NATIONAL Assessment Centre Ser	vices per samon	.9.9	£.	
Date In 10/08/2018 17:29 Jebe		· Date & Time Complete	d Don	e by
Reino NA/INC18014537/K4 SA	S e-filing		+	
Veh No GBE9131X E-1	mail (within 8hrs, AIC 2hrs)		<del> </del>	
DO: 491001010	lotor Claim Form	1 /	1 1	11
	lotor W/O (Within: OD 2hr	1 MT/1006797	1-001. 11	18/18 1
	hoto Uploaded	1 .		
TP Insurer: Ass	sessment/Survey Report		<del> </del>	
Ass	s't Report by <u>Pax / Hand</u> t	to Owner/Wksp		
THOMAS WKSP / INC Assign Wksp / QW; (		Tel:	Fax:	1100
Owner / Driver: (	9 12-81 M INC (	.)/Non-INC()		
Policy No. /		Tel:	)	
Confirmed by : (	)	Cover Type: (	)	
La transfer and the second sec	Date:	Tlme:	)	era a arearraisen
Voor of Dalaysia	t. Status (WO): N: 0-20	0%; P: 21-79%. P: 80	0-100%]	
Excess: (\$ ) Loading: \$1,000 (		)		
General Remarks	77.32,000( )	13: Sa. Ba. W.		
	AND SECTION OF THE PARTY.	ACCEPTANCE OF LEASE	ting, or	
( ) Walk-In Customer: Customer's information ( ) Total Loss Case : to e-mail Insurer URGI	strictly Confidential & Str	rictly NO rafer of repaire	Г.	Manual States
	PR 1 1000 F 1 -			THE PERSON NAMED IN COLUMN 2 I
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Drive-In ( ) / Towed-In ( ); Invoice: YES ( Remarks: (ING horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	Involve Pred  Involve Pred  Involve Pred  Involve Pred  I) AR: Accident F  2) DA: Damage A  3) TF: Towing Fer  4) FT: Follow-Thr  5) FT: Follow-Thr  For claiming age  6) TR: Re-inspecti  7) N1: Idae DA ++  8) NTUC Addition  OD*  *N5: Courtesy C  *N6: Repair Co- *N7: Post Repair *N8: DV / Collect  *N8: DV / Collect	aration Checklist  Reporting (\$30);  Reseasment (\$100); INC (\$500); INC (\$100); INC (\$100)	\$50) (0/\$4\$ \$120 \$30 \$5) \$75 \$160 \$5 \$510 \$25 \$5 \$50	Amit (3)

#### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 1. 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 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.
- 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

dRE/fe/fei	ACCIDENT STATEMENT
Date Of Report	ACCIDENT STATEMENT
Date Of Accident	10/08/2018 17:29
Exact Location Of Accident	09/08/2018 12:55
Country/State of Loss	YISHUN AVE 4 SLIP RD INTO YISHUN AVE 1
	SINGAPORE
Vehicle Registration Number	DETAILS OF OWN VEHICLE
Insured/Policyholder	GBE9131X
Name Of Registered Owner	
	TRUST FUNERAL SERVICES
Co Reg No Email Address	53235126J
	NOEMAIL
Mobile Phone No	(LOCAL) +65-91319131
Alternative Phone No	OFFICE-91319131
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	REGIUS ACE SUPER GL DARK PRIME
Exact Purpose for which vehicle was being used at ime of accident	WORK
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	COMMERCIAL VEHICLE
nsurance Company	THE STATE OF THE S
lame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
Policy Number	5089034583-01
Cover Note Number	X002000/0008/33/
Oriver Control of the	
lame of Driver	LIM TAO JANG ( LIN DAOZHANG )
IRIC No	S7337075B
ate Of Birth	14/10/1973
occupation	OUTDOOR
ate Of Driving Pass	18/04/2001
riving Experience	17 YEARS AND 3 MONTHS
ender	MALE
lobile Number	(LOCAL) +65-91319131
obile (4dilibe)	
ax Number	(1-00/12) / (00/0101010)
	OTHERS-91319131

Address

BLK 850 YISHUN STREET 81

#05-104

Postcode

760850

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - SELF-EMPLOYED

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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?

Number of vehicles involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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

PLS REFER TO THE ATTACHED 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

FBG1281M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MOTORCYCLE

## 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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.
- 7. 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 +
  - (i) 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
- 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.:

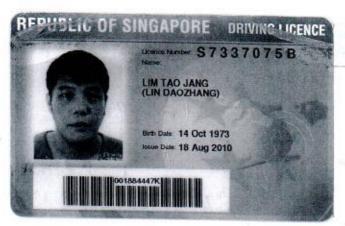
SKETCH PLAN	2 4 1 1
	Vehicle B A A A
	6
	<
	Yithun Ave H. M.
(A) GBE 9131 X	113/1001 402 4
40 B) FBG 1281	m .
DESCRIBE CIRCUMSTANC	CES OF THE ACCIDENT
On	09/18/18 at @ 1255 Ws. 1 storand my refined (CDE 9/2)
	1 2 20 13 1 2 10 10 10 10 10 10 10 10 10 10 10 10 10
1 . 0/	1 10 100 1 40 4746 000
to the troffe	
(FBG 1281 m')	from behand coileded onto the rear portson of
my vehicle.	
CLADATION .	
ECLARATION  We declare the foregoing name	rticulars are true in every respect.
S - S - M	Methods are true in every respect.
	1 / 1 / 2/2
licyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature
te & Time:	(if driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Vehicle No.	GBE 9131 X. Model/Make Toyota Hace.
Date of Accident	09 /08 /18
Time of Accident	1255 HRS
Location of Accident	V.1 A 1
Exact purpose use during acc	is its is its in the
Name of Owner	The state of the s
Telephone No.	uto O.n. O.a.
NRIC	532351267 Home: Office:
Address	BCK 850, Yeshun St 81 \$ 05-104 (3) 760 \$50.
Claim type	OD (THIRD PARTY) REPORTING ONLY
Insurance Company	NTUC.
Type of Coverage	
Policy No.	(Comprehensive ) Third Party Third Party / Fire / Theft  5089034583-01
Name of Driver	
NRIC	2
Date of birth	9 733 7075 B - Any Passengers: N.A.
Occupation	Outdoor / Indoor
Driving License Pass Date	18  04  200   .
Gender	Male / Female
Contact No.	
Address	Waster and the second of the s
Driver have any own vehicle	BLK 850, Yeshun 34 81 # 05-104 (8) 760850. No, If yes, Reg No. Self- Employed.
Relationship	Employee, If no. state
Weather condition	Employee, If no, state  Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	The state of the s
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	500 100 M
Name of Driver	FBG 1281 M - Any Passengers : N-A Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :  Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	
Witness Name	Any Passengers :  Witness Contact :
Accident Portion	Rear Portion .
Camera Recorder	Yes (No).
Email Address	winsten 23 limit @ gmail com
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	ASSISTANCE? Yes / No
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Huixin .
FAX NO	6741 0510
WORKSHOP EMAIL APPRESS	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7337075B



Name

LIM TAO JANG (LIN DAOZHANG)

道

CHINESE Date of birth

14-10-1973 Country of birth

SINGAPORE



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

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 'Motor vehicles which are constructed to carry load on passengers and the unladen weight > 2500kg 'Motor vehicles which are not constructed to rarry load and the unladen weight < 7250kg Motor vehicles not constructed to carry any load and the unladen weight > 7250kg of 2 Jul 2005

NP 428A

Class 4



is wheldering 3778690 NIIIC No. S7337075B 21-09-2005 APT 81 X 850 VISHUN STREET 81 PNGAPORE 760850



#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5089034583-01

Cover : Preferred Workshop Plan

Index mark and Registration Number of Vehicle

: GBE9131X

Chassis Number

2. Name of Policyholder

: KDH2010183659

3. Effective Date of Insurance

: TRUST FUNERAL SERVICES

: 01 Apr 2018

4. Expiry Date of Insurance

: 31 Mar 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any

enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: \$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: MV CREDIT PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: ASSURE PTE, LTD. (00000572842)

Date of Issue

: 22 Mar 2018 13:29 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech				1		The same		Time.	地 (大学)	Capar	alClaim
Hello, NAC_PAYA_UBI_80	0601			The second second			! Chang	e Languag	A Chan	ge Password	and the second
Notice of Loss  Policy Que Policy Ng.  Vehicle No.(For	Poli	cy Query						e canguay	Chan	ge Password	· Log Ou
		Cara				of Accident		09/08/2018	12:55		
	react, at mount	G8E91	318		Cert	ficate Number					
				25210		Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5089034583- 01		TRUST FUNERAL SERVICES	53235126)	GCV	Preferred Workshop Plan	GBE9131)	GBE9131X	01/04/2018	31/03/2019
						Continue	]				

Policy No.	5089034583-01	Policyholder Name	TRUST FUNERAL SERVICE	S Policyholder	53235126J
Certificate No.				NRIC	32231207
Address	BLK 850 #05-104 YISHUN STRE	ET 81 SINGAF	PORE 760850		
Product Name	COMMERCIAL VEHICLE INSURAL			Group	N
Policy issue Date	22/03/2018	Effective Date	01/04/2018 00:00	Policy Flag  Expiry Date	31/03/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0	1253745553	
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119	GST Flag	Y
Co- Insurance Flag	No				~**
Open Policy Info					
Certificate Info					
	older Mailing Address				
Address 1	BLK 850 #05-104	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 760850
Address 4		Address Type	Singapore address	Post Code	760850
Unit No.	05-104	Related Policy Number	5089034583-01		
) Insured	Object: GBE9131X				
□ Endors	ements				
Sequenc	e Date of Endorsement	Endorser	nent Type Endors	sement Status	Endorsement Content

Claim Handling					
Accident MT/1006797					
Policy No.	5089034583-01	Vehicle No.	GBE9131X	cer national at	
Certificate No.			3323	GST Registration No.	
Policyholder Name	TRUST FUNERAL SERVICES				
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Preferred Workshop Plan	Policyholder NRIC	5322
Contact No.(Mobile)	91319131	Contact No.(Office)	0	Loading	0
Email Address		Special Remark	*	Contact No.(Home)	0
KFK	® No ○ Yes	TCA	● No ○ Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)		eCode Reason	
Accident Details		res children ( )	10	Private Hire	No
Report Date	11/08/2018 17:12	Acceptant No. of the Control of the			
Date of Accident	09/08/2018	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Reporting Centre	0770072010	Time of Accident hh:mm	12:55	Country of Accident	5inga
Accident Location	YISHUN AVE 4 SLIP RD INTO YISHUN AVE 1	Orange Force		ICM No.	
<b>▽</b> Benefits	TESTON AVE A SCIP NO INTO TISHUN AVE I				
♥ Excess					
Own damage Excess	200.00				
Unnamed Driver Excess	600,00	Additional Excess		Windscreen Excess	100.0
Third Party Excess		Outside Singapore OD Excess			
	0.00	Outside Singapore TP Excess			
GST Registered Inform	ation				
GST Registered	No		GST Registration Date		_
GST Registration No.			GST Status Verified	No	
Modification History					
Policyholder Mailing Ad	600110				
	to different and the second				
Address 1	BLK 850 #05-104	Address 2	YISHUN STREET 81	Address 3	SING
Address 4 Unit No.		Address Type	Singapore address	Post Code	7608
OI Driver Info	05-104	Related Policy Number	5089034583-01		
	Websell and the second				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM TAO JANG ( LIN DAOZHANC	Driver NRIC	\$7337075B	Driver DOB	14/1
Register Date of Driver License		Driver Age	44	Driving Experience	17
Contact No.(Mobile)	91319131	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 850	Address 2	YISHUN STREET B1	Address 3	
Address 4		Address Type	Singapore address	Post Code	2600
Unit No.	#05-104				7608
Does he own a Singapore Registered car?	○ Yes ● No	Driver Vehicle No.		ALEXANDER OF THE PROPERTY OF T	
				Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Army Indiana 2			
Reading?		Any injury?	○ Yes ● No		
Modification History					
Claim 001 OD-MX New	h.				
Claim 001 OD-MX New	100				
Claim Type *	OD-MX	Insured Name	-		-
Contact No.(Mobile)			TRUST FUNERAL SERVICES	Insured NRIC	5323
Email Address		Contact No.(Home) OI Vehicle Number		Contact No.(Office)	
Claim Description	GBE9131X / FBG1281M ON 9 Aug 2018	Of Femicie Number	G8E9131X	TP Vehicle Number	FBG1
Preferred Workshop Contact				Name of Preferred Workshop	
No.		Insured Liability •	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Date Registered	11/08/2018 17:20	Claim Close Date		Date Received	11/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	1.110
Print AK letter				uproduce control of the control	
2002		[	Save Submit		
Attachment					
9					
	QARTANOA I GOTUA				
Accident No.	MT/1006797		Claim No.	004	

