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Ref No: NA INC 180 13070 24	SAS e-filing		
Veh No: 6 BP63965	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 17/7/18-12:20	i-Motor Claim Form	MT 003566-001	18/18 12:1
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr		
OB / 17 / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
11 1134101.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: Fa	ix:
TP Particulars: Veh No: 6	15C42866 . INC ()/Non-INC()	36
Owner / Driver: (Tel:)
Policy No: (Period: ()	Cover Type: () .
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [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()		
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() Total Loss Case : to e-mail Ins	surer URGENTLY.		¥
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Remarks: (INC hotline: 6788 6616	A STANDARD STORY THE NEW AND ASSESSMENT OF LAND ASSESSMENT OF STANDARD STORY	Date&Tune Comple of	Done by
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2) QC Check / Post Repair Inspection	()		
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- 1 per at 1.31

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.

a neverty consent to the archiving of this report at the centre and to copies of the report being made available
ACCIDENT STATEMENT
18/07/2018 14:45
17/07/2018 12:20
48 ST THOMAS WALK BASEMENT CARPARK
SINGAPORE
DETAILS OF OWN VEHICLE
GBF6796S
URBAN MANAGEMENT AND CLEANING SERVICES
53367544L
NOEMAIL
(LOCAL) +65-94523489

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA

Model DYNA 150 MANUAL

Exact Purpose for which vehicle was being used at

time of accident

WORKING

OFFICE-94523489

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 5093051556

Cover Note Number

Driver

 Name of Driver
 LIM JINYUAN

 NRIC No
 \$8903460D

 Date Of Birth
 28/01/1989

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/04/2016

Driving Experience 2 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81022029

Fax Number

Contact Number OFFICE-81022029

EMail Address NOEMAIL

Address BLK 760 JURONG WEST STREET 74

#07-04

Postcode 640760

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

.

NO

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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.

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?

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

GBC4088G

Vehicle Registration Number

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) 0

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.
- 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.

Signature Driver's Signature

Date & Time 370 0 (If driver is not the policyholder)

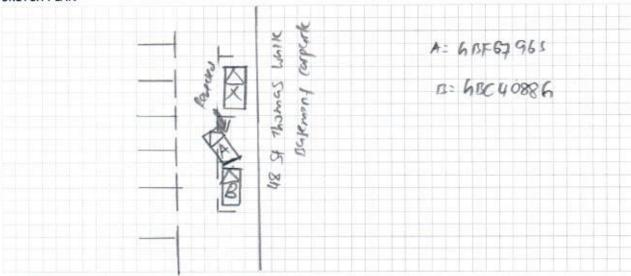
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholde



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to stateme	nd .	
10 -10 3-10-1	IV .	
		
		4310
		
/		

DECLARATION

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

Policyholder Si Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I REVERSED OUT FROM A PARKING LOT AS VEHICLE INFRONT OF MINE PARKED TOO CLOSE TO MY VEHICLE. WHEN I REVERSE MY VEHICLE I ACCIDENTALLY SLIGHTLY TOUCH ONTO VEHICLE B FRONT LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 17/7/8	(DD/MM/YYYY), TIME:(/2: 20)(HH:MM)
LOCATION: 48 St Thomas	Walk laxement carpurk
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GBF67°	965
DINSURANCE COMPANY: 47	UC .
CIPOLICY NUMBER: 50930515	76
	E / THIRD PARTY / THĪRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	ET HIND PARTY FIRE & HEFT)
	AVANIAL ORDER ALLOS OF THE STATE OF THE STAT
GIVEHICLE CATEGORY (PRIVATE	/VAN / LORRY / MOTORCYCLE / OTHERS) / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDE	ENT TIME: WYTERA WYKINA.
i) ARE YOU CLAIMING UNDER YO	ENT TIME: WINTED WINGS.
IF NO, PLEASE STATE (THIRD PAR	DE CAN INSUKANCE (AER NO)
2. INSURED / POLICY HOLDER	
A) NAME: Ursan managemen	and classian services
b)NRIC/FIN/PASSPORT: 5336	TYPL CONTACT: 9412 3489
c)ADDRESS:	CONTACT: 97171989
(i) (i) (ii)	
* CONTINUE TO 3.d IF DRIVER ALSO	O POLICY HOLDER
The of passengs DRIVER	- TOLIST MOLDER
(Including driver) a) NAME: Lim Jimyan	(MALE / FEMALE)
b) NRIC/FIN/PASSPORT: SE905	160 CONTACT 810)2019
c)ADDRESS:	CONTACT. STOTEOS
100 GAZ	
*d)DATE OF BIRTH: (28)	(949)(DD/MM/YYYY)
ALOCCOPATION: (INDOOR / OUTD	OOOR
f) YEARS OF DRIVING EXPRERIENCE	10/216
4. WAS DRIVER AN EMPLOYEE OF	THE INSURED'S COMPANY? (YES / NO)
I NO, RELATIONSHIP OF THE D	RIVER WITH INCLIDED.
J. GIWEATHER CONDITION: (CLEAR /	RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET / O	THERS
6. WAS ANYBODY INJURED (YES / NO	
7. a) REPORTED TO POLICE (YES /NO)) (4)
IF YES, PLEASE STATE WHICH POLICE 8. THIRD PARTY VEHICLE	CE STATION:
He of passenger a) VEHICLE NUMBER: 6BC 468	
Induding drives b) DRIVER'S NAME:	MODEL:
Induding driver) b) DRIVER'S NAME: () NRIC/FIN/PASSPORT:	
() NRIC/FIN/PASSPORT:	CONTACT:
No of passanger d) VEHICLE NUMBER:	MODEL:
Including driver) f) NRIC/FIN/PASSPORT.	The state of the s
Induding driver) f) DRIVER'S NAME:	CONTACT:
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email = St	SIDLIM & GMAIL.COM
fax =	
	163
VIDEO =	A 4 1 2 2

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8903460D





Name

LIM JINYUAN

林金源

Race

CHINESE

Date of birth

28-01-1989

Country/Place of birth

SINGAPORE

Sex

M

5663346







Date of issue

05-10-2016

Address

APT BLK 760 JURONG WEST STREET 74 #07-04 SINGAPORE 640760



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

EFFECTIVE DAT

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

13 Apr 2016

4

Licence No:S8903460D

NP 428A

eBao Tech									Gene	eralClaim
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My Desktop	Poli	cy Query								,
Notice of Loss	Policy N	10.				Date of Acc	ident	17/07	/2018 12:20	
	Vehicle	No.(For Motor)	GBF6796S							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093051556	URBAN MANAGEMENT AND CLEANING SERVICES	53367544L	GCV	Comprehensive	GBF6796S	GBF6796S	31/07/2017	30/07/2018
					- [Continue				



cident MT/1003566					
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alicy No.	5093051556	Vehicle No.	G8F6796S	GST Registration No.	
Dicyholder Name	URBAN MANAGEMENT AND CLEANING SER	VICES		Policyholder NRIC	53367544L
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nail Address		Special Remark		eCode	No. W
FK .	® No ⊜ Yes	TCA	® No ⊜Yes	eCode Reason	VOLUME IN THE PARTY OF THE PART
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Accident Details				Financines.	× 1000
	18 (Whiteham at 187, 197)	wasansworth and a series			
port Date	18/07/2018 15:45	Accident Report Within 24 hrs	Yes	Acodem Type	Collided into Parked Vehicle
ete of Accident	17/07/2018	Time of Accident hh:mm	12:20	Country of Accident	Singapore
sporting Centre		Orange Force		ICM No.	
cident Location	48 ST THOMAS WALK BASEMENT CARPARK				
▽ Benefits					
Excess					
	01200000	261712130 EURO			
vn damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
nemed Driver Excess		Dutaide Singapore OD Excess			
rd Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform	ation				
T Registered	No.		GST Registration Date		
T Registration No.			GST Status Venfied	No	
dification History			STATE OF STA	11.00%	
Policyholder Mailing Ad	idress				
dress I	BUK 1016 #03-149	Address 2	GEYLANG EAST AVENUE 3	Address 3	GEYLANG EAST INDUSTRIAL ES
dress 4	SINGAPORE 389731	Address Type			
			Singapore address	Post Code	389731
IR NO.	03-149	Related Policy Number	5093051556-01		
Of Driver Info					
ver Name	Urinamed Driver	Driver Type	Unnamed Driver		
named driver Name	LIM IINYUAN	Driver NRIC	\$8903460D	Driver DDB	28/01/1989
gater Date of Driver License	13/04/2016	Driver Age	29	Driving Expenience	2
mtect No.(Mobile)	81022029	Contact No.(Office)	0		
dress 1			On the second se	Contact No.(Home)	0
	BLK 760	Address 2	JURONG WEST STREET 74	Address 3	SINGAPORE 640760
Idress 4		Address Type	Singapore address	Post Code	640760
it No.	07-04				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Compe	ny
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Video List							
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Attachment		Uploaded By/Date	Category	Y	Urgency	Description	Sent? Act (CO)