NATIONAL Assessment Centre Se	ervices. well Jan'05 M	NA 11901732		
	b description	Date &Time Completed	Done	pi.
	SAS e-filing			
	E-mail (within Shrs, AIC 2hrs)			
	-Motor Claim Form	M7 1029444-001	24/1/9 15	7:41.
	-Motor W/O (Within: OD 2hr	rs, TP 4brs)		
OD : (TP) ! Reporting Only	-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: Spamu	, INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period:	(Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-	Est. Status (WO): N: 0-2	10%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Warra	nty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()			
General Remarks:-		HAMPANA PARA	SCOT A	vida.
() Walk-In Customer : Customer's information	A STATE OF THE PARTY OF THE PAR			
() Total Loss Case : to e-mail Insurer UR		2 3	- 0	
Drive-In ()/ Towed-In (); Invoice: YE		Towing Co: ()
all and a second		Date&Time Completed	Done	hv
Remarks:- (INC hotline: 6788 6616)	NAC AND ADDRESS OF THE PARTY OF	Later Filtre Soligat 94	The said of the said	
1) Apply for Transport Allowance ()/ Courte	sy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]	()	1		
Injury:				
Date/Time Actions	2.10.00	。 第二章 新克克·克姆斯	TITAL TO A STATE	
		- 00 March	er ne soner - es r	
			124	
321	Invoice Pro	paration Checklist	Anit (S)	Amt (1)
MA 19007 IV.	1) AR : Acciden	BERTHROOM WOLLD SELECTION TO THE	TA BILL	Add Bill
laimant's Particulars :-	2) DA : Damage	Assessment (\$100); INC (\$		
river/Owner:	3) TF : Towing 1 4) FT : Follow-I		\$120	
ontact No:	5) FT : Follow-T	Through Survey (Resurvey)	\$30	
	6) TR: Re-iuspe	egoinst INC Only (wef 10 Jan 200	\$75	
amaged Portion:	7) N1 : Idao DA	+ SMRT Survey	\$160	
	8) NTUC Additi	onal Services:-		
C Checked by (Engr-In-Charge):	*N5: Courtes	y Car / Tpt Allowance	\$5	
Chiralys a part of the part of the construction of the should be several to	*N6: Repair C	Co-ordination pair Inspection	\$10 \$25	
uditors' Comments::-	*N8: DV / Co	llect Excess Coordination	23	
1.1:	TP (N11) : TI 9) N12: Idae Me	P (Non INC) against INC	30	-
1. 2 / 3;	Invoice dated	Fee Charged	MARKET PROPERTY	nation feet
	Invoice dated	Fee Charged	POSTAN ALEXANDER	

Figure 1 to 1 for

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 <u>truthful and accurate</u> 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.

aforesaid,	
SHOW AND ADDRESS OF THE PARTY O	ACCIDENT STATEMENT
Date Of Report	24/01/2019 16:11
Date Of Accident	23/01/2019 14:10
Exact Location Of Accident	228 EAST COAST 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	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 5103983076

Cover Note Number

Driver

 Name of Driver
 WANG JIANCHAO

 NRIC No
 \$8878261E

 Date Of Birth
 13/02/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 16/02/2017

Driving Experience 1 YEAR AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81550149

Fax Number

Contact Number OFFICE-81550149

EMail Address NOEMAIL

Address

14 YISHUN AVENUE 9

#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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident
Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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

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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SP7777L

Vehicle Make/Model/Colour

MERCEDES

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LEE ZHIYONG

NRIC/Passport Number

S8920891B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 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:
 - 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.

DONG SHENG SERVICES
SINGAPORE PTE, LTD.
Policyholder's Signature Drive

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	1	was	trave	iling	along	228	East	(oast	Road	, While	1 5
was		travel	ling	Vehice	e B	Sudder	uy cu	t on	to v	ny k	ane
7.1.20		from	the	1884	Side	228 Sudder and	COL	ided	into	The	
		left	porti	ov o	f V	ny 1	rehicle				
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		new Maria		35						U SANCO SAN	

DECLARATION

WWe declare the foregoing particulars are true in every respect.

DOMO HENG SERVICES SINGIPUNE PTE, LTD.

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT 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.

THE RESERVE THE PARTY OF THE PA	ACCIDENT DETAILS	THE PROPERTY.
Date of accident	23/1/2019	(DD/MM/YY)
Time of accident	2:08PM	(HH:MM)
Exact location of accident	228 East coast road	

THE SHARE THE PARTY OF THE PART	DETAILS OF VEHICLE
Vehicle registration number	SKN 8213 X
Vehicle make and model	8MW 528i
Type of vehicle	Saloon MPV CRV Van Carry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No e if no, please select: Third part claim Reporting only

AND THE RESERVE OF THE PERSON	INSURANCE IN	FORMATION	BEST TO STORY
Insurance company	NTUC		
Policy number	510398	3076	
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

2.00 Sept 10 10 10 10 10 10 10 10 10 10 10 10 10	INS	SURED / POI	LICY HOLDE			The state of the s	
Name	Don	g Shena	Services	P-	e Hd	Male 🗆	Female
NRIC / Fin / Passport number		201322	-574H				nuezone
Contact		815501	149				
Address	14	YiShun	Avenue	9	#04-14	5(768895)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)								
Name	WANG JIAN CHAO Male &	Female 🗆							
NRIC / Fin / Passport number	S8878261E								
Contact	81550149	5 5 3 5 5 T W							
Address	14 4ishun Avenue 9 #04-14 S(768895)								
Email address									
Date of birth	1312/1988								
Occupation	Indoor Outdoor								
Driving date pass	161 21 2017								

A CONTRACT OF STREET	ENERAL IN	FORMATION OF	THE ACCIDENT
Was driver an employee of	Yes	No 🗆	
the insured's company?	If no, relat		driver and insured:
Accident captured by camera?	Yes	No 🗆	
Weather condition	Clear	Raining 🗆	Others:
Road surface	Dry p	Wet 🗆	
No of passenger	1		(Inclusive of driver)
	Miles and the second of the se		
	2000年201日	PASSENGER	1 State Carlo and Arrive at Assessment
Name	WANG	CAHOMAIC	
Gender	Male	Female 🗆	
	相手数 公生	PASSENGER	2
Name		52	
Gender	Male 🗆	Female 🗆	
	To the second second	NAME OF STREET	
	A LEVE	PASSENGER	STREET, STREET
Name	- Valley and the second		
Gender	Male 🗆	Female 🗆	
	南本語 壁	PASSENGER	4
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Gender	Male D	Female 🗆	
Gender			
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Gender	11111111		
	为成为为治疗	PASSENGER	86
Name	The state of the s	ALCOHOLD STATE OF THE STATE OF	
Gender	Male 🗆	Female	
delider	11111111		
		OTHER INFORM	ATION
Was anybody injured?	Yes 🗆	Noz	
Was other vehicle damaged?	Yes	No 🗆	
was other venicle damaged.	11030		
	DE	TAILS OF POLIC	FACTION
Percented to police?	Yes 🗆		es, please state which police station.
Reported to police?	163 [110,2	es, presse state man pensen
Police station name	1		
	See Sullette	WITNESS	
	BEAUTIES .	WIIIWESS	
Name	9	-/-	
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		WITNESS	2
Namo	/		

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		INJURED PERSO	N 1
Name		The Park Street Spirit Street Street Street	
Injuries sustained			1
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	0.000160000	NACE AND SECURITION OF THE PERSON OF THE PER	
Heapter of differenties.		Harrison Company	
		INJURED PERSO	DN 2
Name	OT STREET, STR		
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	1		
nospital by ambalancer			
Car The State Control of the S	A CONTRACTOR	INJURED PERSO	DN 3
		TOORED I ERSC	
Name			/
Injuries sustained			
Which vehicle person in? Were seat belts worn?	Yes□	No D	HARDON STATES WITH THE STATES OF THE STATES
	Yes 🗆	No D	
Was injured conveyed to	Tes L		
hospital by ambulance?			
A CONTRACTOR OF THE SAME	EL MISH (MATER)	WIURED PERS	ON 4
News		INJURED PERSO	ON 4
Name Injuries sustained		INJURED PERSO	ON 4
Injuries sustained		INJURED PERSO	ON 4
Injuries sustained Which vehicle person in?	Yes n	INJURED PERSO	ON 4
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆		ON 4
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No No INJURED PERS	
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆 Yes 🗅 Yes 🗅	No D INJURED PERS No D NO D INJURED PERS	ON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No	ON 5
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

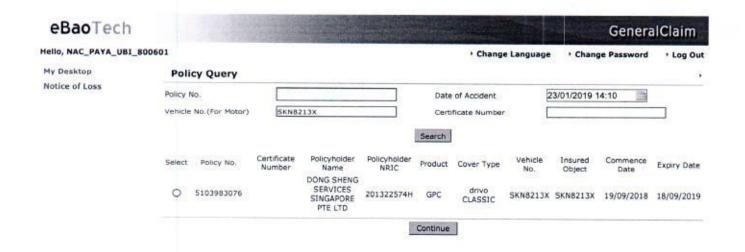
EFFECTIVE DATE

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

16 Feb 2017

NP 428A

Licence No:S8578261E



	VALUE OF THE RESIDENCE	Do Kondo Cd		CONTRACTOR OF THE PARTY OF THE	warman and the con-		
Policy No.	5103983076	Policyholder Name	DONG SHEN	S SERVICES SINGA	Policyholder NRIC	201322574H	
Certificate No.							
Address	14 YISHUN AVENUE 9 #0	4-14 NINE RESIDEN	CES SINGAPO	RE 768895			
Product Name	PRIVATE CAR INSURANC	E Plan			Group Policy Flag	N	
Policy issue Date	18/09/2018	Effective Date	19/09/2018	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	n/Inexperience Driver Excess
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	holder Mailing Address						
Address 1	14 YISHUN AVEN	JE 9 Addre	ss 2	#04-14 NINE RESID	DENCES	Address 3	SINGAPORE 768895
Address 4		Addre	ss Type	Singapore address		Post Code	768895
	04-14	Relate Numb	ed Policy er	5103983076			
	d Object: SKN8213X						
Unit No.	- Annahamana an						

Accident MT/1029424					
folicy No.	5103983078	Vehicle No.	SKN8213X	GST Registration No.	
Certificate No.					
olicyholder Name	DONG SHENG SERVICES SINGAPORE PTE LTO)		Policyholder NRIC	201322574H
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo Q.ASSIC	Loading	0
intact No. (Mobile)	81550149	Contact No.(Office)	0	Contact No (Home)	
naii Address	\$25000000 (\$50)	Special Remark	XC.	100700	0
FK	® No ○ Yes		e	eCode	NL 🗸
		TCA	® No ⊜ Yes	eCode Reason	
OD Protection	No	NCD Entitlement(%)	0	Private Hire	No
V Accident Details					
port Date	24/01/2019 17:28	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
tte of Accident	23/01/2019	Time of Accident thomas	14:10	Country of Accident	Singapore
sporting Centre		Orange Force	501750	ICM No.	and deposit
cident Location	228 EAST COAST RO	300000000000000000000000000000000000000		(2009 NO.)	
Excess					
m damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	600.00		
ord Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
f Registered	No		GST Registration Date		
Registration No.			GST Status Venified	Yes	
diffication History				O. Com	
Policyholder Mailing Ad	dress				
press :	14 YISHUN AVENUE 9	Address 2	#04-14 NINE RESIDENCES	Address 1	Charles was a
Sress 4	***	Address Type		Address 3	SINGAPORE 768895
6 No.	04-14		Singapore address	Post Code	768895
OI Driver Info	04-14	Related Policy Number	5103983076		
	101101102010	20.00			
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	WANG JIANCHAO	Driver NRIC	S8878261E	Driver DOB	13/02/1988
ister Date of Driver License	16/02/2017	Driver Age	30	Driving Experience	1
rtact No. (Mobile)	81550149	Contact No. (Office)	0	Contact No.(Home)	0
Iress 1	14 YISHUN AVENUE 9	Address 2	NINE RESIDENCES	Address 3	SINGAPORE 768895
tress 4		Address Type	Singapore address	Post Code	768895
f No.	04-14	100000000000000000000000000000000000000		- Mai Code	700033
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gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
HERE STATES					
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Affication History					
SEPARAMENTAL					
Claim 001 00-MX Nem	à				
11.00	-				
NEW YORK OF THE PARTY OF THE PA				ALL DOOLS	
m Type *	OD-MX	Insured Name	DONG SHENG SERVICES SINGA	Insured NRIC	201322574H
tact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
ell Address		Of Vehicle Number	SKN8213X	TP Vehicle Number	SP7777L
mant Type Claimant Type+	Please Select	Type of Benefit *	Please Select	ACTUAL DESIGNATION OF THE PARTY	G-27278
mant Name *	Con.	Claimant NRIC •	13.		
mant Address	22	Comment of the T		-	
			A STATE OF THE STA		No.
m Description	SKN8213X / SP7777L ON 23 Jan 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability •	Not at Fault		
ure Finalisation	ves 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	24/01/2019 17:41	Claim Close Date		Date Received	
ort Taken By	Jackson	Workshop Repairer			24/01/2019 17:43
	W// 12	The state of the s		Total Loss but Repaired	
Print AK letter					
			Save Submit		
tachment		1	and the same of th		
Well Well and					
dent No.	MT/1029424	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	24/01/2019 17:43		
	Patri *		Category +	Confidential Urgen	N. B. Barrerson V.
	Vanities	Browse	I describe province to the second		
				V Normal	¥
		Browse	Cear Please Select	NO. Y Normal	
		Browse	Clear Please Select	Normal Normal	▼
		Browse		NO Normal	<u> </u>



https://giclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=213... 24/1/2019