Date In: 2 2 18-7:22	Jeb description	Date &Time Completed	Done by
Res No: NA   Mc 18002145/24	SAS e-filing		
Veh No: XD SIYYE	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 2/3/18-10:05	i-Motor Claim Form	MT/ 298 0738	2/8/18 18:35
	i-Motor W/O (Within: OD 2hr		
OD : TP : Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (	Carry Constitution of the		Fax:
TP Particulars: Veh No: XI			
Owner / Driver: (	P6317H	Tel:	1
Policy No: ( )	Period: ( )	Cover Type: (	
Confirmed by: (	Date:	Time:	)
	) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	110000000000000000000000000000000000000
	1,000 ( )/\$2,000 ( )		
General Remarks.			
( ) Walk-In Customer : Customer's in	the state of the s	rictly NO refer of repairer	
( ) Total Loss Case : to e-mail Ins		10.3 (10.0) 0.1000101.	
Drive-In ( )/ Towed-In ( ); Invo	pice: YES( )/NO( );T	owing Co: (	
Remarks: (INC hotline: 6788 6616)	1	Date& Time Completed	Done by
	/ Courtesy Car ( )		
	/ Courtesy Car ( )	<del></del>	
2) QC Check / Post Repair Inspection	( )	+	(d.
	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )		
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#### 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 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.

- 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

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ACC	DEN	DIA	ш		ш

02/02/2018 17:00 Date Of Report 02/02/2018 10:05 Date Of Accident

25 PENJURU LANE DRIVEWAY Exact Location Of Accident

SINGAPORE Country/State of Loss

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number XD5144E

Insured/Policyholder

MASINDO LOGISTIC PTE LTD Name Of Registered Owner

200301939M Co Reg No NQEMAIL **Email Address** 

Mobile Phone No

OFFICE-89999999 Alternative Phone No

Vehicle Particulars

NISSAN Manufacturer

GKB45CLBHNB Model

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy

NO for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

YES Fleet Policy

5072550287-02 Policy Number

Cover Note Number

Driver

ZHAO WENBIN Name of Driver G6753128R Passport No/FIN 13/09/1973 Date Of Birth OUTDOOR Occupation

14/05/2011 Date Of Driving Pass

6 YEARS AND 8 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-82736166 Mobile Number

Fax Number

OFFICE-82736166 Contact Number

NOEMAIL **EMail Address** 

BLK 3017 UBI ROAD 1 Address #02-131

408908 Postcode

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

2 Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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

1

NO

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** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

## 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.
- 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>.
- 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 Police for investigation.
- 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.
- 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:
  - 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;
  - 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.

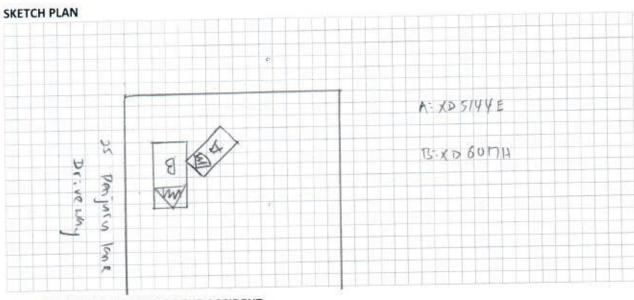
Policyholder Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

GIARMC SketchPlanForm\_V3

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DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

GIARMC SketchPlanForm\_V3





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

EFFECTIVE DATE

Class 3

Class 4

NP 428A

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg load or passengers and the unladen weight =< 7250kg

14 May 2011

Licence No:G6753128R

## **VISIT PASS**

Immigration Regulations

# ZHAO WENBIN



G6753128R 21-11-2017

Date of Explry 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.

<b>eBao</b> Tech					<b>表现</b>				Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601		and plants and		Clatter and		Change Lan	guage	Change Passwo	ord · Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	lo,				Date of Acc	ident	02/0	2/2018 10:05	
	Vehicle	No.(For Motor)	XD5144E							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5072550287- 02	MASINDO LOGISTIC PTE. LTD.	200301939M	GFT	Preferred Workshop Plan	XD5144E	XD5144E	07/07/2017	
						Continue				

Policy No.	5072550287-02	Policyholder Name	MASINDO LOGISTIC PTE	E. LTD. Policyholder NRIC	200301939M
SESSION CON	BLK 3017 #02-131 UBI R		08708	10130000	
ddress				Group	N
lame	FLEET INSURANCE	Plan		Policy Flag	
Policy ssue Date	04/07/2017	Effective Date	07/07/2017 00:00	Expiry Date	06/07/2018 23:59
hird Party Excess	0.00	Own damage Excess	1500.00	Windscreen Excess	200.00
dditional xcess		OS Premium	5315.74		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	TAN INSURANCE BROKER	RS PTE Agent Tel.	NIL	GST Flag	Y
Co- Insurance Flag Open Policy Info Certificate Info	No holder 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.	HEEREN ON	Related Policy Number	5096970656		
D Insure	ed Object: XD5144E				
	Date of	Endorsement Typ	e Endorsement	Endorsement Status	Endorsement Content
Sequen	Endorsement		Number		Thank you for giving us the
1	07/07/2017 00:00	Basic Information Endorsement	000001286596386	Endorsement Take Effective	the Vehicle Usage is amended from Comprehensive to
2	07/07/2017 00:00 07/07/2017 00:00				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  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
		Endorsement  Basic Information	000001286596386	Effective  Endorsement Take	confirm that from 07 Jul 2017, the Vehicle Usage is amended from Comprehensive to Preferred Workshop Plan for th vehicle as follows: VEHICLE NUMBER 1. XD1482E 2. XD2582T 3. XD3844G 4. XD4167X 5. XD5146E 6. XD5216G 7. XD9106P 8. XD9205L 9. XE1125G 10.XE1146X 11.XE299U 12.XE969U 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: SECTIO II EXCESS: \$1,500.00 WINDSCREEN EXCESS:

premium on this policy has n							
lent MT/0980738	NAME OF TAXABLE PARTY.	Access page	MERCAN		ST Registration No.		200301939M
No.	5072550287-02	Vehicle No.	XD5144E		olicyholder NIKIC		200301939M
holder Name	MASINDO LOGISTIC PTE, LTO.						0
uct Cede	PLEET INSURANCE	Cover Type	Preferred Work		oeding		
wct No. (Mobile)	0	Contact No. (Office)	0	٥	Contact No.(Home)		0
l Address		Special Remark			Code	8	In Y
10500000	® No ○ Yes	TCA	No ○ Yes		Code Reason		
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ort Date	02/02/2010 (8:31	Time of Accident bhirthm	10:05	-	country of Accident		Singapore
of Accident	02/02/2016	Change Force		1	CM No.		
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dent Location	25 PENJURU LANE DRIVEWAY						
Benefits							
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damage Excess	1,500.00						
arned Driver Excess		Outside Singapore OD Excess					
d Party Excess	0.00	Dutside Singapore TP Excess					
GST Registered Informa	tion			Shares Market			
Registered	Yes			gistration Date	15/09/2003		
Registration No.	200301939M		GST SI	atus Verified	Yes		
incation History		200					
Marin Control							
Policyholder Hailing Ad	dress				7000000		CHICARORE INCIDE
ress 1	BLK 3017 #02-131	Address 2	UBI ROAD 1		Address 3		SINGAPORE 408708
dress 4		Address Type	Singapore add	ress f	Post Code		408708
it No.		Related Policy Number	5096970656				
OI Driver Info							
ver Name	Unnamed Driver	Driver Type	Unnamed Driv		and to some or		Colorows
named driver Name	ZHAO WENBIN	Driver NR3C	G6753128R	-	Driver DDB		13/09/1973
peter Date of Driver License	14/05/2011	Driver Age	44		Driving Experience		6
stact No.(Mobile)	82736166	Contact No. (Office)	0		Contact No.(Home)		0
		Address 2	UBI ROAD 1		Address 3		KAMPONG UBI INDUSTRIAL EST
fress 1	BLK 3017	0.000		2010	Post Code		408708
fress 4	SINGAPORE 408708	Address Type	Singapore ad	ress	Post Core		100100
rt No.	62-131						
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