NATIONAL Assessment Centre		1301		40000
Date In: 4/9/18-15:31	Jeb description	Date &Time Completed	Done	by:
Res No: Naj Mic 18216111/24	SAS e-filing	i		
Veh No: TRYSTR	E-mail (within Shrs, AIC 2hrs	0)		
D.O.A: 1/9/3 - 18:35	i-Motor Claim Form	M7/101059-001	4/0/18 15	:19
	i-Motor W/O (Within: OD	2hrs, 7P 4hrs)		
OD (TP) Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repor	-t		
TP Insurer:	Ass't Report by Fax / Har	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JL2 45	D INC	C()/Non-INC().	0 0	
Owner / Driver: (Tel:)	
Policy No: () Period	d: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0	0-20%; P: 21-79%. F: 30-	100%]	
Year of Registration: () Wa	arranty: YES ()/NO ()		-
Excess: (\$) Loading: \$1,000				-
General Remarks:-		21 TO THE RESERVE OF THE PERSON OF THE PERSO	radio file disc.	
				100
() Walk-In Customer: Customer's information	ation strictly Confidential &	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer I	URGENTLY.		*	
Drive-In ()/ Towed-In (); Invoice: Y	(ES()/NO()	; Towing Co: ()
		3		TUTO -
		Date& Limb Comple od	Done	by
Remarks:- (INC hotline: 6788 6616)		3	Done	by
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Figure 1 1999

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

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.
- Information provided must be as <u>truthful</u> and <u>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.
- 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.

aforesaid,	
The second second second second	ACCIDENT STATEMENT
Date Of Report	04/09/2018 15:01
Date Of Accident	01/09/2018 18:35
Exact Location Of Accident	ADAM RD FOOD CENTRE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK482R
Insured/Policyholder	
Name Of Registered Owner	XU WEIHUA, JONATHAN@ADAM XU
NRIC No	S8328160Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98586890
Alternative Phone No	OFFICE-98586890
Vehicle Particulars	
Manufacturer	TOYOTA
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	5084361567-01
Cover Note Number	
Driver	
Name of Driver	XU WEIHUA, JONATHAN@ADAM XU
NRIC No	S8328160Z
Date Of Birth	07/09/1983
Occupation	INDOOR
Date Of Driving Pass	23/07/2016
Driving Experience	2 YEARS AND 1 MONTH

MALE

NOEMAIL

(LOCAL) +65-98586890

OFFICE-98586890

BLK 136 POTONG PASIR AVENUE 3 Address

#07-158

350136 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2 NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 0

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

POTONG PASIR NEIGHBOURHOOD POLICE POST Police Station Name

NO

ROAD: BLK 142 POTONG PASIR AVENUE 3, POSTCODE: 350142, Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-2829999 - FAX NO: 62815964 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180901/2171.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SJL245D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 16

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.
- 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 liability.
- 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.
- 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 aforesald.
- 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)
 - (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 coffect, 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:

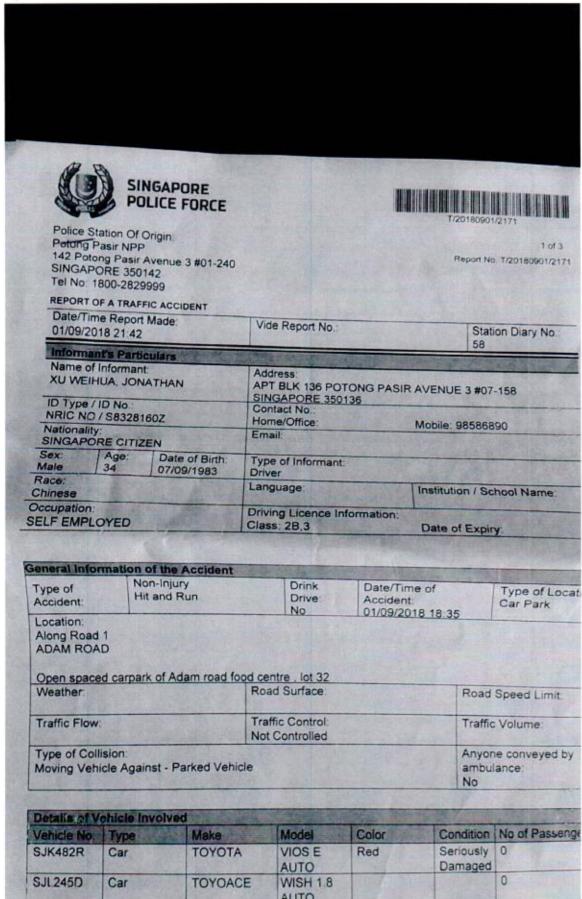
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN ADAM ROAD FOOD CAN TRE VEHICLE A- 55K 482 R VEHICLE B-SJL 2450 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT AS ALR POLICE REPORT TP WHITEUS A - 55k 482 R 8 - SJL 245 D VAMILLES DECLARATION I/We declare the foregoing particulars are true in every tesp Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time (If driver is not the policyholder) Name: Date & Time: NRIE/FIN No.:

Vehicle No.	SJK 482R Model/Make TOYOTA MOS
Date of Accident	01/09/2016
Time of Accident	1835 HRS
Location of Accident	ADAM ROAD 1000 CENTRE (OPEN STACE CARRACK)
Exact purpose use during acc	
Name of Owner	XU WEITHUR, JONATHAN
Telephone No.	H/P: 9757 6790 Home: Office:
NRIC	593 281602
Address	BUK 136 POTONG PASIR AVE 3 \$107-154 5(350136
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTMC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5084361567-01
Name of Driver	As Above If No,
NRIC	1
Date of birth	Any Passengers: ML
Occupation	Outdoor / Indoor
Driving License Pass Date	23 JUL 2016
Gender	Male / Female
Contact No.	
	H/P: Home: Office:
Address	100 IF 10 N
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	NO, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	May If Kes Where? POTONE PAGIR NPC
Vehicle B No.	SSL 245 D Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR
Camera Recorder	Yes / No
Email Address	
HAVE YOU BEEN APPROACH	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	ASSISTANCE? Yes / No
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PUE LED
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	In
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	Sales @ n51. com. 59



Vehicle No.	Type	Make	Model	Color	Condition	No of Passeng
SJK482R	Car	ТОУОТА	VIOS E AUTO	Red	Seriously Damaged	The state of the s
SJL245D	Car	TOYOACE	WISH 1.8 AUTO			0

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Da
SJK482R	NTUC Income Insurance Co-Operative	5084361567-01	02/10/2017	01/10/201



Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142 Tel No: 1800-2829999



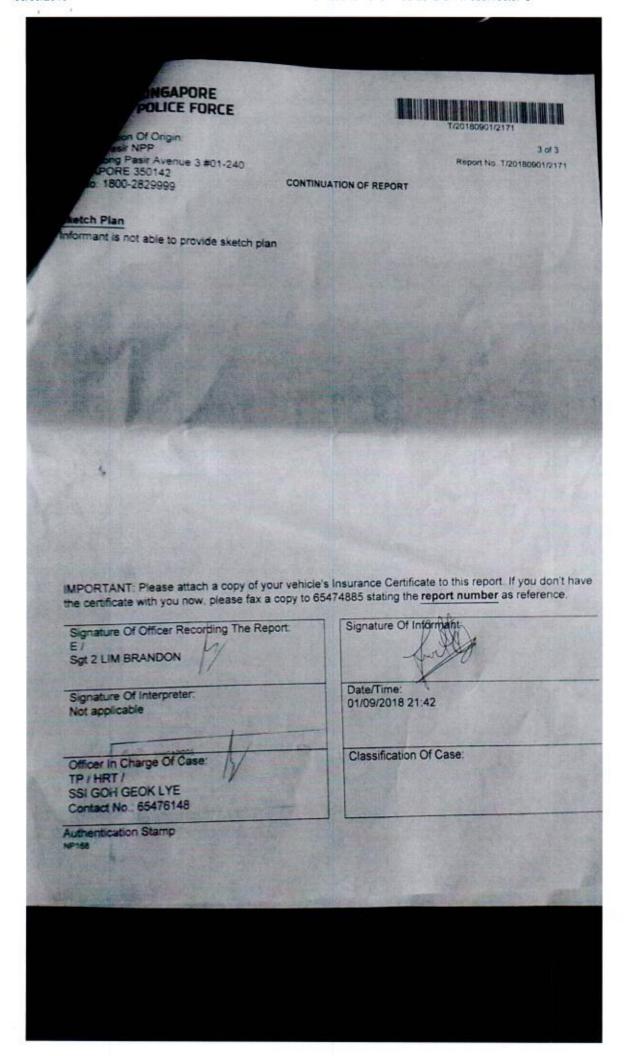
Report No.

CONTINUATION OF REPORT

Brief Details.

On 1/9/18 at about 1830hrs, I parked my vehicle bearing plate number sjk482r at the open spaced carpark of Adam food centre Lot number 32. Everything was intact.

Subsequently at about 1850hrs. I returned back to my vehicle and discovered that my rear bumper was damaged. As such, I went to view the camera footage from the rear camera installed in my vehicle. From the footage, I discovered that at about 1834hrs, there is one vehicle bearing plate number SJL245D was trying to reverse into the parallel parking lot number 31 behind me. The said driver's vehicle rear portion then knocked onto the rear of my vehicle while he was reversing before the driver drove away. I wish to state that the rear bumper of my vehicle was damaged and there is also a crack at the rear bumper near the exhaust.



REPUBLIC OF SINGAPORE DRIVING LICENCE LICENSE NUMBER S8328160Z XU WEIHUA, JONATHAN @ADAM XU

> Birth Date: 07 Sep 1983 issue Date 23 Jul 2016

REPUBLIC OF SINGAPORE



XU WEIHUA, JONATHAN @ADAM XU

> CHINESE Date of birth 07-09-1983 Country/Place of birth SINGAPORE

M

383281607

5425096

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

10 Feb 2011 23 Jul 2016

Date of issue 17-02-2015

APT BLK 136 POTONG PASIR AVENUE 3 #07-158 SINGAPORE 350136

NP 428A



Certificate of Insurance

MOTOR V	EHICLES (THIR	D PARTY RISK	AND	COMPENSATION) ACT (CHAPTER 189
MOTOR V	EHICLES (THIR	D PARTY RISK	AND (COMPENSATION) RULES, 1960
ROAD TRA	ANSPORT ACT,	1987 (MALAY	SIA)		
MOTOR V	EHICLES (THIR	D PARTY RISK	S) RULE	S, 1959 (MALAY	SIA)

Certificate Number: 5084361567-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder 3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons 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. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

5JK482R

: 02 Oct 2017

: 01 Oct 2018

: MR053HY9305082532

: XU WEIHUA, JONATHAN @ADAM XU

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION . NO TRANSPORT ALLOWANCE . NO EXCESS WAIVER : NO

PRIMARY DRIVER : XU WEIHUA, JONATHAN @ ADAM XU

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : DBS BANK LTD

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

SUM INSURED

: S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 29 Sep 2017 21:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					> Change	Language	• Chan	ge Password	Log Out
My Desktop	Policy Query									*
Notice of Loss	Policy No.				Date o	of Accident		01/09/2018	18:35	
	Vehicle No.(For Motor)	53K482	R		Certifi	cate Number	1			
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5084361567- 01		XU WEIHUA, JONATHAN @ADAM XU	S8328160Z	GPC	drivo CLASSIC	SJK482R	S3K482R	02/10/2017	01/10/2018
				E	Continue	I				

olicy No.	5084361567-01	Policyholder Name	XU WEIHUA	, JONATHAN @ADAN	Policyholder NRIC	S8328160Z	
Certificate Io							
Address	BLK 136 #07-158 POTONG PA	ASIR AVENUE 3	SINGAPORE 3	350136			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	29/09/2017	Effective Date	02/10/2017	00:00	Expiry Date	01/10/2018 2	3:59
Excess Type		All Claims 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			Young	/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policy	holder Mailing Address						
Address 1	BLK 136 #07-158	Addr	ess 2	POTONG PASIR AV	ENUE 3	Address 3	SINGAPORE 350136
Address 4		Addr	ess Type	Singapore address		Post Code	350136
Unit No.		Relat Num	ed Policy ber	5084361567-01			
	ed Object: SJK482R						
) Insure							
D Insure	sements						

im Handling Ident MT/1010089					
cy. No.	5084361567-01	Vehicle No.	SIKABZR	GST Registration No.	
ricate No.					
yholder Name	XU WEIHUA, JONATHAN GIADAM XU			Policyholder NRIC	583281602
luct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
tact No.(Mobile)	90506090	Contact No. (Office)	0	Contact No.(Home)	0
el Address		Special Remark		eCode	NO.
The state of the s	8 × 0 ×	TCA	® No ○ Yes	eCode Reason	1
	No ○ Yes		77.5		122
Protection	No.	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
ort Date	04/09/2018 15:18	Accident Report Within 24 hrs	Yes	Acodent Type	Damaged whilst perked
e of Accident	01/09/2018	Time of Accident his mm	18:35	Country of Academi	Singapore
orting Centre		Orange Force		ICM No.	
ident Location	ADAM RD FOOD CENTRE OPEN SPACE CAR	RPARK			
Excess					
	600.00	Additional Excess	0	Windscreen Excess	100.00
n damage Excess				Mindeletti Excess	300,00
named Driver Excess	0,00	Outside Singapore OD Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
Registered	No.		GST Registration Date		
Registration No.			GST Status Ventied	yes	
diffication History					
Policyholder Mailing Ad	dress				
press 1	BLX 136 #07-158	Address 2	POTONG PASIR AVENUE 3	Apidress 3	SINGAPORE 350136
dress 4		Address Type	Singapore address	Post Code	350136
rt No.		Related Policy Number	5084361567-01		
OI Driver Info		A Comment of the Comm			
ver Name	XU WEIHUR, JONATHAN & ADAM XU	Driver Type	Main Driver		
named driver Name	AU RESTON, AURESTANCE & AURESTA	Driver NRIC	58328160Z	Driver DOS	07/09/1983
	name and		34	Driving Experience	2
gister Date of Driver License		Driver Age			
ntact No (Mobile)	98586890	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 136	Address 2	POTONG PASIR AVENUE 3	Address 3	SINGAPORE 350136
dress 4		Address Type	Singapore address	Post Code	350136
nt No.	07-158				
oes he own a Singapore igistered car?	() Yess (€) No	Driver Vehicle No.		Driver Insurer Company	
gazerea carr					
deration					
eathelyser or Blood Test	D mg	Any injury?	○ Yes ® No		
ading?					
eartication History					
Claim 001 OD-MX Nev	a)				
Count out on the	· II				
Hm Type +	OD-MX	Indured Name	XU WEIHUA, JONATHAN GADAN	Insured NRIC	58328160Z
ntect No.(Mobile)	96586890	Contact No.(Home)	NGL.	Contact No.(Office)	
nail Address		Of Vehicle Number	53K482R	TP Vehicle Number	S3L24SD
umant Type Calmant Type •	Please Select	Type of Benefit *	Please Select	2005 VEX POR DOCK	to different and a second
	100000000000000000000000000000000000000	Claimant NR3C *			
imant Name *	22	Camant 6630 *			
iment Address					
um Description	SJK482R / SJL245D ON 1 Sept 2018			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
quire Finalisation	Ves 💟	Preferered Repair Option	Preferred Workshop, Name unknown	♥ GIA report	Received
te Registered	04/09/2018 15:19	Claim Close Date		Date Received	04/09/2018 15:20
part Taken By	Teckson	Workshop Regainer		Total Loss but Repaired	The state of the s
		The same of the sa			
Print AK letter					
			Save Submit		
Attachment.					
2					
	W	Western and	0.00		
cident No.	MT/1010069	Claim No.	001		
st Doc. Received	● Yes ○ No	Upload Date	04/09/2018 15:20		
	Path +		Category *	Confidential Urger	ncy * Description *
		Browse	Dear Please Select	Normal V Normal	▼
		Browse	Cmar Please Select	₩ NO V Normal	v
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		Browse	Clear Please Select	V Normat	
		100000000000000000000000000000000000000	I property Providence and the same of the		

