NATIONAL Assessment Centr	e Services (***	la reg			
Date In 27/04/18	Jeb description	i Date & Tu	ne Completed	Done	oy.
Ref No NA/A14/8007752/13	SAS e-filing	1			
Veh No. 5KF/7797	E-mail (within 8hrs. A	IC Shrsy			
DOA 26/04/18	i-Motor Claim Fo	rm			
OD (IP) Reporting Only	i-Motor W/O (with	in: OD 2hrs, TP 4hrs)			
TP Insurer:	Assessment/Survey	Report / Hand to Owner/W	KSD		
Preferred Wksp / INC Assign Wksp / QW: (	MOTORSNORT		Fax:		
	CBG 92056	INC( )/Non-			
Owner / Driver: (	Ç 30 7803 G	Tel:		)	
	riod: (	) Cover Ty	ne: (		
	de contra		Time:		
Confirmed by : ( Insured/Driver Liability: ( %) [	Da Note-Est. Status (WO):			61	
		NO( )	7976. 1.30-1-07	0]	
Excess: (\$ ) Loading: \$1,0		1			
General Remarks:-	7732,000 (	)			
Drive-In ( )/ Towed-In ( ); Invoice  Remarks:- (INC hotline: 6788 6616)		) ; Towing Co.	( ne Completed	Done	) by
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	Courtesy Car ( ) ( ) ( ) ( )				
Date/Time Actions		SSOW DO NOT SERVICE	and VE DUNC STORY		
	V.			Amt (S)	Amt (3)
NA18026	ψψ Inv	oice Preparation C	hecklist	1st Bill	Add Bil
Claimant's Particulars :-	2) D	R : Accident Reporting ( A : Damege Assessment ( F : Towing Fee	\$30); \$100); INC (\$80) \$40/\$45		
Driver/Owner:	4) F	f: Follow-Through Survey	\$120		
Contact No:		f : Follow-Through Survey or claiming against INC On			
Damaged Portion:	6) T 7) N	R : Re-inspection 1 : Idae DA + SMRT Surve TUC Additional Services	\$75 sy \$160		
C Checked by (Engr-In-Charge):	0	n* N5: Courtesy Car / Tpt Allo N6: Repair Co-ordination		-	
Auditors' Comments :-	•1	N7: Post Repair Inspection N8: DY / Collect Excess Co	The second secon		
at. I:		P (N11) : TP (Non INC) ag 12: Idae Mobile	ainst INC S20		
at. 2 / 3;		ice dated	Fee Charged	and the same	加姆力
	Invo	ive dated	Fee Charged	POSSET A PROPERTY.	

## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy habitity 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

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  Wehicle 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  Are you claiming under your own insurance policy NO	aforesaid.	ACCIDENT STATEMENT
Date Of Accident 26/04/2018 09:50 Exact Location Of Accident HOLLAND ROAD SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SKF1779T  Insured/Policyholder  Name Of Registered Owner ZHANG ENJUN GS834384L Mobile Phone No (LOCAL) +65-81189636  OTHERS-81189636  Vehicle Particulars  Manufacturer PORSCHE Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Alia ASIA PACIFIC INSURANCE PTE. LTD. Cover Note Number  Driver  Name of Driver ZHANG ENJUN GS834384L  26/04/2108 09:50  ALIE THIRD PARTY  AND	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	
Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Passport No/FiN Country State of Nore Remail Address NOEMAIL Mobile Phone No OTHERS-81189636  Vehicle Particulars Manufacturer Model CAYENNE Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driver Passport No/FiN Date Of Birth 28/10/1971 Occupation Dirving Experience 10 YEARS AND 3 MONTHS MALE  MALE  MALE  PANN VEHICLE  SKF1779T  JHANG ENJUN VEHICLE  AKF1779T  JEANN VEHICLE  AMAGE SAJASAL  ALE  MALE  JEANN VEHICLE  SKF1779T  JEANN VEHICLE  JEANN V		
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder  Name Of Registered Owner Passport No/FIN GS834384L  Email Address NOEMAIL Email Address NOEMAIL Mobile Phone No (LOCAL) +65-81189636  OTHERS-81189636  Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at lime of accident If no your vehicle?  If No, Please state action to be taken Vehicle Category PRIVATE USE  NO Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD. COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver  Name of Driver Passport No/FIN Date Of Birth 28/10/1971 Date Of Birth 28/10/1971 Date Of Driving Pass 29/12/2007 Driving Experience INAME MALE  MALE  HANG ENJUN PARS AND 3 MONTHS  MALE  MALE  HANG ENJUN PARS AND 3 MONTHS		HOLLAND ROAD
DETAILS OF OWN VEHICLE  Vehicle Registration Number  Insured/Policyholder  Name of Registered Owner  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  This parce Company  Name of Insurance Company  Type Of Coverage  Noe Insurance Company  Alfa Asia PACIFIC INSURANCE PTE, LTD.  Cover Note Number  Driver  Name of Driver  Noe Insurance Company  Alfa Asia PACIFIC INSURANCE PTE, LTD.  Cover Note Number  Driver  Noe Cover Note Number  Driver  Name of Driver  Name of Driver  Name of Driver  Name of Driver  Noeupation  Noeu		
Vehicle Registration Number         SKF1779T           Insured/Policyholder         Insured/Policyholder           Name Of Registered Owner         ZHANG ENJUN           Passport No/FIN         65834384L           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-81189636           Alternative Phone No         OTHERS-81189636           Vehicle Particulars         OTHERS-81189636           Model         CAYENNE           Exact Purpose for which vehicle was being used at inne 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         AIG ASIA PACIFIC INSURANCE PTE, LTD.           Type Of Coverage         COMPREHENSIVE           Filest Policy         NO           Policy Number         2100481827-01           Cover Note Number         THANG ENJUN           Passport No/FIN         G5834384L           Date Of Birth         28/10/1971           Date Of Birth         28/10/1971           Driving Pass         29/12/2007           Driving Experience         10 YEARS AND 3 MONTHS </td <td></td> <td></td>		
Insured/Policyholder	The second secon	
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         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         AIG ASIA PACIFIC INSURANCE PTE. LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         2100481827-01           Cover Note Number         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		
Passport No/FIN G5834384L  Email Address NOEMAIL  Mobile Phone No (LOCAL) +65-81189636  Alternative Phone No OTHERS-81189636  Vehicle Particulars  Manufacturer PORSCHE Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken PRIVATE CAR  Insurance Company  Name of 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 Driving Experience 10 YEARS AND 3 MONTHS MALE  HALE  HALE	Contraction of the Contract Co	7HANG EN IIIN
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Model CAYENNE  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE. LTD.  COMPREHENSIVE  Fleet Policy  NO  2100481827-01  Cover Note Number  Driver  Name of Driver  Name of Driver  Vehicle Category  No  Standard Pacific Insurance Preserved  No  Standard		DODECUE
Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE, LTD.  COMPREHENSIVE Fleet Policy  Policy Number  Cover Note Number  Driver  Name of Driver  Name of Driver  Passport No/FIN  Date Of Birth  Cocupation  Date Of Driving Pass  Driving Experience  Gender  PRIVATE USE  NO  THIRD PARTY  NO  COMPREHENTY  THIRD PARTY  PARTY  NO  THIRD PARTY  PRIVATE CAR  THIRD PARTY  NO  THIRD PARTY  PRIVATE CAR  THIRD PARTY  NO  THIRD PARTY  THIRD		Transfer Marine Control Andrew
time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  No  AIG ASIA PACIFIC INSURANCE PTE, LTD.  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  2100481827-01  Cover Note Number  Driver  Name of Driver  Passport No/FIN  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  Gender  NO  THIRD PARTY  THIRD PARTY  NO  THIRD PARTY  NO  THIRD PARTY  NO  THIRD PARTY  THIRD PARTY  NO  THIRD PARTY  THIRD PARTY  NO  THIRD PARTY  NO  THIRD PARTY  THIRD PARTY  NO  THIRD PARTY  THIRD P	2 CHES 1970 - 2 AD	State (2-500) FOR (37)
for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE, LTD.  COMPREHENSIVE Fleet Policy  Policy Number  Cover Note Number  Driver  Name of Driver  Name of Driver  Passport No/FIN  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  Gender  THIRD PARTY  T	time of accident	PRIVATE USE
Vehicle Category         PRIVATE CAR           Insurance Company         AIG ASIA PACIFIC INSURANCE PTE. LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         2100481827-01           Cover Note Number         Than Gender           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	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company Name of Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD.  COMPREHENSIVE NO Policy Number 2100481827-01  Cover Note Number  Driver  Name of Driver  Name of Driver  Passport No/FIN Date Of Birth 28/10/1971  Occupation Date Of Driving Pass 29/12/2007  Driving Experience Gender  AIG ASIA PACIFIC INSURANCE PTE, LTD.  AIG ASIA PACIFIC INSURE PTE, LTD.  AIG ASIA PACIFIC INSURE PTE, LTD.  AIG ASIA PACIFIC	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE, LTD.  Type Of Coverage  COMPREHENSIVE  NO  Policy Number  2100481827-01  Cover Note Number  Driver  Name of Driver  Name of Driver  Passport No/FIN  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  MALE  MALE	Vehicle Category	PRIVATE CAR
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	Insurance Company	
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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	Type Of Coverage	COMPREHENSIVE
Cover Note Number           Driver         ZHANG ENJUN           Name of Driver         Z5834384L           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	Fleet Policy	NO
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	Policy Number	2100481827-01
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	Cover Note Number	
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	Driver	
Date Of Birth         28/10/1971           Occupation         INDOOR           Date Of Driving Pass         29/12/2007           Driving Experience         10 YEARS AND 3 MONTHS           Gender         MALE	Name of Driver	ZHANG ENJUN
Occupation         INDOOR           Date Of Driving Pass         29/12/2007           Driving Experience         10 YEARS AND 3 MONTHS           Gender         MALE	Passport No/FIN	G5834384L
Occupation         INDOOR           Date Of Driving Pass         29/12/2007           Driving Experience         10 YEARS AND 3 MONTHS           Gender         MALE	Date Of Birth	28/10/1971
Date Of Driving Pass         29/12/2007           Driving Experience         10 YEARS AND 3 MONTHS           Gender         MALE	Occupation	INDOOR
Gender MALE		29/12/2007
Gender MALE	Driving Experience	10 YEARS AND 3 MONTHS
# COALLY CE 04400536	STATE OF THE STATE	MALE
		(LOCAL) +65-81189636

OTHERS-81189636

NOEMAIL

888 UPPER BUKIT TIMAH RD

Address #03-18 THELINEAR

678185 Postcode

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

Insurance Company of Driver's Own Vehicle

# General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

#### 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 NO

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)

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

PLS REFER TO THE ATTACHED STATEMENT.

# Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

GBG9205G Vehicle Registration Number

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**

ZHANG ENJUN Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts wom?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

SKF1779T

YES

NO

## SKETCH PLAN

# 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Carried		
VIEHICLE A SKF VITTOT	FARRER ROAL	2:	
Vehicle B GBG9205G			
	4		
	4		++++++
PARADON			
MA A A A A A A A A A A A A A A A A A A			
CRIBE CIRCUMSTANCES OF THE ACCIDENT			
on the stated Date and Time. I The Junction and Vehicle B HIT	Vehicle A	STODDED	aT
THE THETON AND VEHICLE BY HIT	WAR EDTW	THE RAC	K.
THE JUNETION OUTD VEHICLE SO THE	INC I KONT	The said	
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	14		
RATION eclare the foregoing particulars are true in every respect.	94		

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

ΑT	ION	: Holland Road.		
1.	DE	ETAILS OF VEHILCLE		
	a)	VEHICLE NUMBER: SKE1779T-		
		INSURANCE COMPANY: A1G1.		
	c)	POLICY NUMBER: 2100481827 -01		
	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)			
	e) MAKE & MODEL: PORSCHE CATENNE 3.6 V6.			
	f) TYPE: (SALOON) COUPE, MOV / VAN / LORRY / MOTORCYCLE / OTHERS)			
	9)	VEHICLE CATEGORY: (PRIVATE ) COMMERCIA	AL / MOTORCYCLE)	
	h)	PURPOSE OF USING AT ACCIDENT TIME: PY	ivate use.	
	il	ARE YOU CLAIMING UNDER YOUR OWN INSU	JRANCE (YES/NO)	
	360	IF NO, PLEASE STATE (THIRD PARTY CLAIMY		
2.	INS	SURED / POLICY HOLDER		
	a)	NAME: Zhang En Jun.	(MALE)/ FEMALE)	
	b)	NRIC/FIN/PASSPORT: (558343841.	CONTACT: 81189636 ·	
	c)	ADDRESS: 888 Upper Bykit timan Ro	and . #03-18 Thelinear	
		S(678185)		
		*CONTINUE TO 3.d IF DRIVER ALSO POLICY H	OLDER	
	DR	RIVER		
••				
	a)	NAME:	(MALE / FEMALE	
	a) b)	NAME:NRIC/FIN/PASSPORT:	(MALE / FEMALE	
	b)	NAME:NRIC/FIN/PASSPORT:ADDRESS:	(MALE / FEMALE CONTACT:	
	b) c)	NRIC/FIN/PASSPORT:	CONTACT:	
	b) c)	NRIC/FIN/PASSPORT:	CONTACT:	
	b) c) *d)	NRIC/FIN/PASSPORT:	CONTACT:	
	b) c) *d) e)	NRIC/FIN/PASSPORT:  ADDRESS:  DATE OF BIRTH: ( 28 / 10 / 1971 )(DE OCCUPATION: (INDOOR) OUTDOOR)  VEARS OF DRIVING EXPERIENCE: 11	D/MM/YYYY)	
	b) c) *d) e)	NRIC/FIN/PASSPORT:ADDRESS:	D/MM/YYYY)	
	b) c) *d) e) f) WA	NRIC/FIN/PASSPORT:  ADDRESS:  DATE OF BIRTH: ( 28 / 10 / 1971 )(DE OCCUPATION: (INDOOR) OUTDOOR)  VEARS OF DRIVING EXPERIENCE: 11	CONTACT: D/MM/YYYY) COMPANY? (YES)/ NO)	
	b) c) *d) e) f) WA	NRIC/FIN/PASSPORT:  ADDRESS:  DATE OF BIRTH: ( 28 / 10 / 1911 ) (DE OCCUPATION: (INDOOR) OUTDOOR)  YEARS OF DRIVING EXPERIENCE: 11  AS DRIVER AN EMPLOYEE OF THE INSURED'S CO	CONTACT: D/MM/YYYY)  COMPANY? (YES) / NO)  RED:	
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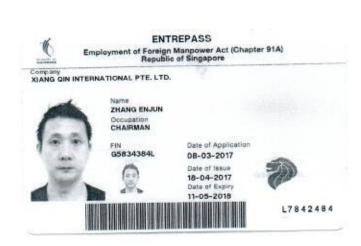
EPUBLIC OF SINGAPORE DRIVING LICE

F5894384L

28 Oct 1971

TAILS THE 28TH PERSON

D02757242F



# VISIT PASS Immigration Regulations

Name ZHANG ENJUN

Date of Birth Sex

G5834384L 18-04-2017 11-05-2018

MULTIPLE JOURNEY VISA ISSUED



# 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

: WP1ZZZ92ZBLA05437 Chassis No.

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

Sum Insured : Market Value

First Year of Registration : 2011

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : 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 Inexpensed 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) Zhang Yan Yan - \$3500 (Outside Singapore Cover) \$3500 (Own Damage)

# 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 socident emergency hotline at +65 6338 6200. 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

LPWs 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, 1959 (Malaysia).

0503477000

CHEN DONGCHENG DAVID

BLK 551 WOODLANDS DRIVE 44 #11-48

SINGAPORE 730551

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Marile

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