| | e Services wet | | Date &Time Completed | L | Done pi | - |
|---|--------------------------|---|---|---|---------------------|--|
| Date In: N N 12-17-48 | | | | | | |
| Rei No: No INCONSTRATIVE | SAS e-filing | | 1 | | | |
| Veh No: GREZYSM E-mail (within Shrs, | | | | 201010 | 2 16:0 | 1 |
| D.O.A: 21/2-17:79 | Form | 100-15E0011/LW | NIK L | 10.0 | 1 | |
| | i-Motor W/O (W | vithin: OD 2hrs | , TP 4brs) | | | |
| OD TP Peporting Only | i-Photo Uploade | ed | 1 | - | | |
| | Assessment/Surve | | <u>i</u> | - | | |
| TP Insurer: | Ass't Report by E | Pax / Hand | o Owner/Wksp | | - | |
| Preferred Wksp / INC Assign Wksp / QW: (| | 200 COM - 1195 | Tel: | Fax: | | |
| TP Particulars: Veh No: 561 | CZTRIA | . INC(|)/Non-INC() | | | |
| Owner / Driver: (| 11/ | | Tel: | |) | 150 - KIS |
| | eriod: (|) | Cover Type: (| | | |
| 0 0 11 / | | Date: | Time: | |) | - |
| Insured/Driver Liability: (%) | [Note-Est. Status (WC | O): N: 0-2 | 20%; P: 21-79%. F: S | 0-100%] | | |
| Year of Registration: () | |)/NO(|) | | | |
| Excess: (\$) Loading: \$1 | ,000()/\$2,000(|) | | 1 2 2 2 3 5 1 | | |
| Excess (C | | | | A. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18 | | - 1 |
| General Remarks:- () Walk-In Customer's in | formation strictly Confi | idential & S | trictly NO refer of repair | er. | | |
| () Walk-In Customar : Customer s () Total Loss Case : to e-mail Insu | rer URGENTLY. | | | | | |
| | ice: YES () / NO | 0(); | Towing Co: (| | |) |
| Drive-In ()/ Towed-In (); Invoi | iec. 125 () | | Date& Jime Complets | d to the | Doneb | у |
| Remarks: (INC hotline: 6788 6616) | | | Thurse Times Averthan | 2000 | Andrew Contract | |
| Contract to the second of the | | 100011001001001010 | | | | |
| | / Courtesy Car () | | | | | |
| Apply for Transport Allowance () QC Check / Post Repair Inspection | / Courtesy Car () | | | | | |
| Apply for Transport Allowance () QC Check / Post Repair Inspection | / Courtesy Car () | | | | | |
| Apply for Transport Allowance () QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > | / Courtesy Car () | | | | | |
| 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | / Courtesy Car () | | | | SOSSIE | |
| Apply for Transport Allowance () QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > | / Courtesy Car () | | | | SP 3 & | |
| 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | / Courtesy Car () | | | | SOSSIM- | , 700 F. |
| 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | / Courtesy Car () | | | 100.000 | So di M | , res. p.s. |
| 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | / Courtesy Car () | | | | SOSINI- | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
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| 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions | / Courtesy Car () | | reparation Checklist | | Ant (5) | the state of the state of |
| 1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ——————————————————————————————————— | / Courtesy Car () | Invoice P | reparation Checklist. | | Ant (5) | the state of the s |
| 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions | / Courtesy Car () | Invoice P 1) AR: Accide 2) DA: Desm | dent Reporting (\$30); age Assessment (\$100); I | NC (580) | 50 Sec. 30 Sec. 15. | the state of |
| 1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars: | / Courtesy Car () | Invoice P 1) AR: Accide 2) DA: Dam 3) TE: Town | dent Reporting (\$30); age Assessment (\$100); I | NC (\$80) \$40/\$45 \$120 | 50 Sec. 30 Sec. 15. | the state of the s |
| 1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 12244 | / Courtesy Car () | Invoice P 1) AR: Accie 2) DA: Dam 3) TF: Towi 4) FT: Follo | dent Reporting (\$30); age Assessment (\$100); If age Fee w-Through Survey Though Survey (Resurvey) | \$40/\$45 \$120 \$30 | 50 Sec. 30 Sec. 15. | the state of |
| 1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: | / Courtesy Car () | Invoice P 1) AR: Accid 2) DA: Dam 3) TF: Towid 4) FT: Follo For claimi | dent Reporting (\$30); age Assessment (\$100); If age Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 J.) | \$40/\$45 \$120 \$30 in 2005) \$75 | fû Bill | the state of |
| 1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars:- Oriver/Owner: Contact No: | / Courtesy Car () | Invoice P 1) AR: Accid 2) DA: Dam 3) TF: Towid 4) FT: Follo For claims 6) TR: Re-in 7) N1: Idau | dent Reporting (\$30); oge Assessment (\$100); If ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Justice) aspection DA + SMRT Survey | \$40/\$45 \$120 \$30 (n.2005) | fû Bill | the state of the s |
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| 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: | / Courtesy Car () | Invoice P 1) AR: Accid 2) DA: Dam 3) TF: Towid 4) FT: Follo For claims 6) TR: Re-in 7) N1: Idau 8) NTUC Accid OID* * N5: Cou | dent Reporting (\$30); oge Assessment (\$100); If ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 June) aspection DA + SMRT Survey ditional Services:- | \$40/\$45 \$120 \$30 \$30 \$75 \$160 | fir Bill | the state of the s |
| 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: | / Courtesy Car () | Invoice P 1) AR: Accir 2) DA: Dam 3) TF: Towi 4) FT: Folio 5) FT: Folio 6) TR: Re-i 7) N1: Idac 8) NTUC Ac OIL* *N5: Cou *N6: Rep *N7: Fos | dent Reporting (\$30); oge Assessment (\$100); If ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 June) aspection DA + SMRT Survey ditional Services: rtesy Car / Tpt Allowance air Co-ordination t Repair Inspection | \$40/\$45 \$120 \$30 in 2005) \$75 \$160 \$25 | fir Bill | the state of the state of |
| 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Darnaged Portion: QC Checked by (Engr-In-Charge): | / Courtesy Car () | Invoice P 1) AR: Accid 2) DA: Dam 3) TF: Towid 4) FT: Follo For claims 6) TR: Re-in 7) N1: Idau 8) NTUC Ac OID* *N5: Cou *N6: Rep *N7: Fos *N8: DV | dent Reporting (\$30); age Assessment (\$100); If ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 J. aspection DA + SMRT Survey ditional Services: stesy Car / Tpt Allowance air Co-ordination (Repair Inspection / Collect Excess Coordination | \$40/\$45 \$120 \$30 in 2005) \$75 \$160 \$25 \$31 | in Bill | the state of the state of |
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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.
- 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

| | ACCIDENT STATEMENT |
|--|---|
| Date Of Report | 21/08/2020 15:48 |
| Date Of Accident | 21/08/2020 13:30 |
| Exact Location Of Accident | BLK 5 EUNOS CRESCENT OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |
| D. | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBE7433M |
| Insured/Policyholder | |
| Name Of Registered Owner | BLUEFRAME ENGINEERING PTE LTD |
| Co Reg No | 1XXXXX136C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67457838 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | NV350 PANEL VAN 2.5 5MT 5DR EURO V |
| 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5088033644-03 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SIM TA TJEH (SHEN DAZHI) |
| NRIC No | SXXXX362A |
| Date Of Birth | 10/11/1973 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/02/1994 |
| Driving Experience | 26 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | +65-96259508 |
| Fax Number | |
| Contact Number | OFFICE-96259508 |
| EMail Address | NOEMAIL |

BLK 236 PASIR RIS STREET 21 Address #06-03 510236 Postcode 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 SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2 Passenger 1 NAME: GENDER: : MALE **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO STATEMENT. Attachment(s) YES Are accident photos available for attachment? Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

SGY1755J Vehicle Registration Number Vehicle Make/Model/Colour

Was there any audio recorded?

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

PRIVATE CAR

NO NO

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

THE TOTAL

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

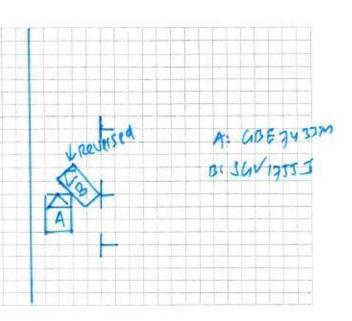
Name:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Policyholder's Signature

Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| On Hat | led date and time, I was travelling along Blic 5 Euros creven |
|------------|---|
| open space | e carpark. vehicle B was in front of my vehicle, and he |
| Hopped. | I was behind if vehicle B and stopped as well anddenly vehicle |
| reversed a | and hit onto my stationary relicle front right portion - 1 wish 7 |
| Hale the | that during he was reversing, I did hom him however his |
| vehicle 1 | hit onto my vehicle from right portion. |
| | S)(|
| | |
| | |
| | |
| | |

DECLARATION ER

ing particulars 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

| ACCI | DENT DATE: 1 /8 /10)(DD/MM/YYY | (Y), TIME:(13:30)(HH:MM) |
|--------------------|---|--|
| LOCA | TION: BIC 5 EMPS CARGAT PI | in space camparle. |
| 1. | DETAILS OF VEHICLE a) VEHICLE NUMBER: UBE 3 4733M b) INSURANCE COMPANY: NTUC | |
| 2. | C)POLICY NUMBER: 508 10336 44-63. d)POLICY TYPE: (COMPREHENSIVE / THIRD PART) e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV /V AN / LOR g)VEHICLE CATEGORY: (PRIVATE / COMMERCE h)PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INS IF NO, PLEASE STATE (THIRD PART) CLAIM / INSURED / POLICY HOLDER | RY / THIRD PARTY FIRE &THEFT) RY / MOTORCYCLE / OTHERS) CIAL / MOTORCYCLE) URANCE (YES/NO) REPORTING ONLY) |
| * * * * | A)NAME: Bluefame Engineering P. b)NRIC/FIN/PASSPORT: c)ADDRESS: | CONTACT: 67457838 |
| *Ho of persong? | * CONTINUE TO 3.d IF DRIVER ALSO POLICY H | OLDER |
| | a)NAME: | (MALE / FEMALE) |
| (Including driver) | b)NRIC/FIN/PASSPORT: | CONTACT: 96154508. |
| (14) | c) ADDRESS: | |
| , Imale. | *d)DATE OF BIRTH: (/) (DD #)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUI | RED'S COMPANY? (YES / NO) |
| 5 | IF NO, RELATIONSHIP OF THE DRIVER WI a) WEATHER CONDITION: (QLEAR / RAINING / | |
| 5. | b)ROAD SURFACE: (DRY / WET / OTHERS | OTTERO |
| 6. | WAS ANYBODY INJURED (YES /NO) | × |
| | a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION | N: |
| 4 No of passances | a) VEHICLE NUMBER: SW 1755 | MODEL: |
| (Indudia diser) | b) DRIVER'S NAME: | |
| 191 | c) NRIC/FIN/PASSPORT: | CONTACT: |
| 9. | THIRD PARTY VEHICLE | |
| Ho of passenger | d) VEHICLE NUMBER: | MODEL: |
| (Induding driver) | e) DRIVER'S NAME: | CONTACT: |
| | Sim_tt@Y | |
| ¥E | email = admin@ bl | ueflame.com.sg |
| | 100 | |

VIDEO = X



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fatt (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00

USH: 556550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MUAI 1007515 _____Vehicle Registration No: GBF-7473M Name(as shown in NRIC): Blue frame Engineering Ple Him NRIC/FIN/Passport No: (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(: 67457838 Contact (Tel) _Mobile No.: Email Address 21/8/10 Time of Accident: 13:10 Date of Accident : Blk & Eunes crescunt open Place of Accident Insurance Company: LTVC (B) ADDITIONALINFORMATION / AMENDMENTS: thave made a report on the above mentioned accident and would like to include additional information or make the following amendments: relicle mander - signifes BLUE

Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature

Name:

NRIC/FINNo.:

Date:

| eBao Tech | Genera | | | | | | alClaim | | | | |
|-------------------------|-------------------------|-------------------|-----------------------|-------------------------------------|----------------------|--------------------|---------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_800 | 601 | | | | | - | • Change | Language | + Change | Password | • Log Out |
| My Desktop | Poli | cy Query | | | | | | | | | , |
| Notice of Loss | Policy No. | | | | | Date | of Accident | 21/ | 08/2020 13 | 30 | |
| | Vehicle No. (For Motor) | | GBE74 | GBE7433M | | Certificate Number | | | | | |
| | | | | | | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5088033644- 03 | | BLUEFLAME ENGINEERING PTE LTD | 199404136C | GCV | Comprehensive | GBE7433M | GBE7433M | 23/03/2020 | 22/03/2021 |
| | | | | | 1 | Continue | J | | | | |

| Sequen | ce Date of Endorsement | E 1 | Endorsement | Туре | Endorsement | Status | Endorsement Content |
|-----------------------------------|-----------------------------|-----------------------------------|-----------------|-------------------|----------------------|---------------|----------------------------|
| □ Endors | ements | | dos de | | 0000 000 | 5000 | |
|) Insure | d Object: GBE7433M | | | | | | |
| Init No. | | Relate Numb | d Policy er | 5099866211-02 | | | |
| ddress 4 | | | ss Type | Singapore address | | Post Code | 409795 |
| Address 1 | BLK 1045 #01-112 | Addre | e Automorphisms | EUNOS AVENUE 4 | | Address 3 | SINGAPORE 409795 |
| Policyh | older Mailing Address | | | | | | |
| Certificate Info | | | | | | | |
| Policy Info | | | | | | | |
| Flag Open | | | | | | | |
| Co- nsurance | No | | | | | | |
| Agent | TAN AI KER | Agent Tel. | 62221500 | | GST Flag | Y | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | | Young/ | Inexperience Driver Excess |
| Additional Excess | | OS Premium | 0 | | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | | Windscreen Excess | 100 | |
| Type | Per Accident | All Claims Excess | | | | | |
| Policy ssue Date | 14/02/2020 | Effective Date | 23/03/2020 | 00:00 | Expiry Date | 22/03/2021 23 | 59 |
| Product Name | COMMERCIAL VEHICLE INSURAL | Plan | | | Group Policy Flag | N | |
| Address | BLK 1045 #01-112 EUNOS AVEN | IUE 4 SINGAP | ORE 409795 | | | | |
| Certificate No. | | 166700000 | | | | | |
| Policy No. | 5088033644-03 | Policyholder Name | BLUEFLAME | ENGINEERING PTE | Policyholder NRIC | 199404136C | |

| Claim Handling | | | | | |
|--|--|--|------------------------------------|------------------------------|------------------|
| ocident MT/1100731 | | | | | |
| licy No. | 5000033644-03 | Vehicle No. | GBE7433M | GST Registration No. | |
| rtificate No. | -0.00 4000000 1740000000 0000000112 e 620 | | | 02073955022 | |
| cynoider Name | BLUEFLAME ENGINEERING PTE LTD | | | Policyholder NRIC | 199404136C |
| duct Code | COMMERCIAL VEHICLE INSURAL | Cover Type | Comprehensive | Loading | а |
| tact No (Mobile) | 0 | Contact No. (Office) | 67457838 | Contact No.(Home) | 0 |
| al Address | 200200 | Special Remark | 12/01/2009 | eCode | 1 🗸 |
| | ® No ○ Yes | TCA | ® No ○ Yes | eCode Reason | |
| Protection | No | WCD Entitlement(%) | 20 | Private Hire | No |
| Accident Details | | | | | |
| ort Date: | 21/08/2020 15:57 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| e of Accident | 21/08/2020 | Time of Accident hhumm | 13:30 | Country of Accident | Singapore |
| orting Centre | | Orange Force | | ICM No. | |
| ident Location | BLK S EUNOS CRESCENT OPEN SPACE CA | RPARK | | | |
| Total Excess Applicable | | | | | |
| ess Type | Per Acodent | Windscreen Excess | 100.00 | | |
| and the same of th | 0702.072054 | 22/24/09/02/2009 | 27500 | | |
| Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| O OD Excess | 0.00 | YIED TP Excess | | Oriver is Covered? | |
| Ibonal Excess | | | | | |
| o OO Excess Applicable | 600.00 | Total TP Excess Applicable | | | |
| Benefits | | | | | |
| GST Registered Inform | | | | | |
| Registered | No | | GST Registration Date | | |
| Registration No. | 21.000.2020 15.50.50.00 | tern changed GST Status Venfed from | GST Status Ventied | Yes | |
| meanon manory | 21/00/2020 15:50:50:50:59: | sem changes use status seminor from | 11 140 00 198 | | |
| Policyholder Mailing Ac | Idress | | | | |
| ress I | BLK 1045 #01-112 | Address 2 | EUNOS AVENUE 4 | Address 3 | SINGAPORE 409795 |
| tress 4 | | Address Type | Singapore appress | Post Code | 409795 |
| f No. | | Related Policy Number | 5099866211-02 | Post Cope | 409795 |
| OI Driver Info | | Kelated Policy Number | 2033090511-05 | | |
| | | De si Tur | 10 | | |
| ver Name named driver Name | Unnamed Driver SIM TA TIEH (SHEN DAZHI) | Driver Type Driver NRIC | Unnamed Driver \$73413626 | Driver DOB | 180000000 |
| | | | 46 | | 10/11/1973 |
| ester Date of Driver License | | Driver Age | | Driving Experience | 26 |
| stact No.(Mobile) | 9625950B | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| frees 1 | 8LK 236 | Address 2 | PASIR RIS STREET 21 | Address 3 | SINGAPORE 510236 |
| Sress 4 | Neste | Address Type | Singapore address | Post Code | 510236 |
| it No. es he own a Singapore | 06-03 | | | | |
| gistered car? | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| taration. | | | | | |
| athalyser or Blood Test | | | | | |
| ading? | 0 mg | Any injury? | ☐ Yes No | | |
| | | | | | |
| Sification History | | | | | |
| William Programme Mark | | | | | |
| Saim 001 OD-MX New | -2 | | | | |
| | | | | | |
| m Type 4 | ор-мх | Insured Name | BLUEFLAME ENGINEERING PTE | Insured NRIC | 199404136C |
| tact No (Mobile) | | Contact No.(Home) | | Contact No.(Office) | 67457838 |
| ail Address | | OI Vehicle Number | G867433M | TP Vehicle Number | 50V17550 |
| mant Type Claimant Type • | Please Select V | Type of Benefit * | Please Select | wempe mamper | Charles Lagra |
| mant Name * | The state of the s | Claimant NRIC * | I was seen | | |
| mant Address | >> | Section of White 1 | | 7 | |
| m Description | GBE7433M / SGV1755J ON 21 Aug 2020 | | | Name of Preferred Workshop | |
| erned Workshop Contact | 2020 Tabril Borrar 2020 Vita 21 May 2020 | 200000000000000000000000000000000000000 | parameter to the same | marine or micelines morkshop | |
| | | Insured Liability * | Not at Fault | 2 | |
| ure Finalisation | Yes | Preferend Repair Option | Preferred Workshop, Name unknown 🔍 | GIA report | Received |
| e Registered | 21/08/2020 15:59 | Claim Close Date | | Date Received | 21/08/2020 16:01 |
| ourt Taken By | Jackson | Workshop Repairer | | Total Loss but Repaired | |
| Print AK letter | | | | | |
| | | | Save Submit | | |
| | | 1 | Jane Japane | | |
| ttachment | | | | | |
| 65 | | | | | |
| ident No. | MT/1100731 | Claim No. | 100 | | |
| | | | 21/08/2020 16:01 | | |
| Doc. Received | ● Yes ○ No | Upload Date | | | |
| | Path. * | | Cabegory * | Confidential Urgen | |
| | | Browse. | | ▼ Normal | |
| | | Browse. | | ♥ Normal | <u> </u> |
| | | Browse. | Clear Please Select | V Normal | ~ |
| | | Browse | Clear Please Select | V Normal | Q |
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| | | . 11 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 | Oper Please Select | V Normal | V |

