Data Inc 1		1 KM KIPILON							
Date In: 2013/19-09:16	Job description	Date & Time Completed	Done	by-					
Ref No: HAJING MO19038/14	SAS e-filing	İ							
Veh No: GLD JS hp.	E-mail (within Shrs, AIC 2hrs)								
D.O.A: 76/10/19-09:20	i-Motor Claim Form	M7/10 687 60-001	24/10/19	3.10					
	i-Motor W/O (Within: OD 2h	i-Motor W/O (Within: OD 2hrs, TP 4hrs)							
OD TP Reporting Only	i-Photo Uploaded	i-Photo Uploaded							
TD	Assessment/Survey Report								
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp							
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:						
TP Particulars: Veh No:50	BYYON INC)/Non-INC()	10						
Owner / Driver: (Tel:)						
Policy No: ()	Period: ()	Cover Type: ()	25 (25 (4 (5 - 1))					
Confirmed by : (Date:	Time:)	22 - 22 - LENCH					
Insured/Driver Liability: (%	(Note-Est. Status (WO): N: 0-2	10%; P: 21-79%. F: 80-1	100%]						
Year of Registration: ()	Warranty: YES ()/NO ()							
	\$1,000()/\$2,000()								
General Remarks:-			To the state of						
() Walk-In Customer: Customer's		allowy 140 Tollow of Topolion							
() Total Loss Case : to e-mail Ins	surer URGENTLY.								
Drive-In ()/ Towed-In (); Inve	oice: YES() / NO(); T	Cowing Co: ()					
Remarks:- (INC hotline: 6788 6616		Date&Time Completed	Done	by					
) / Courtesy Car ()	, \$		01.0					
	1/ Courtesy Car 1	1							
2) QC Check / Post Repair Inspection	()								
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >]	()								
2) QC Check / Post Repair Inspection	()								
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >]	()			- (************************************					
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() > \$3000] () Invoice Pre	t Reporting (\$30);	ficBill	114 4					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions HA 1508707	() > \$3000] () Invoice Pre	t Reporting (\$30); Assessment (\$100); INC (\$8	ficBill	111 4					
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

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 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

	ACCIDENT STATEMENT	
Date Of Report	29/10/2019 09:16	
Date Of Accident	26/10/2019 09:20	
Exact Location Of Accident	SUNVIEW WAY	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD5511P	
Insured/Policyholder		
Name Of Registered Owner	LANSYS PTE LTD	
Co Reg No	200206448Z	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-62411151	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	NV350 URVAN 2.5 5MT ABS AB 5DR PANEL	
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	
f 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	5082770595-03	
Cover Note Number		
Driver		
Name of Driver	KONG YING NGAI	
NRIC No	S8167748D	
Date Of Birth	28/02/1981	
Occupation	OUTDOOR	
Date Of Driving Pass	15/09/2004	
Driving Experience	15 YEARS AND 1 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-84684988	

OFFICE-84684988

NOEMAIL

Address

BLK 16 HOUGANG AVENUE 3

#02-131

Postcode

530016

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

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) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

4

Passenger 1

NAME:

.

GENDER:

: MALE

Passenger 2

NAME:

. .

GENDER:

: MALE

Passenger 3

NAME:

. .

GENDER:

: MALE

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLB4401Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

EDWIN MUA YONG KIAT

NRIC/Passport Number

S7817753E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.
- 3. 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>.
- 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.
- 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:
 - (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.

TO PER CONTRACTOR

Policyholder's Signature Date & Time: (S

Date & Time:

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

Name:

NRIC/FIN No .:

SKETCH PLAN A: GBDS511P B: SLB44314

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

relat to statement.		
rear to sigtement.		

DECLARATION

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

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

NRIC/FIN No.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC LIGHT WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 19 10D/MM/YYY	(Y), TIME: (09 : 2)(HH:MM)
. LOCATION: Smylew Way.	, , , , , , , , , , , , , , , , , , , ,
1. DETAILS OF VEHICLE	
GIVEHICLE NUMBER: GBDSSIP -	¥ii
b)INSURANCE COMPANY: NTUC	
CIPOLICY NUMBER: 5%2 77595-03.	
CAPOLICY TYPE 100	
d)POLICY TYPE: (COMPREMENSIVE / THIRD PA	
f)TYPE:(SALOON / COUPE / MPV /VAN / LORR	RY / MOTOPCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCE) h) PURPOSE OF USING AT ACCIDENT TIME:	IAI / MOTOPOVOLEI
I) ARE YOU CLAIMING UNDER YOUR OWN INSU	PANCE WES WA
IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	EPOPTING CANA
2. INSURED / POLICY HOLDER	LI-OKING ONEY)
A) NAME: Longus Ple LId	
b) NRIC/FIN/PASSPORT: 200264482.	(MALE / FEMALE)
c)ADDRESS:	CONTACT:TITIST
30 St Warrantin St	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	DER
The of passenges DRIVER	- LOCK
(Including dias) a) NAME: 1000 Ying Na of	(MADE / FEMALE)
CUS DINNEZFINIPASSPORNO VCBIO 1948).	CONTACT 84 68 4988.
CIADDRESS: BIK 16 Hanging Avenue 1	9 07-131 (530016)
gmule-	The same of the sa
d)DATE OF BIRTH: (V /) / 1987 , LIDDIA	MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)	31
f) YEARS OF DRIVING EXPRERIENCE 15/9	voy.
4. WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YES / NO)
" " " LEVITONSHIP OF THE DRIVED WITH	TAICLIDED
5. GIWEATHER CONDITION: (CLEAR / RAINING / O	THERS
b)ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO) 7. GIREPORTED TO POLICE (YES / NO)	
- In a long of Care (152) MO)	
IF YES, PLEASE STATE WHICH POLICE STATION:_ 8. THIRD PARTY VEHICLE	
He of passinger a) VEHICLE NUMBER: SUBYYON	
Including driver) b) DRIVER'S NAME: Edwin Mug you	MODEL:
(1.) DRIVER'S NAME: Edwin Mag young	lacot
(1.) NRIC/FIN/PASSPORT: \$7817753E'. 9. THIRD PARTY VEHICLE	_CONTACT:
No of passages d) VEHICLE NUMBER:	attra material schools
	_MODEL:
Induding driver) f) DRIVER'S NAME:	
()	_CONTACT:
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email =

fax =

VIDEO = X

eBao Tech							THE STATE OF			Genera	lClaim
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My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.	1			Date	of Accident	26	/10/2019 09	20	
	Vehicle	No.(For Motor)	G8055	11P		Certif	ficate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5082770595- 03		LANSYS PTE	200206448Z	GCV	Comprehensive	GBD5511P	G8D5511P	01/09/2019	31/08/2020
	3			720000		Continue					

Sequen	Sequence Date of Endorsement		Endorsement Type			Endorsement Status Er		Content
	ements							
▶ Insured	d Object: GBD5511P							
Unit No.		Relate Numb	d Policy er	5082770595-03				
Address 4			ss Type	Singapore address		Post Code	416595	
Address 1	22 SENANG CRESCENT	Addre	ss 2	SINGAPORE 41659	5	Address 3		
▽ Policyh	older Mailing Address							
Certificate Info								
Open Policy Info								
nsurance Flag	No							
Co-		A Delta Delta	23110727		031 Tag			
OD Excess Agent	JG MOTOR AGENCY	TP Excess Agent Tel.	63440727		GST Flag	Y		
Outside Singapore		Outside Singapore				Young	/Inexperience Driver 8	xcess
Additional Excess		OS Premium	0					
Excess	0	damage Excess	600		Excess	100		
Type Third Party		Excess Own			Windscreen			
Excess	Per Accident	All Claims						
Policy issue Date	07/08/2019	Effective Date	01/09/201	9 00:00	Expiry Date	31/08/2020 2	3:59	
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N		
Address	22 SENANG CRESCENT SINGAPO	RE 416595						
Certificate No.					-58.0			
Policy No.	5082770595-03	Policyholder Name	LANSYS PT	TE LTD	Policyholder NRIC	200206448Z		

Claim Handling						
ccident MT/1068760						
olicy No.	5082770595-03	Vehicle No.	G8055118		GST Registration No.	2002064462
irtificate No.						
Roytolder Name	LANSYS PTE LTD				Policyholder NRIC	200206448Z
oduct Code	COMMERCIAL VEHICLE INSURA:	Caver Type	Comprehe	reive	Loading	σ
ortact No.(Mobile)	0	Contact No.(DMice)	62411151		Contact No.(Home)	0
mail Address		Special Remark			eCode	10. ×
K	® No ○ Yes	TCA	® No ○Y	es	eCode Reason	
D Protection	No	NCD Entitlement(%)	20		Private Hire	No
Accident Details	110	Web Endoement My	20		- Provate rive	40
	0080000000000	Will Control of the Will			288 8	2000 - 100
port Date	29/10/2019 10:08	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Head to Rear
te of Accident	26/10/2019	Time of Accident hh:mim	09:20		Country of Accident	Singapore
oorting Centre		Orange Force			JCM No.	
odent Location	SUNVIEW WAY					
Total Excess Applicable	ĝ.					
ess Type	Per Accident	Windspreien Excess		100.00		
Standard Excess	600.00	TP Standard Excess		0.00		
D OD Excess	0.00	VIED TP Excess			Driver is Covered?	
itional Excess.						
ni OD Excess Apprecable	600.00	Total TP Excess Applicable				
Benefits		The second of the second				
GST Registered Informa			450	Carried Control Control	10.01.02.90 section 10.0	
Registered	Yes			Registration Date	09/09/2002	
Registration No.	2002064482			Status Vented	Yes	
fication History	29/10/2019 10:09:20 System 29/10/2019 10:09:20 System	m changed GST Registration Date f m changed GST Status Verified from	m No to Yes	era so sayuay assa		

Policyholder Mailing Ad						
ress 1	22 SENANG CRESCENT	Address 2	SINGAPOR	6 416595	Address 3	
ress 4		Address Type	Singapore a	address	Post Code	416595
No.		Related Policy Number	508277050	5-03		
OI Driver Info					100	
er Name	Unnames Driver	Driver Type	Unnamed D	river		
amed driver Name	KONG YING NGAI	Driver NRIC	581677480	,	Driver DOB	28/02/1981
ster Date of Driver License	15/09/2004	Driver Age	36		Driving Experience	15
tact No. (Mobile)	84684988	Contact No.(Office)	0		Contact No.(Home)	0
resz 1	8LK 16.	Address 2	HOUGANG	AVENUE T	Address 3	HOUGANG VIEW
ress 4	SINGAPORE 530016	Address Type	Singapore /	iddress	Post Code	530016
I No.	02-131					
es he own a Singapore sistered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Company	
lanation						
athalyser or Blood Test ding?	0 mg	Any injury?	○ Yes ⊕1	Na		
urrige						
lification History						
Daim 001 New						
Maint DOT NEW						
n Type *	OD-MX	Insured Name	LANSYS PT	E LTO	Insured NRIC	2002064482
tact No.(Mobile)		Contact No.(Home)			Contact No. (Office)	62411151
			G805511F		TP Vehicle Number	SLB4401Y
ul Address		Of Vehicle Number	Name and Address of the Owner, where the Owner, which the		IF VEHICLE NUMBER	Provent
ment Type Claiment Type *		Type of Benefit *	Please Sel	id 🔻		
mant Name *	22	Claimant NRIC *			_	
mant Address						
m Description	GBD5511P / 5LB4401Y ON 26 Oct 2019				Name of Preferred Workshop	(L
erred Workshop Contact		Insured Liability *	Not at Fau	t v		
uire Finalisation	Yes	Preferend Repair Option		Vorkshop, Name unknown	GIA report	Received
Registered	29/10/2019 10:10	Claim Close Date	2.1.000.000		Date Received	29/10/2019 00:00
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ort Taken By	Jackson .					
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ttachment						
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dent No.	MT/1068760	Claim No.		100		
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