NATIONAL Assessment Cer	tile Beivices.	1.11	VAUSOTTI		
Date In: 14/4/18-19:37	Jeb description	n	Date & Time Completed	Do	ie py
Ref No: NA / NC 18 210917/24	SAS e-filing				
Veh No: SLZ2856E	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 14 6/18-11:00	i-Motor Cla	im Form	M769 987 43-001	14/6/18	20:16
OD (TP) Reporting Only	i-Motor W/	O (Within: OD 2hr			out the same
OB ATTY reporting Only	i-Photo Upl	oaded			
TP Insurer:	Assessment/S	urvey Report			
	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SL	J8113K .	, INC()/Non-INC()	(4)	
Owner / Driver: (Tel:)	
Policy No: (Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	700000
) [Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()	- 335 - 1 W (3635)	
Excess: (\$) Loading: \$	1,000 ()/\$2,000	()			
General Remarks:-				SCOT ST	
() Walk-In Customer : Customer's i	nformation strictly Co	nfidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins			5		
	arer excounting i.				
Drive-In ()/ Towed-In (): Invo	ice VES () / N	VO / YOU	owing Co: (1
The state of the s	oice: YES()/I	10();To	owing Co: ()
Drive-In ()/ Towed-In (); Invo		70();T	Date& Tims Completed	Don	e by
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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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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.

lweptinises and party laws	ACCIDENT STATEMENT
Date Of Report	14/06/2018 19:37
Date Of Accident	14/06/2018 11:00
Exact Location Of Accident	JUNC PANDAN GARDENS & WEST COAST RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ2856E
Insured/Policyholder	
Name Of Registered Owner	DATYN LEASING PTE LTD
Co Reg No	201801727M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92333425
Alternative Phone No	OFFICE-92333425
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO TO
Policy Number	5100627400
Cover Note Number	
Driver	
Name of Driver	CHUA ZHI HAO
NRIC No	S9124704F

 Name of Driver
 CHUA ZHI HA

 NRIC No
 \$9124704F

 Date Of Birth
 11/07/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/12/2013

Driving Experience 4 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81020356

Fax Number

Contact Number OFFICE-81020356

EMail Address NOEMAIL

Address BLK 304 CLEMENTI AVENUE 4

#10-481

Postcode 120304

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTH

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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? 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

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

SLJ8113K

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)

DETAILS OF INJURED PERSON 1

Name

CHUA ZHI HAO

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY & HEAD

SLZ2856E

YES

NO

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)
 - 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.

REG.NO. IT

ASING

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.:

100

I was travelling straight along West Coast Road at Pandan Gardens T Junction. I was travelling straight and the traffic light was green on my favor . I saw Vehicle B was waiting for me to pass the traffic light before he could make a right turn. When I was approaching the traffic light , vehicle B suddenly dashed out to make a right turn causing my vehicle to hit vehicle B left door. 2 cars were involved in the accident. Traffic police came to the accident scene and vehicle B owner admitted fault.

DECLARATION	48-201-48-2-48-2-48-2-48-2-48-2-48-2-48-2-48-	
I/We declare the foregoing part	iculars are true in every respect.	
Z REG NO TO	111	\sim
= 201801727M	1 wins	
Policyholder's Signature	Driver's Signature	
Date & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:
GIARAIC SketchPlanForm, V3		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
 This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Accident details

Date	: 14/06	118		(DD/MN	I/YY) Time:	11:00	(HH:MM)
WEST	COAST	READ	at			-7-	ction.
			Date: 14/06/18 WEST COAST ROAD		() itile	() min, mic.	WEST COAST PEAD at Poudan Gradus To

Details of vehicle

Vehicle registration number	SLZ 28	56 F	- Vice Alexander		
Vehicle make and model	HYUNDAI	AVANTE			
Type of vehicle	Saloon D	MPV D	CRV c	Var	Others:
Vehicle category	Private 🗅	Comme		Motorcy	
Purpose of using at said time	(commercia		Total L	Woldicy	cie D
Are you claiming under your own insurance company?	Yes a	No a	if no, plea Reporting		

Insurance information

Insurance company	MTUC .		
Policy number			
Type of policy	Comprehensive a	Third party fire & theft	TD anh a
AND THE RESERVE OF THE PARTY OF	The strength of the	rima party me at their	TP only

Insured / Policy holder

Name	DATYN (BASING PIE. LTD.	Mala	Famala =
NRIC / Fin / Passport number		Male 🗆	Female
Contact	9483 92333 425		
Address	5001 BEACH READ #08-11		
W. Aller	3(199588)		

Driver

Same as insured above □ (skip to D.O.B)

Name	CHUM ZHI HAO Male B Female O
NRIC / Fin / Passport number	S9124704F Male B Female 0
Contact	8102 0356
Address	API BUL 804 CLEMENTS AVE 4 # 10-401
Email address	3(120304)
Date of birth	11-67-1991
Occupation	Indoor Outdoor
Driving date pass	13 DEC 2003

General information of the accident

Was driver an employee of the insured's company?	Yes D No D If no, relationship of the driver and insured: MIREL
Accident captured by camera?	Yes a No e
Weather condition	Clear Raining Others:
Road surface	Dry Ø Wet a
No of passenger	(Inclusive of driver)

Passenger 1

Name			
Gender	Male 🗆	Female 🗆	

Passenger 2

Name			
Gender	Male 🗆	Female 🗆	

Passenger 3

Name			
Gender	Male 🗆	Female	

Passenger 4

Name		
Gender	Male 🗆	Female

Passenger 5

Name			
Gender	Male 🗆	Female □	

Passenger 6

Name			
Gender	Male 🗆	Female	

Other information

Was anybody injured?	Yes 🗆	No 🗆	
Was other vehicle damaged?	Yes 🗆	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No 🗆	If yes, please state which police station.
Police station name		1	

Witness 1

A SECRETARIA CONTRACTOR CONTRACTO	
Name	
radific	

Witness 2

1

Name	

Injured person 1

Name	CHUA 243 HAO
Injuries sustained	RODY HERO
Which vehicle person in?	SLZ 2856E
Were seat belts worn?	Yes 🗹 No 🗆
Was injured conveyed to hospital by ambulance?	Yes a No Ø

Injured person 2

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes No	
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗅	

Injured person 4

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	SLT RICK	
Vehicle make model	0.00	

Third party vehicle 2

The same

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	7
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name .	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	



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

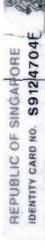
EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 13 Dec 2013 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:59124704F

NP 428A

w.







(6)



Palicy No.	5100627400	Policyholder Name	DATYN LEA	SING PTE LTD	Policyholder NRIC	201801727	4
ddress	5001 BEACH ROAD #08-11 G	OLDEN MILE CO	MPLEX SING	APORE 199588			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	09/05/2018	Effective Date	09/05/2018	00:00	Expiry Date	08/05/2019	23:59
xcess ype		All Claim Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional xcess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Υ	
Den Open Policy nfo Certificate nfo	holder Mailing Address						
G. 345 G. S. S. V.	CRISTEE NATIONAL CO.		2				
Address 1	5001 BEACH ROAD	Addre	ess Z	#08-11 GOLDEN N		Post Code	SINGAPORE 199588 199588
			ed Policy	- STALTED AND GRANDLE		Post Code	199300
Jnit No.	1 01 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Numb		5100627400			
	ed Object: SLZ2856E						
♥ Endors				_			
Sequer	19/05/2018 00:00	Basic	Information sement		Endorsement		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 19 May 2018, the following amendment(s) is/ai made to this policy: 1. The cover is amended from Third Party to Third Party Fire and Theft 2. The Endorsement M1 stated in the Policy is not applicable 3. The Policy is subject to Endorsement M2 attached. 4. HIRE PURCHASE COMPANY: LIEN CHONG ENTERPRISES PTE. LTD. In view this amendment, an additional premium of \$422.66 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sind make payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issuithe cheque in favour of "NTUC Income" with your name and

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