	MNA118010401 Date & Time Completed	Done	by.
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i-Motor Claim Form	M7/0978917	27/1/18	19:54
i-Motor W/O (Within: OD	2hrs, TP 4hrs)		
i-Photo Uploaded			
Assessment/Survey Repo	rt		
Ass't Report by Fax / Ha	nd to Owner/Wksp		
	Tel: F	ax:	ent somme
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	i-Motor Claim Form i-Motor W/O (Within: OD i-Photo Uploaded Assessment/Survey Repo Ass't Report by Fax / Ha 267196 INC Period: (Date: [Note-Est. Status (WO): N: Warranty: YES () / NO (,000 () / \$2,000 () Formation strictly Confidential & rer URGENTLY. Ce: YES () / NO ()	SAS e-filing E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax/Hand to Owner/Wksp Tel: Period: () Cover Type: (Date: Time: [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-Warranty: YES ()/NO () ,000 ()/\$2,000 () formation strictly Confidential & Strictly NO refer of repairer. rer URGENTLY. ce: YES ()/NO (); Towing Co: (Date& Time Completed Courtesy Car () ()	SAS e-filing E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form M109789)7 27/1/18 i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand to Owner/Wksp Tel: Fax: 167196 INC() / Non-INC() Tel:) Period: () Cover Type: () Date: Time:) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Warranty: YES () / NO () 1000 () / \$2,000 () Formation strictly Confidential & Strictly NO refer of repairer. Tere URGENTLY. The confidential & Strictly NO refer of repairer. The confidential & Strictly NO refer of repairer.

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

ALL	DEN	SIA	ICIVI	-11

Date Of Report 22/01/2018 11:53

Date Of Accident 22/01/2018 06:40

Exact Location Of Accident SLE BEFORE BKE EXIT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL2648L

Insured/Policyholder

Name Of Registered Owner LIU ZHEN SHENG
NRIC No S6966781C
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-93230356
Alternative Phone No OFFICE-93230356

Vehicle Particulars

Manufacturer NISSAN

Model SYLPHY 1.5 4AT

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

29/12/2015

If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5093341144

Cover Note Number

Date Of Driving Pass

Driver

 Name of Driver
 LIU ZHENSHENG

 NRIC No
 \$6966781C

 Date Of Birth
 15/08/1969

 Occupation
 INDOOR

Driving Experience 2 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93230356

Fax Number

Contact Number OFFICE-93230356

EMail Address NOEMAIL

Address BLK 546 WOODLANDS DRIVE 16

#12-201

1

Postcode 730546

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 5

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)

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJW6719G

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHRISTOPHER THIA

NRIC/Passport Number S7247645Z Contact Number 96831781

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJQ569T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver SOH WEN HANN

NRIC/Passport Number S8361975I Contact Number 98218103

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number FBM193J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE
Name of Driver HENG HOCK SENG

NRIC/Passport Number \$1397003C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJL4810X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver PAMPLONA GERARDO ABRIGO

NRIC/Passport Number S2723408I Contact Number 93396207

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

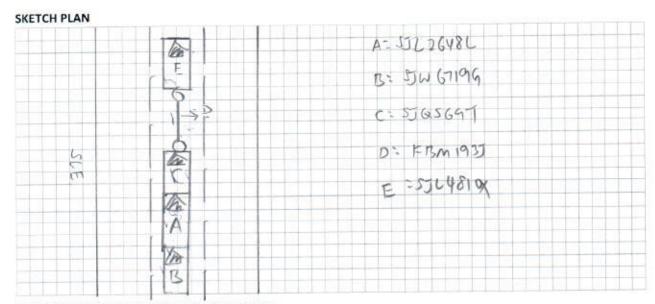
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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.

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on ad 118 06:40 I was travelling of	ng she sepre BKE
exit. Inddenly relicle E-break - In a result	, vehicle D hit onto
vehicle E Mar portion. In a same way veh	icle e hit onto
which I war portion. I hit outs w	hicle (mar portion.
relacte 13 hit and my valicle mar partio	۸.

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 Personnel's Signature Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6966781C





LIU ZHENSHENG

刘 振 生

CHINESE

15-08-1969 CHINA





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Cinss 3

Motor cars with unladen weight =< 3000kg with =< 7 29 Dec 2015 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601			The second second	A STATE OF THE PARTY OF THE PAR		Change Lan	guage	Change Passwo	ord Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	22/01	/2018 06:40	3
	Vehicle	No.(For Motor)	SJL2648L							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093341144	LIU ZHEN SHENG	S6966781C	GPC	drivo CLASSIC	SJL2648L	SJL2648L	12/08/2017	11/08/2018
					Į.	Continue				

Policy No.	5093341144	Policyholder Name	LIU ZHEN SHENG	Policyholder NRIC	\$6966781C
Address	BLK 546 #12-201 WOODLAND		IGAPORE 730546		
			CONTRACTOR OF STATE	Group	
Product Name	PRIVATE CAR INSURANCE	Plan		Policy Flag	N
Policy ssue Date	12/08/2017	Effective Date	12/08/2017 00:00	Expiry Date	11/08/2018 23:59
Third		Own		Windscreen	V-10
Party Excess	0	damage Excess	600	Excess	100
Additional Excess	0	OS Premium	0		
Outside		Outside			
Singapore	600	Singapore	0		
OD Excess		TP Excess			
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co- Insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	nolder Mailing Address				
Address 1	BLK 546 #12-201	Address 2	WOODLANDS DRIVE 16	Address 3	SINGAPORE 730546
Address 4		Address Type	Singapore address	Post Code	730546
Unit No.	12-201	Related Policy	5093341144		
sentitioned 40 NE		Number			
Insure	d Object: SJL2648L				
	sements				
	ce Date of Endorsement	Fadama	ement Type Endors	ement Status	Endorsement Content

Claim Handling							- Exit
Accident MT/0978913	100140014111		Manual W	611.76401	GST Registration No.		
Policy No.	5093341144		Vehicle No.	53L2648L		56966781C	
Policyholder Name	LIU ZHEN SHENG				Policyholder NR3C		
Product Code	PRIVATE CAR INSURANCE	CE	Cover Type	drivo CLASSIC	Loading	0	
Contact No. (Mobile)	93230356		Contact No.(Office)		Contact No.(Home)	Fig. 9	
Email Address			Special Remark	0.0	eCode Reason	N. Y	
KFK	® No ○ Yes		TCA	® No ○Yes	Private Hire	No	
NCD Protection	No		NCD Entitlement(%)	0	Private rick	no.	
→ Accident Details			7500		(2000)200	Chain Collision	
Report Date	32/01/2018 17:39		Academ Report Within 24 hrs		Accident Type Country of Accident	Singapore	
Date of Acodent	22/01/2018		Time of Accident hh;mm Orange Force	06:40	ICM No.	0.00	
Reporting Centre	as a personal pure ever		Grange Force		51953.000.0		
Accident Location	SLE BEFORE BKE EXIT						
♥ Benefits							
♥ Excess		400.00	Additional Excess	0.00	Windscreen Excess	100.00	
Own damage Excess		600.00		600.00	(43), (43),		
Unnamed Driver Excess		0.00	Outside Singapore OD Excess	0.00			
Third Party Excess		0.00	Outside Singapore TP Excess	0.00			
♥ GST Registered Informa				GST Registration Date			
35T Registered	No			GST Status Verified	Yes		
GST Registration No. Modification History					305-13		75
Modification History							- 33
▼ Policyholder Mailing Ad	dress						
Address 1	BLK 546 #12-201		Address 2	WOODLANDS DRIVE 16	Address 3	SINGAPORE 730546	
Address 4			Address Type	Singapore address	Post Code	730546	
UNE No.	12-201		Related Policy Number	5093341144			
TO OI Driver Info							
Driver Name	LIU ZHEN SHENG		Oriver Type	Main Driver	Victoria and	CONTRACTORS	
Unnamed driver Name			Driver NRIC	\$6966781C	Driver DOB	15/08/1969	
Register Date of Driver License	29/12/2015		Driver Age	48	Driving Experience	2	
Contact No.(Mobile)	93230356		Contact No.(Office)		Contact No.(Home)		
Address 1	BLK 546 #12-201		Address 2	WOODLANDS DRIVE 16	Address 3	SINGAPORE 730546	
Address 4			Address Type	Singapore address	Post Code	730546	
Unit No.	12-201						
Obes he own a Singapore Registered car?	○ Yes No		Driver Vehicle No.		Driver Insurer Compar	Py	
Declaration							
Breathalysiar or Blood Test Reading?	0 mg		Any injury?	○ Yes ® No			
Modification History							
Claim 002 New							
AND DESCRIPTION OF A	Top her	Tee!	Insured Name	TO THEN SHENG	Insured NRJC	S6966781C	
Claim Type *	OD-MX	V	Insured Name	LIU ZHEN SHENG	Insured NAJC Contact No.(Office)	S6966781C	
Contact No.(Mobile)	93230356		Contact No.(Home)	NIL	Contact No.(Office)	S6966781C	
Contact No. (Mobile) Email Address	93230356 zhonsheng.liu99@gmai	ii.com			Contact No.(Office) TP Vehicle Number	S7W6719G	
Contact No.(Mobile) Email Address Claim Description	93230356	ii.com	Contact No.(Home) OI Vehicle Number	NII. 531.2648L	Contact No.(Office)	S7W6719G	
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	93230356 zhonsheng Jiu59@gmai S3L2648L / S3W6719G	II.com ON 22 Jan 2018	Contact No.(Home) Oil Vehicle Number Insured Liability *	NIL 51L264BL Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Wo	SJW6719G	
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	93230356 zhonsheng.llu99@gmai S3L2648L / S3W6719G Yes	ii.com	Centact No.(Home) OI Vehicle Number Insured Liability + Preferend Repair Option	NII. 531.2648L	Contact No.(Office) TP Vehicle Number Name of Preferred Wo GIA report	SJW6739G SJW6739G Received	
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	93230356 zhondheng llu99@gmai SIL2648L / 57W67190 Yes 22/01/2018 19:54	II.com ON 22 Jan 2018	Contact No.(Home) Oil Vehicle Number Insured Liability *	NIL 51L264BL Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Wo	SJW6719G	
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	93230356 zhonsheng.llu99@gmai S3L2648L / S3W6719G Yes	II.com ON 22 Jan 2018	Centact No.(Home) OI Vehicle Number Insured Liability + Preferend Repair Option	NIL 51L264BL Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Wo GIA report	SJW6739G SJW6739G Received	
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	93230356 zhondheng llu99@gmai SIL2648L / 57W67190 Yes 22/01/2018 19:54	II.com ON 22 Jan 2018	Centact No.(Home) OI Vehicle Number Insured Liability + Preferend Repair Option	NII. \$31,2648L Vet at Fault Fraferres Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Wo GIA report	SJW6739G SJW6739G Received	
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	93230356 zhondheng llu99@gmai SIL2648L / 57W67190 Yes 22/01/2018 19:54	II.com ON 22 Jan 2018	Centact No.(Home) OI Vehicle Number Insured Liability + Preferend Repair Option	NIL 51L264BL Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Wo GIA report	SJW6739G SJW6739G Received	
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Dete Registered Report Taken By Drint AK letter	93230356 zhondheng llu99@gmai SIL2648L / 57W67190 Yes 22/01/2018 19:54	II.com ON 22 Jan 2018	Centact No.(Home) OI Vehicle Number Insured Liability + Preferend Repair Option	NII. \$31,2648L Vet at Fault Fraferres Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Wo GIA report	SJW6739G SJW6739G Received	
Contact No. (Mobile) Email Address Claim Description Prefered Workshop Contact No. Require Finalisation Date Registered Report Taken By 50 Print AK letter Attachment	93230356 zhondheng Jlu99@gmai SJL2648L / SJW87199 Yes 22/01/2018 19:54 Jackson	II.com ON 22 Jan 2018	Centact No.(Home) OI Vehicle Number Insured Liability + Preferend Repair Option	NII. \$31,2648L Vet at Fault Fraferres Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Wo GIA report	SJW6739G SJW6739G Received	
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Dent AK letter Attachment	93230356 zhondheng Jlu99@gmai SJL2648L / SJW6719G Yes 22/01/2018 19:54 Jackson	0N 22 Jan 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	NIL 51L2648L Not at Fault Preferres Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Wo GIA report	SJW6739G SJW6739G Received	
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By So Print AK letter Attachment P Accident No.	93230356 zhondheng Jlu99@gmai SJL2648L / SJW8719G Yes 22/01/2018 19:54 Jackson HT/0978913 ① Yes ○ No	0N 22 Jan 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No.	NIL 51L2648L Not at Fault Preferres Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Wo GIA report	SJW6739G SJW6739G Received	
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By So Print AK letter Attachment P Accident No.	93230356 zhondheng Jlu99@gmai SJL2648L / SJW8719G Yes 22/01/2018 19:54 Jackson HT/0978913 ① Yes ○ No	0N 22 Jan 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No.	NIL 51L2648L Not at Fault Preferres Workshop, Name unknown Save Submit 002 22/01/2018 19:55 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred We IGIA report Date Received Confidential	E3W6739G Received 22/01/2018 00:00	
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Attachment	Uploaded by/Date		Category	9	Urgancy	Description	Sent? Action (CO)
TT MR	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT in 2018 19:55	CENTRE SERVICES) on 22 Ja	NRIC/ Driving License		Normal	NRIC/ Onving License 2018-1-22	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT n 2018 19:54	CENTRE SERVICES) on 22 Ja	Photos		Normal	Photos 2018-1-22	Edit
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♥ Video List	Uploaded By/Date Folder		File Name		9	Source	Action

Display in New Window

Scan and uploading