i-Motor Compared With the second strictly i-Motor Compared With the second strictly stric	ing thin 8hrs, AIC 2hrs) Claim Form W/O (Within: OD 2hr Uploaded at/Survey Report ort by Fax / Hand INC (Date: as (WO): N: 0-2 () / NO () Confidential & St. Y.	to Owner/Wksp Tel: Fa)/ Non-INC (). Tel: Cover Type: (Time: 0%; P: 21-79%. P: 80-10	ox:))))))))	0:31
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i-Photo L Assessment Ass't Report Particulars: Veh No: XD3 P Owner / Driver: (Policy No: () Period: (Confirmed by : (Insured/Driver Liability: (%) [Note-Est. State Year of Registration: () Warranty: YES Excess: (\$) Loading: \$1,000 () / \$2, Internal Remarks: () Walk-In Customer : Customer's information strictly Total Loss Case : to e-mail Insurer URGENTL Invoice: YES () Inarks: (INC hotline: 6788 6616)	INC (Date: IS (WO): N: 0-2 Confidential & St	Tel: Fa)/ Non-INC () Tel: Cover Type: (Time: 0%; P: 21-79%. P: 80-10) rictly NO refer of repairer.)))))) () () () () () () () () () (
Ass't Reported Wksp / INC Assign Wksp / QW: (Particulars: Veh No: XD3 P Dwner / Driver: (Policy No: () Period: (Confirmed by: (Insured/Driver Liability: (%) [Note-Est. Status Year of Registration: () Warranty: YES Excess: (\$) Loading: \$1,000 () / \$2,000 Description	INC (Date: IS (WO): N: 0-2 (Confidential & St.	Tel: Fa)/ Non-INC () Tel: Cover Type: (Time: 0%; P: 21-79%. P: 80-10) rictly NO refer of repairer.)))))) () () () () () () () () () (
Ass't Reported Wksp / INC Assign Wksp / QW: (Particulars: Veh No: XD3 P Dwner / Driver: (Policy No: () Period: (Confirmed by : (Insured/Driver Liability: (%) [Note-Est. Status Year of Registration: () Warranty: YES Excess: (\$) Loading: \$1,000 () / \$2,000 Neral Remarks: () Walk-In Customer: Customer's information strictly Total Loss Case : to e-mail Insurer URGENTL Prive-In () / Towed-In (); Invoice: YES () narks: (INC hotline: 6788 6616)	INC () Date: as (WO): N: 0-2 (()/NO () Confidential & St	Tel: Fa)/ Non-INC () Tel: Cover Type: (Time: 0%; P: 21-79%. P: 80-10) rictly NO refer of repairer.)))))) () () () () () () () () () ()
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Insured/Driver Liability: (%) [Note-Est. Status Year of Registration: () Warranty: YES Excess: (\$) Loading: \$1,000 () / \$2,000 Ineral Remarks: () Walk-In Customer: Customer's information strictly Inoral Loss Case : to e-mail Insurer URGENTL Invoice: YES () Inarks: (INC horline: 6788 6616)	ss (WO): N: 0-2 S () / NO (000 () Confidential & St Y.	0%; P: 21-79%. P: 80-10) rictly NO refer of repairer.)
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narks:- (INC hotline: 6788 6616)		3.	Done by)
narks:- (INC hotline: 6788 6616)	/ NO();1	3.	Done by	,
		Date&Time Completed	Done by	1
Apply for Transport Allowance () / Courtesy Car (
)			
QC Check / Post Repair Inspection ()			
Upload Resurvey Photo [Repair Cost > \$3000] ()			
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	Service Control of the Control of th		177	
			Anit (S)	Amil (1)
A1803534		paration Checklist	fit Bill	Add Bill
nant's Particulars :-	1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); INC (\$30)	
r/Owner:	3) TF : Towing F	S40/		
ct No:	4) FT : Follow-T 5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
	For claiming a 6) TR: Re-inspe	gainst INC Only (wef 10 Jan 2005)	\$75	
ged Portion:	7) N1 : Idao DA	+ SMRT Survey	160	
	8) NTUC Addition	onal Services:-		
hecked by (Engr-In-Charge):	*NS: Courtesy	Car / Tpt Allowanus	\$5	
	*N6: Repair C	o-ordination	\$10 \$25	
	*N7: Fost Rep *N8: DV / Co	lect Excess Coordination	\$55	
ors comments:			30	
ors' Comments :-	9) N12: Idne Mo			-

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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	05/06/2018 19:12
Date Of Accident	05/06/2018 08:20
Exact Location Of Accident	JUNC BEDOK NORTH RD & BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB6887C
Insured/Policyholder	
Name Of Registered Owner	ZOOM CAR LEASING
Co Reg No	53349410M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SPORTBACK 3.2 FSI QU
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

time of accident

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5095507846

Cover Note Number

Driver

Name of Driver TIONG HIN YANG (ZHANG XIANYANG)

NRIC No S9140180J Date Of Birth 01/11/1991 Occupation **INDOOR** Date Of Driving Pass 19/11/2012

Driving Experience 5 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92212213

Fax Number

Contact Number OFFICE-92212213

EMail Address NOEMAIL Address BLK 832 SIMS AVENUE

#12-884

Postcode 400832

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 - CHANGE/CROSS LANE

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) 2

Passenger 1

NAME: : CAI QIANWEN, ELIN

GENDER: : FEMALE

NO

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

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

Vehicle Registration Number XD71P

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) 1

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.
- 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.

ZOOM CAR

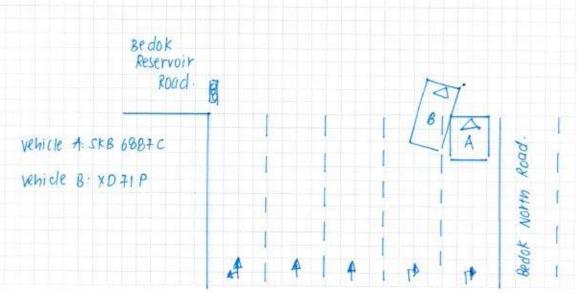
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's

Name:

NRIC/FIN No .:

Company of the Compan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on the stated date a time, I, whicle H, SFB 6887C, Was
along	the stated venue. As the arrow turns green, vehicle B',
YD 71	P, proceeded seeing that vehicle & was very long, I
stop pe a	my vehicle to allow him to turn. Vehicle 'B' then turned
coming	onto my lane and collicled onto the funt left portion of
my sta	tionary vehicle. The front left door, fender, bumper and
head 11 g	ght of my vehicle were damaged due to this accident.
	my passenger: cai aianwen, Elin 58901499;

DECLARATION

I/We declare the foregoing particulars are true in every respect.

ZOOM CAR

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

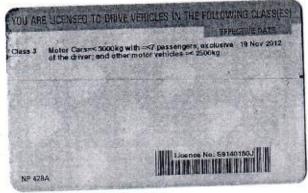
ACCIDENT DATE: 05 / 06 / 2018 (DD/MM/YYYY), TIME: 08 : 30 HHHHMM)
LOCATION: Junction of Bedok North Rd x Bedok Reservoir Rd
DETAILS OF VEHICLE a) VEHICLE NUMBER: CK8 6887C b) INSURANCE COMPANY: Ching Taiping N (UC c) POLICY NUMBER: 509 55 0 76 46 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: Audi 15 f) TYPE: (SALGON / COUPE / MRV /VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) b) PURPOSE OF USING AT ACCIDENT TIME: PYIVATE
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: 100m (AY LEGGING (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 53349410 M CONTACT: c) ADDRESS:
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a) NAME: Tiong Him Yang (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S9140180J CONTACT: 92212213 c) ADDRESS: 832 SIMS AVENUE. #12-884 SC 400832)
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNEY
5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS
IF YES, PLEASE STATE WHICH POLICE STATION:
(01) male 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:
nduding driver) f) DRIVER'S NAME:

Pax =









eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601			Control (Calebrate)	100		Change Lan	guage ,	Change Passwo	ord + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N Vehicle	lo. No.(For Motor)	SKB6887C		3	Date of Acc	ident	05/06/	2018 08:20	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095507846	ZOOM CAR LEASING	53349410M	GPC	drivo CLASSIC	SKB6887C	SKB6887C	10/11/2017	09/11/2018
			4		- 1	Continue				

Policy Information

olicy No.	5095507846	Policyholder ZOOM CAR LEASING Policy Name ZOOM CAR LEASING NRIC		Policyholder NRIC	53349410M			
Address	832 SIMS AVENUE #12-884 EUN	OSVILLE SIN	GAPORE 4008	32				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	09/11/2017	Effective Date	10/11/2017	00:00	Expiry Date	09/11/2018 2	23:59	
Excess Type		All Claim Excess						
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess	
Agent	ASSURE (SINGAPORE) PTE. LTC	Agent Tel.	68038751		GST Flag	Υ		
Co- insurance Flag Open Policy Info	No							
Certificate Info								
	holder Mailing Address							
Address 1	832 SIMS AVENUE	Addre	ss 2	#12-884 EUNOSVI	LLE	Address 3	SINGAPORE 400832	
Address 4		Addre	ss Type	Singapore address		Post Code	400832	
Unit No.	12-884	Relate Numb	ed Policy er	5092587673-01				
	d Object: SKB6887C							
D Insure								
D Insure	sements							

Claim Handling						·Exit
Accident MT/0997428						
Policy No.	5095507846	Vehicle No.	5K86887C	GST Registration No.		
Policyholder Name	ZOOM CAR LEASING			Policyholder NRJC	53349410M	
Product Code	PRIVATE CAR INSURANCE	Cover Type	erive CLASSIC	Loading	0	
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	No. V	
KFK	® No ○ Yes	TCA	No ○ Yes	eCode Reason		
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No	
Accident Details						
Report Date	05/06/2018 20:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane	
Date of Accident	05/06/2018	Time of Accident hitcmm	08:20	Country of Accident		
Reporting Centre	3413413443		00.20		Singapore	
Accident Location	XINC BEDOK NORTH RD & BEDOK RESER	Orange Force		ICM No.		
⊘ Benefits	The second secon	Track No.				
⊕ Excess						
Own damage tracess	200000	22221777277777	2		QU-2019	
Unnamed Driver Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00	
	. 500.00	Outside Singapore OD Excess	2,000,00			
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
□ GST Registered Inform						
GST Registered GST Registration No.	No.		GST Registration Date GST Status Verified	1222		
Modification History			UST Status Vernied	Yes		
Constitution of the Consti						
Policyholder Mailing Ad	ddress					
Address 1	832 SIMS AVENUE	Address 2	#12-884 BUNDSVILLE	Address 3	SINGAPORE 400832	
Address 4		Address Type	Singapore address	Post Code	400832	
Unit No.	12-694	Related Policy Number	5092587673-01		100000000000000000000000000000000000000	
OI Driver Info		(8)				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	TIONG HIN YANG (ZHANG XIAN	Driver NRIC	591401803	Driver DOB	01/11/1991	
Register Date of Driver License	19/11/2012	Driver Age	26	Driving Experience	\$	
Contact No.(Mobile)	92212213	Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	832 SIMS AVENUE	Address 2	EUNOSVILLE	Address 3	SINGAPORE 400832	
Address 4		Address Type	Singapore address	Post Code	400832	
Unit No.	12-884					
Does he own a Singapore Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company		
Declaration Breathalyser or Blood Test	0 mg	1000000	○ Yes ® No			
Reading?	0.114	Any injury?	O resignino			
Modification History						
Claim 001 New						
Parameter Parameter						
Claim Type *	OD-MX					
		Snaured Name	ZOOM CAR LEASING	Insured NRIC	53349410M	
Contact No.(Mobile)	92212213		ZOOM CAR LEASING	Insured NRIC Contact No (Office)	53349410M	
Contact No. (Mobile) Email Address	92212213	Contact No.(Home)	NDL	Contact No. (Office)	NIL	
Email Address				Contact No.(Office) TP Vehicle Number	ND.	
Email Address Claim Description Preferred Workshop Contact	92212213 SK86887C / XD71P ON 5 Jun 2018	Contact Na.(Home) OI Vehicle Number	N0. Sk86887C	Contact No. (Office)	ND.	
Email Address Claim Description Preferred Workshop Contact No.	SK86887C / XD71P ON 5 Jun 2018	Contact No.(Home) OI Vehicle Number Insured Dabliky +	NGL SK96687C Not at Pault	Contact No. (Office) TP Vehicle Number Name of Preferred Worksh	ND.	
Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	SKB6887C / XD71P ON 5 Jun 2018 Yes	Contact No. (Home) OI Vehicle Number Insured Dabliky + Preferened Repair Option	N0. Sk86887C	Contact No. (Office) TP Vehicle Number Name of Preferred Worksh GIA report	ND. KD71P Received	
Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	SK86887C / XD71P ON 5 Jun 2018 Yes 05/06/2018 20:31	Contact No.(Home) OI Vehicle Number Insured Dabliky +	NGL SK96687C Not at Pault	Contact No. (Office) TP Vehicle Number Name of Preferred Worksh	ND. XD71P	
Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Yaken By	SKB6887C / XD71P ON 5 Jun 2018 Yes	Contact No. (Home) OI Vehicle Number Insured Dabliky + Preferened Repair Option	NGL SK96687C Not at Pault	Contact No. (Office) TP Vehicle Number Name of Preferred Worksh GIA report	ND. KD71P Received	
Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	SK86887C / XD71P ON 5 Jun 2018 Yes 05/06/2018 20:31	Contact No. (Home) OI Vehicle Number Insured Dabliky + Preferened Repair Option	NGL SK96687C Not at Pault	Contact No. (Office) TP Vehicle Number Name of Preferred Worksh GIA report	ND. KD71P Received	
Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By. [2] Print AK letter	SK86887C / XD71P ON 5 Jun 2018 Yes 05/06/2018 20:31	Contact Na. (Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	NGL SK96687C Not at Pault	Contact No. (Office) TP Vehicle Number Name of Preferred Worksh GIA report	ND. KD71P Received	
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