NATIONAL Assessment C	Entre Services.	wel Jan'05 M	1/A12007943G		
Date In: with 11:45	Jeb descriptio		Date &Time Completed	Done	by
Ref No: Na INCOMES My	SAS e-filing	!	i		
Veh No: GBFS 668R	E-mail (withi	a Shrs, AIC 2hrs)			
D.O.A : 18/5/12-18:35	i-Motor Cla	im Form	m/1093059-01	2/1/20	n:03
PART COME TO A PART OF THE PAR	i-Motor W/	O (Within: OD 2hr	s, 7P 4hrs)		
OD : TP ! Reporting Only	i-Photo Upl	oaded			
TD Leaven on	Assessment/S	Survey Report			
TP Insurer:	Ass't Report	by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QV	W: (Tel:	Fax:)
TP Particulars: Veh No:	SUP2175P.	. INC ()/Non-INC()		0 202 200
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (802 - 21011-100 - 100 -	Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	10
Year of Registration: () Warranty: YES ()/NO()	1 2- 10- 3 (C) (C) (C)	ACT - ATT -
Excess: (\$) Loading	: \$1,000 ()/\$2,000	0()			
General Remarks;				1.0	
() Walk-In Customer : Customer	101		10001111111111111111111111111111111111		
() Total Loss Case : to e-mail					
			owing Co: ()
				213 X2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(X-10)
Remarks: (INC hotline: 6788 66	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		Date & Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()	-71		
2) QC Check / Post Repair Inspection)	<u> </u>		
3) Upload Resurvey Photo [Repair Cos	st>\$3000] ()			
Injurý:			1, 1		
	4	45			ms *** \$1.5°
Date/Time Actions	Contract Con	September 1997		8787887167147318°	
				Anit (S)	Amt (3)
142002984	134	Invoice Pre	paration Checklist	Tat Bill	Add Bill
laimant's Particulars :-		1) AR : Accident		200	
		2) DA : Damage 3) TF : Towing F		10/\$45	
river/Owner:		4) FT : Follow-T	hrough Survey	\$120 \$30	
ontact No:	3	5) FT : Follow-T	hrough Survey (Resurvey) goinst INC Only (wef 10 Jan 200		
amaged Portion:		6) TR : Re-inspe	ction	\$75	
amaged Fordon.		7) N1 : Idao DA 8) NTUC Additi		\$160	
C Cl. 1 11 (2 Y Cl)		OD:			
C Checked by (Engr-In-Charge):		*N5: Courtesy *N6: Repair C	Car / Tpl Allowance	\$10	
		*N7: Fost Rep	air Inspection	\$25	
nditors! Comments :-			lect Excess Coordination (Non INC) against INC	\$5 \$20	
it. 1:	3	9) N12: Ideo Mo	bile	30	NW FOR SER
it. 2/3;		Invoice dated	Fee Charged Fee Charged	Manager of the Park	
na na ma		Invoice dated	ree Charges	BOHLANDER	120

e april to the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Contact Number EMail Address

Fax Number

- 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.	
美国教育的发展的人工的企业	ACCIDENT STATEMENT
Date Of Report	22/05/2020 11:45
Date Of Accident	18/05/2020 08:30
Exact Location Of Accident	30 BENDEMEER RD CARPARK
Country/State of Loss	SINGAPORE
。 第一个人的主义,这个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF8668R
Insured/Policyholder	
Name Of Registered Owner	UNION ENERGY PTE LTD
Co Reg No	2XXXXX207Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96566734
Alternative Phone No	OFFICE-96566734
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA DYNA 150 MANUAL
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5113967306
Cover Note Number	
Driver	
Name of Driver	ZHOU SHUN
Passport No/FIN	GXXXX031N
Date Of Birth	04/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	22/09/2015
Driving Experience	4 YEARS AND 7 MONTHS
100 American (100 American (10	

MALE

NOEMAIL

(LOCAL) +65-82357199

OFFICE-82357199

Address

3 LORONG BAKAR BATU

#07-04 UNION INDUSTRIAL CENTER

Postcode

348741

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? 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

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

YES

NO 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?

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

SLP2175P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

0

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:
 - (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.:

DECLARATION

I/We declare the foregoing participlers 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 .:

ACCIDENT STATEMENT

ACCIDENT DATE: 1 5 / 25)(DD/MA	MAYYYY TIME: (8 .30 . WHILLIAM
LOCATION: 30 Bendemeer Rd	carpane
T. DETAILS OF VEHICLE a) VEHICLE NUMBER: 457866	
b)INSURANCE COMPANY: + ATTU	OC
d)POLICY TYPE: (COMPREHENSIVE / THIS	RD PARTY / THÍRD PARTY FIRE &THEFTI
e)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV /VAN /	25 CONTRACTOR STATES
h)PURPOSE OF USING AT ACCIDENT TIME	MERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN IF NO, PLEASE STATE (THIRD PARTY CLAI) 2. INSURED / POLICY HOLDER	VINCIPANCE (VECTO)
A)NAME:	(MAIF / FEMALE)
b)NRIC/FIN/PASSPORT: c)ADDRESS:	(MALE / FEMALE) CONTACT: 96566734.
* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER
(Incl. 1) GINAME	
(1) b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
c)ADDRESS:	CONIACI: 8 234 7 199
*d)DATE OF BIRTH: (/	IDD/MM/VVVVI
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:	ob/mm/(111)
 WAS DRIVER AN EMPLOYEE OF THE INS 	SURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER OF THE DRI	WITH INCLIDED.
DINUAD SURFACE: (DRY / WET / OTHERS	G / OTHERS
6. WAS ANYBODY INJURED (YES / NO)	
/. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATE	ON:
6. IHIRD PARTY VEHICLE	
No of passenger a) VEHICLE NUMBER: SUP 27 175 P.	MODEL:
Induding driver) b) DRIVER'S NAME:	
C) NRIC/FIN/PASSPORT	CONTACT:
THING I AKT VEHICLE	- Total or an Dwitt (1600)
No of passanger of VEHICLE NUMBER:	MODEL:
Induding driver) & UNIO TO LA	107
Induding driver) f) DRIVER'S NAME:	CONTACT:
2	

email =

fax =

VIDEO =X



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5113967306-000089

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: GBF8668R

Chassis Number

: JTFAT35Y80K207016

2. Name of Policyholder

UNION ENERGY PTE. LTD.

3. Effective Date of Insurance

: 01 Jan 2020

4. Expiry Date of Insurance

: 31 Dec 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

N/A

EXCESS (SECTION 2) INSURE WITH COE

: \$\$1,000

HIRE PURCHASE COMPANY

: N/A UNITED OVERSEAS BANK LIMITED

SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: JARDINE LLOYD THOMPSON PTE LTD (00000690216)

Date of Issue

: 26 Dec 2019 22:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBaoTech	Genera								ALC: UNKNOWN			
Hello, NAC_PAYA_UBI_800601							· Change	Language	Chan	ge Password	· Log Ou	
My Desktop	Policy Query										3	
Notice of Loss	Policy 1	Na.	511396	5113967306			Date of Accident			18/05/2020 08:30		
	Vehicle No.(For Motor)		GBF866	GBF8668R		Certificate Number						
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5113967306	5113967306- 000089	UNION ENERGY PTE. LTD.	200809207Z	GFM	Third Party	GBF8668R	GBF8668R	01/01/2020	31/12/2020	

Policy No.	5113967306	Policyholder Name	UNION EN	ERGY PTE. LTD.	Policyholder NRIC	200809207Z	
Certificate No.	5113967306-000089						
Address	3 LORONG BAKAR BATU #07-04	UNION INDU	STRIAL CEN	TER SINGAPORE 348	741		
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	26/12/2019	Effective Date	01/01/202	0.00:00	Expiry Date	31/12/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1000	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	145741.24				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	Inexperience Driver Excess
Agent	JARDINE LLOYD THOMPSON PTE	Agent Tel.	63336311		GST Flag	Y	
						4	
insurance	No					,	
insurance Flag Open	No						
insurance Flag Open Policy Info Certificate	No						
insurance Flag Open Policy Info Certificate Info	No older Mailing Address						
Insurance Flag Open Policy Info Certificate Info Policyh		Addres	s Z	#07-04 UNION IND		Address 3	SINGAPORE 348741
insurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address	76.15-03.76	is 2 is Type	#07-04 UNION IND Singapore address	USTRIAL CEI A	Address 3	SINGAPORE 348741 348741
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address	Addres	s Type		USTRIAL CEI A		
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 3 LORONG BAKAR BATU	Addres Related Number	s Type	Singapore address	USTRIAL CEI A		
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 3 LORONG BAKAR BATU 08-00 d Object: 5113967306-000089	Addres Related Number	s Type	Singapore address	USTRIAL CEI A		
nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured	3 LORONG BAKAR BATU 08-00 d Object: 5113967306-000089	Addres Related Number	s Type d Policy er	Singapore address	USTRIAL CEI A		
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Sequen	3 LORONG BAKAR BATU 08-00 d Object: 5113967306-000089	Addres Relate Numbe	s Type d Policy er	Singapore address 5113967306	USTRIAL CEI A	Post Code	348741

Claim Handling										
Accident MT/1093059										
Policy Na.	5113967306	Vehicle No.	GBF9558R		G5	T Registration No.	200	1092072		
Demificate No.	5113967306-000089									
Policyholder Name	UNION ENERGY PTE. LTD.				Pol	cyholder NRIC	2008	809207Z		
Product Code	DE PLEET MASTER INSURANCE Cover Type		Third Party			ading	0	0		
		Contact No.(Office)			Cor	Contact No.(Home)		0		
Imail Address		Special Remark			eCo	ode	No.	7:		
PIC	® No ○ Yes	TGA	@ N++ () Yes			ode Reason	(0.50)	((40)		
NCD Protection No		NCD Entitlement(%)	0		Priv	rate Hire	No			
Accident Details										
eport Date	22/05/2020 12:01	Accident Report Within 24 hrs	Ves		Acc	ident Type	Side	Swipe		
Nate of Accident	18/05/2020	Time of Accident hh;mm	08:30			untry of Accident		spore		
eporting Centre	2000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Orange Force	1000			4 No.	anny	www.		
ccident Location	30 BENDEMEER RD CARPARK	orange rond			10	1 reu.				
▼ Total Excess Applicable										
		201411111111111111111111111111111111111								
scens Type	Per Accident	Windscreen Excess		0.00						
O Standard Excess	9.00	TP Standard Excess		1,000.00						
				Con	ver is Covered?					
dditional Excess			121			ver is Covered?				
otal OD Excess Applicable	2.00	Total TP Excess Applicable								
W Benefits	0.00	Total In Catalan Applicable								
♥ GST Registered Informa	ation					1707				
T Registered	Yes		(August 1	mintration Pass		As we come				
ST Registration No.	200809207Z			gistration Date atus Verified		01/05/2008 Yes				
odification History			001 00	nus verneu		144				
Policyholder Mailing Ad	ddress									
idvess 1	3 LORONG BAKAR BATU	Address 2	E07-04 LB/IO4	N INDUSTRIAL CE	***	ress 3	F1114	10000 340344		
doress 4	S continue and on the							JAPORE 348741		
	45-44	Address Type	Singapore add	ess	Pos	t Code	3487	41		
nit No.	08-00	Related Policy Number	5113967306							
OI Driver Info										
nvar Name nnamed driver Name	Unnamed Driver	Driver Type	Unnamed Drive	Mil.	280	10000	2580			
	ZHOU SHUN	Driver NR3C	G0000031N			ver DOB	04/1	0/1983		
gister Date of Driver License		Driver Age	36			ving Experience	4	4		
ntact No.(Mobile)	82357199	Contact No.(Office)	0			ract No.(Home)		0		
idress 1	3 LORDNG BAKAR BATU	Address 2	UNION INDUST			iress 3	SING	APORE 348741		
dress 4		Address Type	Singapore addr	ess	Post	t Code	3487	41		
nt No.	07-04									
oes he own a Singapore agistared car?	○ Yes ® No	Driver Vehicle No.			Driv	er Insurer Company				
claration										
reathalyser or Blood Test rading?	0 mg	Any injury?	○ Yes ® No							
odification History										
Claim 001 New										
1400014-010-040										
	[00 Hz	220022000	Lanes and a		820	377202	(COSCO			
nim Type *	00-MX	Insured Name	UNION ENERG	PTE. LTD.		ared NRIC	profession	09207Z		
ntact No.(Mobile)		Contact No.(Home)				tact No.(Office)	6510			
nall Address	G	OI Vehicle Number	G8F8668R	-	TP V	/ehicle Number	SLP2	750		
simant Type Claimant Type *		Type of Benefit *	Please Select	~						
timent Name +	22	Claimant NRIC *	I.C.							
imant Address							3993.11			
rim Description	GBF8658R / SLP217SP ON 18 May 2020	NO. A. C.			Nam	ie of Preferred Works	hop			
eferred Workshop Contact		Insured Liability *	Fully at Fault	v						
quire Finalisation	Yes	Preferered Repair Option	Preferred Work	kshop, Name unknown	V GIA	report	Rece	ved v		
te Registered	22/05/2020 12:03	Claim Close Date			Date	e Received	22/0	5/2020 00:00		
port Taken By	Jackson						Reliance			
Print AK letter	A STATE OF THE STA									
The second										
			Save Submit	1						
Attachment			3 30,	53						
1										
odent No.	MT/1093059	Claim No.		001						
st Doc, Received	® Yes O No	Upload Date		22/05/2020 12:06						
	Path *			Category *		Confidential	Urgency *	Description *		
the subsection is	The state of the s	Browse,	Clear Ple	A CONTRACTOR OF THE PARTY OF TH	V N	ALCOHOLOGICA CONTRACTOR		Till and the second of		
				905-010	V R					
		Browse.	and the second second		- Ph 1 F					
		Browse.			Y N					
		Browse.	Clear Pie	ase Select	V No) V Nor	mai 💟			
		Browse.	Clear Pre	ase Select	V NO	V Non	mai 💟	5		
		Browse.	Clear Pie	ase Select	V NO	V Non	miat V			
		-	Account to the last of the las		0.00		-			

