NATIONAL Assessment Centre	Dervices 1	OF1 1 33 103 1	MNA 11913262		
Darelli 7 110 /19 15:13	Jeb description		Date &Time Completed	Done	by
Ref Ho. MAI INC 19017626 164.	SAS c-filing				
Vol. 19 SJP 1941 A	E-mail (widde a	hrs, AIC 2hrs)			19
5110/19 12:05.	I-Motor Clain		MT/1065690201	7/10/19	16:29.
(H) IP Reputin, Only	i-Motor W/O				
	Assessment/Sur	vey Report			
H! Insurer:	Ass't Report by	Fax/Hand	Owner/Wksp		************
Professed Wksp / INC Assign Wksp / QW: (The second secon		Tol:	Fact:)
TP Particulars: Veh No:	SG 5398 H,	. INC()/Non-INC()	7.5	
Owner / Driver: (0,001010	1	Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (W	70): N: 0-2	0%; P: 21-79%. F: 80	-100%]	
Year of Registration: (') W	arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000	0()/\$2,000(()			-
Concourtein ils 28 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Karamana a	能够对政治	是是100mm。 1.1.2.6.4.2.6.2.2.5.1.1	STATE OF THE STATE	
() Walk-In Customer : Customer's inform				Control of the Contro	The same of the
() Total Loss Case : to e-mail Insurer					
1 1 Com Poss Puse + m C-men Insules	OTCOPILITY.		4.7		-
Drive-In () / Towed-In () : Invoice:	VEST 1/N	0():T	owing Co: (· . '	Marine Marine)
Drive-In ()/ Towed-In (); Invoice:		O();T	owing Co: ('1'	·)
		O();T	owing Co: (1375 Lipions) Fy
(terminals: + 7 (1879 Holling 799 8616)		O();T	owing Co: (PGAS Altrons) [j
itemaals 7 (1879 illandes 6908 6616) N			owing Co: (Paris Mons) Fy
(tennacis) - (186 horizont 86788 6616) S 1) Apply for Transfort Allowance ()/Co	ourtesy Car ()		owing Co: (De Mons) By
Remarks : (INC) heddings 6218 6616 (N) 1) Apply for Transfort Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30	ourtesy Car ()		owing Co: (Zuiz Micho) By
Renimels: The Allowance (1) Apply for Transfort Allowance (1) / Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30] Injury:	ourtesy Car ()		owing Co: (Don's Don's	by .
Renimels: The Allowance (1) Apply for Transfort Allowance (1) / Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30] Injury:	ourtesy Car ()		owing Co: (Part Allians)
Remnets: 10 (INC hedphese 18 ho16) No. 1) Apply for Transfort Allowance ()/Co 2) QC Check/Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30 Injury:	ourtesy Car ()		owing Co: (Don's)
Remmels: Part (INC) he Chief the Execution (Inc) (Inc) he Chief the Execution (Inc) (Inc) he Chief the Execution (Inc) (ourtesy Car ()		A Ditex in contract	A Constitutions)
Renimels: The Allowance (1) Apply for Transfort Allowance (1) / Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30] Injury:	ourtesy Car ()		A Ditex in contract	The District)
Renimels: The Allowance (1) Apply for Transfort Allowance (1) / Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30] Injury:	ourtesy Car ()		A Ditex in contract	Part Millions	
Renimels: The Allowance (1) Apply for Transfort Allowance (1) / Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30] Injury:	ourtesy Car ()		A Ditex in contract		
Remnels: 12 (INC) hordines (218 616) No. 1) Apply for Transfort Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30 Injury: Outly times of Applications (2007)	()				Crain(t)
Remarks: 19 7 (INC hoofmes 6 18 6 16) No. 1) Apply for Transfort Allowance ()/Co 2) QC Check/Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30 Injury: Outs/Times of Actions and Actions an	ourtesy Car ()	Invoice Tip	Context and Contract #4	30.00	R. Ahr.(1)
Remarks: 10 (INC haddines of 18 holding) 1) Apply for Transfort Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Outs/Time of Actions A Hamanus Particulars 7.	000] ()	Invoige Life 1) AR : Andden 2) DA : Dameye	Colored Colored 44	30.00	R. Ahr.(1)
Remarks: - (INC horphress 18 horons) 1) Apply for Transfort Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30 Injury: Outs/Times / Actions	000] ()	Invoige fire In AR: Andden I) DA: Damer I) T: Towing I) FT: Follow-I	in Julia Coloria 44	3 o . o o (530) 540/545 5120	R. Ahr.(1)
Remarks: 10 (INC hormers 18 horons) 1) Apply for Transfort Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Outstand Actions Actions Farmants Particulars 2.25	000] ()	Involged in the land of the la	Pater and Collist	3 0 .00 (510) 540/545 5120 530	R. Ahr.(1)
Remarks: 10 (INC hor)meso uslacions: 1) Apply for Transfort Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30 Injury: Outs/Times of Actions: Injury: Outs/Times of Actions: river/Owner: outset No:	000] ()	Involve Towns 1 AR: Andden 2) DA: Dame 1 3) FT: Follow-1 For glaiming: 6) TR: Re-inspe	Control of the state of the sta	30.00 (550) 540/545 5120 530 (93) 575	R. Ahr.(1)
Remarks: *** *** *** *** *** *** *** *** *** *	000] ()	Involve Towns 1) AR: Andden 2) DA: Damege 3) TF: Follow-1 For glaiming: 6) TR: Re-inspe 7) N1: Idao DA	Charles and College 141 Charles and College 1	30.00 (550) 540/545 5120 530	C. Ahr.(1)
Remarks: 12 (INC hothies 6218 616) No. 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30 Injury: Date/Cimes of Edicitions river/Owner: ontact No: amaged Portion:	000] ()	Involve Addition	Charles and Colline 14	30.00 (550) 540/545 5120 530 (93) 575 5160	C. Ahu(1)
Rennacis : 2 (INC hothies 6 218 6 16) No. 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30 Injury : Date/Times / Editals and Assembly State of the St	000] ()	Involve Tribute 1) AR: Analden 2) DA: Dame; 3) TF: Follow-1 5) FT: Follow-1 For glaiming: 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD: *N5: Couries	Carlos and Colore 141 Carlos Grand Colore 141	30.00 (550) 540/545 5120 530 (93) 575	R. Ahr.(1)
Remarks of (INC hothness 198 kot (INS) 1) Apply for Transfort Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30 Injury: Date/Time / Transfort Allowance ()/Co 2	000] ()	Involge Tip Involge Tip Involge Tip I) AR : Andden 2) DA : Dame ge 3) TF : Follow-I For glaiming 16 6) TR : Re-impe 7) N1 : Idae DA 8) NTUC Additi OD.* *N5: Courter *N6: Repair (*N7: Foat Re- *N7: Foat Re- *N7: Foat Re- *N7: Foat Re-	Patenting (330); Asserting (330); Asserting (3100); INC Frongh Survey Grough Survey (Resurvey) anisuling Only (wef 10 Jan 20 section + SMRT Survey ional Services: y Car / Tpt Allowance Da-ordination pair Inspection	(530) (540)	Q'ABI(I)
Remarks (INC hothies 6-18 hotoins) 1) Apply for Transfort Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30 Injury: Date Times of Actions Privarious Particulars: Oriver/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Churge):	000] ()	Involge Tip Involge Tip 1) AR : Andden 2) DA : Dame ge 3) TF : Follow-I 5) FT : Follow-I 6) TR : Re-inspe 7) NI : Idae DA 8) NTUC Addition NS : Courtes *NS : Courtes *NS : Repair C *NS : Repair C	Patence and Collision of the Collision o	(530) (540)	Q'ABI(I)
Remarks and (INC) morphies (1988 for 1985) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Uplead Resurvey Photo [Repair Cost > \$30 Injury: Date/Times of Tellorisms (1986)	000] ()	Involge Tip Involge Tip 1) AR : Andden 2) DA : Dame ge 3) TF : Follow-I 5) FT : Follow-I 6) TR : Re-inspe 7) NI : Idae DA 8) NTUC Addition NS : Courtes *NS : Courtes *NS : Repair C *NS : Repair C	Patence and Collision of the Survey (Resurvey) and Survey (Resurve	30.00 (540)	Q'ABI(I)

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.
- 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.

		1 - 1	C-11		
AC	UIL		914	4 I E	ИENT

 Date Of Report
 07/10/2019 15:13

 Date Of Accident
 05/10/2019 12:05

Exact Location Of Accident 996 BENDEMEER RD EXIT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP1941A

Insured/Policyholder

Name Of Registered Owner ZHI CONG SERVICES

Co Reg No 53329095C Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-90306960

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL

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

PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5098507179-01

Cover Note Number

Driver

Name of Driver LIM TOW BOON

 NRIC No
 S0207211D

 Date Of Birth
 02/01/1954

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/05/1976

Driving Experience 43 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90306960

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 234 BISHAN ST 22 #09-118

Postcode 570234

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

insulance company of briver's own vertice

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

2

NO

Weather Conditions CLEAR Road Surface DRY

Other Information

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? 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) soliciting/offering accident claims assistance.

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?

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? NO

reas more any moce captared by our camera

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1
SG5398H

NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Details Of Properties

Vehicle Category BUS

Name of Driver CHANG KOCK KUN

NRIC/Passport Number S7682775C Contact Number 86118415

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.

Date & Time:

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

ETCH PLAN		
	996 Bendencer Rol	A = 53P 1941A B = 56 5398 H
ESCRIBE CIRCUMSTANCE	Bendemeer Rd.	
Please	Rofer to staten	nenf
DECLARATION I/We declare the foregoing process of the process of	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

GIARMC SketchPlanForm_V3

Date & Time:

Date & Time:

2

NRIC/FIN No.:

I WAS EXITING FROM 996 BENDEMEER RD, AFTER ENSURING THAT THE TRAFFIC WAS CLEAR, I INCHED OUT AND I SAW THE BUS COMING FROM THE BUS LANE (NOTE: IT WAS A SATURDAY AFTERNOON). I STOPPED MY VEH, HOWEVER, THE BUS STILL COLLIDED ONTO MY VEH FRONT RIGHT PORTION.

ACCIDENT STATEMENT

	ACCID	ENT DATE: 5	110/19	_)(DD/MM/Y	YYY), TIME: (/2	: 05.)(HH:MM)
		996			92 5a	720 H W
	LOCATI	ON:U	endemeer	Rol.	Exet	
		DETAUS OF VE				The state of the s
	350000 9	DETAILS OF VE			98 <u>2</u> 0	2
		a) VEHICLE -NU	IMBER:	SJP 194	IA	
		b)INSURANCE	COMPANY:	. > & 1	MC	
	ă.	C)POLICY NUM	IBER:			
		d)POLICY TYPE	COMPREHE	USIVE / THIRD E	PARTY / THIPD P	ARTY FIRE &THEFT)
		B)MAKE & MO	DEL:	SOLVEY HIGHER	ANTI / ITIKU F	AKIT FIKE GITIEFIJ
				PV /VAN /IO	PRY / MOTORC	YCLE / OTHERS)
		JVEHICLE CA	FGORY (PRIV	TE (CON ME	RCIAL / MOTORO	CVCLE)
		IPURPOSE OF	LISING AT ACC	CIDENT TIME	Commer.	STOLE)
		APE YOU CLA	IMING LINDER	NOUR CHAIN	Commer	<u>c.val</u>
	0.5	IE NO DIEACE	STATE GUIDER	TOUR OWN IN	SURANCE (YES/	ЙO)
	2 1	NELIDED (DOLL	STATE (THIRD F	ARIY CLAIM /	REPORTING ON	<u>1LY)</u> .
	2 1	NSURED / POLI	CYHOLDER	_	O PONIBE (PE)	
		INAME: Zh	i Cong	Services.		ALE / FEMALE)
)NRIC/FIN/PA	SSPORT:		CONTACT	9030696
	c	ADDRESS:		7		
	1040					
M. I 0	- 40	CONTINUE TO	3.d IF DRIVER	ALSO POLICY I	HOLDER	Ø.
AHC of b	assenger D	RIVER		27		
Cincludin	a disino)		im Tow	Boon	(M/	ALE / FEMALE)
(15	,	NRIC/FIN/PAS	SPORT:		CONTACT:	
-	c	ADDRESS:			E SANTE DE CONTRACTO	
		nervenesse - w		SON CONTROL OF MARIE		CONTRACTOR
	. *0	I)DATE OF BIRT	H: (/	/)(DD	D/MM/YYYY)	
	e	OCCUPATION	: (INDOOR / O	UTDOOR)		
	f)	YEARS OF DRIV	ING EXPRERIE	NCE:		
					RED'S COMPAN	NY? (YES / NO)
	IF	NO, RELATIC	NSHIP OF TH	E DRIVER WI	TH INSURED:	Son parent
	5. a)	WEATHER COL	NDITION: (CLE	AR / RAINING	OTHERS	
	b)	ROAD SURFAC	E: (DRY / WET	/ OTHERS		
	6. W.	AS ANYBODY I	NJURED (YES /	NO)		-
	7. a)	REPORTED TO	POUCE (YES /	NOI		*
	1	YES, PLEASE S	STATE WHICH P	OLICE STATION	N• .	1
,	0 711	DD D 4 DEV 1			College Colleg	
rl- 24 1250	strujer a	VEHICLE NUI	MBER: SG	5 5 3 9 8 H	MODEL	
L'election	اط (مدينات	DRIVER'S NA	ME: Chan	a Kack k	San -	-
	circi, ci	NRIC/FIN/PA	SSPORT	57 682775	CONTACT:	8611 8412.
()	9. THI	RD PARTY VEH	ICLE	3 / 00 2 1 7 3	C_CONIACI.	80.10113
		VEHICLE NUM			HODEL	
sis ef pa	2 14112/21				MODEL:	
Industing					CONTACT:	
- 1	2 11	INC/FIN/FA	33FUR1:		CONTACT:	 .
		¥				980
		**				1
		9				
4 -1		, N	email =			
c CN	ο μ.	54 544	VIII-11 -			
		•	Par -			
19 1			74X =			
			VIDEO =	.	22	
			41010	1/0		



	Certificate	e of Insurance
MOTOR VEHICLES (THIRD PARTY RIS MOTOR VEHICLES (THIRD PARTY RIS ROAD TRANSPORT ACT, 1987 (MAL/ MOTOR VEHICLES (THIRD PARTY RIS	KS AND COMPENSATION (YSIA)	N) RULES, 1960
Certificate Number : 5098507179-0		Cover : Comprehensive
Index mark and Registration Nur		: SJP1941A
Chassis Number		: MR053ZEE106139766
2. Name of Policyholder		: ZHI CONG SERVICES
3. Effective Date of Insurance		: 13 Mar 2019
Expiry Date of Insurance		: 12 Mar 2020
5. Persons or Classes of Persons er	titled to drive#	4
(a) The Policyholder.		
(b) Any other person who is dri	ving on the Policyholder	r's order or with his/her permission.
Provided that the person do the Motor Vehicle or has be enactment or regulation in	en so permitted and is	ordance with the licensing or other laws or regulations to drive not disqualified by order of a Court of Law or by reason of any the Motor Vehicle.
6. Limitations as to Use#		and the second s
(a) Use for social domestic and	pleasure purposes and	in connection with the Policyholder's or Hirer's business.
(b) Use for the carriage of pass	engers or goods in conn	ection with the Policyholder's or Hirer's business.
This Policy does not cover		
(a) Use for racing, pace-making	g, reliability trial or spee	d-testing.
(b) Use whilst drawing a trailer	except the towing of ar	ny one disabled mechanically propelled vehicle.
Act (Chapter 189) and Sect headings.	on 95 of the Road Trans	sport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$2,000	
EXCESS (SECTION 2)	: \$\$2,000	
WINDSCREEN EXCESS	; S\$100	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY	: N/A	
SUM INSURED	: MARKET VALUE	E OF INSURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Cor Agency : AON S Date of Issue : 08 Ma	to which this Certificate npensation) Act (Chapte INGAPORE PTE LTD (000 r 2019 12:16 hrs r 2019 12:17 hrs	e relates is issued in accordance with the provisions of the Motor er 189) and Part IV of the Road Transport Act, 1987 (Malaysia) 000691150) For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE
Countersigned By:	Authorised Officer	Chief Executive

Vehicle No. S)P1341A	Claim Handling				
Contract No.	Accident MT/1065690	ACCEPTAGE PROPERTY	13 13 00 20 20 20	SOATSWID.	2 0 5 40 70 0 12 0 10 10 10 10 10 10 10 10 10 10 10 10 1
Princy Transport Code C	Policy No.	5098507179-01	Vehicle No.	SJP1941A	GST Registration No.
Control Con	Certificate No.				
Contact No. (Poblish) Special Brand A	olicyholder Name	ZHI CONG SERVICES			Policyholder NRIC
March Address Special Remark Speci	roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading
TOCA O'POSECTION NO YES TOCAL O'POSECTION OF TOCAL O'POSECTION OF THE COLOR REASON. AND MEDIC Detailment(%) 0 Private Nive ### Accident Name ### Accident	ontact No.(Mobile)	90306960	Contact No.(Office)		Contact No.(Home)
### NCD Entertement** ### Accident Data/a ### Accident Report Within 24 Ints ### Accident Report Within 22 Ints ### Accident Report Within 24 Ints ### Accident Report Within 22 Ints ### Accident Report Within 24 Ints ### Accident Report W	mail Address		Special Remark		eCode
## Accident Details ## OFFICE A CONTROL DETAILS ## OFFICE	FK	No ○ Yes	TCA	No ○Yes	eCode Reason
## Accident Type ## Ac	ICD Protection	No	NCD Entitlement(%)	0	Private Hire
ate of Accident 05/10/2019 Time of Accident his.mm 12/05 Country of Accident papering Center Orange Force 10M No.	▽ Accident Details				
ate of Accident 05/10/2019 Time of Accident his.mm 12/05 Country of Accident papering Center Orange Force 10M No.		07/10/2019 15:57	Accident Report Within 24 hrs	Yes	Accident Type
Common Content Common Content Common Content Common Content	No and the second				Country of Accident
Tested Location 906 SENDEMEER ND EXIT ▼ Excess Part Code Process 1,000,000 Additional Excess Outside Singapore TD Excess District Singapore TD Excess Outside Singapore TD Excess Outside Singapore TD Excess Outside Singapore TD Excess ST Registered Toformation Part Code ST Registered Toformation ST Reg		03/10/1013			
The Received Power Company The Company Excess 2,000.00 Outside Singapore DF Excess 1,000.00 Outside Singapore DF Excess 2,000.00 Outside Singapore DF Excess 2,000.00 Outside Singapore DF Excess 367 Registrated Information 57 Registrated Information 57 Registrated Information 57 Registrated Information 58 Registered Registered Information 59 Registered Registered Information 50 Registered Registered Information 50 Registered Registered Information 50 Registered Regis		AND DESIDENCES OF EVER	Grange Force		and the
And canage Excess 2,000.00 Additional Excess Dutside Singapore CD Excess Immamed Driver Excess 2,000.00 Outside Singapore CD Excess Immamed Driver Excess 2,000.00 Outside Singapore TD Excess 2 Dutside Singapore TD Excess 3 Dutside Singapore TD Excess 3 Dutside Singapore TD Excess 4 Outside Singapore TD Excess 5 Tegestered To To Tegestration Date GST Registration National Triver States Address 1 Dutside Singapore Address 1 Dutside Singapore address Park Code Immamed Driver Singapore address Park Code Immamed Driver Singapore address Park Code Immamed Driver Singapore Address 1 Dutside Singapore address Park Code Immamed Driver Singapore Address 2 Dispapore address Park Code Immamed Driver Singapore Address 2 Dispapore address Park Code Immamed Driver Singapore Address 1 Dispapore Address 2 Dispapore Address 3 Dispapore Address 2 Dispapore Address 3 Dispapore Address 4 Dispapore Address 4 Dispapore Address 5 Dispap		996 BENDEMEER RD EXTI			
Outside Singapore DC Excess 1,000.00 Outside Singapore TC Excess 2,000.00 Outside Singapore TC Excess 3,000.00 Outside Singapore TC Excess 4,000.00 Outside Singapore TC Excess 5,000.00 Outside Singapore TC Excess 6,000.00 Outside Singapore TC Excess 7,000.00 Outside Singapore TC Excess 7,0		2 000 00	1240000 P. 0000		Windsome Europe
## Dentifies ## Dentifies ## Dentifies ## OFT Registration Date ## OFT Registration Nate #		2,000.00			Windscreen Excess
SP SET Registered Information ST Registered No. GST Registered (No.) GST Registeration Date (DST Status Verified) View (No.) SST Registeration No. GST Status Verified Yee Modern (No.) Verified (No.) Ve					
### ST Registered Information ST Registered No	AND SELECTION OF THE PARTY OF T	2,000.00	Outside Singapore TP Excess		
ST Registered No OST Registration Date GST Registration Date GST Status Varified Yes OST Registration No. OST Registration Date GST Status Varified Yes Deficiple of Address 1 BLX 234 #09-118 Address 2 BISHAN STREET 22 Address 3 Address 7 yee Singapore address Post Code Total Driver Info OD-128 Polity Number Driver Name Unnamed Driver Unnamed Driver Unnamed Driver Name Unnamed Officer Driver Name Onliver Name Unnamed Officer Driver Name Onliver Name Unnamed Officer Driver Name Onliver Name O		Control of the Contro		A CONTRACTOR OF THE PROPERTY O	
## Address 1	GST Registered Informa	tion		2017 Se 10-13-20-23-20	
Pelicyholder Mailing Address Lidress 1 BLX 234 #09-118		No			
Address 1 BLK 234 #09-118 Address 2 BISHAN STREET 22 Address 3 Address 4 Address Type Singapore address Post Code Post Code Address Type Singapore address Post Code Post C	195			GST Status Verified	Yes
Address Type Singapore address Pest Code ### Related Policy Number 5098507179-01 #### OID Priver Info ### OID	Policyholder Mailing Add	dress			
Address Type Singapore address Post Code Post Code	address 1	BLK 234 #09-118	Address 2	BISHAN STREET 22	Address 3
Ditive Name Unnamed Driver Driver Name Unnamed Driver Unnamed Driver Name Onderson Univer Name Unnamed Driver Name Onderson Univer Name Univer Name Univer Name Onderson Universon Univer Name Onderson Univer Name Onderson University Unive		2000 TD-1100 DD 1200	Address Type	Singapore address	Post Code
The Name Unnamed Driver Name Unnamed Driver Driver Name Unnamed Driver Name Unnamed Driver Name Unnamed Driver Name Unit Tow BOON Driver NATIC S0207211D Driver DOB Informated driver Name UNIT DW BOON Driver NATIC S0207211D Driver DOB Driver Locate 19,05/1976 Driver Age 65 Driving Experience Contact No. (Mobile) 90306960 Contact No. (Office) Contact No. (Office) Contact No. (Home) Address 1 BLX 234 #09-118 Address 2 BISHAN STREET 22 Address 3 Address 3 Address 7 Address 3 Singapore address No. 09-118 Dees No Driver Name		00.110			93273.000
Univer Name Univer Name Univer Water Type Univer Type Univer Water Type Univer Name UNI TOW BOON Driver NBIC \$2027211D Driver DOB Univer DOB Driver DOB Driver NBIC \$2027211D Driver DOB Driver DOB Driver NBIC \$2027211D Driver DOB Driver DOB Driver NBIC \$2036960 Contact No.(Office) Contact No.(Office) Contact No.(Office) Address 1 BLX 234 #09-118 Address 2 BISHAN STREET 22 Address 3 Address 4 Address Type Singapore address Past Code Intit No. OP-118 Oriver Vehicle No. OP-118 Oriver Vehicle No. Oriver Vehicle No. Oriver Vehicle No. Oriver Vehicle No. Oriver Services No. Oriver Insurer Company Code Services No. Oriver Insurer Company Oriver Oriver Insur		09-118	Related Policy Number	5096307179-01	
Innamed driver Name LIM TOW BOON Driver NRIC S0207211D Driver DOB Lighter Date of Driver License 19/05/1976 Driver Age 65 Driving Experience Contact No. (Mobile) 90306980 Contact No. (Office) Singapore address Post Code Lighters 1 BLX 234 #09-118 Address 1 Address 1 Address Type Singapore address Post Code Limit No. 09-118 Optiver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company ecclaration Insured Name Limit Type * Op-MX Limit Type *		27 7 7 2 7	200 200	WAR CONTRACT	
Register Date of Driver License 19/05/1976 Driver Ape 65 Driving Experience Contact No. (Office) Contact No. (Off					D-1 DOB
Contact No.(Mobile) 90306960 Contact No.(Office) Address 1 BLX 234 #09-118 Address 2 BISHAN STREET 22 Address 3 Address 3 Address 7ype Singapore address Post Code Insured Name Calaim 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,					
Address 1 BLX 234 #09-118 Address 2 BISHAN STREET 22 Address 3 Address 4 Address Type Singapore address Post Code Init No. 09-118 Driver Vehicle No. Driver Vehicle No. Driver Insurer Company ecclaration reathalyser or Blood Test acading? Claim 001 OD-MX New Claim 001 OD-MX New Claim 17pe * Contact No.(Home) Contact No.(Home) Contact No.(Office) Small Address Claimant Type to Please Select V Type of Benefit Pease Select V Claimant Name * Claimant Address Claimant Name * Claimant				65	
Address 4 Address Type Singapore address Post Code Driver Insurer Company Any Injury? Any Injury Singapore address No Any Injury? Any I	Contact No.(Mobile)	90306960	Contact No.(Office)		
Driver Insurer Company Drive	Address 1	BLK 234 #09-118	Address 2	BISHAN STREET 22	
Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Driver Insured Insurer Compan	Address 4		Address Type	Singapore address	Post Code
Registered car? Organication Seathalyser or Blood Test Organication Organication History Claim 001 OD-MX New Claim 1001 OD-MX New Claim 1001 OD-MX New Claim 1001 OD-MX New Claim 1001 OD-MX New Contact No. (Mobile) Contact No. (Home) Contact No. (Home) Contact No. (Office) Type of Benefit * Please Select Type of Benefit * Please Select Claimant Name * Claiman		09-118			
Any injury?		O Yes @ No	Driver Vehicle No.		Driver Insurer Company
Total Loss but Repaired Save Submit Total Loss but Repaired Save Submit Total Loss but Repaired					
Claim 701 OD-MX		0 mg	Any injury?	○ Yes ® No	
Claim Type * OD-MX	Indification History				
Contact No. (Home) Contact No. (Home) Contact No. (Office) Contact No. (Home) Claimant Type Claimant Type * Please Select	Claim 001 00-MX New	h			
Contact No. (Mobile) Contact No. (Home) Contact No. (Office) Chairmant Type Claimant Type * Please Select	laim Type *	OD-MX	Insured Name	ZHI CONG SERVICES	Insured NRIC
Claimant Type Claimant Type * Please Select					
Type of Benefit * Please Select V Claimant Name *				SJP1941A	
Claimant Name *		Please Select			e sees was a seed to be
Claimant Address Claimant Address Claim Description SJP1941A / SG5398H ON 5 Oct 2019 Name of Preferred Workshop Contact No. Preferred Workshop Contact No. Preferred Repair Option Preferred Workshop, Name unknown GIA report Date Registered O7/10/2019 16:04 Claim Close Date Date Received Date Received Date Received Total Loss but Repaired Print AK letter Save Submit		-			
Claim Description SIP1941A / SG5398H ON 5 Oct 2019 Preferred Workshop Contact to Description Require Finalisation Preferred Repair Option Preferred Workshop, Name unknown GIA report Date Registered O7/10/2019 16:04 Claim Close Date Workshop Repairer Workshop Repairer Total Loss but Repaired Save Submit					1
Insured Liability * Partially at Fault Insured Liability * Partially at Faul		CIDIO41A / CCE10By ON F Out 2012			Name of Preferred Workshor
Require Finalisation Yes Prefered Repair Option Preferred Workshop, Name unknown GIA report Date Registered 07/10/2019 16:04 Claim Close Date Date Report Taken By LIEW SHAN HUI Workshop Repaired Print AK letter Save Submit			W. 1.000.000 - March 10.00		- Transfer transfer
Date Registered D7/10/2019 16:04 Claim Close Date Date Date Report Taken By LIEW SHAN HUI Workshop Repairer Total Loss but Repaired Print AK letter		0	Insured Liability *		
Report Taken By LIEW SHAN HUI Workshop Repairer Total Loss but Repaired Print AK letter Save Submit	Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	50
☑ Print AK letter Seve Submit	Date Registered	07/10/2019 16:04	Claim Close Date		Date Received
Seve Submit	Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired
	Print AK letter				
	Attachment			Seve Submit	

