D 1-1-1-1	Table 1		Date &Time Completed	Done	by.
Date In: 29/3/18-15:08	Jeb description		Date to Time Completed		
Ref No: NA IN (1800 875 / 24	SAS e-filing		-		135.1
Veh No: XB964TK	E-mail (within 8		1	1-1	
D.O.A .: 29/3/18-08:30	i-Motor Clair	n Form	MT/0988247	29/3/18	12:40
OD / TP / Reporting Only	i-Motor W/O		(s, TP 4hrs)		
	i-Photo Uploa	nded			
TP Insurer:	Assessment/Sur	rvey Report	j	ļ	
11 1100101.	Ass't Report by	Fax/Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 5159	5455	. INC (
Owner / Driver: (Tel:)	-
Policy No: () Pc	riod: ()	Cover Type: ().	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W		0%; P: 21-79%. P: 80-	100%]	
	Warranty: YES ()/NO()		
	000()/\$2,000(
General Remarks				200	
() Walk-In Customer: Customer's info					
() Total Loss Case : to e-mail Insure	er URGENTLY.	r.			
Drive-In ()/ Towed-In (); Invoice	: YES()/N	0();1	owing Co: (*1)
Remarks:- (INC horline: 6788 6616)			Date& Time Completed	Dank	Share .
			Datescrimo Somple su	THE PARTY OF STREET	, y
	Courtesy Car ()		*	-	
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$3	()				
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NA180 1980		1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T	paration Checklist tReporting (330); Assessment (\$100); INC (\$100)	Amif (\$) fit Bill 880) 40/545 \$120	1 - 1 - 1 - 1 - 1 - 1 - 1
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.

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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29/03/2018 15:08 Date Of Report 29/03/2018 08:30 Date Of Accident

JUNC CLEMENTI RD & W COAST HWY Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

XB9645K Vehicle Registration Number

Insured/Policyholder

LAND-WAY CONTAINER SERVICES PTE LTD Name Of Registered Owner

199607790R Co Reg No NOEMAIL Email Address

Mobile Phone No

OFFICE-62229014 Alternative Phone No.

Vehicle Particulars

MITSUBISHI Manufacturer FP517DR2RDEB Model

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?

REPORTING ONLY If No. Please state action to be taken COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

5071677556-02 Policy Number

Cover Note Number

Driver

CAI CHUNSHENG Name of Driver G2583602U Passport No/FIN

19/03/1977 Date Of Birth OUTDOOR Occupation 18/08/2015 Date Of Driving Pass

2 YEARS AND 7 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-81520109 Mobile Number

Fax Number

OFFICE-81520109 Contact Number

NOFMAIL EMail Address

7 KEPPEL ROAD Address

#02-17 TANJONG PAGAR COMPLEX

089053 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 - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 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.

1

NO

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 TRAVELLING ALONG CLEMENTI RD LANE 4. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJE9542Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR 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 <u>correctly</u> 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.
- 5. 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.

LAND-WAY CONTAINER SERVICES PTE LTD NO.7 REPPEL ROAD #02-17

TANJONG PAGAR COMPLEX SINGAPORE 089053

Policyholder's Signature 90R

Driver's Signature

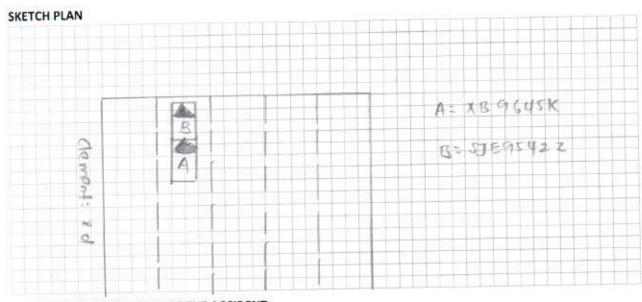
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signa

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

efor to stateme	14.		
/			

DECLARATION SERVICES PIE LIV

We declare the foregoing particulars are true in every respect.

TANJONG PAGAR COMPLEX SINGAPORE 089053 TEL: 6222 9017, 6222 9014 FAX: 6225 306

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.:









eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601			District Control	and the latest designation of the latest des		Change Lan	guage	Change Passwo	ord • Log Out
My Desktop	Polic	y Query								•
Notice of Loss	Policy N	0.				Date of Ac	cident	29/03	/2018 08:30	
	Vehicle	No.(For Motor)	XB9645K							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5071677556- 02	LAND-WAY CONTAINER SERVICES PTE LTD	199607790R	GCV	Third Party	XB9645K	XB9645K	10/06/2017	09/06/2018
			12.00			Continue				

Sequen	ce Date of Endorsement	Endors	ement Type Endorseme	ent Status	Endorsement Content
□ Endor	sements				
) Insure	ed Object: XB9645K				15. 15. 15. 15. 15. 15. 15. 15. 15. 15.
Unit No.	02-17	Related Policy Number	5069588928-03		
Address 4		Address Type	Singapore address	Post Code	089053
Address 1	7 KEPPEL ROAD	Address 2	#02-17 TANJONG PAGAR COM	P Address 3	SINGAPORE 089053
Policyl	nolder Mailing Address				The second control of
Certificate Info					
Open Policy Info					
Co- nsurance Flag	No				
Agent	TIMES INS BROKERS (MOTOR B	Agent Tel.	62528888	GST Flag	Υ
Outside Singapore OD Excess		Outside Singapore TP Excess			rui -
Additional Excess		OS Premium	0		
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	0.0
Policy ssue Date	19/05/2017	Effective Date	10/06/2017 00:00	Expiry Date	09/06/2018 23:59
roduct lame	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
ddress	7 KEPPEL ROAD #02-17 TANJON	G PAGAR CO	MPLEX SINGAPORE 089053	Croup	
olicy No.	5071677556-02	Policyholder Name	LAND-WAY CONTAINER SERVIC	NRIC	199607790R

lalm Handling										Ex
ocident MT/0988247										
	5071677556-02		Vehicle No.	X89645K	G	ST Registration No.				
	LAND-WAY CONTAINER	SERVICES PTE LTD			P	olicyholder NR3C		1996077908		
aduct Code	COMMERCIAL VEHICLE		Cover Type	Third Party	L	pading)	0		
	0	and a second	Contact No.(Office)	62229014	c	omact No.(Home)		0		
	U		Special Remark	444.000		Code	Î	NEW.		
naii Address	® No ○ Yes		TCA	® No ○Yes		Code Reason				
K.			NCD Encirement(%)	0	P	rivate Hire	3	No.		
D Protection	No		MCD Entitlement w/	50						
Accident Details				Nac.		codent Type		Collision - Head t	o Rear	
port Date	29/03/2018 15:38		Accident Report Within 24 hrs.			ountry of Accident		Singapore		
te of Accident	29/03/2018		Time of Accident Inh:mm	08:30		CM No.		200000		
parting Centre			Orange Force			Upt 140.				
cident Location	JUNC CLEMENTI RO & V	W COAST HWY								
2 Benefits										
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en damage Excess		0.00	Additional Excess			rindscreen Excess			0.00	
viamed Oriver Excess			Outside Singapore OD Excess							
nied Party Excess		0.00	Outside Singapore TP Excess							
GST Registered Informa	ition									
ST Registered	No			GST Registration Date		444				
ST Registration No.				GST Status Venfied		No				
odification History										
→ Policyholder Mailing Ad-	dress									
opress 1	7 KEPPBL ROAD		Address 2	#02-17 TANJONG PAGAR COM		Address 3		SINGAPORE 009	053	
adress 4			Address Type	Singapore address		lost Code		089053		
nit No.	02-17		Related Policy Number	5069588928-03						
OI Driver Info										
river Name	Unnamed Driver		Onver Type	Unnamed Driver				VALUE OF THE PARTY		
nnamed driver Name	CAL CHUNSHING		Driver NRIC	G2583602U		Driver DOB		19/03/1977		
egister Date of Driver License	18/08/2015		Driver Age	41		Driving Experience		2		
ontact No (Mobile)	81520109		Contact No.(Office)	0	-	Contact No. (Home)		0	552	
ddress 1	7 KEPPEL ROAD		Address 2	TANZONG PAGAR COMPLEX		Address 3		SINGAPORE 089	9053	
ddress 4			Address Type	Singapore address	1	Post Code		089053		
int No.	02-17									
loes he own a Singapore legistered car?	☐ Yes ® No		Oriver Vehicle No.		1	Driver Insurer Comp	any			
eclaration treathalyser or Blood Test	0 mg		Any injury?	Yes No						
teading? Indification History										
Claim 001 New										
Davin Type *	00-MX	V	Insured Name	LAND-WAY CONTAINER SERVI	ic	Insured NRIC		199607790R		
Centact No. (Mobile)	100.10		Contact No.(Home)			Contact No.(Office)				
			OI Vehicle Number	X89645K		TP Vehicle Number		S3E95422		
mail Address	Constant Constant	ON 30 May 3018				Name of Preferred W	/orkshop			
Daim Description	XB9645K / SJE9642Z	ON 29 Mai 2018	A CONTRACTOR OF THE PARTY OF TH	F	_					
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taport Taken By	Jackson	2								
A Print AK letter										
Attachment				Save Submit						
4	Marine Control		Claim No.	001						
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Attachment RML cu		,ploaded By/Dahl INAL ASSESSMENT CENTRE SERVICES) on 29 Ma	Category	1	Urgency	Description NR3C/ Driving License 2018-3-29	Sent? Action (CO)
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793		MAL ASSESSMENT CENTRE SERVICES) on 29 Ma + 2018 15:41			Normal	SAS 2018-3-29	Edit
					Normal	Photos 2018-3-29	Edit
		MAL ASSESSMENT CENTRE SERVICES) on 29 Ma r 2018 15:41			Normal	Photos 2018-3-29	Edit
-6	NAC_PAYA_UB1_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 29 Ma r 2018 15:41	XXXXXXX		Normal	Photos 2018-3-29	Edit
4	NAC_PAYA_UBL_800601(NATIO	onal ASSESSMENT CENTRE SERVICES) on 29 Me r 2018 15:41	Photos		Normal	Priorios 2018-3-29	648
壶	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRÉ SERVICES) on 29 Ma + 2018 15:41	Photos		Normal	Photos 2018-3-29	Edit
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	NAC_PAYA_UB1_800501(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 29 Ma r 2018 15:41	Photos		Normal	Photos 2018-3-29	Edit
⇒ Video List	Uploaded By/Date	Folder Date	File Name		7	Source	Action