| NATIONAL Assessment Centre | Services. | wel 1 Jan'06 ML | 1A118152047 | | |
|--|------------------------|--|--|------------------|---------------------------------------|
| Date In: 23/11/18-15:16 | Jeb description | | Date & Time Completed | Done | by |
| Reino: NA INCISONWYW | SAS e-filing | | | | |
| Veli No: SCHEVIX | E-mail (within | Shrs, AIC 2hrs) | | | |
| D.O.A: 20/11/18-12:20 | i-Motor Clai | m Form | M7 1001137-001 | 23/11/18 | 16:09. |
| | i-Motor W/C | (Within: OD 2hrs | | | |
| OD TP Reporting Only | i-Photo Uplo | aded | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 45.07 | Assessment/St | irvey Report | | | |
| TP Insurer: | Ass't Report b | y Fax / Hand to | Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tol: | Fax: |) |
| TP Particulars: Veh No: JH 134 6 | 1431 | . INC(|)/Non-INC() | 100 | |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () Perio | od: (|) | Cover Type: (|) | |
| Confirmed by : (| | Date: | Time: |) | |
| Insured/Driver Liability: (%) [No | ote-Est. Status (V | WO): N: 0-20 | %; P: 21-79%. P: 30 | -100%] | |
| | arranty: YES (|)/NO(|) | | |
| Excess: (\$) Loading: \$1,000 | 0()/\$2,000 | () | | E-10 | |
| General Remarks:- | | | deserve processing in | SEAR ST | |
| () Walk-In Customer: Customer's inform | nation strictly Co | nfidential & Str | ictly NO refer of repairer | · | |
| () Total Loss Case : to e-mail Insurer | URGENTLY. | | | - 1 | |
| Drive-In ()/ Towed-In (); Invoice: | YES()/N | 10 () ; To | owing Co: (| |) |
| Remarks:- (INC hotline: 6788 6616) | | 4 | Date&Time Completed | Done | by . |
| 1) Apply for Transport Allowance ()/Co | urtesy Car (|) | | The Walter La | |
| 2) QC Check / Post Repair Inspection | () |) | - | | |
| 3) Upload Resurvey Photo [Repair Cost > \$300 | 00] (|) | | | |
| Injury: | | | | | |
| | | | | STREAGE TO SE | WILLIAM ST. |
| Date/Time Actions | (Acad little en grand) | the constraint of the constraint of | | 968646624314 | |
| | | | | | |
| | | | | | |
| | | CONTRACTOR | | | |
| • | 4 | | | 0 | |
| *** | | Invoice Pres | aration Checklist | Anit (\$) | Amt(\$) |
| N81803(84): | | 1) AR : Accident | MARKET STATE OF STATE | The Bill | Add Bill |
| laimant's Particulars :- | | 2) DA : Damage / | Assessment (\$100); INC (| \$80) 40/\$45 | |
| river/Owner: | | 3) TF : Towing Fe 4) FT : Follow-Th | rough Survey | \$120 | |
| ontact No: | | 5) FT : Follow-Th | rough Survey (Resurvey) ajnst INC Only (wef 10 Jan 20 | \$30 05) | |
| amaged Portion: | | 6) TR : Re-inspec | tion | \$75 | |
| and a fortier. | | 7) N1 : Idao DA + 8) NTUC Additio | | \$160 | |
| C Checked by (Engr-In-Charge): | | on. | | es | |
| of (ong. in-charge). | | *N6: Repair Co | | \$5 \$10 | |
| nditors! Comments :- | | *N7: Fost Repr | ir Inspection ect Excess Coordination | \$25 | |
| 1 1: | 5 00.00 na 1,5180,522 | TP (N11): TP | (Non INC) against INC | \$20 | |
| 1 2/3: | | 9) N12: Idac Mob Invoice dated | ile Fee Charge | 30 a | and the Feet |
| - Company of the Comp | | Invoice dated | Fee Charge | d Marin | |

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 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. 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 STATE OF THE PARTY OF THE PAR | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 23/11/2018 15:16 |
| Date Of Accident | 22/11/2018 12:20 |
| Exact Location Of Accident | 318 JALAN BESAR AFTER STURDEE RD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKN8213X |
| Insured/Policyholder | |
| Name Of Registered Owner | DONG SHENG SERVICES SINGAPORE PTE LTD |
| Co Reg No | 201322574H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81550149 |
| Alternative Phone No | OFFICE-81550149 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 528I AT D/AB SR LED NAV HUD |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | 5103983076 |
| Cover Note Number | |
| Driver | |
| Name of Driver | WANG JIANCHAO |
| NRIC No | S8878261E |
| Date Of Birth | 13/02/1988 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/02/2017 |
| Driving Experience | 1 YEAR AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81550149 |
| Fax Number | |
| Contact Number | OFFICE-81550149 |
| EMail Address | NOEMAIL |
| | Page 1 of 28 |

14 YISHUN AVENUE 9 Address #04-14 Postcode 768895 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 General Information of the Accident Type Of Accident COLLISION - CHANGE/CROSS LANE Weather Conditions RAINING Road Surface WET 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) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **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? YES Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SHB9943P

Vehicle Registration Number

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)

SHIP IN EAST

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to title 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:

- My Insurer, my workshop and the General Insurance Association of Singapore ("GtA") 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)
 - 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.
- 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.

SERVICES DONG SHENG SINGAPORE,

& LTD

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:

| KESA WA | | |
|---------|--|-------------|
| | | 1 34 9 20 8 |
| | | 8 3 48 9913 |
| | | |
| | | |
| | | |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| DESCRIBE CIRCONSTRATOR | The state of the s |
|---|--|
| _ at a normal speed . W — second lane had cut of | 318 Jalan Besar Road after Sturdee road while I was travelling, vehicle B from the onto my lane which is the 4 th lane that the lane is safe before proceeding the front left portion of my vehicle. |
| | |
| | |
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| | |
| 12 | |
| | |

DECLARATION

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

Policyholder & Senature
DONG SHENG S Priver's Signature
Date & Time:
SINGAPORE PTE Date & Time: Date & Time:

SING

GIARMC SkmchPlanForm, VS

Reporting Centre Personnel's Signature Namo: NRIC/FIN No.:

SHEAR DAEACUE TO STATEMENT

INTEGRIANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability. 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 traffic police department for investigation.

| | ACCIDENT DETRUS | |
|-----------------------------|-----------------------|--|
| Date of accident | 72/11/18 | (DC/RIM/VV) |
| Time of accident | D 30 pm | (MM:MRA) |
| Exact location of accident | 31% JALAN BESON OFFER | Sturder Road |
| | DIETHINGS OF VEHICLE | and the second s |
| Vehicle registration number | SKN 8213 X | |
| Vahiala maka and model | BHW 1528 | |

| | | ETT/ETIUS (OF I | |
|---|---------------------|-----------------|---|
| Vehicle registration number | | KN. 8213 | X |
| Vehicle make and model | BHWD | 1000 | |
| Type of vehicle | Saloon Z | MPV D | |
| Vehicle category | Private 🗹 | Comm | ercial Motorcycle |
| Purpose of using at sald time | | | |
| Are you claiming under your own insurance company? | Yes □ Third part | No □ claim Ø | if no, please select: Reporting only □ |

| NEW TOTAL STREET | INSURADES DO | FORMATING(II) | |
|-------------------|-----------------|----------------------------|---------|
| Insurance company | NTUL | | |
| Policy number | 1 | | |
| Type of policy | Comprehensive p | Third party fire & theft □ | TP only |

| SARPA CONTRACTOR OF THE PARTY O | INSURE | D/POLICY HE | HDER | | - netting |
|--|-----------|-------------|--------|-----------------|-----------|
| Name , | Dona Shu | ng Benives | PTELTD | Male ø | Female D |
| NRIC / Fin / Passport number | 2013221 | 74 H | | | |
| Contact | 81550 | 1149 | | | 225 |
| Address | 14 YISMUN | AVRIVUR 9 | #04-14 | simple porel769 | (894) |

| DRIVER | SAME AS INSURED ABOVE ∠ (SKIP TO D.O.B) |
|------------------------------|---|
| Name | WAVE JEHNOHO Male Female |
| NRIC / Fin / Passport number | S8878261E |
| Contact | 81550149 |
| Address | 14 YIShun Avenue 9 #04-14 singapore (768895). |
| Email address | |
| Date of birth | 131041 1988 |
| Occupation | Indoor D Outdoor D |
| Driving date pass | 16 100 12017 |

| April 1 | \$145461 | |
|---|---|--|
| Versichten an emperior eil | Yes | Noti |
| chá insurec's company? | If no, rela | ationship of the driver and insured: |
| Accident captured by camera? | Yes 🗷 | No 🗆 |
| Weather condition | Clear | Raining of Others: |
| Road surface | Dry | Wet p |
| No of passenger | | (Inclusive of driver) |
| | | |
| | | PASSENCER 1 |
| Mame | MAN | JIONOMO |
| Gender | Male | Female D |
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| Marian Maria and American | CONTRACTOR OF THE PARTY OF THE | |
| Name | Male o | Female D |
| Gender | T WILLIAM | The second secon |
| | SCHOOL STATE | raskedotek b |
| SEATON MAINTENANCE OF THE SEATON | | · · · · · · · · · · · · · · · · · · · |
| Name | Male 🗆 | Female D |
| Gender | Male II | |
| | | DA CATAGORIA |
| | | PASSENGER 4 |
| Name | | Familia =/ |
| Gender | Male 🗆 | Female D |
| | | |
| | | EASSENGER'S |
| Name | / | |
| Gender | Male 0 | Female II |
| | | / · · · · · · · · · · · · · · · · · · · |
| MANAGER OF THE PROPERTY OF | / | PASSIVEER 6 |
| Name | / | |
| Gender | Male 🗆 | Female 🗆 |
| AC 400 0 00 00 00 00 00 00 00 00 00 00 00 | | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| SHOW THE PARTY OF SHOWING | 5-100 W | OTHER INFORMATION |
| Was anybody injured? | Yes 🗆 | No Ø |
| Was other vehicle damaged? | Yes 🗹 | No 🗆 |
| Asas ortici Actività antico | | |
| | DE DE | TAILS OF POLICE ACTION |
| Capillan at heart | Yes 🗆 | No of If yes, please state which police station, |
| Reported to police? | , 55 5 | |
| Police station name | 1 | |
| No consideration | A PERSONAL PROPERTY. | WITTNESS 1 |
| BARRA MANAGEMENT | THE CHEST AND | WHITE ST. |
| Name | | |
| | THE DESCRIPTION | TAN TANTOC 2 |
| 《大学》 | AVELA | WITNESS 2 |
| THE RESERVE TO SERVE THE PARTY OF THE PARTY | | |

| geligis regist salog number | SHB9943P |
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| Vehicle make model | |
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| NRIĆ / Fin / Passport number | |
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| NRIC / Fin / Passport number | |
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| NRIC / Fin / Passport number | |
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| | THIRD PARTY VEHICLE 7 |
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| Vehicle registration number | + |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| A STATE OF THE STA | | |
|--|--|--------------------|
| No. 11 | | |
| Injuries sustained | | |
| Which valide person in? | | |
| Ware seat belts worn? | Yes □ | Non |
| Was injured conveyed to | Yes□ | No D |
| hospital by ambulance? | 0.0000000000000000000000000000000000000 | |
| She man to a contract | | |
| | | (MANORED) PERSON 2 |
| Name | | |
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| Which vehicle person in? | | |
| Were seat belts worn? | Yes□ | No 🗆 |
| Was injured conveyed to | Yes □ | No D |
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| Hospital by emperence. | | |
| | | INDURED PERSONS |
| THE RESERVE OF STREET | | |
| Name | | |
| Injuries sustained Which vehicle person in? | | |
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| | Yes □ | No D |
| Was injured conveyed to hospital by ambulance? | 7002 | |
| nospital by amberencer | | |
| | OBSERVATIONS) | milured person a |
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| AMERICAN COLORES AND | North State | INJURED PERSON 5 |
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| Was injured conveyed to | Yes□ | No 🗆 |
| hospital by ambulance? | | |
| nospital by alliberation, | | |



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8878261E



WANG JIANCHAD

王建 超 CHINESE

13-02-1988

CHINA

200/910 L

0.18231

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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 16 Feb 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

WIIC III S8878261E

CHINESE 23-10-2012

14 YISHUN AVENUE 9 #04-14 SINGAPORE 788895

NRIC No: \$8878261E

Date: 13/05/2016

NP 428A





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: 5103983076 Cover : drivo CLASSIC 1. Index mark and Registration Number of Vehicle SKN8213X Chassis Number : WBA5A52030D823332 2. Name of Policyholder : DONG SHENG SERVICES SINGAPORE PTE LTD 3. Effective Date of Insurance : 19 Sep 2018 4. Expiry Date of Insurance : 18 Sep 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. This Policy does not cover (a) Use for hire or reward. (b) Use for racing, pace-making, reliability trial or speed-testing. (c) Use for the carriage of goods (other than samples) in connection with any trade or business. (d) Use for any purpose in connection with the Motor Trade. # 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) : S\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : HONG LEONG FINANCE 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) Agency : 18 Sep 2018 13:09 hrs Date of Issue For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED Countersigned By:

Authorised Officer

Chief Executive

| eBaoTech | | | GeneralClaim | | | | | | | |
|------------------------------|------------------------|-----------------------|--|-----------------------------|---------------------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | The second second second | A Transmitter of the second | THE PERSON NAMED IN | + Chang | e Language | Chang | ge Password | • Log Out |
| My Desktop Notice of Loss | Policy Query | | | | | | | | | |
| | Policy No. | | | | Date of Accident | | | 22/11/2018 12:20 | | |
| | Vehicle No.(For Motor) | SKN8213X | | | Certificate Number | | | | | |
| | | | | | Search | | | | | |
| | Select Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | O 5103983076 | | DONG SHENG SERVICES SINGAPORE PTE LTD | | GPC | drivo CLASSIC | SKN8213) | SKN8213X | 19/09/2018 | 18/09/2019 |
| | | | | | Continue | | | | | |

| | | 0.0 | | | | | |
|---|---------------------------|-----------------------------------|------------------|-------------------|----------------------|--------------|------------------------------|
| olicy No. | 5103983076 | Policyholder Name | DONG SHE | NG SERVICES SINGA | Policyholder NRIC | 201322574H | |
| Certificate No. | | | | | | | |
| Address | 14 YISHUN AVENUE 9 #04-14 | NINE RESIDEN | CES SINGAP | ORE 768895 | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 18/09/2018 | Effective Date | 19/09/201 | 8 00:00 | Expiry Date | 18/09/2019 2 | 3:59 |
| Excess Type | | All Claims Excess | | | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | | | Young | g/Inexperience Driver Excess |
| Agent | ASSURE PTE. LTD. | Agent Tel. | 68489119 | | GST Flag | Y | |
| Co- insurance Flag Open Policy Info Certificate Info | No | | | | | | |
| Policyl | holder Mailing Address | | | | | | |
| Address 1 | 14 YISHUN AVENUE 9 | Addre | ess Z | #04-14 NINE RESI | DENCES | Address 3 | SINGAPORE 768895 |
| Address 4 | | Addre | ss Type | Singapore address | | Post Code | 768895 |
| | 04-14 | Relate Numb | ed Policy per | 5103983076 | | | |
| Unit No. | | | | | | | |
| A THE STATE OF | d Object: SKN8213X | | | | | | |
| Unit No. D Insure □ Endors | O - Alberta State | | | | | | |

| ccident HT/1021137 | | | | | |
|--|---|--|--|--|---------------------------------|
| | | | | | |
| oley No. | 5103983076 | Vehicle No. | 3KN8213X | GST Registration No. | |
| ertificate No. | | | | | |
| oucyholder Name | DONG SHENG SERVICES SINGAPORE PTE LTD | Sec. 10. | | Palicyholder NRIC | 201322574H |
| oduct Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| ritact No (Mobile) | 81550149 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| ail Address | | Special Remark | | eCode | 51. V |
| K. | ® No ○ Yes | TCA | No ○ Yes | eCode Reason | |
| D Protection | No | NCD Entitlement(%) | ۰ | Private Hire | Ne |
| Accident Details | | ************************************** | | | |
| rort Date | 23/11/2018 16:07 | Accident Report Within 24 hrs | Yes: | Accident Type | Collision - Change / Cross lane |
| te of Accident | 22/51/2018 | Time of Accident hit mm | 12:20 | Country of Accident | Singagore |
| orting Centre | | Orange Force | 10.00 | ICM No. | Singopore |
| ident Locabian | 318 JALAN BESAR AFTER STURDEE RD | Grange Force | | 00.91 Mag. | |
| Excess | 310 310 310 310 310 310 310 310 310 310 | | | | |
| | | XXX-7/10 H | 21 | WEST SE | |
| n damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| amed Oriver Excess | | Outside Singapore OO Excess | 600.00 | | |
| d Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| Benefits | | | | | |
| GST Registered Informa | rtion | | | | |
| Registered | No | | GST Registration Date | | |
| Registration No. | | | GST Status verified | NO | |
| diffication History | | | | | |
| | | | | | |
| Policyholder Mailing Ad | firess | | | | |
| dress 1 | 14 YISHUN AVENUE 9 | Address 2 | #04-14 NINE RESIDENCES | Address 3 | SINGAPORE 768895 |
| tress 4 | | Address Type | Singapore address | Post Code | 768895 |
| 6 No. | 06-16 | Related Policy Number | 5103983076 | | |
| OI Driver Info | | ESCOUCES NAME OF | | | |
| er Name | Umenea Driver | Driver Type | Unriamed Driver | | |
| amed driver Name | WANG JIANCHAO | Driver NRIC | 58878261E | Driver DOB | 13/02/1988 |
| ister Date of Driver License | 16/02/2017 | Driver Age | 30 | Driving Experience | 1 |
| tact No.(Mobile) | 81550149 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| ress 1 | 14 YISHUN AVENUE 9 | Address 2 | NINE RESIDENCES | Address 3 | SINGAPORE 768895 |
| ress 4 | 2.5.2.76.26.20.3.50.56.50 | Service Company | | | |
| | Page 25 | Address Type | Singapore address | Post Code | 768895 |
| f No. es he own a Singapore | 04-14 | | | | |
| pistered car? | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| | | | | | |
| Taration | | | | | |
| | | | | | |
| athalyser of Blood Test | 0 mg | Any injury? | ○ Yes ® No | | |
| sathalyser of Blood Test | o mg | Any injury? | ○ Yes ® No | | |
| esthalyser or Blood Test ading? | 0 mg | Any injury? | ○ Yes ® No | | |
| athalyser of Blood Test | O mg | Any injury? | ○ Yes ® No | | |
| athelyser of Blood Test iding? Mication mistory | O mg | Any injury? | ○ Yes ® No | | |
| athelyser of Blood Test ding? fication restory | O mg | Any elgury? | ○ Yes ® No | | |
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| athelyser of Blood Test cling? Incation mattery Incation Mem | O mg | Insured Name | ○ Yes ® No DONG SHING SERVICES SINGA | Insured NRIC | 201322574H |
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| sthalyser of Blood Test sthag? Incation matory Saim 001 New Type * toct No.(Mobile) | | Insured Name | Control of the Contro | | 201322574H SH89943P |
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| sthalyser of Blood Test sing? fication matory: laim 001 New m Type * tect No.(Mobile) si Address mant Type Calmant Type * | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number | DONG SHENG SERVICES SINGA SKN8213K | Contact No.(Office) | |
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| ithalyser of Blood Test plays fication matory laim 001 New m Type * toct No.(Mobile) st Address mant Type Calmant Type * mant Address mant Address | OD-MX Please Select | Insured Name Contact No.(Home) OI Vehicle Number Type of Boneld: * | DONG SHENG SERVICES SINGA SKN8213K | Contact No.(Office) | |
| sthalyser of Blood Test drap? fication mistory laim 001 New m Type * toot No.(Mobile) si Address ment Type Claimant Type * mark Name * mark Address m Description | OD-MX ✓ | Insured Name Contact No.(Home) OI Vehicle Number Type of Bonefit * Claimant NRIC * | DONG SHENG SERVICES SINGA SKNEZIJX Please Select | Contact No. (Office) TP Vehicle Number | |
| athalyser of Blood Test cling? Incation restory Islam 001 New Type * toct No.(Mobile) Isl Address mant Type Claimant Type * mant Address in Description Increase Workshop Contact | OD:MX Please Select ≥≥ SKN48213X / SH89943P ON 22 Nov 2018 | Insured Name Contact No.(Home) OI Vehicle Number Type of Bonefit * Clamant NRIC * | DONG SHENG SERVICES SINGA SKNEZ13X Please Select Not at Fault | Contact No. (Office) TP vehicle Number Name of Preferred Workshop | SH89943P |
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