Date In: 10/8 10-16:15			923	112
Date In: 19819-19:15	Jeb description	Date & Time Completed	Done	by:
Ref No: Majuc 1921449 124	SAS e-filing			
Veh No: GBCGVIOR	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 178/19-18170	i-Motor Claim Form	M7 1058 435-001	1915/19 7	b:40
OD / TP)/ Reporting Only	i-Motor W/O (Within: OD 2hr			
OB . (11) According Only	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report			
II liburos.	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: W.1	57361 . INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () F	Period: (Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1	,000()/\$2,000()			
General Remarks	CIN. TI ACADE - CAPE AND COMP BOOK SANDERS CO.	TO CONTROL OF THE STATE OF THE	1315 12-12	
	the state of the s		3.00 3.1.05	1 - 1
() Walk-In Customer : Customer's int		ictly NO rater of repairer.		
() Total Loss Case : to e-mail Insu				
Drive-In ()/ Towed-In (); Invoice	ce: YES() / NO(); T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/	Courtesy Car ()	•		Olympia .
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo (Repair Cost > S	()			
 QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5] 	()			
	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()		72.00	
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions: Actions	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition	Reporting (\$30); ssessment (\$100); INC (\$80); e \$40/ rough Survey \$ rough Survey (Resurvey) ainst JNC Only (wef 10 Jan 2003) ion \$MRT Survey \$	fit Bill) 145 120 130	A. Carlotte and A. Carlotte an
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions.	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy (*N6: Repair Co *N7: Fost Repair *N8: DV / Cotte	Reporting (\$30); ISSESSMENT (\$100); INC (\$80); INC (\$80	\$120 \$330 \$75 \$160 \$510 \$525 \$53 \$520 \$30	Amu(3)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

	ACCIDENT STATEMENT
Date Of Report	19/08/2019 19:10
Date Of Accident	17/08/2019 18:30
Exact Location Of Accident	SLIP RD WOODLANDS AVE 5 TWDS WOODLANDS AVE 12
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC9410B
Insured/Policyholder	
Name Of Registered Owner	LIT SENG ELECTRICAL & PLUMBING
Co Reg No	44265500B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98363472
Alternative Phone No	OFFICE-98363472
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR 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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5070340274-04
Cover Note Number	
Driver	
Name of Driver	LUO XIWEN
NRIC No	S2636051Z
Date Of Birth	02/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	05/02/1999
Driving Experience	20 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96628355
Fax Number	
Contact Number	OFFICE-96628355

NOEMAIL

Address BLK 518 WOODLANDS DRIVE 14

#11-251

Postcode 730518

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

- 1

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

Y

YES

Was any injured conveyed to hospital by

NO

ambulance?

nacieno.

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

3

: TANG LIT SHIN

Passenger 1

GENDER: : MALE

Passenger 2

NAME:

NAME:

: TANG YOEK LAN

GENDER: : FEMALE

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

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom? Circumstances of Accident

REFER TO POLICE REPORT - T/20190819/7006.

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 YN5536T Vehicle Make/Model/Colour FUSO

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)

DETAILS OF INJURED PERSON 1

Name

LUO XIWEN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBC9410B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

TANG LIT SHIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBC9410B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

TANG YOEK LAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBC9410B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the occident to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorised Delver.
- Information provided must be as <u>bruthful and accurate as possible</u>. Any wilful misrepresentation or with tolding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false recoming 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 perties.
- By the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 5. Consent under the Personal Data Protection Act (POPA)

I understanti, 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 items, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, hendling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my dolms;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by ma;
 - (iv) administrating my claims (including the melling 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 peckages); and/or
 - (v) complying with applicable low in administering, processing, fixediting and/or dealing with my deline. [collectively the "Purposes"]
- (b) oil insurer(s) who have insured vehicle(s) involved in this excident and the insurers' iswyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (5) my Personal Information may/ran be disclosed by any of the insurers and/or GIA to their third party service providers or agests (including their lawyers/law firms), which may be titled outside of Singaporo, for one or more of the above Purposes.
- (a) my Personal information will also be collected and used to compile distins history for the purpose of freud detection, invastigation 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 agandes as reasonably required for the purposes stated, or

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

Policybologies Signature Date & Times Driver's Signature

Oriver's Signature (If driver is not the policyholder) Date & Timé: Reporting Centre Personnel's Signature

KRIC/FIN No.:

vehicle A: GBC94108 vehicle B: YNS536T

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DESCRIBE CIRCUMSTANCES OF	FTKF ACCIDENT	
Refer to police report	T/>0190819/7006 -	N. S. C.
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		188900
	SVP-residents TRI ANNOUNCE ON SUFFICION	
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DECLARATION		
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olityhelder's Signatura Mind 8 15	Orliver's Signature	Reporting Cantre Personnel's Sensture
ate & Turner	(If driver is not the policyholder)	Name:
	Date & Time:	MRIC/PIN No.:

SKETCH PLAN

Date of Accident	: 17/08/2019 Accident Time: 1830 Hrs (24-HR-Format)
Accident Place	: Woodlands Ave 5 towards woodlands Ave 12
Vehicle Reg. No. (Car Plate No.)	: GBC9410B
Vehicle Make/Model	: NISSAN NUZOO
Insurance Company	:NTUCPolicy No
Owner or Company Name /IC No.	: Lit seng Electrical & Plumbing
Owner or Company Contact No.	. 983 63 472 Owner's Hp Company Tel
DRIVER'S Name / IC No.	Luo xi wen
DRIVER'S Date Of Birth	02 07 1966 DRIVER'S License Pass Date 05 02 1999
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee Others:
DRIVER'S Address	: BIK 318 woodlands prive 14 # 11-251 5730518
DRIVER'S Contact No./ Alt No.	(1) 96628355 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@mycar.sg
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Oriver): 03
Was there any video Captured by c Exact purpose for which vehicle w	ar camera: YES(NO) as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehiclo Reg. No: YNS [36]	Vehicle Reg. No:
Vehicle MakelModel: Fuso	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:
* Passinger 1 : Tang lit shin	
male	
5- Days MC	
* Passenger 2: Tang York lan Female	
t- pays ms	€ £1 35 33*****



REPORT OF A TRAFFIC ACCIDENT

Occupation: Electrical engineering technician (general)



Date of Expiry:

1 of 4

Report No. T/20190819/7006

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

Date/Tir 19/08/20	ne Report M 119 11:58	fade:	Vide Report No.: Station Diary I			
Informa	nt's Partici	ulars				
	f Informant: IT SHIN		Address: APT BLK 518 WOODLA 730518	ANDS DRIVE 14 #11-251 SINGAPORE		
ID Type NRIC N	/ ID No.: O / S12792	79D	Contact No.: Home/Office: Mobile: 98363472			
Nationa SINGAF	ity: ORE CITIZ	EN	Email: admin@mycar.sg			
Sex: Male			Type of Informant: Passenger			
Race: Chinese			Language: English	Institution / School Name:		

Driving Licence Information: Class:

	nation of the Acci		Data/Time of	Tune of Legation:
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/08/2019 18:30	Type of Location: Straight Road
Location: WOODLAND	S AVENUE 5			
Mosthon		Road Surface:	F	Road Speed Limit:
Weather: Clear		Dry		
		Dry Traffic Control: Not Controlled		raffic Volume:

Details of Vehicle Involved						1, 17.4
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBC9410B	Van	NISSAN	NV200		Seriously Damaged	
YN5536T	Lorry	MITSUBISHI	FUSO		Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





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

2 of 4 Report No. T/20190819/7006

CONTINUATION OF REPORT

Passenger		- me	e	100		
Name	TANG LIT SHIN			ID No		S1279279D
Related Vehicle	GBC9410B (Van)			Conta	ct No.	98363472
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	17/08/2019		Date Disc	harne	17/08	3/2019
No. of Days gran	ted Medical Leave	05	Degree o			
Driver		SOLD MADE	NAME OF TAXABLE PARTY.	and an order	Cingin	
Name	LUO XI WEN		ID No		S2636051Z	
Related Vehicle	GBC9410B (Van)		Contact No.		NIL	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	17/08/2019		Date Disc	harne	17/08	/2010
No. of Days gran	ted Medical Leave	05	Degree o	charge 17/08/2019 of Injury Slight		12019
	THE STANSON NO.	San Ald Sales	of which to Marian and	Dascarl	Aware	ANIAMA AND TRANSPORTED IN THE PARTY OF THE P
Name	TANG YOEK LAN	271 0 34	And the state of t	ID No		591116015310
Related Vehicle	GBC9410B (Van)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expin	q	Class: NIL Date of Expiry: NIL
Date Treatment	17/08/2019		Date Disc			3/2019
Date Heatment						

Brief Details.

On the stated time and date,
I was travelling on vehicle bearing carplate number GBC9410B on the stated location at the give way line, suddenly, we felt an impact from the rear, we alighted and realised that we got rear ended by a lorry bearing carplate number YN5536T. We left the scene after exchanging particulars. Me, my wife (driver) and my sister consulted the doctor after pain suffered from the accident, we were all given a 5-Days MC

I wish to state that i am filing this report as the owner, on behalf of my wife who was the driver at the point of accident, and a amendment to the previous report who was made to said i was the driver due to the incorrect field selected. (T/20190817/7035)



T/20190819/7006

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20190819/7006

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20190819/7006

CONTINUATION OF REPORT

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Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 19/08/2019 11:58
Classification Of Case:

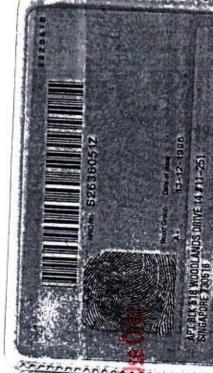
APT BLK 518 WOODLANDS DRIVE 14 #11-261 \$INGAPORE 730518

Country/Place of Birth 30-09-1957 BINGAPORE

CHINESE here of birth.

02-04-2019

Daver



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES ASS DATE Class 3 Motor Cars and Mator Tractors the weight of





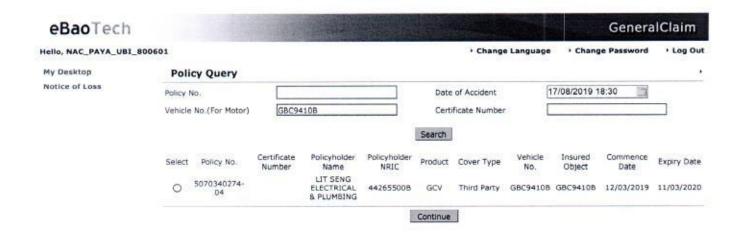
sale has 97 Jan 2083 Senson (92-10) 1955 NEWE OF

6161858

IDENTITY CARD NO. \$1279279D REPUBLIC OF SINGAPORE

TANG LIT SHIN

NP428A



- Endo		of Endorsement Type		Endorsement Status Endorsement			
Endor	sements						
) Insur	ed Object: GBC9410B						
Unit No.	08-02/03	Relat Num	ed Policy ber	5070340274-04			
Address 4		Addr	ess Type	Singapore address		Post Code	730518
Address 1	BLK 518 #11-251	Addr	ess 2	WOODLANDS DRIV	E 14	Address 3	SINGAPORE 730518
Policy	holder Mailing Address						
Certificate Info							
Info							
Open							
nsurance Flag	No						
Co-							
Agent	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331		GST Flag	Υ	
DD Excess		Singapore TP Excess				Young	J/Inexperience Driver Excess
Outside Singapore		Outside				V	Manager Dalver France
Additional Excess		OS Premium	0				
Party Excess	0	damage Excess	0		Excess	· ·	
Third		Own			Windscreen	0	
xcess Type		All Claims Excess					
ssue Date	09/03/2019	Effective Date	12/03/2019	9 00:00	Expiry Date	11/03/2020 2	3:59
Name Policy	COMMERCIAL VEHICLE INSURAI				Policy Flag	3.5	
roduct	COMMERCIAL VEHICLE INSURAL				Group	N	
No. Address	BLK 518 #11-251 WOODLANDS	DRIVE 14 SII	NGAPORE 73	0518			
Certificate		Name			Mac		
olicy No.	5070340274-04	Policyholder Name	LIT SENG E	LECTRICAL & PLUMB	Policyholder NRIC	44265500B	

laim Handling					
ocident MT/1058435	5070340274-04	Vehicle No.	G8C9410B	GST Registration No.	
ertificate No.					
olicyholder Name	LIT SENG ELECTRICAL & PLUMBING			Policyholder NRIC	442655008
reduct Code	COMMERCIAL VEHICLE INSURA:	Cover Type	Third Party	Loading	0
	98363472	Contact No.(Office)	0	Contact No.(Home)	0
ornact No.(Mobile)	30303472		•	eCode	No.▼
mail Address	0.0	Special Remark	0. 0.		Later
×	® No ○ Yers	TCA	® No ○ Yes	eCode Reason	1-720
CD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
port Date	19/06/2019 20:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ce of Accident	17/08/2019	Time of Accident hhomm	18:30	Country of Accident	Singapore
porting Centre		Orange Force		3CM No.	
cident Location	SLIP RD WOODLANDS AVE 5 TWDS WOODL	ANDS AVE 12			
Excess					
in damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
names Driver Excess	0.00	Outside Singapore OD Excess		With the Court of	((0.00)
rd Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	etion				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
dification History	19/08/2019 20:39:41 Syste	em changed GST Status Verified fro	m No to Yes		
Policyholder Mailing Ad		1200000		1900000	SINCAPORE 730518
dress I	BLK 518 #11-251	Address 2	WOODLANDS DRIVE 14	Address 3	antervent resease
Idress 4		Address Type	Singapore address	Post Code	730518
nt No.	08-02/03	Related Policy Number	5070340274-04		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LUO XIWEN	Driver MR3C	92636051Z	Driver DOS	02/07/1966
gater Date of Driver License	05/02/1999	Driver Age	53	Driving Experience	20
ntact No. (Mobile)	96628355	Contact No.(Office)	0	Contact No.(Home)	0
press 1	BLK 518	Address 2	WOODLANDS DRIVE 14	Address 3	FRAGRANT WOODS
dress 4	SINGAPORE 730518	Address Type	Singapore address	Post Code	730518
		Address Type	Singapore districts	rost code	754526
Nt No. ses he swn a Singapore.	11-251				
gistered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
coration					
eathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
ading?	3000	A2CA22A00 14-200			
odrication History					
Claim 001 New					
			11 W AND HOUSE WAY OF SOME		
sim Type *	ОВ-МХ	Insured Name	LIT SENG ELECTRICAL & PLUMB	Insured NRIC	442655008
mact No.(Mobile)	98363472	Contact No.(Home)		Contact No. (Office)	63645883
nail Address		OI Vehicle Number	GBC9410B	TP Vehicle Number	YNS536T
aknant Type Claimant Type *	Please Select.	Type of Benefit *	Please Select		
	1033				
smant Name *	>>	Claimant NRIC *			
simant Address				TOTAL DESIRE	
im Description	GBC94108 / YN5536T ON 17 Aug 2019	9-25-03-08-08-08-08-08-08-08-08-08-08-08-08-08-		Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
quire Finalisation	Ves U	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	19/08/2019 20:40	Claim Close Date		Date Received	19/08/2019 00:00
port Taken By	Jackson				
	No. of Contract of				
Print AK letter					
			Save Submit		
Attachment					
9					
cident No.	MT/1058435	Claim No.	001		
est Doc. Received		Upload Date	19/08/2019 20:40		
N DAC MELENES	● Yes ○ No	Obload Date			
	Path *		Category •	Confidential Urgen	
		Browse		V Normal	
		Browse	Clear Please Select	Normal V: Normal	
		Browse	Clear Please Select	V Normal	
		4-10/100	Clear Please Select	V Normal	V

