Land III All III Collins	Jeb description	Date & Time Completed	Done by
Date In: 3 1/18 - 15/41			
Ref No: 4/4 /4C18020138 /24	SAS e-filing		
Veli No: 6959777C	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 5/11/18-09:30	i-Motor Claim Form	My 1018714-001	3/11/18 K122
OD (TP)! Reporting Only	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
OB The Reporting Only	i-Photo Uploaded		
TD In sures	Assessment/Survey Report	Andrews 1,04479 (0,01711) (0,000 (0,000)	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: JPK	1349 A INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO()	
Excess: (S) Loading: \$	1,000 ()/\$2,000 ()		- 20 MS 100 - CO. F NO. F CO. M 1 THOSE - 1 CO.
General Remarks:-			
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Drive-In ()/ Towed-In (); Invo	ice: YES() / NO();	Towing Co: (
Remarks:- (INC hotline: 6788 6616)		Date&Tirrio Completed	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
			which was a second order and a second or
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()	-	
PEACODOS SE	\$3000] ()		
3) Upload Resurvey Photo [Repair Cost> Injury:	\$3000] ()		
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Injury: Date/Time Actions. A 1807-6 6 alimant's Particulars:	Inveice Pr. 1) AR: Accide 2) DA: Darneg 3) TF: Towing	eparation Checklist at Reporting (\$30); a Assessment (\$100); INC (\$100); INC (\$100);	And (S) And (S0) And (S0) And (S0)
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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 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.

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.

Driving Experience 1 YEAR AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-90601323 Fax Number OFFICE-90601323	White the second second second	ACCIDENT STATEMENT
Exact Location Of Accident JUNC CENTRAL BLYD & MARINA GARDENS DR Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Co Reg No 200706245R Mobile Phone No Alternative Phone No Vehicle Particulars Manufacturer TOYOTA Model DYNA 150 5MT Exact Purpose for which vehicle was being used at time of accident If No, Please state action to be taken Vehicle Category Commercial Vehicle Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company TUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy No Policy Number Cover Note Number Driver Name of Driver Same of Driver Selin Than Passport No/FIN G6794352Q Date Off Birth 16/12/1985 NDOOR Date Of Driving Pass 14/09/2017 Driving Experience ALE MALE MODEL SINDAPARY OFFICE-90601323	Date Of Report	07/11/2018 15:41
Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number GBF9777C Insured/Policyholder Name Of Registered Owner TRI-STAR DISPLAY PTE LTD CO Reg No 200706245R Mobile Phone No Alternative Phone No OFFICE-89999999 Vehicle Particulars Manufacturer TOYOTA DYNA 150 5MT Exact Purpose for which vehicle was being used at time of accident time of accident Are you rown insurance policy for repair to your vehicle? 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 S098968618 Cover Note Number Driver Name of Driver SEIN THAN 66794352Q Date Of Birth (61/21/1986) Coccupation INDOOR Date Of Driving Pass 14/09/2017 Driving Experience 1 YEAR AND 1 MONTH MALE Mobile Number (LOCAL) +65-90601323	Date Of Accident	05/11/2018 09:30
Vehicle Registration Number GBF9777C Insured/Policyholder Name Of Registered Owner TRI-STAR DISPLAY PTE LTD Co Reg No 200706245R Email Address NOEMAIL Mobile Phone No Alternative Phone No Vehicle Particulars Manufacturer TOYOTA DyNA 150 5MT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number S098968618 Cover Note Number Driver Name of Driver SEIN THAN Passport No/FIN G6794352Q Date Of Birth G1/21/1985 Coccupation INDOOR Date Of Driving Pass 14(09/2017 Driving Experience 1 YEAR AND 1 MONTH MALE MALE MALE GONALD AND AND AND AND AND AND AND AND AND AN	Exact Location Of Accident	JUNC CENTRAL BLVD & MARINA GARDENS DR
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Date Of Driving Pass 14/09/2017 Driving Experience 1 YEAR AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-90601323 Fax Number OFFICE-90601323	Date Of Birth	16/12/1985
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Gender MALE Mobile Number (LOCAL) +65-90601323 Fax Number OFFICE-90601323	Date Of Driving Pass	14/09/2017
Mobile Number (LOCAL) +65-90601323 Fax Number Contact Number OFFICE-90601323	Driving Experience	1 YEAR AND 1 MONTH
Fax Number Contact Number OFFICE-90601323	Gender	MALE
Contact Number OFFICE-90601323	Mobile Number	(LOCAL) +65-90601323
01102 0001023	Fax Number	
EMail Address NOEMAIL	Contact Number	OFFICE-90601323
0.610 (2.600 (1.6	EMail Address	NOEMAIL

Address 3016 UBI ROAD 1

#01-01

Postcode 408707

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

32

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

YES

2

NO

NAME:

GENDER: : MALE

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

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

SDK1369A

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)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBF8978X

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)

1

SKETCH PLAN

IMPORTANT NOTICE

- 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 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
- 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
- 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)
 - (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
- (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.
- 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.
- 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

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

and the American State of the S

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No .:

Policyholder's Signature Date & Time:

ping particulars are true in every respect.

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

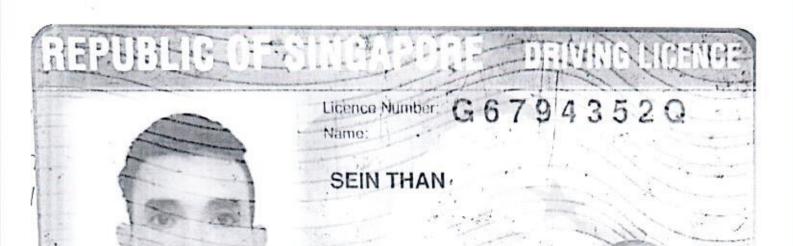
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (05 / 11 / 2018) (DD/MM/YYY), TIME: (09: 30)(HH:MM)
LOCATION: Junction of central Buld x marina Gardens Dr.
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: GBF9777C
DINSURANCE COMPANY: NTU C
C)FOLICY NUMBER: 5098968618
DIPOLICY TYPE: (COMPREMENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
BIMAKE & MODEL!
TITYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME: WOYK
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/160)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER ANAME: Tri-Star Display Ptc Ltd (MALE / FEMALE)
2012011-0
CIADDRESS: 3016A Um Rd 1 ,7101-00 5(40470+)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
4 No of person of DRIVER POIN THON
ONAME: SPIN THAN MAJE FEMALE
binRIC/FIN/PASSPORT: (TOTAL 352 & CONTACT: 4060 1325
(DD) claddress:
male.
*d) DATE OF BIRTH: (10/ 12/ 1905)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
TYPEARS OF DRIVING EXPRERIENCE: YEAY
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS
b)ROAD SURFACE: (DRY) / WET / OTHERS
6. WAS ANYBODY INJURED (YES / ND)
7. d) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
R THIRD PARTY VEHICLE
the of passenger of VEHICLE NUMBER: SDK1369A MODEL:
Including driver) DI DRIVER'S NAME:
CONTACT:
THIRD PARTY VEHICLE
CDC 8918 X
No of passanger e) DRIVER'S NAME: MODEL:
Including driver) 1) NRIC/FIN/PASSPORT: CONTACT:
(01) female
The second secon
TO THE RESERVE OF THE

email =

fax =



Birth Date: 16 Dec 1985
Issue Date: 14 Sep 2017

Valid Till 13/09/2022





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WORK PERMIT

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

Employer
TRI-STAR DISPLAY PTE. LTD.



Name SEIN THAN

Work Permit No. 0 92608174

Sector:

CONSTRUCTION

0 92608174



K0580419

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 14 Sep 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



VISIT PASS

Immigration Regulations

11-07-2018

Name SEIN THAN



FIN G6794352Q

Date of Birth Sex 16-12-1985 M

Nationality

MYANMAR

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Hello, NAC_PAYA_UBI_80	0601						· Change I	Language	• Chang	e Password	· Log Ou
My Desktop	Polic	y Query									
Natice of Loss	Policy N	0.				Date	e of Accident	0	5/11/2018 0	9:30	
	Vehicle	No.(For Motor)	GBF97	777C		Cert	tificate Number				
						Search	1				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098968618		TRI-STAR DISPLAY PTE LTD	200706245R	GCV	Comprehensive	GBF9777C	GBF9777C	13/04/2018	12/04/2019

Policy No.	5098968618	Policyholder Name	TRI-STAR D	DISPLAY PTE LTD	Policyholder NRIC	200706245R	
Certificate No.		287652)					
Address	3016A UBI ROAD 1 #01-01 SING	SAPORE 4087	07				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	16/03/2018	Effective Date	13/04/2018	00:00	Expiry Date	12/04/2019 2	3:59
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	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	3016A UBI ROAD 1	Addre	ess 2	#01-08		Address 3	SINGAPORE 408707
Address 4		Addre	ss Type	Singapore address		Post Code	408707
Unit No.	01-08	Relate	ed Policy er	5100994228			
b Insure	d Object: GBF9777C						
OF A TO LEGISLE	242.000.000						
□ Endors	sements						

ocident MT/1018714					
sticy No.	9090000010	Veticle No.	27.3882	2000 M TO THE TOTAL THE	1100200800
artificate No.	307030000	Welling NO.	GBP9777C	GST Registration No.	200706245R
plicyholder Name	THE STAR DISTRICT				
roduct Code	TRI-STAR DISPLAY PTE LTD	0.000	9 % (Policyholder NRIC	200706245R
	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
ontact No. (Mobile)	0	Consact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	the V
FK	® Np ○ Yes	TCA	No ○Yes:	eCode Reason	
CO Protection	No	NCD Entitlement(%)	20	Private Hire	No.
 Accident Details 					
sport Date	07/11/2010 (5:53	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
its of Accident	05/11/2018	Time of Accident hh:mm	99-30	Country of Accident	Singapore
porting centre		Orange Force		3CM No.	
cident Lacation	JUNE CENTRAL BLVD & MARINA GARDENS	DR			
Excess					
yn damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
named Driver Escale		Outside Singapore OD Excess		Minderstein Excess	200.00
ind Party Excess	0.00				
/ Benefits	3.50	Outside Singapore TP Excess			
GST Registered Inform					
T Registered	Yes		GST Registration Date	01/01/2015	
T Registration No. dification History	2007062458		GST Status Venhed	No	
ALL PROPERTY OF THE PARTY OF TH					
Policyholder Mailing Ad	ldress				
dress 1	3016A UBI ROAD 1	Address 7	#01-08	Address *	Property Control
dress 4	AN AND MAN UNION &		#01-08	Address 3	SINGAPORE 408707
	77.00	Address Type	Singapore address	Post Code	408707
nt No.	01-08	Related Policy Number	5100994228		
DI Driver Info	Contract and the	23032700			
over Name	Unnamed Driver	Oriver Type	Unnamed Driver	and the second	
named shiver Name	SEIN THAN	Driver NR3C	G6794352Q	Driver DDB	16/12/1985
gister Date of Driver License		Driver Age	32	Oriving Experience	1
otact No.(Mobile)	90601323	Coreact No.(Office)	0	Contact No.(Home)	0
dress 1	30149 RBI BOND T	Address 2		Address 3	SINGAPORE 408707
Oreas 4		Adoress Type	Singapore address	Post Code	408707
ort No.	01-01				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Average err res					
cleration					
esthelyser or Blood Test	0 mg	Any vigury?	○ Yes ® No		
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