		NA11866417		
Date In: 32/1/18-10:38	Jeb description	Date &Time Completed	Done	by
Ref No: NA/ INC18009336/24	SAS e-filing			
Vch No: 164 26454	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 30 8 18-69:30	i-Motor Claim Form	MT 0995489-001	22/5/18	20:07
	i-Motor W/O (Within: OD 2h)	s, TP 4hrs)		
OD TP/ Reporting Only	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report			
17 Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: 50	84690D . INC()/Non-INC()	74	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
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Remarks:- (INC hotline: 6788 6616)) [Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost>				
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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 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.

Note that the second se	ACCIDENT STATEMENT
Date Of Report	22/05/2018 10:38
Date Of Accident	22/05/2018 09:30
Exact Location Of Accident	SLIP RD CLEMENTI RD TWDS COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY5642A
Insured/Policyholder	
Name Of Registered Owner	ZHANG QINGXIN
NRIC No	S8978610Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90032104
Alternative Phone No	OFFICE-90032104
Vehicle Particulars	
Manufacturer	тоуота
Model	VIOS E AUTO
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	5092194632
Cover Note Number	
Driver	

 Name of Driver
 ZHANG QINGXIN

 NRIC No
 \$8978610Z

 Date Of Birth
 28/01/1989

 Occupation
 OUTDOOR

 Date Of Driving Pass
 21/02/2013

Driving Experience 5 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90032104

Fax Number

Contact Number OFFICE-90032104

EMail Address NOEMAIL

Address BLK 682 CHOA CHU KANG CRESCENT

#11-524 680682

Postcode 680

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

OWNER

Insurance Company of Driver's Own Vehicle

-

NO

NO

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? 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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON STATE DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ON THE STOPPING LINE OF SLIP RD CLEMENTI RD AS THERE WAS INCOMING VEHICLES ALONG COMMONWEALTH AVE WEST. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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 SLB4690D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 <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.
- 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 .:

SKETCH PLAN		
Ca	mmonwealth Ave west	A: 5645642A
		B: 568 4690 D
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
Refor to Hu	tempot.	
	2	
-		
DECLARATION		
I/We declare the foregoing par	rticulars are true in every respect.	
V		- Min
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

GARAGE STELLMENT AND VI

Date & Time:

Z

NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8978610Z





ZHANG QINGXIN

张庆鑫

Race CHINESE

Date of birth 28-01-1989 Country/Place of birth CHINA



9339870



CHINESE Date of issue

06-08-2014

APT BLK 682 CHOA CHU KANG CRESCENT #11-524 SINGAPORE 680682 NRIC No: \$8978610Z



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	guage	Change Passwo	ord • Log Out
My Desktop	Polic	cy Query								12
Notice of Loss	Policy N	lo.				Date of Ac	cident	22/05	/2018 09:30	2
	Vehicle	No.(For Motor)	SGY5642A							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092194632	ZHANG QINGXIN	S8978610Z	GPC	drivo CLASSIC	SGY5642A	SGY5642A	27/06/2017	27/09/2018
					- 1	Continue				

Policy No.	5092194632	Policyholder Name	ZHANG QII	NGXIN	Policyholder NRIC	S8978610Z	
Address	BLK 682 #11-524 CHOA CHU I	KANG CRESCEN	T SINGAPOR	RE 680682			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	27/06/2017	Effective Date	27/06/2017	7 00:00	Expiry Date	27/09/2018	23:59
Excess Type		All Claim Excess					
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			You	ng/Inexperience Driver Excess
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 682 #11-524	Addre	ss 2	CHOA CHU KANG	CRESCENT	Address 3	SINGAPORE 680682
Address 4		Addre	ss Type	Singapore address		Post Code	680682
Unit No.		Relati	ed Policy er	5092194632			
D Insure	d Object: SGY5642A						
▽ Endors							
The state of	sements	200					
Sequer		ent	Endorsemen	it Type	Endorsement	Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 27 Jun 2017 TO 27 Sep 2018 In view of this amendment, an additional premium of \$353.90 (Inclusive of GST) is payable under your polic Please ignore this premium payment request if you have since

ccident MT/0995489							
olicy No.	5092194632	Vehicle No.	50Y5642A	GST Registratio	in No.		
olicyholder Name	ZHANG QINGXIN			Policyholder NR	IC.	589786L0Z	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	privo CLASSIC	Loading		0	
ontact No.(Mobile)	90032104	Contact No.(Office)	0	Contact No. (Ho	me)	0	
mail Address		Special Remark		eCode		Tar V	
FK	® No ⊜ Yes	TCA	® No ○Yes	eCode Reason		Michigan L	
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		Accident Report Within 24 hrs.	Yes	Accident Type		Collision - Heed to Re	ac
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	0.00	Outside Singapore TP Excess	0.00				
GST Registered Inform							
T Registered	No		GST Registration Date				
T Registration No.			GST Status Verified	Yes			
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Policyholder Mailing Ac							
dress).	BLK 552 #11-524	Address 2	CHOA CHU KANG CRESCENT	Address 3		SINGAPORE 680682	
dress 4		Address Type	Singapore address	Post Code		680682	
et No.		Related Policy Number	5092194632				
OI Driver Info							
iver Name	ZHANG QINGKIN	Driver Type	Hain Driver				
named driver Name		Driver NRIC	58978510Z	Driver DOB		28/01/1989	
gister Date of Driver License	21/02/2013	Driver Age	29	Driving Expener	VC#	5	
ntact No.(Mobile)	90032104	Contact No.(Office)					
dress 1			0	Contact No.(Hor	ne)	D	
	BLK 682	Address 2	CHOA CHU KANG CRESCENT	Address 3		SINGAPORE 680682	
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