Date In: 20/3/19-13:43	Job description		Date & Time Completed	i D	ne by
Re(No: Hel			Date & Time Completed	De	nie oż
Ref No: Na INCIGO 3269 24	SAS e-filing		1		
Veli No: GDE TYYY		a Shrs, AIC 2hrs)			
D.O.A: 18/7/19-1214,	i-Motor Cla	im Form	100-51/10 15410- 221	297 19	1348
OD P ! Reporting Only	i-Motor W/o	O (Within: OD 2hrs	, TP 4hrs)		er gen
TP Insurer:		urvey Report			
	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 37	162047	, INC ()/Non-INC()	5	
Owner / Driver: (Tel:)	
	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	WO): N: 0-20	%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,					
General Remarks;	12 12 19 11 12 19 19 19 19 19 19 19 19 19 19 19 19 19	SECONDARY CONTRA	SERVES AND CONTROL	স্ত্রের সূত্র পাত	-,
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() Walk-In Customer : Customer's inf	formation strictly Cor	nfidential & Stri	ctly NO refer of repairer.		
() Total Loss Case : to e-mail Insur	rer URGENTLY.	+	7	73	
The state of the s			(A)		
Drive-In ()/ Towed-In (); Invoice	ce: YES () / N	IO () ; To	wing Co: ()
), invol		IO();To)
Remarks;- (INC horline: 6788 6616)		IO();To	wing Co. (Don	e by
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/		O();To			e,by
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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.

- 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.

archiving and that copies of this report will, for a fee, se made and 7. By the lodgement of this report to the insurers, you hereby cons aforesaid.	ent to the archiving of this report at the centre and to co	pies of the report being made available
	ACCIDENT STATEMENT	HI WAS IN SECTION
Date Of Report	29/07/2019 13:43	
Date Of Accident	28/07/2019 13:40	
Exact Location Of Accident	SLIP RD PIE TWDS BUKIT TIMAH	
Country/State of Loss	SINGAPORE	
De la companya del companya de la companya del companya de la comp	ETAILS OF OWN VEHICLE	NAME OF TAXABLE PARTY.
Vehicle Registration Number	GBE544Y	
Insured/Policyholder		
Name Of Registered Owner	AN HE CONTRACTOR	
Co Reg No	53055679X	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-81398506	
Alternative Phone No	OFFICE-81398506	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	L200 TRITON DOUBLE CAB (M/T)	
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	39
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERA	ATIVE LTD

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5082742788-02 Policy Number

Cover Note Number

Driver

Name of Driver XU ZHAOHE S7077754A NRIC No 03/11/1970 Date Of Birth OUTDOOR Occupation 13/01/1997 Date Of Driving Pass

Driving Experience 22 YEARS AND 6 MONTHS

MALE Gender

(LOCAL) +65-81398506 Mobile Number

Fax Number

OFFICE-81398506 Contact Number

NOEMAIL EMail Address

BLK 285 BUKIT BATOK EAST AVENUE 3 Address

#06-427 650285

2

NO

NO

1

NO

NO

YES NO

NO

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

SJJ6354T

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)

PRIVATE CAR

DETAILS OF OTHER VEHICLE PROPERTY 1

MOHD DZULHILMI BIN MOHD SUDIN

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:
 - (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
- (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:
 - (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

13ch			o.		
\$					DOA : 28/7/19
TEX 2	7	7		1	A. GBE 5444
	7				B: SJJ 6354
<i>a</i>	j	0.77			
	1	1	1	1	PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front	Car	stopped	SU	I fol	laved	suit	but	veh	B
failed	to	brake	ÌΛ	time	hi-	onto	ny	VI.	
1066	porter								
X									
		*							
		2							
	line de la constante de la con								
							Y		

DECLARATION

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

Policyhelder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

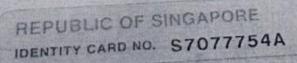
Reporting Centre Bensonnel's Signature

Name:

NRIC/FIN No.:

Personal Particulars
Date of Accident: 28 7 19 Time of Accident: 1 38 pm
Exact Location of Accident: Slip Rd PIE towards character exit Bt Timah
Owner's Name: An He Contractor NRIC No: HP No:
Driver's Name: Xu Zhouhe NRIC No: \$7077754AHP No: 81398606
Date of Birth: 3 11 1970 Driv ng Licence Passing Date: 13 1 1997 Occupation: Indoor / Outdoor
Address: 285 Bt Batok East Ave 3 # 06 - 427 (650285)
Relationship of Driver with Insured: OWARE Email Address:
Vehicle No: GBB GBE 544Y Make & Model:
Insurance Co: N TuC Coverage: Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
*Weather Condition? Tear / Raining / Others: Wet / bry / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: (+0 B. 1+0 C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name / NRIC / In Vehicle:
*Was The Accident Reported To The Police ?
O Ato O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
O No O Yes, Vehicle Registration No: insurer:
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle & No: SJJ 6354T Make & Model: Sudio
Driver's Name: Mohd Dzulhilmi BM Mohd NRICNO: HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars





Nome





XU ZHAOHE

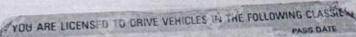
For LKK-NAC Use Only

03-11-1970

Country of blills

CHINA

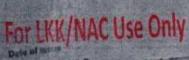
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For LIKE/MAC use Unity

NP 42EA





APT BLK 285 BUKIT BATOK EAST AVENUE 3 #06-427

Date: 06/07/2009 (R) No: 8215918



Policy No.	5082742788-02	Policyholder Name	AN HE CONT	RACTOR	Policyholder NRIC	53055679X	
Certificate		natite					
Address	BLK 285 #06-427 BUKIT BATOK	EAST AVENU	E 3 SINGAPO	RE 650285			
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
olicy ssue Date	13/08/2018	Effective Date	28/08/2018	00:00	Expiry Date	27/08/2019 23	:59
xcess 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	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
	holder Mailing Address						
Address 1	BLK 285 #06-427	Addr	ess 2	BUKIT BATOK EAST	AVENUE 3	Address 3	SINGAPORE 650285
Address 4		Addr	ess Type	Singapore address		Post Code	650285
Jnit No.	06-427	Rela Num	ted Policy ber	5082742788-02			
D Insure	ed Object: GBE544Y						
□ Endors	sements						
Seque	nce Date of Endorsemen	nt	Endorsemen	t Type	Endorsement	t Status	Endorsement Content
	28/08/2018 00:00	Basic	Information	Endorse	ment Take El	ffective	merge ID

Claim Handling					1.96
Accident MT/1055419				WAR 2000 (2000)	
Pakey No.	5082742788-02	Vehicle No.	GBE544Y	GST Registration No.	
Certificate No.					Survey and the second
	AN HE CONTRACTOR			Policyholder NRIC	53065679×
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading	0
Contact No. (Mobile)	81398506	Contact No.(Office)	0	Contact No. (Home)	0
onari Address		Special Remark	0.2239-0.0200000	eCode	lu y
FK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	0	Private Hire	No
· Accident Details					
eport Date	29/07/2019 13:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
late of Accident	28/07/2019	Time of Accident hit mm	13:40	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
vooldent Location	SLIP RD PIE TWOS BUKIT TIMAH				
w Excess					
own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
innamed Oriver Excess.		Outside Singapore OD Excess			
Tring Party Excess	0.00	Outside Singapore TP Excess			
♥ Senefits					
GST Registered Informa	rtion				
25T Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
Modification History					
	2000				
Policyholder Mailing Add		1902/00210	BUKIT BATOK EAST AVENUE 3	Address 3	SINGAPORE 650285
Address 1	BLK 285 ±05-427	Address 2		Post Code	650285
Address 4		Address Type	Singapore address	Post Cade	650285
Unit No.	06-427	Related Policy Number	5082742788-02		
Of Driver Info					
Driver Name	Urnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/11/1970
innames driver Name	XU ZHADHE	Driver NRIC	S7077754A		22
Register Date of Driver License		Driver Age	48	Driving Experience	0
Contact No. (Mobile)	81396506	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 285	Address 2	BUKIT BATOK BAST AVENUE 3	Address 3	SINGAPORE 650285
Address 4		Address Type	Singapore address	Post Code	650285
Unit No.	06-427				
Does he own a Singapore Registered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration Breathelyser or Blood Test			20.727		
Reading?	0 mg	Any injury?	○ Yes ® No		
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