Date In: 34/1/18-18:35	Job description	Date & Time Completed	Done	. p.
Ref No: NA/INC18009499/24	SAS e-filing			
Veh No: GRE4305	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 15/1/18 - 14:00	i-Motor Claim Form	M1009 4688-002	34/5/18	19:0
OD : TD / D	i-Motor W/O (Within: OD 2hr			
OD : TP ! Reporting Only	i-Photo Uploaded		***************************************	¥53.
TP Insurer:	Assessment/Survey Report		Security State	
IP Insurer:	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tol: Fa	ix:	
TP Particulars: Veh No: 5	(Q4005D . INC(	)/Non-INC()		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	2000
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	00%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		-
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )			
General Remarks			or gar	
And the second s	TANK ON BUILDING STATES	Sink Straight de de le	CARR 18: 1, 1 %	
( ) Walk-In Customer : Customer's in	CONTRACTOR DESCRIPTION OF STREET	nctly NO rater of repairer.		
( ) Total Loss Case : to e-mail Ins				
Drive-In ( )/ Towed-In ( ); Invo	pice: YES ( ) / NO ( ); To	owing Co: (		)
Cemarks:- (INC hotline: 6788 6616	No.	Date&Time Completed	No Done	hv
	/ Courtesy Car ( )		- Ga V (2-)G-10	- 2
·/ · · ppi) ioi Itansport Allowance (	/ Courtesy Car (	and the same of th		
		1		
2) QC Check / Post Repair Inspection	( )			
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2) QC Check / Post Repair Inspection  B) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ( )		BABOSE SE	4
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Pate/Time Actions	( ) \$3000] ( )			Ant
2) QC Check / Post Repair Inspection  B) Upload Resurvey Photo [Repair Cost > Injury :	( ) \$3000] ( )	aration Checklist	Ant (5)	4000000000
2) QC Check / Post Repair Inspection  B) Upload Resurvey Photo [Repair Cost > Injury :  Pate/Time Actions  NAI803370	( ) \$3000] ( )  Invoice Prep	aration Checklist	Ant (S)	400000000
OC Check / Post Repair Inspection  Description  Actions  NAI803270  Limant's Particulars:	( ) \$3000] ( )  Invoice Prep  1) AR : Accident 2) DA : Damage A	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$80)	Ant (S)	4000000000
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## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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.
- Information provided must be as <u>truthful</u> 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.

	ACCIDENT STATEMENT
Date Of Report	24/05/2018 18:35
Date Of Accident	15/05/2018 14:00
Exact Location Of Accident	SLIP RD SIMS AVE TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE430S
Insured/Policyholder	
Name Of Registered Owner	HEAVEN STREAM PTE LTD
Co Reg No	200201448W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67482566
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082778019-01
Cover Note Number	
Driver	
Name of Driver	LIZHEN
Passport No/FIN	G3174658U
Date Of Birth	11/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82386506
Fax Number	

OFFICE-82386506

NOEMAIL

Address 3019 UBI ROAD 1

#03-113

Postcode 408712

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

2

## 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

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.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

NO

1

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

SLQ4005D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

- 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.
- 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:
  - (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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Hatement.			
		2		
		/		
	/			
			1/2	

# 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 Personne s Signature

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SLIP RD SIMS AVE TWDS PAYA LEBAR RD. SUDDELY VEHICLE B BRAKE HIS VEHICLE. MY VEHICLE WAS TOO CLOSE TO HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY HIT ONTO VEHICLE B REAR PORTION.

# ACCIDENT STATEMENT

	ATION: Slip Rd Stms Ave twos	· paya lebar Ru.
1	. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: GBE 4305	
197	b)INSURANCE COMPANY: NTUC	
	C)POLICY NUMBER: 5682778019-01	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY	( / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	50 
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY /	MOTORCYCLE./ OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL	/ MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME:	10 C K 19
	1) ARE YOU CLAIMING UNDER YOUR OWN INSURA	NCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPO	ORTING ONLY) .
	INSURED / POLICY HOLDER	
	Alname: Heaven Stream Pte Ltd	(MALE/FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT: 6748 3566
	c)ADDRESS:	×
	·	· · · · · · )
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLD	DER
	DRIVER	
	a)NAME: Li then	CONTACT: 82386106
		CONTACT: 83386306
	c)ADDRESS:	
	*d)DATE OF BIRTH: ( 11 / 11 / 1984 )(DD/MA	4 /////
	e)OCCUPATION: (INDOOR / OUTDOOR)	
	f)YEARS OF DRIVING EXPRERIENCE 18 2	2
	WAS DRIVER AN EMPLOYEE OF THE INSURED	
	IF NO, RELATIONSHIP OF THE DRIVER WITH I	
	a) WEATHER CONDITION: (CLEAR / RAINING / OTH	
	b)ROAD SURFACE: (DRY) / WET / QTHERS	•
	WAS ANYBODY INJURED (YES / NO)	
	a) REPORTED TO POLICE (YES / NO)	8 8 9
	CINE CRIED IC I CHEE [125] INC.	• C
	IF YES, PLEASE STATE WHICH POLICE STATION:	
	IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE	
	IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE	MODEL:
	IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE  a) VEHICLE NUMBER:	MODEL:Xµ0
	IF YES, PLEASE STATE WHICH POLICE STATION:	MODEL: XNO CONTACT: CINA
	IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER:	MODEL:
	IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER:  e) DRIVER'S NAME:	MODEL: XNO CONTACT: CINA

amail = 888hsg@gmail.com



Our Ref: MT/CA/TP/001/0994688-001/SG/VU

17 May 2018

HEAVEN STREAM PTE LTD BLK 3019 #03-113 UBI ROAD 1 SINGAPORE 408712

Dear Policyholder

CLAIM NUMBER: MT/0994688-001
ACCIDENT INVOLVING GBE430S / SLQ4005D on 15 May 2018

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong Manager

Motor Insurance

#### WORK PERMIT

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

HEAVEN STREAM PTE. LTD.

Sector MANUFACTURING



LI ZHEN

WELDER & FLAME CUTTER

Work Pernet No. D 76705712

01-09-2016

06-10-2016

18-09-2018

L7271810

# REPUBLIC OF SINGAPORE DRIVING LICENCE Licence Number: G3174658U LIZHEN Birth Date: 11 Nov 1984 Issue Date: 05 Aug 2017 Valid Till 04/08/2022

#### VISIT PASS

Immigration Regulations

LI ZHEN

Date of Birth

11-11-1984 M

CHINESE Date of Expiry

Date of issue G3174658U 06-10-2016 18-09-2018

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.



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

EFFECTIVE DATE

Class 3C Motor cars with unladen weight =< 3000kg with =< 7 05 Aug 2017 passengers, exclusive of driver

NP 428A







aim Handling							
ident HT/0994688							
icy No.	5082778019-01	Vehicle No.	G8E430S	GST Registration N	ia.	20020144BW	
icyholder Name	HEAVEN STREAM PTE LTD			Policyholder NR3C		20020144BW	
duct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading		0	
mact No.(Mobile)	NA.	Contact No. (Office)		Contact No. (Home)	,		
sell Address		Special Remark		eCode		le v	
C	® No ○ Yes	TCA	® No ○Yes	eCode Reason			
D Protection	No	NCD Entrolement(%)				Carry property and	
Accident Details	as a	aco consenere(se)	20	Private Hire		Not available	
	MANAGEMENT OF THESE						
out Date	17/05/2018 14:05	Accident Report Within 24 hrs	s Yes	Acodem Type		Unknown	
e of Accident	15/05/2018	Time of Accident hhomm	14:00	Country of Acoden	t	Singapore	
arting Centre		Orange Force		TOM No.			
dent Location	SIMS AVENUE PAYA LEBAR JUNCTION						
Benefits							
Excess							
damage Excess	600.00	Additional Excess					
amed Driver Excess	000.00			Windscreen Excess	6	100.00	
		Outside Singapore OD Excess					
d Party Excess	0.00	Outside Singapore TP Excess					
GST Registered Inform							
Registered	Yes		GST Registration Date	01/12/200	0.3		
Registration No.	200201448W		GST Status Verified	Yes			
fication History	18/05/2018 12:00:51 Em	ily Tan changed GST Registered from ily Tan changed GST Registration No	o. from nut to 200201448W				
42020203030303030	16/05/2016 12:00:51 Em	By Tan changed GST Registration Da	ate from null to 01/12/2003				
Policyholder Mailing A							
ress I	BTK 3018 403-113	Address 2	UBI ROAD 1	Address 3		SINGAPORE 408712	
rese A		Address Type	Singapore address	Post Cope		406712	
No.	03-113	Related Policy Number	5084291355-01				
OI Driver Info							
er Name		Onver Type					
med driver Name		Driver NRIC		Driver DOB			
		CHACL MALE					
	se :			Driving Experience			
iter Date of Driver Licens	se	Driver Age		Driving Experience			
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ster Date of Driver Licens (act No.(Mobile) (ess 1	16	Oniver Age Contact No. (Office) Address 2		Contact No.(Home) Address 3			
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NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Ma

	Uploaded By/Date	Folder Date	File Name	9	Source	Action
Video List						
	NAC_PAYA_US1_800601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 24 Ma y 2018 19:03	Photos	Normal	Photos 2018-5-24	Edi
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