NATIONAL Assessment Centr	e Services - puet 1 Jan'os A	40P120811ANN	David his
Date In: 19/4/18-15:32	Jeb description	Date &Time Completed	Done by
Ref No: NA) IN C18007296/24	SAS e-filing	i	
Veh No: SED 319412	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : (94/18-13:20	i-Motor Claim Form	M1/0991073-001	19/1/18 16:06
	i-Motor W/O (Within: OD 2)	hrs, 7'P 4hrs)	
OD (TP) Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hane	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No: GBB	8072 INC	( )/Non-INC( )	
Owner / Driver: (		Tel:	
Policy No: ( ) Pe	riod: (	Cover Type: (	
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %)	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
Year of Registration: ( )	Warranty: YES ( ) / NO (	)	
Excess: (\$ ) Loading: \$1,0	000()/\$2,000()		11 110 110 11 11 11 11 11 11 11 11 11 11
General Remarks;			State
( ) Walk-In Customer: Customer's info	rmation strictly Confidential &	Strictly NO refer of repairer	
( ) Total Loss Case : to e-mail Insur-	The state of the s	N	•
		Towing Co: (	. )
Drive-In ( )/ Towed-In ( ); Invoice	E: YES( )/NO( ),	Towning Co. (	ENTERONOGRAPHICAL CONT.
Remarks: (INC hoffine: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/0	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ( )	-	
Injury:		644	Carry Marca 27, 3 reconstruction
Date/Time Actions		and the second second second	PROPSOJES -
- N			
		2000 ×	
•			
ALA LOS DILLOS	Invoice P	reparation Checklist	Anit (5) Amit (5)
, F34081AN	1) AR : Accid	SECTION SECTION AND COLUMN SECTION SEC	(ec. same)
laimant's Particulars :-	2) DA : Dame	ge Assessment (\$100); INC	\$80) 40/\$45
river/Owner:	3) TF : Towir 4) FT : Follov	v-Through Survey	\$120
ontact No:	S) FT · Folloy	v-Through Survey (Resurvey) ng against JNC Only (wef 10 Jan 20	\$30 Q5)
	6) TR : Re-in	spection	2/3
amaged Portion:	7) N1 : Idao I	DA + SMRT Survey ditional Services:-	\$160
	OD.		
C Checked by (Engr-In-Charge):	*N5: Cour	losy Car / Tpt Allowance	510
The state of the s	·N7: Fost	ir Ca-ordination Repair Inspection	\$25
arditors! Comments :-	*N8: DV /	Collect Excess Coordination	\$3 \$20
at, 1:	TP (N11)	TP (Non INC) against INC Mobile	30
at. 2/3;	Involce dates	Fee Charge	MARKETON CO. C. C.
21. 21 J	Invoice dated	f Fee Charge	a presentation

Figure 14 1,755

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.
- 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 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.

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.

aforesaid.	AND THE RESERVE OF THE PERSON
	ACCIDENT STATEMENT
Date Of Report	19/04/2018 15:22
Date Of Accident	19/04/2018 13:20
Exact Location Of Accident	YISHUN AVE 2 TWDS SLE (CTE)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD3194R
Insured/Policyholder	
Name Of Registered Owner	CAI XIAOZHONG
NRIC No	\$75698391
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97471981
Alternative Phone No	OFFICE-97471981
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER ELEGANCE 2.0 A
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
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	5081267008-01
Cover Note Number	

Driver

CAI XIAOZHONG Name of Driver S7569839I NRIC No. 10/10/1975 Date Of Birth INDOOR Occupation 02/11/2011 Date Of Driving Pass

6 YEARS AND 5 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-97471981 Mobile Number

Fax Number

OFFICE-97471981 Contact Number

NOEMAIL EMail Address

Address BLK 626 YISHUN STREET 61

#06-105 760626

Postcode 7606
Was driver an employee of the Insured's Company NO

was driver an employee of the modified o demparty

If No. Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

enicie

Insurance Company of Driver's Own Vehicle

.

NO

1

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 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? 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? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBB1807Z

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MUHAMMAD FAREYZ BIN SARJALI

NRIC/Passport Number

Contact Number 93294552

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

# IMPORTANT NOTICE

- 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.

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 .:

YISHUN AVEZ TOWARDS SLECCITY) AT YIGHIM AVEZ -YISHUN AVEI JUNCTION. SKETCH PLAN YESHUN AVE > AVE A-SLD 3194R 13- GBB 1807 Z 四周日日 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT SE((2TY), A+ YISHUN AVE 2 TOWARDS lane of on a YICHUN AVEZ - YZSHUN AVEL, Junction stopped completely ned. VehlB) from +6 trom colliver dunned Tuntore luger careless his I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Policyholder's Signature Driver's Signature Name: Date & Time: (If driver is not the policyholder)

ehicle No.	SLY 31942 Model/Make TOYOTA HARRIER
ate of Accident	19/04/18
ime of Accident	01:20 P-m HRS
ocation of Accident	YZSHUN AVEZ TOMARDS SLE (LTE)
xact purpose use during accid	dent Personal vie
lame of Owner	CAI XIAOZHONG
elephone No.	H/P: 9747 1981 Home: Office:
JRIC	\$75698391
Address	APT BLM 626 YISHUN STREET 61 #06-105 S(760626)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	Muc
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5081267008-01
Name of Driver	As Above If No,
VRIC	Any Passengers: NZL
Date of birth	
Occupation	Outdoor / (Indoor)
Driving License Pass Date	02/11/2011
Gender	(Male) / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	(No.) If yes, Reg No.
Relationship	Employee, If no, state OWNEL
Weather condition	Clear Raining Other
Road Surface	(Dry) Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	GBB 1807 Z Any Passengers: N21
Name of Driver	MUHAMMO FAREYZ BAN Contact No.: 9329 4552
Vehicle C No.	MUHAMMAD FAREYZ BIN Contact No.: 9329 A332  SARJALZ Any Passengers:
Vehicle D No.	Any Passengers:
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers:
Vehicle G No.	Any Passengers:
Witness Name	Witness Contact :
Accident Portion	REAL PORTION
Camera Recorder	Yes /No
	CAZXFAOZHUNG 626@gmail.com.
Email Address	('AZ XFAOZHUNG 626 (O) gmail-com.
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD
PARTICULAR WORKSHOP	
CONTACT NO.	6842 0051 / 6744 0510
	6842 0051 / 6744 0510  Jun meng.



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$75698391





Name

CAI XIAOZHONG



忠

CHINESE Date of birth 10-10-1975

M

575698301

CHINA

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



CHINESE Date of leave 11-12-2017

ADT BLK 626 YISHUN STREET 61 #06-105 SINGAPORE 760626

9469104



## 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)

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

Certificate Number: 5081267008-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLD3194R

Chassis Number

: ZSU600074172

2. Name of Policyholder

: CAI XIAOZHONG

3. Effective Date of Insurance

: 13 Jun 2017

4. Expiry Date of Insurance

: 12 Jun 2018

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.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# 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.

: \$\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : 5\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

: NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE · NO NCD PROTECTION NO TRANSPORT ALLOWANCE : NO

**EXCESS WAIVER** 

: CAI XIAOZHONG PRIMARY DRIVER : N/A

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : MAYBANK HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS 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)

POH CHEE LENG (00000522656)

Date of Issue

: 05 Jun 2017 15:45 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_800	0601						Change Lan	guage '	Change Passwo	rd + Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	10.				Date of Acc	ident	19/04	/2018 13:20	3
	Vehicle	No.(Far Mator)	SLD3194R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5081267008- 01	CAI XIAOZHONG	S75698391	GPC	drivo CLASSIC	SLD3194R	SLD3194R	13/06/2017	12/06/2018
						Continue				

Policy No.	5081267008-01	Name	CAI XIAOZHONG	NRIC	
ddress	BLK 626 #06-105 YISHUN STR	EET DI SINGAP	UKE /00020	2	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	05/06/2017	Effective Date	13/06/2017 00:00	Expiry Date	12/06/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	POH CHEE LENG	Agent Tel.	98585688	GST Flag	Y
Co- Insurance Flag Open	No				
Policy Info Certificate Info					
□ Policyl	nolder Mailing Address				
Address 1	BLK 626 #06-105	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760626
Address 4		Address Type	Singapore address	Post Code	760626
Unit No.	06-105	Related Policy Number	5081267008-01		
) Insure	d Object: SLD3194R				
	sements				
Sequen	ce Date of Endorsement	Endorse	ement Type E	ndorsement Status	Endorsement Content

aim Handling								
ident MT/0991073								
ncy No.	5081267008-01	yehicle No.	SLD3194R		GST Registration No.		exerce)	
Scyholder Name	CALXIAOZHONG				Poscyholder NRIC		75698391	
	PRÍVATE CAR INSURANCE	Cover Type	drive CLASSIC	5	Loading	0		
ntact No.(Mobile)	97471981	Contact No.(Office)	0		Contact No.(Home)	0		
uan Address		Special Remark			eCode	10		
K	® No ○Yes	TCA	® No. ○Yes		eCode Resson			
		NCD Entitlement(%)	0		Private Hire	No	9	
D Protection	No	ACD DISTRIBUTION, NY	17					
Accident Details		The second second second second	Ves.		Accident Type	Co	otision - Head to Rear	
port (Vater	Talo4/5018 18:03	Accident Separt Within 24 hrs			Country of Accident	Si	ngapore	
te of Accident	19/04/2018	Time of Accident hh:mm	13:20					
porting Centre		Grange Force			ICM No.			
odent Location	KISHUN AVE 2 TWOS SLE (CTE)							
Benefits								
Excess								100.00
in damage Excess	600.00	Additional Excess		0.00	Windscreen Excess			
named Driver Excess	0.00	Queside Singapore OD Excess		600.00				
rd Party Excess	0.00	Outside Singapore TP Excess		0.00				
GST Registered Informa	ation							
T Registered	No		GST R	egistration Date				
Tillegistration No.			GST S	tatus verified	Yes			
dification History								
Policyholder Mailing Ad	dress							
	BLK 525 #06-105	Address 2	YISHUN STRE	EET 61	Address 2	s	INGAPORE 760626	
idress 1	300 May 7 My 4004	Address Type	Singapore ad	dress.	Post Code	7	60626	
idress 4	06-105	Related Policy Number	5081267008					
nit No.	06-105	CONTRACTOR OF THE PARTY OF THE	- 100 PM 17 TO	00.17				
o OI Driver Info	and universioned	Driver Type	Main Driver					
nver Name	CAI XIAOZHONG	Driver NRIC	575698390		Driver DOB	3	10/10/1975	
named driver Name	HE21CHO 183/CA	Driver Age	42		Driving Experience			
igater Data of Driver License			0		Contact No.(Home)		1	
ontact No.(Mobile)	97471981	Contact No. (Office)		222	Address 3		SINGAPORE 760626	
ddrwes. I	BLK 626	Address 2	YISHUN STR	EEI DI				
							160606	
ddress 4		Address Type	Singapore ad	dress	Past Code	3	760626	
	06-105	Address Type	Singapore ad	ddress			160626	
ine No. Dees he own a Singapora	06-105 ○ Yes ® No	Address Type  Driver Vehicle No.	Singapore ad	Bdress	Post Code  Driver Insurer Comp		760626	
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200	NAC_PAYA_UBI_BOOGOL( NATK	NAL ASSESSMENT CENTRE SERVICES) on 19 Ap. r 2018 16:07	NRIC/ Oriving License		Normal	NRIC/ Driving License 2018-4-19	Edit
663	NAC_PAYA_UBI_BOOGDI( NATH	WAL ASSESSMENT CENTRE SERVICES) on 19 Ap + 2018 16:00	SAS		Normal	SAS 2018-4-19	Edit
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5	NAC_PAYA_UBI_800601( NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 19 Ap r 2018 16:06	Photos		Normal	Pnotos 2018-4-19	Edit
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1.5	NAC_PAYA_UBI_BOOSO1[ NAT]	ONAL ASSESSMENT CENTRE SERVICES) on 19 Ap 7 2018 16:06	Photos		Normal	Photos 2018-4-19	Edit
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