

NATIONAL Assessment Centre Services

Date In: 27/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/A14/18007752/13	SAS e-filing		
Veh No: SKF17795	E-mail (within 8hrs; AIC 2hrs)		
D.O.A: 26/04/18	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (**MOJORSNORIS**) Tel: Fax:)

TP Particulars: Veh No: **CBC 92056** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616) Date&Time Completed Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Actions

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 withholding 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.**
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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	27/04/2018 10:30
Date Of Accident	26/04/2018 09:50
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF1779T
Insured/Policyholder	
Name Of Registered Owner	ZHANG ENJUN
Passport No/FIN	G5834384L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81189636
Alternative Phone No	OTHERS-81189636

Vehicle Particulars

Manufacturer	PORSCHE
Model	CAYENNE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100481827-01
Cover Note Number	

Driver

Name of Driver	ZHANG ENJUN
Passport No/FIN	G5834384L
Date Of Birth	28/10/1971
Occupation	INDOOR
Date Of Driving Pass	29/12/2007
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81189636
Fax Number	
Contact Number	OTHERS-81189636
Email Address	NOEMAIL

Address	888 UPPER BUKIT TIMAH RD #03-18 THELINEAR
Postcode	678185
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	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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	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

PLS REFER TO THE ATTACHED 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	GBG9205G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ZHANG ENJUN
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

SKF1779T

YES

NO


SKETCH PLAN


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5. Any false reporting may be referred to the Police for investigation.
6. 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.
7. 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:

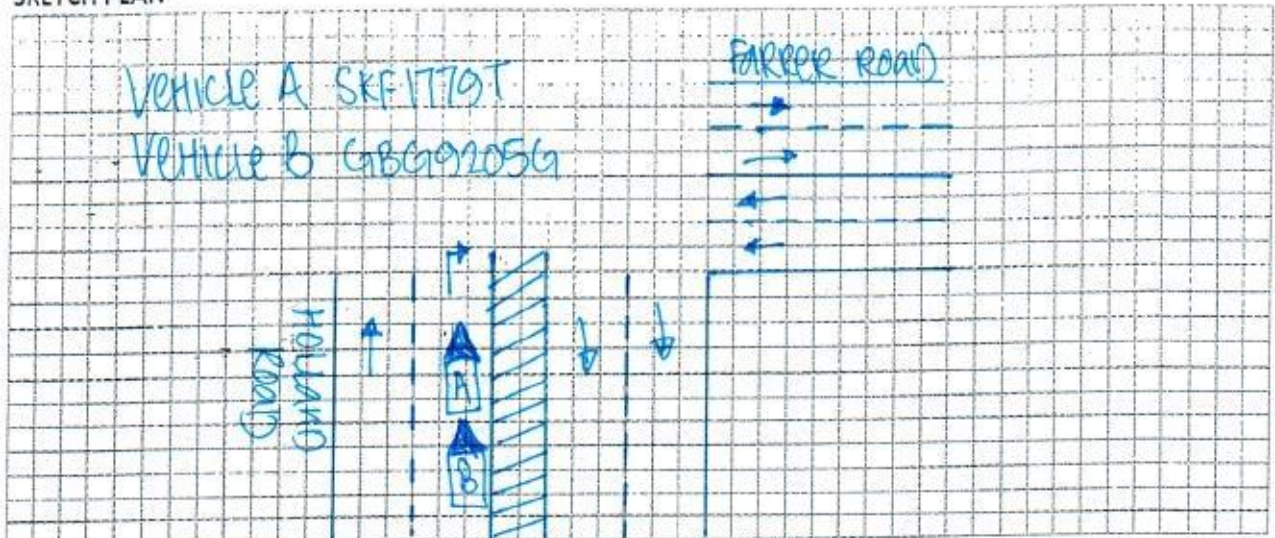
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (i) 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:

 27/04/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME. I VEHICLE A STOPPED AT THE JUNCTION AND VEHICLE B HIT ME FROM THE BACK.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE : (26 / 04 / 2018)(DD/MM/YYYY), TIME : (09 : 50)(HH:MM)

LOCATION : Holland Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKF1779T.
- b) INSURANCE COMPANY: AIG.
- c) POLICY NUMBER: 2100481827-01
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL : PORSCHE CAYENNE 3.6 V6.
- f) TYPE: (SALOON) / COUPE, MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Private Use.
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Zhang En Jun. (MALE) / FEMALE)
- b) NRIC/FIN/PASSPORT: G58343841. CONTACT: 81189636.
- c) ADDRESS: 888 Upper Bukit timan Road. #03-18 The linear
S(678185)

*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____
- *d) DATE OF BIRTH: (28 / 10 / 1971)(DD/MM/YYYY)
- e) OCCUPATION: (INDOOR) / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 11
- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
- 5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS _____
b) ROAD SURFACE: (DRY) / WET / OTHERS _____
- 6. WAS ANYBODY INJURED (YES) / NO)
- 7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G88192056. MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

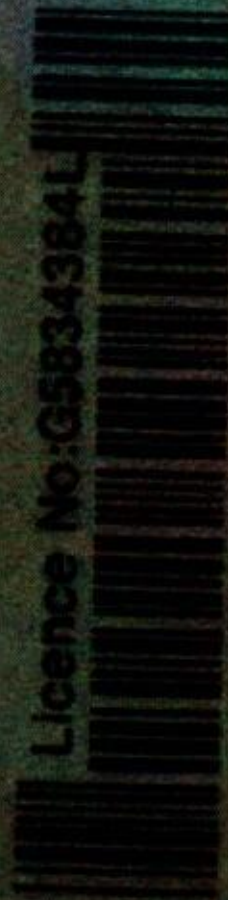
VEHICLES LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3

Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

29 Dec 2007



NP 026A

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: **G 5 8 3 4 3 8 4 L**

Name:

ZHANG ENJUN

Birth Date: **28 Oct 1971**

Issue Date: **26 Dec 2017**

Valid Till **28/12/2022**





ENTREPASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Company
XIANG QIN INTERNATIONAL PTE. LTD.



Name
ZHANG ENJUN
Occupation
CHAIRMAN

FIN
G5834384L

Date of Application
08-03-2017

Date of Issue
18-04-2017

Date of Expiry
11-05-2018



L7842484

VISIT PASS

Immigration Regulations

Name
ZHANG ENJUN



Date of Birth	Sex	Nationality
28-10-1971	M	CHINESE
FIN	Date of Issue	Date of Expiry
G5834384L	18-04-2017	11-05-2018

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**





CERTIFICATE OF INSURANCE

ELITE AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Zhang EnJun
Period of Insurance : 25 Sep 2017 To 24 Sep 2018
Engine No. : M5502B06265
Chassis No. : WP1ZZZ92ZBLA05437

Vehicle No. : SKF1779T
Policy No. : 2100481827-01
Endorsement No. :
Issued Date : 18 Sep 2017

ABOUT THE COVER

Make/Model : PORSCHE CAYENNE 3.6 V6
Engine Capacity/Tonnage : 3,598.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2011
Insuring with COE/PAF : Yes

Person 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.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Outside Singapore Cover - \$3500 Own Damage - \$3500 Theft - \$0 Theft Outside Singapore Cover - \$0 Flood Cover - \$3500

Section 2
Property Damage - \$0

Windscreen : \$500

Named Driver and Excess (where applicable)

Zhang EnJun - \$3500 (Outside Singapore Cover) \$3500 (Own Damage) \$3500 (Flood Cover) Zhang Yan Yan - \$3500 (Outside Singapore Cover) \$3500 (Own Damage) \$3500 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 8200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: SINGAPURA FINANCE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

0503477000

CHEN DONGCHENG DAVID
BLK 551 WOODLANDS DRIVE 44 #11-48
SINGAPORE 730551

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE
DONGCHENG DAVID CHEN