Date In: 6 6 18 - 11:27		1NA(1807730b		
The state of the s	Jeb description	Date &Time Completed	Done b	).
Ref No: NA   ALC18010346/24	SAS e-filing			
Veh No: YN 78736	E-mail (within Shrs, AIC 2hrs)			.,
D.O.A: 28/1/18-08:20	i-Motor Claim Form	MT 0097587-001	6/6/18 19:	33
	i-Motor W/O (Within: OD 2h			
OD (TP) Reporting Only	i-Photo Uploaded	1		1310 VS
TD January	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tol: F	Fax:	
TP Particulars: Veh No: 6	ofe INC (	)/Non-INC( )	West-2015	
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	- 84
Year of Registration: ( )	Warranty: YES ( ) / NO (	)		
	1,000 ( )/\$2,000 ( )			
General Remarks:-			LOW T	
Drive-In ( )/ Towed-In ( ); Invoi		Towing Co: ( Date& Time Completed )	Done by	)
1) Apply for Transport Allowance ( )/		-	& William T.	
2) QC Check / Post Repair Inspection	( )		10	
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )			
	\$3000] ( )			
Injury:				Art. 8.1.
	\$3000] ( )		7634 COK 18	· · · · · · · · · · · · · · · · · · ·
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Injury:  Date/Time Actions  VAI 803544  Inimant's Particulars:	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing	t Reporting (\$30); Assessment (\$100); INC (\$60);	fat Bill 80) 0/\$45	
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Injury:  Date/Time Actions  NAI 803544  Buimant's Particulars:-  river/Owner:  ontact No:  nmaged Portion:	Invoice Pro  1) AR: Acciden  2) DA: Damage  3) TF: Towing  4) FT: Follow-1  5) FT: Follow-1  For claiming  6) TR: Re-inspe  7) N1: Idae DA  8) NTUC Additi	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 2005 ction + SMRT Survey	58 Bill (80) 0/\$45 \$120 \$30 (1) \$75	
Injury:  Date/Time Actions  VAI 803544  Elimant's Particulars:-  priver/Owner:  pontact No:  amaged Portion:	Invoice Pro  1) AR: Acciden  2) DA: Damage  3) TF: Towing    4) FT: Follow-I  5) FT: Follow-I  For claiming    6) TR: Re-inspe  7) N1: Idae DA  3	t Reporting (\$30); Assessment (\$100); INC (\$20); Fee \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 2005) ction + SMRT Survey onal Services	58 Bill (80) 50/\$45 \$120 \$30 5) \$75 \$160	
Injury:  Date/Time Actions  NAI 803544  Inimant's Particulars:- river/Owner: ontact No: nmaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 3 8) NTUC Additi OD!* *N5: Courtes *N6: Repair O	t Reporting (\$30); Assessment (\$100); INC (\$20); Fee \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 2005) ction + SMRT Survey onal Services	58 Bill (80) 0/\$45 \$120 \$30 6) \$75 \$160	
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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.
- 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.					
Carried Commenced Andrew Commenced Co	ACCIDENT STATEMENT				
Date Of Report	06/06/2018 11:27				
Date Of Accident	28/05/2018 08:50				
Exact Location Of Accident	108 PASIR PANJANG RD				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	YN7873G				
Insured/Policyholder					
Name Of Registered Owner	BEE'S TRANSPORT & SERVICES PTE LTD				
Co Reg No	200004567H				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-96644987				
Alternative Phone No	OFFICE-96644987				
Vehicle Particulars					
Manufacturer	MITSUBISHI				
Model	FUSO FK62FMZ1RDEB				
Exact Purpose for which vehicle was being used at time of accident	WORKING				
Are you claiming under your own insurance policy					

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 NO

Policy Number 5100021319

Cover Note Number

Driver

 Name of Driver
 CHANG XIAOJIAN

 Passport No/FIN
 G8288659T

 Date Of Birth
 03/06/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/03/2014

Driving Experience 4 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93889207

Fax Number

Contact Number OFFICE-93889207

EMail Address NOEMAIL

Address

60 KAKI BUKIT PLACE #06-06 EUNOS TECHPARK

Postcode

415979

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

3

Insurance Company of Driver's Own Vehicle

\_

#### General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

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?

YES

Was any other material or property damaged? 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 FROM 108 PASIR PANJANG RD ONTO PASIR PANJANG RD. SECURITY GUARD ACCIDENTALLY PRESS WRONG BUTTON. IN A RESULT, THE GATE WAS CLOSING AND HIT ONTO MY VEHICLE REAR LEFT PORTION.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

GATE

Vehicle Make/Model/Colour

GOLDEN AGRI PLAZA PTE LTD

Details Of Properties

Vehicle Category

GOVERNMENT

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:
  - 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

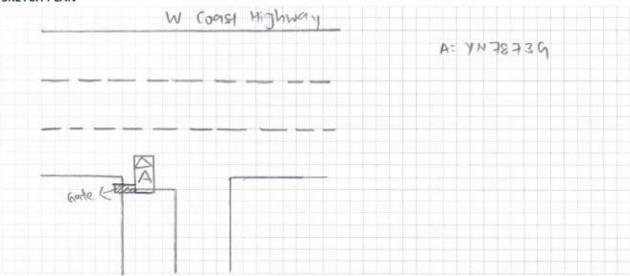
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	statement.			
	70			
			52	
	<i>F</i>			
/				
				_

# 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.;



WORK PERMIT

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

Employer
BEE'S TRANSPORT & SERVICES RTE LTD

Bestor: SERVICE



CHANG XIAOJIAN

LORRY/ TRUCK DRIVER

Work Permit No. 0 72511565



Date of Application

06-02-2020



L8551955

EFFECTIVE DATE

Motor cars == 2000 kg with =< 7 passagers, vactacive of the driver, and poter traders/vehicles =< 2500 kg Heavy motor cars and motor traders > 2500 kg

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

GRERRESTT

NP 428A

S / No. 9000203282

Licence No: G8288659T

VISIT PASS

Immigration Regulations

CHANG XIAOJIAN



Date of Birth Sex

Date of Issue

CHINESE Date of Expiry

G8288659T 08-01-2018 06-02-2020

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									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	· Change Passwo	ord • Log Out
My Desktop	Police	cy Query								
Notice of Loss	Policy N	io.				Date of Acc	ident	28/0	5/2018 08:50	
	Vehicle	No.(For Motor)	YN7873G							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100021319	BEE'S TRANSPORT & SERVICES PTE LTD	200004567H	GCV	Comprehensive	YN7873G	YN7873G	04/05/2018	03/05/2019
					Ī	Continue				



cident MT/0997587					
Stry No.	5100021319	Vehicle No.	VN7873G	GST Registration No.	200004567H
okcyholder Name	BEE'S TRANSPORT & SERVICES PTE LTD			Poscyholder NRIC	200004567H
roduct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
intact No.(Mobile)	95544987	Contact No. (Office)	0	Contact No. (Home)	0
neil Address		Special Remark		eCode	Total V
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	131-38
D Protection					
	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	06/06/2018 19:31	Accident Report Within 24 hm	Yes	Accident Type	Collided into Property
ne of Accident	28/05/2018	Time of Accident hh:mm	08:50	Country of Accident	Singapore
eporting Centre		Orange Force			Taland No.
1991-1991-1991-1991-1991-1991-1991-199	28 A SOLUTION (CO.)	Orange Porce		ICM No.	
cident Location	LOS PASIR PANJANG RD				
P Benefits					
Excess					
en damage Excess	1,500.00	Additional Excess		Windscreen Excess	100,00
named Driver Excess		Outside Singapore OD Excess		Jest market water during and	3440,000
int Party Excess	0.00				
		Outside Singapore TP Escess			
GST Registered Inform					
T Registered	Ves		GST Registration Date	01/01/2015	
7 Registration No.	200004567H		GST Status Verified	No	
dification History					
Policyholder Mailing Ad	ddress				
dress 3	60 KAKI BURIT PLACE	Address 2	#06-06 EUNOS TECHPARK	Address 3	SINGAPORE 415979
dress 4		Address Type	Singapore address	Post Code	415979
it No.		Related Policy Number		CONTRACTOR IN THE	Thereto,
		Assess Policy Number	5100974173		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	CHANG XIADIJAN	Driver NRIC	G8288659T	Driver DOB	03/06/1981
gister Date of Driver License	18/03/2014	Driver Age	36	Driving Experience	4
ntact No. (Mobile)	93889207	Contact No.(Office)	d .	Contact No.(Home)	0
Wess 1	60 KAKI BUKIT PLACE				
	OU NAKE BONES PEACE	Address 2	EUNOS TECHPARK	Address 3	SINGAPORE 415979
Gress s		Address Type	Singapore address	Post Code	415979
	C6-06	Address Type	Singapore address	Post Code	419979
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idrees 4.  18 No.  18	○ Yes	Driver Véhicle No.			913273
ne No.  pes he own a Singapore glatered car?  claration eatheryser or Blood Test	○ Yes	Driver Véhicle No.			913273
in No.  see his own a Singapore glittered car?  claration hathayser or Blood Test asing?  Dification History	○ Yes	Driver Véhicle No.			9132/3
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it No.  In the own a Singapore platered car?  Idration  atheryper or Blood Test  cling?  Infection History  Italim 001 New	○ Yes  ® No	Driver Vehicle No. Any injury?	○ Yes ® No	Oriver Insurer Company	
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Attachment		uploaded By/Date	Category	T urgency	Description	Sent? Action (CO)
190 C	NAC_PAYA_LIB1_800601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 06 July 0 2018 19:34	NRIC/ Driving License	Normal	NRJC/ Onling License 2018-6-6	Edit
99		ONAL ASSESSMENT CENTRE SERVICES) on 06 July 2018 19:34	SAS	Normal	SAS 2018-6-6	Edit
7	NAC_PAYA_UB1_800601( NAT)	DNAL ASSESSMENT CENTRE SERVICES) on 06 July 2018 19:33	Protos	Alocmail	Photos 2018-5-6	Edit
60	NAC_PAYA_LIST_600603( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 06 July 2018 19:33	Photos	Normal	Photos 2018-6-6	Edit
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