Date In: 2 8 18 -10!11	Jc-b description	Date &Time	ompleted	Done	bv.
		- But terms	- Inpance		-
Res No: NA INCRONSS 124	SAS e-filing				
Veh No: GBGJ731E	E-mail (within Shrs, AIC 2h	rs)			2
D.O.A: 1/8/18-08:40	i-Motor Claim Form	M/1005 67 1	-00)	विशिष्ठ तः	37
OD P ! Reporting Only	i-Motor W/O (Within: O	O 2hrs, TP 4hrs)			or who more
OB . 11 F) toporting Only	i-Photo Uploaded	1		HIT. St. (St. St. St. St. St. St. St. St. St. St.	
TP Insurer:	Assessment/Survey Repo	ort			
17 hisurer.	Ass't Report by Fax / Ha	and to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(	Tol:	Fa	ıx;	
TP Particulars: Veh No:	LAJATE IN	C( )/Non-INC	( ).		KOIL SEK
Owner / Driver: (		Tel:		)	
Policy No: ( )	Period: (	) Cover Type: (		)	
Confirmed by : (	Date:	Time		7)	
Insured/Driver Liability: ( %	(WO): N:	0-20%; P: 21-79%	F: 30-10	00%]	
Year of Registration: ( )	Warranty: YES ( )/NO				
Excess: (\$ ) Loading: 5	\$1,000()/\$2,000()				
General Remarks:	TO A DESCRIPTION AND A STREET WAS ASSESSED.	SEA SECTION OF SECTION	Ceraes m	ME TO THE	1
Annual Control of the	ecation comments and assume the end	Sent af what \$18 feet for Some	Constitute to 19.15	APT No.	-
( ) Walk-In Customer: Customer's		& Strictly NO refer o	repairer.		
( ) Total Loss Case : to e-mail Ins	surer URGENTLY.		4	100	
Drive-In ( )/ Towed-In ( ); Inve	oice: YES( ) / NO( )	; Towing Co: (		,,,	)
Remarks:- (INC hoffine: 6788 6616		V Date&Time Co	33300	Jee Dank	day!
		Datewrante Co	The ser	(CONTRACTOR)	ру
1) Apply for Transport Allowance ( )	) / Courtesy Car ( )				
	( )				
	( )				
	( )				
3) Upload Resurvey Photo [Repair Cost > Injury :	( )				, 201, 3
3) Upload Resurvey Photo [Repair Cost > Injury:	( )		- XX415 S	3.450.533F	
3) Upload Resurvey Photo [Repair Cost >	( )			ZW. ZWGCKYST.	- L 201. 3
3) Upload Resurvey Photo [Repair Cost >	( )		33,40, 59	en de la constante	, 10 <sub>1</sub> , p
3) Upload Resurvey Photo [Repair Cost >	( ) >\$3000] ( )				
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July : ———————————————————————————————————	Invoice I  1) AR: Acci 2) DA: Dan 3) TF: Towi 4) FT: Folio 5) FT: Folio For claim 6) TR: Re-in 7) N1: Idao 8) NTUC Ac OI)* *N5: Cour	dent Reporting (\$30); logg Assessment (\$100); logg Assessment (\$100); logg Fee w-Through Survey w-Through Survey (Resur logg against INC Only (we) lospection DA + SMRT Survey lditional Services:- ltesy Car / Tpt Allowance	INC (\$80) \$40/5 \$1 vey) \$ 10 Jen 2005) \$	78 Bill   145   20   30   75   60   \$55	10000
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Date/Time Actions	Invoice I  1) AR: Acci 2) DA: Dan 3) TF: Towi 4) FT: Follo 5) FT: Follo Forelsimi 6) TR: Re-in 7) N1: Idao 8) NTUC Ac QI)* *N5: Coun *N6: Repe	dent Reporting (\$30); logg Assessment (\$100); logg Assessment (\$100); logg Fee w-Through Survey w-Through Survey (Resur logg against INC Only (we) lospection DA + SMRT Survey lditional Services:- ltesy Car / Tpt Allowance	INC (\$80) \$40/5 \$1 vey) \$ 10 Jen 2005) \$5	78 Bill   145   20   30   75   60   \$55	Add B
July : ———————————————————————————————————	Invoice I  1) AR: Acci 2) DA: Dan 3) TF: Towi 4) FT: Folio 5) FT: Folio Parelsimi 6) TR: Re-in 7) N1: Idao 8) NTUC Ac OI)* *N5: Coun *N6: Reps *N7: Fost *N8: DV	dent Reporting (\$30);  logg Assessment (\$100);	INC (\$80) \$40/5 \$1 vey) \$ 10 Jen 2005) \$ 51 55 50 60 6C \$ \$	78 Bill   145   20   30   75   60   55   10   25	The state of the state of

### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Mobile Number

Fax Number 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.
- 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.
- 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.

THE PARTY OF THE P	ACCIDENT STATEMENT
Date Of Report	02/08/2018 10:11
Date Of Accident	01/08/2018 08:40
Exact Location Of Accident	TAMPINES AVE 10 BEFORE JUNC TAMPINES AVE 9
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG5731E
Insured/Policyholder	
Name Of Registered Owner	JIANG NAM ENGINEERING PTE LTD
Co Reg No	201720313N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81129096
Alternative Phone No	OFFICE-81129096
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	PARTNER L2 1.6 AT
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	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	5094857758
Cover Note Number	
Driver	
Name of Driver	LU BING
NRIC No	S7484333F
Date Of Birth	10/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE

(LOCAL) +65-81129096

OFFICE-81129096

NOEMAIL

BLK 786B WOODLANDS DRIVE 60 Address

#04-89

Postcode 732786

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions DRIZZLING

Road Surface WET

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?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME:

2

YES

NO

4

GENDER: : MALE

Passenger 2

NAME:

10 20

GENDER: : MALE

Passenger 3

NAME:

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes. Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 3 TAMPINES AVE 10, SUDDENLY VEHICLE B WAS TRAVELLING ALONG LANE 2 CUT ONTO MY LANE WHICH RESULTING MY VEHICLE RIGHT PORTION WAS DAMAGED.

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

SJL7771E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

ENG INN SOO

NRIC/Passport Number

S7078872A

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 withho ding 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

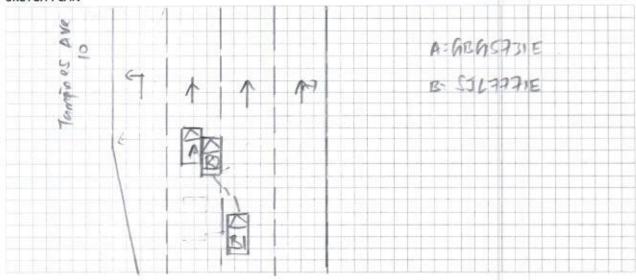
Name:

NRIC/FIN No .:

Policyho

Date & Time

## SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

## DECLARATION

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

Policyholder Sinher Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7484333F





LU BING



CHINESE 10-02-1974 Country/Place of birth

CHINA





5401027



NAIC No. S7484333F



16-12-2014

APT BLK 786B WOODLANDS DRIVE 60 #04-89 SINGAPORE 732786

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

<b>eBao</b> Tech								響應	Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601	30.000	A PROPERTY OF THE PERSON NAMED IN			• Change	Language	• Chang	e Password	· Log Out
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date	e of Accident	0	/08/2018 0	8:40	
	Vehicle No. (For Motor)	GBG5	731E		Cert	tificate Number				
					Search	1				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5094857758		JIANG NAM ENGINEERING PTE, LTD.	201720313N	GCV	Comprehensive	GBG5731E	GBG5731E	13/10/2017	12/10/2018
				2	Continue					

	icy Information	Bullion hadden	- management		Barrier day 12		
Policy No.	5094857758	Policyholder Name	JIANG NAM	ENGINEERING PTE.	Policyholder NRIC	201720313N	
Certificate No.							
Address	BLK 209 #03-631 NEW UPPER C	HANGI ROAD	SINGAPORE	460209			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy Issue Date	12/10/2017	Effective Date	13/10/2017	7 00:00	Expiry Date	12/10/2018 23	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	NET LINK COMMERCIAL PTE, LT	Agent Tel.	66599463		GST Flag	Y	
Co- insurance Flag Open Policy	No						
Info Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 209 #03-631	Addre	255 2	NEW UPPER CHANG	GI ROAD	Address 3	SINGAPORE 460209
Address 4		Addre	ess Type	Singapore address		Post Code	460209
Unit No.	03-631	Relat Numb	ed Policy er	5094857758			
	d Object: GBG5731E						
) Insure							
D Insure	de la Company and the Company						

laim Handling					
ccident MT/1005676			water and		
Nicy No.	5094857758	Vehicle No.	GBG5731E	GST Registration No.	
ertificate No.					
olicyholder Name	JIANG NAM ENGINEERING PTE			Policyholder NR3C	201720313N
roduct Code	COMMERCIAL VEHICLE INSURA	A) Cover Type	Comprehensive	Loading	0
oreact No. (Mobile)	81129096	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	F →
NC.	® No ○Yes	TCA	No ○Yes	eCode Reason	
OD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	02/08/2018 12:35	Acodent Report Within 24 hrs	Yes	Accident Type	S oe Swipe
ite of Accident	01/08/2018	Time of Accident hitumin	00:40	Country of Acodent	5 ngapore
porting Centre	C 20.22.23.23		30.40		Singapora
Ordent Location	TAMPINES AVE 10 BEFORE JUN	Orange Force		ICM No.	
Benefits	INNERHOUSE TO BEFORE JOI	AL TAMPINES AVE 9			
Excess					
n demage Excess	600.0			Windscreen Excess	190.00
named Driver Excess		Outside Singapore OD Excess			
rd Party Excess	90.0	Outside Singapore TP Excess			
GST Registered Inform					
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History					
	19				
Policyholder Hailing Ad					
dress 1	BUX 209 #03-631	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 460209
dress 4		Address Type	Singapore address	Post Code	450209
r No.	03-631	Related Policy Number	5094857758		
OI Driver Info					
er Name	Unnamed Driver	Oriver Type	Unnamed Driver		
amed driver Name	LU BING	Driver NRIC	\$7484333F	Driver DOB	13/02/1974
Jister Date of Driver License		Oriver Age	44	Driving Experience	9
stact No.(Mobile)	01129096	Cornact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 7868	Address 2	WOODLANDS DRIVE 60	Address 3	SINGAPORE 732786
dress 4		Address Type	Singapore address	Post Code	732786
t No.	04-89				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eatharyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
edification History					
Claim 001 New					
AND THE RESIDENCE OF THE PARTY					
		40: 21011001W03			
m Type *	00-MX		SLANG NAM ENGINEERING PTE	Insured NRIC	201720313N
rtact No.(Mobile)		Contact No.(Home)		Contact No. (Office)	MIL
ail Address		Of Vehicle Number	GBG5731E	TP Vehicle Number	SH,7771E
imant Type Claimant Type *	Please Select V	Type of Servett +	Please Select		
mant Name *		≥≥ Claimant NRIC *			
m Description	GBG5731E / SJL7771E ON 1 A	ug 2018		Name of Preferred Worksho	ip
ferred Workshop Contact		Insured Liability *	Not at Fault		
wire Finalisation	ves V	- Committee of the Comm	Preferred Workshop, Name unknown	GIA report	Received
e Registered	02/08/2018 12:37	Claim Close Date	The state of the s	Date Received	02/08/2018 00:00
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ident No.	MT/1005676	Claim No.	100		
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