Landa Inc. Dell. C. Col. and	Jcb description	Date &Time	Completed	Done by
Date In: 29/1/18-17:07		- But to I mis		
Res No: Naj 14018001757/24	SAS e-filing			
Veh No: GBD8296R	E-mail (within 8hrs			
D.O.A : 29/1/18-10:30	i-Motor Claim I	orm 109790	170 29	1/18 - 17:46
OD (TP)' Reporting Only	i-Motor W/O (w	ithin: OD 2hrs, TP 4hrs)		
OD / IF Reporting Only	i-Photo Uploade	d		
TD Lucius	Assessment/Surve	y Report		
TP Insurer:	Ass't Report by F	ax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	:(Tel:	Fax:	
TP Particulars: Veh No:	GBB5698U	INC()/Non-INC	C().	***************************************
Owner / Driver: (Tel:)
Policy No: (Period: () Cover Type:	() .
Confirmed by : (Date: Tim)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-799	%. F; 80-1009	6]
Year of Registration: () Warranty: YES ()	/NO()		
Excess: (\$) Loading:	\$1,000()/\$2,000()		
General Remarks		AND THE PROPERTY.		
() Walk-In Customer : Customer's	information strictly Confid	ential & Strictly NO refer	of repairer.	
() Total Loss Case : to e-mail In			4	
	voice: YES ₍ () / NO	(); Towing Co: (· ·	.)
			W 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND REAL PROPERTY.
Remarks:- (INC horline: 6788 661		Date&Time C	omple od	Done by
1) Apply for Transport Allowance ()/Courtesy Car ()		* .	
		The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost			-,	
3) Upload Resurvey Photo [Repair Cost				
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3) Upload Resurvey Photo [Repair Cost Injury: Date/Time: Actions NA/1800629	2 1r	AR : Accident Reporting (\$30)	281.878.87.27.8 2575.7	N. 3. S.
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA/1800629 Inimant's Particulars:	[] [] [] [] [] [] [] [] [] []	AR : Accident Reporting (\$30) DA : Damage Assessment (\$100); INC (\$80) \$40/\$45	MEBIII Add I
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA/1800629 Inimant's Particulars:	2 11 22 3)	AR: Accident Reporting (530) DA: Damage Assessment (5100 TF: Towing Fee FT: Follow-Through Survey); INC (\$80) \$40/\$45 \$120	MEBIII Add I
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA/800629 Inimant's Particulars:	2 11 2) 3) 4)	AR: Accident Reporting (530) DA: Damage Assessment (5100 TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Re); INC (\$80) \$40/\$45 \$120 survey) \$30	MEBIII Add I
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA/800629 Inimant's Particulars: river/Owner:	[2] () () () () () () () () () (AR: Accident Reporting (\$30) DA: Damage Assessment (\$100) TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Refer claiming against INC Only (\$100) TR: Re-inspection); INC (\$80) \$40/\$45 \$120 survey) \$30 yef 10 Jan 2005) \$75	MBIII Add I
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA/800629 Inimant's Particulars: river/Owner:	[2] \$3000] () 11 12 13 14 15 15 16 17 17 17 18 18 18 18 18	AR: Accident Reporting (\$30) DA: Damage Assessment (\$100 TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Ref For claiming against INC Only (\$100 TR: Re-inspection N1: Idae DA + SMRT Survey); INC (\$80) \$40/\$45 \$120 survey) \$30 ref 10 Jan 2005)	MBIII Add I
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA/800629 Itumant's Particulars:- river/Owner: ontact No: amaged Portion:	2 \$3000] () 10	AR: Accident Reporting (\$30) DA: Damage Assessment (\$100 TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Ref For claiming against UNC Only (volume to the content of t); INC (\$80) \$40/\$45 \$120 survey) \$30 ref 10 Jan 2005) \$75 \$160	INBIII Add I
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time: Actions	[] [] [] [] [] [] [] [] [] []	AR: Accident Reporting (\$30) DA: Damage Assessment (\$100 TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Refor claiming against INC Only (\$200) TR: Re-inspection N1: Idao DA + SMRT Survey NTUC Additional Services. OD* *N5: Courtesy Cer / Tpt Allowan); INC (\$80) \$40/\$45 \$120 survey) \$30 vef 10 Jan 2005) \$75 \$160	MEBIII Add I
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA/800629 Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	2 1 1 2 3 3 4 5 5 7 7 8 8 1 1 1 1 1 1 1 1	AR: Accident Reporting (\$30) DA: Damage Assessment (\$100 TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Refor claiming against INC Only (\$100 TR: Re-inspection N1: Idae DA + SMRT Survey NTUC Additional Services: OD* N5: Courtesy Cer / Tpt Allowan N6: Repair Co-ordination N7: Fost Repair Inspection); INC (\$80) \$40/\$45 \$120 survey) \$30 ref 10 Jan 2005) \$75 \$160 see \$51	INBIII Add I
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time: Actions NA 1800629 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): unditors' Comments:-	2 \$3000] () 10	AR: Accident Reporting (\$30) DA: Damage Assessment (\$100 TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Refor claiming against INC Only (\$100 TR: Re-inspection N1: Idae DA + SMRT Survey NTUC Additional Services: OD* N5: Courtesy Cer / Tpt Allowan N6: Repair Co-ordination N7: Fost Repair Inspection N8: DV / Collect Excess Coordination); INC (\$80) \$40/\$45 \$120 survey) \$30 ref 10 Jan 2005) \$75 \$160 see \$510 \$520 nation \$550	MEBIII Add I
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA/800629 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	S S S S S S S S S S	AR: Accident Reporting (\$30) DA: Damage Assessment (\$100 TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Refor claiming against INC Only (\$100 TR: Re-inspection N1: Idae DA + SMRT Survey NTUC Additional Services: OD* N5: Courtesy Cer / Tpt Allowan N6: Repair Co-ordination N7: Fost Repair Inspection); INC (\$80) \$40/\$45 \$120 survey) \$30 ref 10 Jan 2005) \$75 \$160 see \$510 \$520 nation \$550	MBIII Add

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding of material facts may allow insurance companies to regulate policy ability.
- 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

•	cc	D = N	тαт	4 - 1/6	ENT

Date Of Report 29/01/2018 17:07

Date Of Accident 29/01/2018 10:30

Exact Location Of Accident YISHUN AVE 8 TWDS YISHUN AVE 7 L/P:38

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD8296R

Insured/Policyholder

Name Of Registered Owner TAISHI-TECH(S) PTE LTD

Co Reg No 200008841G Email Address NQEMAIL

Mobile Phone No

Alternative Phone No OFFICE-68520900

Vehicle Particulars

Manufacturer ISUZU

Model NHR85AUE4AA

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 50,87382700-01

Cover Note Number

Driver

Name of Driver GORDON TAN KIM LUNG

 NRIC No
 S7668567C

 Date Of Birth
 09/11/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/03/2001

Driving Experience 16 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90600497

Fax Number

Contact Number OFFICE-90600497

EMail Address NOEMAIL

Address BLK 338C ANCHORVALE CRESCENT

#15-41

Postcode 543338

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OT

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

20

Insurance Company of Driver's Own Vehicle

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 this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YÉS

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

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

GBB5698U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

è

Name

GORDON TAN KIM LUNG

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worm?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBD8296R

YES

NO

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 lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (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
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

SKETCH PLAN		a service a trace		recordance
		Yishun	Ave 8	towards rishun Ave 7
TIEVOS				
	1114	1414		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I	vas	travell	ing	ماها	Na	Tishun	1	tue	8	to wo	urds	Tishun	Ave
	then	slowe	d	down	,0	as	the		traf	fic -	light	was	
ed.	Sudde	nly, 1	ehicl	و	B	as Collid	led	ov	to	the	rlan	e f	my
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			500					10 - 19 t : 1	25/107				

DECLARATION

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

Policyholder's Signature

Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

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.

Accident details

Date and time of accident	Date: 29/1/18 (DD/MM/YY) Time: 10:30	(HH:MM)
Exact location of accident	(Lamp port 38)	

Details of vehicle

Vehicle registration number	GBD 8296 R
Vehicle make and model	IDEN
Type of vehicle	Saloon D MPV D CRV D Van D Lorry Bus D Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Connevaral
Are you claiming under your own insurance company?	Yes D No D if no, please select: Third part claim D Reporting only D

Insurance information

Insurance company	NTUC .		
Policy number			
Type of policy	Comprehensive a	Third party fire & theft \square	TP only

Insured / Policy holder

Taishi - Tech (S) Pt Ltd	Male □	Female 🗆
200008419		7/1 WASSING
6852 0900	The second second	
19 seneko Aue, s(758308)		
	6852 0900	2000 841 G

<u>Driver</u> Same as insured above □ (skip to D.O.B)

Name	Gordon Tan Kim Lung Male & Female a
NRIC / Fin / Passport number	S7668367C
Contact	90600497
Address	S(543338)
Email address	
Date of birth	09-11-1976
Occupation	Indoor Outdoor
Driving date pass	30 MALCH 2001

General information of the accident

Was driver an employee of the insured's company?	Yes of	No □ ationship of the	driver and insured:	
Accident captured by camera?	Yes 🗆	No 🗹		
Weather condition	Clear 🗹	Raining 🗆	Others:	
Road surface	Dry o	Wet 🗆		
No of passenger	1			(Inclusive of driver)

Passenger 1

Name	Gordon	Tav	Kim	Lund	
Gender	Male 🗹	Fem	ale 🗆		

Passenger 2

Name			
Gender	Male □	Female 🗆	A STATE OF THE STA

Passenger 3

Name			- I - I - I - I - I - I - I - I - I - I
Gender	Male 🗆	Female 🗆	

Passenger 4

Name			
Gender	Male 🗆	Female	115

Passenger 5

Name		
Gender	Male 🗆	Female

Passenger 6

Name		
Gender	Male 🗆	Female 🗆

Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes 🗹	No 🗆	

Details of police action

Reported to police?	Yes 🗆	Noe	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	GIBB 5698U
Vehicle make model	William Application of the Control o

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name		
Name		
the state of the s		

Witness 2

	A STATE OF THE STA	
1240 Access		
Name		
Manie		

Injured person 1

Name	Gorden Tan lam Coma
Injuries sustained	Bedy
Which vehicle person in?	CIEB 2 FARIN
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes a No d

Injured person 2

Name		
Injuries sustained	A Marine Control	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		15XX - 03311
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

Injured person 4

Name		
Injuries sustained		24-00-0
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7668567C





GORDON TAN KIM LUNG

陈金 龍 CHINESE

09-11-1976 Country of birth MALAYSIA

378885670

918162

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

NP 428A

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 30 Mar 2001 of the driver; and other motor vehicles =< 2500kg

NRIC No. S7668567C

Nationality MALAYSIAN 01-10-2012

APT BLK 338C ANCHORVALE CRESCENT #15-41 SINGAPORE 543338

NRIC No: \$7668567C

Date: 15/08/2017

eBao Tech			TO SERVICE SER						Gene	eralClaim
Hello, NAC_PAYA_UBI_800	601				No. of Concession, Name of Street, or other		Change Lan	guage ,	Change Passwo	ord • Log Out
My Desktop	Poli	cy Query								,
Notice of Loss	Policy N	io.				Date of Acc	ident	29/01	2018 10:30	3
	Vehicle	No.(For Motor)	GBD8296R							
				0		Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087382700- 01	TAISHI-TECH (S) PTE LTD	200008841G	GFT	Comprehensive	GBD8296R	GBD8296R	25/11/2017	
					1	Continue				

Policy No.	5087382700-01	Policyholder Name	TAISHI-TECH (S) PTE L'	TD Policyholder NRIC	200008841G
540	19 SENOKO AVENUE SENOK	1000000	TATE SINGAPORE 75830		
ddress	19 SENORO AVENUE SENOR	O INDUSTRIAL ES	TATE SINGAPORE 73030		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	08/11/2017	Effective Date	25/11/2017 00:00	Expiry Date	24/11/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional excess		OS Premium	₉ 0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	JUN SHI INSURANCE AGEN	CY Agent Tel.	65320118	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info	No		۴		
Policyh	older Mailing Address				
Address 1	19 SENOKO AVENUE	Address 2	SENOKO INDUSTRIAL I	ESTATE Address 3	SINGAPORE 758308
Address 4		Address Type	Singapore address	Post Code	758308
Unit No.		Related Policy Number	5087382700-01		
▶ Insured	d Object: GBD8296R				
▼ Endors	ements				
Sequenc	e Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content Thank you for giving us the
1		Basic Information Endorsement	000001286691819 ©	Endorsement Take Effective	opportunity to serve you. We confirm that from 25 Nov 201 the following amendment(s) is/are made to this policy: VEHICLE REGISTRATION NUMBER: GBG8185L & GBG8357H
2	25/11/2017 00:00	Basic Information Endorsement	000001286689622	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JAANHR85EH7100312 25-11-2017 \$1,290.42 2. JAANHR85EH7100311 25-11-2017 \$1,290.42 In view of this amendment, an additional premium of \$2,580.84 (inclusive of GST) is payable under your policy. Please ignor this premium payment requesif you have since made payment. Otherwise, we woul appreciate it if you could make payment to us within 14 days from the date of this letter. For

Claim Handling							
ccident MT/0979970							
Policy No.	5067382700-01	Vehicle Na.	GBD8296R	GST Registration No		2000088410	
Policyholder Name	TAISHI-TECH (S) FTE LTD			Poscynolder NRIC		20000089410	
Product Code	PLEET INSURANCE	Cover Type	Comprehensive	Loading		Ĭ.	
Contact No.(Mobile)	0	Contact No.(Office)	68520900	Contact No.(Home)	0 5	lic V	
Email Address		Special Remark		eCode		111. 4	
KFK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason		188	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire		No	
9 Accident Details							
Report Date	29/01/2018 17:64	Acadent Report Within 24 hrs	Yes	Acodent Type		Collision - Head to	o Rear
Date of Accident	29/01/2016	Time of Accident Nhomm	10:30	Country of Accident	6 8	Singapore	
Reporting Contre		Orange Force		ICM No.			
	YISHUN AVE B TWDS YISHUN AVE 7 L/P:38						
Accident Location	TIGHTON NAC O THE OTHER PARTY OF THE PARTY O						
♥ Benefits							
♥ Excess	600.00	Additional Excess		Windscreen Excess			100.00
Own damage Excess	660.00	Outside Singapore OD Excess					
Unnamed Driver Excess	0.00	Outside Singapore TP Excess					
Third Party Excess		Datable Singapore in Circus					
U GST Registered Informa			GST Registration Date				
GST Registered	No		GST Status Verified	No			
GST Registration No.							
Modification History							
♥ Pelicyheider Halling Ad	dress		A DECEMBER OF THE PROPERTY OF	7 E APR 4000 T		VIII 20072-04-14-14	
Address 1	19 SENOKO AVENUE	Address 2	SENDIO INDUSTRIAL ESTATE	Address 3		SINGAPORE 758	308
Address 4		Address Type	Singapore address	Post Code		758308	
Unit Na.		Related Policy Number	5087382700-01				
w OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	V40/0050032Z		2007101025	
Unnamed driver Name	GORDON TAN KIM LUNG	Driver NRIC	S7668567C	Driver DOB		09/11/1976	
Register Date of Driver License	30/03/2001	Driver Age	41	Driving Experience		16	
Contact No.(Mobile)	90600497	Contact No.(Office)	-0	Contact No. (Home)	0	
MANUFACTOR AND	BLK 338C	Address 2	ANCHORVALE CRESCENT	Address 3		ANCHORVALE PA	URKVIEW
Address 1							
Address 1 Address 4	SINGAPORE 543338	Address Type	Singapore address	Post Code		543338	
	SINGAPORE 543338 15-41	Address Type	Singapore address	Post Code		543338	
Address 4		Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Con	npany	543338	
Address 4 Unit No. Does he own a Singapore Registered car?	15-41		Singapore address		npany	543338	
Address 4 Unit No. Does he own a Singapore	15-41		Singapore address		npany	543338	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	15-41 ○ Yes ® No	Driver Vehicle No.	37.58 900 00000		ngany	543338	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	15-41 ○ Yes ® No	Driver Vehicle No.	37.58 900 00000		ngany	543338	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	15-41 ○ Yes ® No	Driver Vehicle No.	37.58 900 00000		npany	543338	
Address 4 Unit No. Does he dwn a Singapore Registered Gar? Declaration Breathalyser or Blood Test Reading? Modification History	15-41 ○ Yes ® No	Driver Vehicle No.	37.58 900 00000		ngany		
Address 4 Unit No. Does he dwn a Singapore Registered Gar? Declaration Breathalyser or Blood Test Reading? Modification History	15-41 ○ Yes ® No	Driver Vehicle No.	37.58 900 00000	Onver Indurer Con		200006841G	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	15-41 ○ Yes ® No O mg	Driver Vehicle No. Any injury?	No No TAISHI-TECH (5) FTE LTD	Driver Insurer Con Insured NRIC Contact No. (Office	•	200006841G	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type *	15-41 ○ Yes ® No O mg	Onver vehicle No. Any injury? Insured Name	Yes ○ No	Driver Insurer Con Insured NRIC Contact No. (Office TP Versile Numbe)	200006841G	
Address 4 Unit No. Does the own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile)	15-41 ○ Yes ® No O mg	Driver Vehicle No. Any injury? Insured Name Contact No. (Home)	No No TAISHI-TECH (5) FTE LTD	Driver Insurer Con Insured NRIC Contact No. (Office)	200006841G	
Address 4 Unit No. Does he own a Singapore Registered Gar? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	15-61 ○ Yes No 0 mg	Driver Vehicle No. Any injury? Insured Name Contact No. (Home)	No No TAISHI-TECH (5) FTE LTD	Driver Insurer Con Insured NRIC Contact No. (Office TP Versile Numbe)	200006841G	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type 4 Contact No. [Mobile] Email Address Claim Description	15-61 ○ Yes No 0 mg	Insured Name Consect No. (Home) Of Vehicle Number	*No No TAISHI-TECH (5) PTE LTD GROEZOER Not at Fault	Driver Insurer Con Insured NRIC Contact No. (Office TP Versile Numbe)	200008841G NIL G885598U Received	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	15-41 ○ Yes No 0 mg OD-MX GEDE296R / GBB569BU ON 29 Jan 2018	Insured Name Contact No. (Home) Of Vehicle Number	*No No TAISHI-TECH (5) PTE LTD GROEZOER Not at Fault	Insured NRIC Contact No. (Office TP Vehicle Number)	200006841G MIL G885696U	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	15-41	Insured Name Coreact No. (Home) Of Vehicle Number Insured Liability * * Preference Repair Option	*No No TAISHI-TECH (5) PTE LTD GROEZOER Not at Fault	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred)	200008841G NIL G885598U Received	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred workshop Contact No. Require Finalisation Date Registered Report Taken By	15-41	Insured Name Coreact No. (Home) Of Vehicle Number Insured Liability * * Preference Repair Option	*No No TAISHI-TECH (5) PTE LTD GROEZOER Not at Fault	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred)	200008841G NIL G885598U Received	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	15-41	Insured Name Coreact No. (Home) Of Vehicle Number Insured Liability * * Preference Repair Option	*Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred)	200008841G NIL G885598U Received	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1001 New Claim 1001 New Claim Address Claim Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	15-41	Insured Name Coreact No. (Home) Of Vehicle Number Insured Liability * * Preference Repair Option	*No No TAISHI-TECH (5) PTE LTD GROEZOER Not at Fault	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred)	200008841G NIL G885598U Received	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred workshop Contact No. Require Finalisation Date Registered Report Taken By	15-41	Insured Name Coreact No. (Home) Of Vehicle Number Insured Liability * * Preference Repair Option	*Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred)	200008841G NIL G885598U Received	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1001 New Claim 1001 New Claim Address Claim Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	15-41	Insured Name Coreact No. (Home) Of Vehicle Number Insured Liability * * Preference Repair Option	*Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred)	200008841G NIL G885598U Received	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred workshop Contact No. Require Finalsaction Date Registered Report Taken By Print AK letter Attachment	15-41	Insured Name Coreact No. (Home) Of Vehicle Number Insured Liability * * Preference Repair Option	*Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred)	200008841G NIL G885598U Received	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1001 New Claim Type * Contact No.[Mobile] Email Address Claim Description Preferred workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	15-41	Any injury? Insured Name Consact No.(Home) Of Vehicle Number Insured Liability * * Preferend Repair Option Claim Close Date	* Yes O No TAISHL-TECH (S) PTE LTD Gabajoer Not at Fault Preferred Workshop, Name unknown Save Submit	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred)	200008841G NIL G885598U Received	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred workshop Contact No. Require Finalsaction Date Registered Report Taken By Print AK letter Attachment	15-41	Insured Name Consact No.(Home) Of Vehicle Number Insured Liability * * Preferend Repair Option Claim Close Date	TAISHE-TECH (S) PTE LTD GROBEJOER Not at Pault Preferred Workshop, Name unknown Save Submit	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred)	200006841G MIL G885596u Received 29/01/2018 00:	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1001 New Claim Type * Contact No.[Mobile] Email Address Claim Description Preferred workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	15-41	Insured Name Contact No. (Name) Of Vehicle Number Insured Liability * ** Preferend Repair Option Claim Close Date Claim No. Upload Date	TAISHI-TECH (5) PTE LTD GROBE 296R Not at Pault Preferred Workshop, Name unknown Save Submit DOI 29/03/2018 17:47 Category *	Insured NRIC Contact No.(Office TP Vehicle Number Name of Preferred GIA report Date Received) Y Warkshap	200006841G MIL G885596u Received 29/01/2018 00:	00
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1001 New Claim Type * Contact No.[Mobile] Email Address Claim Description Preferred workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	15-41	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows	TAISHL-TECH (5) PTE LTD GRIDE206R Not at Pault Preferred Workshop, Name unknown Save Submit Oot 29/01/2018 17:47 Category * Category *	Insured NRIC Contact No (Office TP Vehicle Number Name of Preferred GIA report Date Received) Warkshap Ungenc	200008841G Nit. G885596U Received 28/01/2018 00:	00
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1001 New Claim Type * Contact No.[Mobile] Email Address Claim Description Preferred workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	15-41	Insured Name Contact No. (Name) Of Vehicle Number Insured Liability * * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows	TAISHE-TECH (5) PTE LTD GROBEJOER Not at Pault Preferred Workshop, Name unknown Save Submit DOI 29/03/2018 17:47 Category * Category * G Oper Please Select Please Select	Insured NRIC Contact No. (Office TP Vehicle Number Name of Preferred GIA report Date Received	Ungenc Variation	200008841G MIL G885696U Received 28/01/2018 00:	00
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1001 New Claim Type * Contact No.[Mobile] Email Address Claim Description Preferred workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	15-41	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows	TAISHE-TECH (S) PTE LTD GROBSDER Not at Pault Preferred Workshop, Name unknown 29/03/2018 17:47 Category * Category * C. Coest Please Select C. Coest Please Select C. Coest Please Select	Insured NRIC Contact No.(Office TP Vehicle Number Name of Preferred Confidential Confidential V NO. V V NO. V	Ungenc Normal Normal	200008841G MIL GR85698U Received 28/01/2018 00:	00
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.[Mobile] Email Address Claim Description Preferred workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	15-41	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * * Profesered Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows	TAISHL-TECH (S) PTE LTD GROBJOER Not at Fault Preferred Workshop, Name unknown 29/01/2018 17:47 Category * Category * Category * Category * Presse Select Presse Select Presse Select Presse Select	Driver Insurer Con Insured NRIC Contact No.(Office TP Vehicle Number Name of Preferred GIA report Date Received	Ungenc Normal Normal Normal	200008841G MIL G885696U Received 28/01/2018 00:	00
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.[Mobile] Email Address Claim Description Preferred workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	15-41	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows	TAISHL-TECH (S) PTE LTD GROBJOER Not at Fault Preferred Workshop, Name unknown 29/01/2018 17:47 Category * C. Ober Press Select C. Ober Press Select Please Select Class Please Select Class Please Select Class Please Select	Insured NRIC Conflact No. (Office TP Vehicle Number Name of Preferred Confidential Confidential V NG V V NG V V NG V	Ungenc Normal Normal	200008841G MIL GR85698U Received 28/01/2018 00:	00

Attachment		ploaded Sy/Cate		Category	Ŷ	Urgency	Description	Msg Sent? (CO)	Action
MRA."	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) n 2018 17:47	on 29 Jag- N	RIC/ Driving License		Normal	NR3C/ Driving License 2018-1-29		Edit
10	NAC_PAYA_UBI_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) n 2018 17:47	on 29 3a	SAS		Normal	SAS 2018-1-29		Edit
I S	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) n 2018 17:47	on 29 la	Priotos		Normal	Photos 2018-1-29		Edit
64	NAC,,PAVA_UBI_800601(NATIO	MAL ASSESSMENT CENTRE SERVICES) n 2018 17:47	on 29 Ja	Photos		Normal	Photos 2018-1-29		Edit
100	NAC_PAYA_URL 800601(NATIO	INAL ASSESSMENT CENTRE SERVICES) in 2018 17:47	on 29 Je	Photos		Normal	Photos 2018-1-29		Edit
	NAC_PAYA_UBI_800601(NATIO	INAL ASSESSMENT CENTRE SERVICES) in 2018 17:47	on 29 Ja	Protos		Normal	Photos 2018-1-29		Edit
8 -20	NAC_PAYA_UB1_800601(NATIO	nal assessment centre services) n 2018 17:47	on 29 Ja	Photos		Normal	Photos 2018-1-29		Edit
1	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) n 2018 17:47	on 29 Ja	Photos		Normal	Photos 2018-1-29		Edit
D'I	NAC_PAYA_UBI_800601{ NATIO	NAL ASSESSMENT CENTRE SERVICES) n 2018 17:47	on 29 Ja	Photos		Norma)	Photos 2018-1-29		Edit
	NAC_PAYA_UBI_800601(NATIO	MAL ASSESSMENT CENTRE SERVICES) n 2018 17:46	on 29 Ja	Photos		Normal	Photos 2018-1-29		Edit
1	NAC_PAYA_UBL_800601(NATIO	mai, assessment centre services) n 2018 17:46	on 29 Ja	Photos		Normal	Photos 2018-1-29		Edit
	NAC_PAYA_UBI_800603(NATIO	MAL ASSESSMENT CENTRE SERVICES) n 2018 17:46	pn 29 Ja	Photos		Normal	Photos 2018-1-29		Edit
1	NAC_PAYA_UB1_800601(NATIO	MAL ASSESSMENT CENTRE SERVICES) in 2018 17:46	on 29 Ja	Photos		Normal	Photos 2018-1-29		Edit
4	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) in 2018 17:46	on 29 Ja	Photos		Normai	Photos 2018-1-29		Edit
	NAC_PAYA_UBI_800601(NATIO	INAL ASSESSMENT CENTRE SERVICES n 2018 17:46	on 29 Ja	Photos		Normal	Photos 2018-1-29		Edit
♥ Video List									
	Uploaded By/Date	Folder Date	21	File Name		9	Source	Action	