Date In: 29619- 13614	Job description	Date & Time Completed	Don	e by:
		Date termino dempired	2011	
Res No: HA INCIANOUT 174	SAS e-filing			
Veh No: GBE9303	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 19/6/19-19:20	i-Motor Claim Form	M7/1049876001	2/9/9	13:75
OD TP Reporting Only	i-Motor W/O (Within: OD :			
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	t	200000000000000000000000000000000000000	
	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	:(Tel: Fa	x:	
TP Particulars: Veh No:	WAGDAK INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date:	Time:	1	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0		0%1	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading:	\$1,000()/\$2,000()			
General Remarks:-	NOTIFIED TO SECURE PROPERTY OF THE PROPERTY PROPERTY OF THE PARTY OF T		37 77 77	-,
		Talan kanana	O. C	×
() Walk-In Customer: Customer's		Strictly NO refer of repairer.		
() Total Loss Case : to e-mail In	surer URGENTLY.		*	
Drive-In ()/ Towed-In (); Inv	voice: YES()/NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 661	7.034		D. OPRESION	(na pr
	A STATE OF THE PARTY OF THE PAR	Date&Time Completed	Done	by
) / Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			9111-5
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
Injury:				
Date/Time Actions			AND THE RESERVE	KON KODE
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No. of the Control of				
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Section 1984		Gr. Dr.	Anit (S)	Amt (3
#184238.	(Co. X-10-10) (C	eparation Checklist	fst Bill	Add Bi
timant's Particulars :-	1) AR : Accide 2) DA : Damas	nt Reporting (\$30); e Assessment (\$100); INC (\$80)	-	-
iver/Owner:	3) TF : Towing	The second secon	15	
	The first contract of their	Through Survey \$12	-	
ntact No:		Through Survey (Resurvey) \$3 against INC Only (wef 10 Jan 2005)	0	-
maged Portion:	6) TR : Re-iusp	The state of the s	5	
		A + SMRT Survey \$16	0	
Checked by Charter	S) NTUC Addi	tional Services:-	-	
Checked by (Engr-In-Charge):	*NS: Courter	ry Cer / Tpt Allowance S		- 0- 00 N
WEST PERSONS FROM THE PROPERTY OF THE		Co-ordination 51 pair Inspection 52		
ditors' Comments :-	255 1. SUMMO 9860 MONOSTE 11 / MONOSTE 25 Y C V		3	
li.		P (Non INC) against INC \$2		
2/3;	9) N12: Idac M Invoice dated	obile 3 Fee Charged	0	(a) (m) []
11569	Invoice dated	Fee Charged		- Contract of the

Figure 1 1.30

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.
- 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.

Light Control of the	ACCIDENT STATEMENT	THE RESERVE OF THE PARTY OF THE
Date Of Report	20/06/2019 17:14	
Date Of Accident	19/06/2019 19:20	
Exact Location Of Accident	LOR 27A GEYLANG	
Country/State of Loss	SINGAPORE	
The Salar Land College of Salar	DETAILS OF OWN VEHICLE	- Sale harrows in
Vehicle Registration Number	GBE9303S	

Insured/Policyholder

Name Of Registered Owner JIAN CHENG CONSTRUCTOPN PTE LTD

Co Reg No 200919273G Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-92464316

 Alternative Phone No
 OFFICE-92464316

Vehicle Particulars

Manufacturer NISSAN

Model CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5

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 REPORTING ONLY

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 5079870880-03

Cover Note Number

Driver

 Name of Driver
 JIANG AN

 Passport No/FIN
 G7832731L

 Date Of Birth
 01/02/1987

 Occupation
 OUTDOOR

 Date Of Driving Pass
 11/05/2015

Driving Experience 4 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91149765

Fax Number

Contact Number OFFICE-91149765

EMail Address NOEMAIL

Address

32 EUNOS CRESCENT #10-228 EUNOS COURT

Postcode

400032

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?

YES

Foreign Vehicle Registration Number

W9977F (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

2

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Contact

Circumstances of Accident

REFER TO POLICE REPORT - T/20190620/2129.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

W9977F

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

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 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.
- 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:
 - 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)

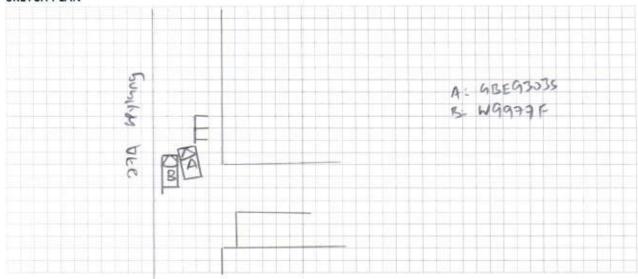
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

-0 1	-1 10 /-	ala a	
noter to parice	report-7/2019062	~[ที่วิจุ	
			×

DECLARATION USTRUM. Darticulars are true in every respect.

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.:





Police Station Of Origin:

Traffic Police

Traffic Flow:

Type of Collision:

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190620/2129

Road Speed Limit:

Anyone conveyed by ambulance:

Traffic Volume:

No

THE WALLEY VALUE TO SOME			
REPORT	OF A	TRAFFIC	ACCIDENT

	ne Report N 119 16:53	Made:	Vide R	Vide Report No.:			Station Diary No.:
Informa	nt's Partic	ulars		piorupist:			SAME AND DEPARTMENT
Name of Informant: JIANG AN			Addres 32 EUN SINGA	A CONTROL OF THE PARTY OF THE PARTY	SCENT #10-2	28 EUNOS	COURT
ID Type / ID No.: FIN NO / G7832731L			Contac Home/	t No.:		Mobile: 9	1149765
National CHINES			Email:				1110100
Sex: Male	Age: 32	Date of Birth: 01/02/1987		Type of Informant:			
Race: Chinese		All and the second seco			Institution	stitution / School Name:	
Occupation: CONSTRUCTION			Driving Licence Information: Class: 3,4 Date of Expiry:				
ieneral I	The state of the s	n of the Accident				Del al Carrie	
Type of Accident		Non-Injury		Drink Drive: No	Date/Time of Accident: 19/06/2019 19:20		Type of Location:
Location				110	19/00/20	19 19:20	4
LORONO	3 27A GEY	LANG					**
Weather:			Road S	ourface:		D	nad Sneed Limit

Details of V	ehicle Invo	lved			Charles voltage and	MANAGEMENT
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE9303S	Lorry					1
W9977F	Car					2

Traffic Control:

Details of Person Involved	The state of the s
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20190620/2129

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20190620/2129

2 of 3

CONTINUATION OF REPORT

Driver	A PICTURE AND A STATE OF			anna:		
Name	JIANG AN		ID No.		G7832731L	
Related Vehicle	NIL		Contact No.		91149765	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc				
No. of Days granted Medical Leave NIL			Degree of			
Driver						The same of the sa
Name	KHOO SHEAK BOON			ID No.		751226015019
Related Vehicle	NIL		Contact No.		84212636	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,

I WAS ON LORONG 27A GEYLANG ON A PARKING LOT. I CHECK MY MIRRORS TO SEE IF THERE ARE OTHER CARS. I SAW THERE WAS NO CAR SO I PROCEEDED TO MOVE OUT OF THE LOT. ONCE I MOVED OUT, A CAR(W9977F) WAS TRAVELLING AT A HIGH SPEED COLLIDED TO MY LEFT SIDE MIRROR. I IMMEDIATELY STOPPED MY VEHICLE. HE COULD NOT STOP SO HIS CAR CONTINUE TO MOVE FORWARD. THERE WAS VEHICLES AT THE BACK SO WE SHIFTED OUR VEHICLES TO THE SIDE TO LET THE TRAFFIC FLOW. THEN HE SAID THAT HE WANTS TO CALL THE POLICE. I TOLD HIM THAT I WILL LODGE A REPORT. THEN HE TOLD ME THAT HE NEEDS TO RUSH BACK TO MALAYSIA SO WE EXCHANGED PARTICULARS AND LEFT. NO ONE WAS INJURED DURING THE INCIDENT. THAT IS ALL.





3 of 3

Report No. T/20190620/2129

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan	SI	ĸe	tch	P	an
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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

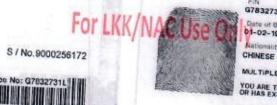
Signature Of Officer Recording The Repo TP / NG RUI TONG	rt: Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/06/2019 16:53
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151	SINGAPORE
Authentication Stamp	ROLICE FORCE





G7832731L

NP 428A



Name JIANG AN

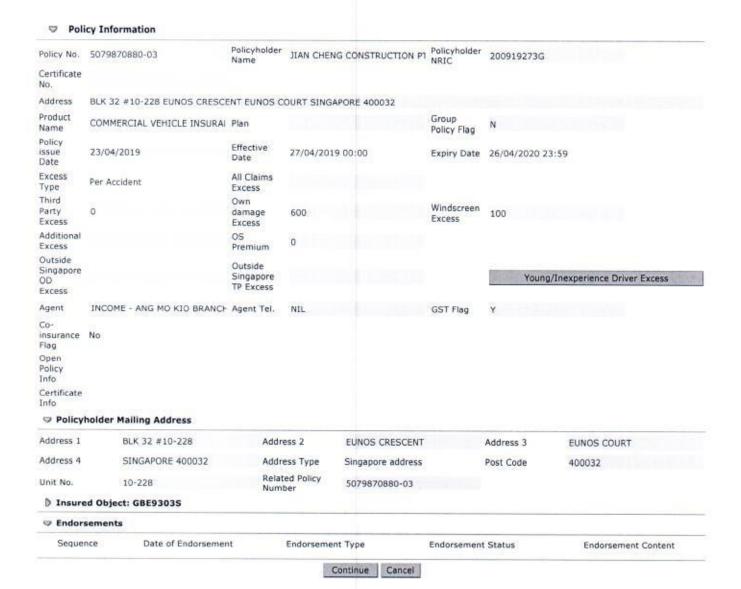
Immigration Regulations FIN G7832731L Date of Birth 01-02-1987

VISIT PASS

MULTIPLE JOURNEY VISA ISSUED

10-08-2018

eBao Tech	The same of the sa						GeneralClaim				
Hello, NAC_PAYA_UBI_800601			The second section of the second			• Change Li	anguage	• Change	Password	Log Out	
My Desktop	Policy	Query									
Notice of Loss	Policy No.					Date	of Accident	19/	06/2019 19	:20	
	Vehicle No.(For Motor)		GBE9	GBE9303S		Certificate Number					
					1	Search					
	Select P	olicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 507	79870880- 03		JIAN CHENG CONSTRUCTION PTE. LTD.	200919273G	GCV	Comprehensive	GBE9303S	GBE9303S	27/04/2019	26/04/2020
						Continue	1				



Claim Handling						- Exit
Accident MT/1049876						
Policy No.	5079870880-0	12	Vehicle No.	G869303S	GST Registration No.	
Certificate No.						
Policyholder Name	JIAN CHENG C	ONSTRUCTION PTE. LTD.			Policyholder NRIC	200919273G
Product Code	COMMERCIAL VEHICLE INSURA		Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92464316		Coreact No. (Office)	0	Contact No.(Home)	0
Email Address	Address		Special Remark		eCode	N: V
KFK	No ○ Yes		TCA	® No ⊜ Yes	eCode Reason	
NCD Protection	No		NCD Entitlement(%)	20	Private Hire	No
 Accident Details 						
Report Date	20/06/2019 1	7:32	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/06/2019		Time of Accident nh:mm	19:20	Country of Academt	Singapore
Reporting Centre			Orange Force		IOM No.	
Accident Location	LOR 27A GEYL	ANG				
Total Excess Applicable						
Excess Type	Per Accident		Windscreen Excess	100.00		
OD Standard Excess		600.00	TP Standard Excess	0.00		
VIED OD Excess			YIED TP Excess		Driver is Covered?	
Additional Excess						
Total OD Excess Applicable			Total TP Excess Applicable			
⇒ Benefita						
Coverage				Sum Insured		
PAB				9999999999		
▽ GST Registered Inform	ation					
GST Registered		Yes		GST Registration Date	01/03/2013	
GST Registration No. Modification History		200919273G	State channel GCT Basistanad from to	GST Status Venified	Yes	
The state of the s		20/06/2019 17:34:26 599	stern changed GST Registered from No Stern changed GST Registration No. fri Stern changed GST Registration Date f	NB 76-6 No 200919273G		
♥ Policyholder Mailing Ac	ddress	KWAM KATA TS 194 (NO BA)	cem changes usar negotration pace?	rom not to 01/03/2013		,
Address 1	BLK 32 #10-2	28	Address 2	BUNOS CRESCENT	Address 3	EUNOS COURT
Address 4	SINGAPORE 4	00032	Address Type	Singapore address	Post Code	400032
Unit No.	10-228		Related Policy Number	5079870880-03		
□ OI Driver Info						
Driver Name	Unnamed Drivi	er	Driver Type	Unnamed Driver		
Unnamed driver Name	JIANG AN		Driver NRJC	G7832731L	Driver DOB	01/02/1987
Register Date of Driver License			Driver Age	32	Driving Experience	4
Contact No. (Mobile)	91149765		Contact No. (Office)	0	Contact No.(Home)	0
Address 1	BCK 32		Address 2	BUNOS CRESCENT	Address 3	EUNOS COURT
Address 4	SINGAPORE 4	00032	Address Type	Singapore address	Post Code	400032
Unit No. Does he own a Singapore	10-228					
Registered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
Declaration						
Breathalyser or Blood Test	0 mg		Any injury?	○ Yes ® No		
Reading?	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		my rough	CHEEN		
						3
Modification History						3
Claim 001 New						
Claim Type +	OD-MX	~	Insured Name	MAN CHENG CONSTRUCTION P	Serviced MRTC	2000/02225
Contact No.(Mobile)	97978844		Contact No.(Home)	SHI SHORE CONSTRUCTION F	Insured NRIC Contact No.(Office)	200919273G 67443208
Email Address	jancheng ritat	#gmeil.com	OI Vehicle Number	G8693035	TP vehicle Number	67443208 W9977F
Claimant Type Claimant Type	_	V	Type of Benefit *	Please Select	Control of the Contro	GLEATH, C
Clamant Name *		>>	Claimant NRIC *			
Claimant Address						
Claim Description	GBE93035 / W	9977F ON 19 Jun 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.			Impured Liability *	Partially at Fault		
Require Finalisation	Yes	V	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/06/2019 17		Claim Close Date		Date Received	20/06/2019 00:00
Report Taken By	Jackson					-dar
Print AK letter						
				wood (worked)		
Attachment				Save Submit		
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9						
Accident No.	MT/10498	76	Claim No.	001		
Last Doc. Received	® Yes C	O No	Upload Date	20/06/2019 17:36		

	Path *				Category *		1,000	dential	Urgency *		000,000	
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di e												
-40	NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE 5 CES) on 20 Jun 2019 17:36	SERVI ARIC/ Drava	ng License		Normal		NRIC/ D	riving Lice	rise 2019-6	-20		E.0
1153	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE : CES) on 20 Jun 2019 17:36	SERV1 SA	s		Normal			SAS 201	9-6-20			Ed
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