contact Address Passport number G24 3236 Address 25 kaki Rukit Road 3 (5) 415815 Email address Date of birth Occupation Driving date pass	DRIVER Name	SAME AS INSURED ABOVE - (SKIP TO	D O B)	The manager
Address 25 kaki Rukit Road 3 (5) 415815 Email address Date of birth 10-07-1989 Driving date pass Outdoor □ Outdoor	NRIC / Fin / Passport number		Male 🖂	Female
25 Kaki Bukit Koad 3(5) 415815 Email address Date of birth 10-07-1989 Driving date pass	Janitact	1-1/0-20		
Date of birth Occupation Indoor Outdoor Outdoor Outdoor	Address			
Date of birth Nahoo 423 & Yahoo · com · Sg Occupation Indoor Outdoor	Email address	~ name is a with 1500 d S(S) 415815		
Occupation Indoor Outdoor	Date of birth	Nahoo 423 & Yahoo . Com. Sc		
	Occupation	10-0+-1489		
	Priving date pass	Indoor □ Outdoor □ 17-07-2018		

	GENERAL INFORMATION OF THE ACCIDENT
	N. S.
Was driver an employee of	Yes No D
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes No. No.
Weather condition	Clear Raining Others:
Road surface	Dry Wet (Inclusive of driver)
No of passenger	(inclusive of driver)
	PASSENGER 1
Name	
Gender	Male Female
MARKET LAND BY THE STATE OF THE	PASSENGER 2
Name	
Gender	Male D Female D
Electrical Company of the Company of	PASSENGER 3
Name	
Gender	Male Female
Gender	Time 2
	PASSENGER 4
CONTRACTOR CONTRACTOR	TASSING
Name	Male Female
Gender	IVIALE Felliale
	PASSENGER 5
Company of the Company of the Company	PASSENGER 5
Name	Male Female
Gender	Male Female
paragraph of the second	PASSENGER 6
Name	
Gender	Male Female
Carlo Contract Contra	OTHER INFORMATION
Was anybody injured?	Yes No
Was other vehicle damaged?	Yes No
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
	WITNESS 1
Name	
	WITNESS 2
Name	
Manie	

	THER DARTY VEHICLE 1	
and the second second second second	THIRD PARTY VEHICLE 1	
Vehicle registration number	CISO 2768J.	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
		E MARINE CHANGE VAN TET STORY
	THIRD PARTY VEHICLE 2	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD BARTY VEHICLE 3	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 4	14 14 15 15 E
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 5	A MARINE
Vehicle registration number		
Vehicle make model		-
Name		
NRIC / Fin / Passport number		
Contact		
(M. Carlotte Control of Control	THIRD PARTY VEHICLE 6	San Branch
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
		And the second second
CANDLESS AND A STATE	THIRD PARTY VEHICLE 7	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

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Name					
Injuries sustained					
Which vehicle person in?		No			/
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
		INJURED P	ERSON 2	y and the same	
Name				/	
Injuries sustained			/		
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
N TO THE THE STATE OF THE STAT	A CONTRACTOR OF THE PARTY OF TH	INJURED P	ERSON 3		The Control of the
Name					
Injuries sustained					
Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆			
	Yes 🗆	No 🗆			
Was injured conveyed to	165 🗆	NO L			
hospital by ambulance?					
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Maria Maria		INJURED P	ERSON 4	AND A LINE	
Name		INJURED P	ERSON 4	Alexander of the second	
Name Injuries sustained		INJURED P	ERSON 4		
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Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	1	Nó 🗆			
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	1	Nó 🗆 No 🗅			
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Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No - INJURED P			
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Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes 🗆	No No No No	ERSON 5		
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Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes 🗆	No No No No	ERSON 5		

Claim Handling

				The state of the s				
cident MT/1124484	5116146041-01	Vehicle No.	YQ393E		GST Registration N	lo.		
	5116146041-01-000002		18					
II. Vieto i Maria e la colonia di A	LAM RENOVATION CONSTRUCTION CONTRACTO	DR .			Policyholder NRIC		49971400L	
		Cover Type	Comprehensive		Loading		0	
	FLEET MASTER INSURANCE				Contact No.(Home	:)	0	
ntact No.(Mobile)	96894227	Contact No.(Office)	0		eCode	·	No V	
nail Address		Special Remark					110	
K	⊚ No ⊜ Yes	TCA	No Yes		eCode Reason			
D Protection	No	NCD Entitlement(%)	0		Private Hire		No	
7 Accident Details							2	
port Date	15/03/2021 19:41	Accident Report Within 24 hrs	Yes		Accident Type		Collision - Head to	Rear
		Time of Accident hh:mm	13:00		Country of Accide	nt	Singapore	
te of Accident	13/03/2021	Orange Force			ICM No.			
porting Centre		Orange Force						
cident Location	518 BEDOK NORTH AVE 2 CARPARK							
7 Total Excess Applicable								
cess Type	Per Accident	Windscreen Excess		100.00				
Standard Excess	600.00	TP Standard Excess						
ED OD Excess	0.00	YIED TP Excess		0.00	Driver is Covered	?	Covered	
ditional Excess								
	600.00	Total TP Excess Applicable		0.00				
tal OD Excess Applicable	000.00	•••						
Benefits								
GST Registered Informa			CCT D-	gistration Date				
T Registered	No			stus Verified	Yes			
T Registration No.	15/02/2021 10.45.27 5	changed GST Status Verified from						
dification History	15/03/2021 19:45:37 System	analysis Got Status verified II of						
Policyholder Mailing Add	iress						CINCAPORT ACT	075
idress 1	8 KAKI BUKIT AVENUE 4	Address 2	#07-32 PREMI	ER @ KAKI BUKI	Address 3		SINGAPORE 415	5/5
ddress 4		Address Type	Singapore addr	ess	Post Code	1	415875	
nit No.		Related Policy Number	5116146041-0	1				
OI Driver Info								
	N	Driver Type	Unnamed Drive	r				
river Name	Unnamed Driver	Driver NRIC	G2413236L		Driver DOB		10/06/1989	
nnamed driver Name	SUTRADHAR JADAB				Driving Experience	e	2	
egister Date of Driver License	17/07/2018	Driver Age	31		Contact No.(Hom	100	0	
ontact No.(Mobile)	98955241	Contact No.(Office)	0			,	SINGAPORE 415	915
ddress 1	25 KAKI BUKIT ROAD 3	Address 2	THE LEO		Address 3			013
ddress 4		Address Type	Singapore addr	ress	Post Code		415815	
nit No.								
oes he own a Singapore	Yes @ No	Driver Vehicle No.			Driver Insurer Co	mpany		
Registered car?	() (65 (6) (15							
eclaration								
reathalyser or Blood Test	0 mg	Any injury?	Yes 🍥 No					
Reading?								
leading?								
eading?								
eading?								
eading? odification History Claim 001 OD-MX	× 1	Insured Name	LAM RENOVAT	TON CONSTRUCT	Insured NRIC		49971400L	
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