

Date In: 2/2/18-17:00	Job description	Date & Time Completed	Done by
Ref No: NA/MC/P022145/24	SAS e-filing		
Veh No: XD514YE	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 2/2/18-10:05	i-Motor Claim Form	MT/0980738	2/2/18 18:35
OD : TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: XD6017H INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616) Date & Time Completed: Done by:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury : _____

Date/Time	Actions

NA1800730 Invoice Preparation Checklist Amt (\$)

Claimant's Particulars: 1) AR: Accident Reporting (\$30); INC (\$80)

Driver/Owner: 2) DA: Damage Assessment (\$100); INC (\$80)

Contact No: 3) TF: Towing Fee \$40/\$45

Damaged Portion: 4) FT: Follow-Through Survey \$120

QC Checked by (Engr-In-Charge): 5) FT: Follow-Through Survey (Resurvey) \$30

Auditors' Comments: 6) TR: Re-inspection \$75

Sat. 1: 7) N1: Idao DA + SMRT Survey \$160

Sat. 2 / 3: 8) NTUC Additional Services: ON*

Invoice dated Fee Charged

Invoice dated Fee Charged

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 withholding of material facts may allow insurance companies to repudiate 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/02/2018 17:00
Date Of Accident	02/02/2018 10:05
Exact Location Of Accident	25 PENJURU LANE DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5144E
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Insured/Policyholder

Name Of Registered Owner	MASINDO LOGISTIC PTE LTD
Co Reg No	200301939M
Email Address	NQEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	NISSAN
Model	GKB45CLBHN8
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5072550287-02
Cover Note Number	

Driver

Name of Driver	ZHAO WENBIN
Passport No/FIN	G6753128R
Date Of Birth	13/09/1973
Occupation	OUTDOOR
Date Of Driving Pass	14/05/2011
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82736166
Fax Number	
Contact Number	OFFICE-82736166
Email Address	NOEMAIL

Address	BLK 3017 UBI ROAD 1 #02-131
Postcode	408908
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, I WAS EXITING 25 PENJURU LANE DRIVEWAY . SUDDENLY VEHICLE B WITHOUT DOUBLE CHECK OF MY VEHICLE AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

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	XD6017H
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)	1

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 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) 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' 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:

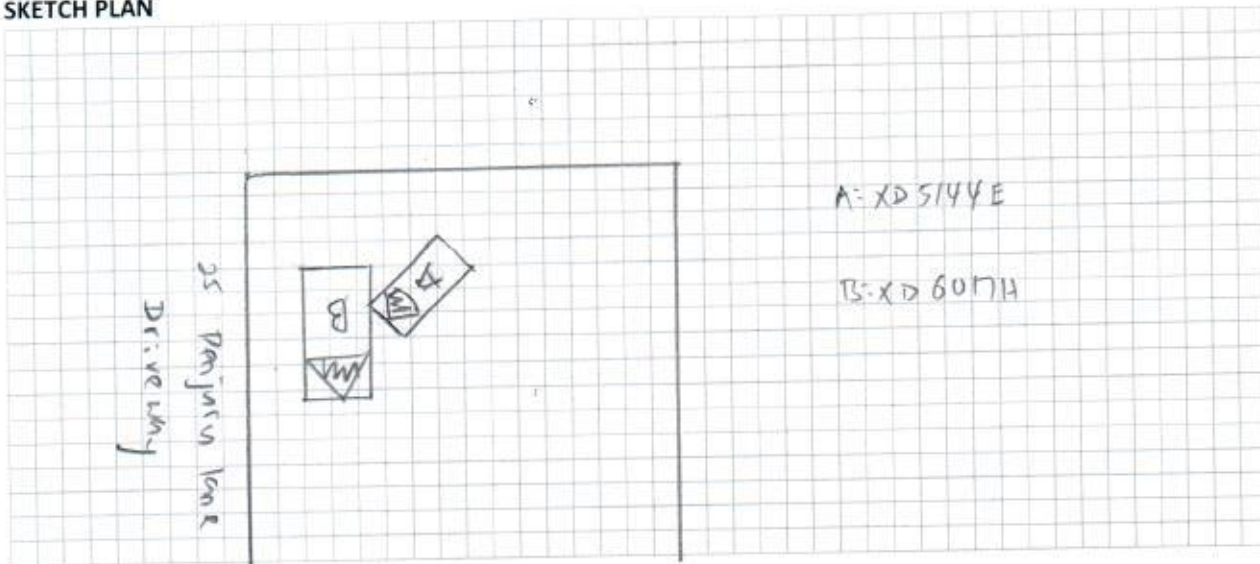
胡文斌

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

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee Registration No: **G6753128R**

Name: **ZHAO WENBIN**

Birth Date: **13 Sep 1973**

Issue Date: **01 Dec 2017**

Valid Till: **30/11/2022**

002749312H



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **MASINDO LOGISTIC PTE. LTD.**

Sector: **SERVICE**

Name: **ZHAO WENBIN**

Occupation: **PRIME MOVER DRIVER**

S Pass No.: **0 74029132**

Date of Application: **02-11-2017**

Date of Issue: **21-11-2017**

Date of Expiry: **21-11-2019**

L8467752



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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	08 Dec 2010
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	14 May 2011



NP 428A

VISIT PASS
Immigration Regulations

Name: **ZHAO WENBIN**

Date of Birth: **13-09-1973** Sex: **M** Nationality: **CHINESE**

FIN: **G6753128R** Date of Issue: **21-11-2017** Date of Expiry: **21-11-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072550287-02	MASINDO LOGISTIC PTE. LTD.	200301939M	GFT	Preferred Workshop Plan	XD5144E	XD5144E	07/07/2017	

Policy Information

Policy No.	5072550287-02	Policyholder Name	MASINDO LOGISTIC PTE. LTD.	Policyholder NRIC	200301939M
Address	BLK 3017 #02-131 UBI ROAD 1 SINGAPORE 408708				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/07/2017	Effective Date	07/07/2017 00:00	Expiry Date	06/07/2018 23:59
Third Party Excess	0.00	Own damage Excess	1500.00	Windscreen Excess	200.00
Additional Excess		OS Premium	5315.74		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 3017 #02-131	Address 2	UBI ROAD 1	Address 3	SINGAPORE 408708
Address 4		Address Type	Singapore address	Post Code	408708
Unit No.		Related Policy Number	5096970656		

Insured Object: XD5144E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	07/07/2017 00:00	Basic Information Endorsement	000001286596386	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 07 Jul 2017, the Vehicle Usage is amended from Comprehensive to Preferred Workshop Plan for the vehicle as follows: VEHICLE NUMBER 1. XD1482E 2. XD2582T 3. XD3844G 4. XD4167X 5. XD5144E 6. XD5216G 7. XD9106P 8. XD9205L 9. XE1125G 10.XE1146X 11.XE299U 12.XE969U
2	07/07/2017 00:00	Basic Information Endorsement	000001286596409	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 07 Jul 2017, the following amendment(s) is/are made to this policy for Vehicle No XD1482E : SECTION II EXCESS : \$1,500.00 WINDSCREEN EXCESS : \$200.00
3	07/07/2017 00:00	Basic Information Endorsement	000001286595787	Endorsement Take Effective	Update Memo B
					Thank you for giving us the opportunity to serve you. We confirm that this policy is

Figure 1

The premium on this policy has not been collected.

Accident MT/0280738

Policy No.	5072550287-02	Vehicle No.	XDS144E	GST Registration No.	200301939M
Policyholder Name	MASINDO LOGISTIC PTE. LTD.			Policyholder NRIC	200301939M
Product Code	FLEET INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value=""/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NoCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	02/02/2018-18:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	02/02/2018	Time of Accident (hh:mm)	10:05	Country of Accident	Singapore
Reporting Centre		Change Force		ICM No.	
Accident Location	25 PENJURU LANE DRIVEWAY				

Benefits

Excess

Own damage Excess	1,000.00	Additional Excess	Windscreen Excess	200.00
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

GST Registered Information

GST Registered Information	
GST Registered	Yes
GST Registration No.	200301939M
GST Registration Date	15/09/2003
GST Status Verified	Yes
Modification History	

Policyholder Mailing Address

Policyholder Mailing Address					
Address 1	BLK 3017 #02-131	Address 2	UBI ROAD 1	Address 3	SINGAPORE 408708
Address 4		Address Type	Singapore address	Post Code	408708
Unit No.		Related Policy Number	5096970055		

Of Driver Info

Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ZHAO WENBIN	Driver NRJC	06753128R	Driver DOB	13/09/1973
Register Date of Driver License	14/05/2011	Driver Age	44	Driving Experience	6
Contact No.(Mobile)	82736166	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 3017	Address 2	UBI ROAD 1	Address 3	KAMPONG UBI INDUSTRIAL EST
Address 4	SINGAPORE 408708	Address Type	Singapore address	Post Code	408708
Unit No.	02-131				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reaction?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	MASINDO LOGISTIC PTE. LTD.	Insured NRIC	200301939M
Contact No.(Mobile)	97306107	Contact No.(Home)		Contact No.(Office)	06427228
Email Address		OJ Vehicle Number	XD5144E	TP Vehicle Number	XD6017H
Claim Description	XD5144E / XD6017H ON 2 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	02/02/2018 00:00
Date Registered	02/02/2018 18:35	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/090738	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/02/2018 18:36

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 18:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 18:35	SAS	Normal	SAS 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 18:35	Photos	Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 18:35	Photos	Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 18:35	Photos	Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 18:35	Photos	Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 18:35	Photos	Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 18:35	Photos	Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 18:35	Photos	Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 18:35	Photos	Normal	Photos 2018-2-2		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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