Duta Inc. 4 4			NA118126808		
Date In: 1/10/18 - 11:44	Jeb description		Date & Time Completed	Don	e by
Ref No: NA/NC18-02281/24	SAS e-filing			_	
Veh No: SLK SWYE	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 18/9/18-17:4	i-Motor Clai	m Form	M 101262-001	Ildis M	W
	i-Motor W/C	(Within: OD 2hr			
OD (TP) ! Reporting Only	i-Photo Uplo	aded	1		
TDI	Assessment/Su	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tol:	Fax:)
TP Particulars: Veh No: 5	N 8989E	. INC ()/Non-INC()		
Owner / Driver: (Tcl:)	MANAGES S 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (TO SEE SHAND OF THE SECOND	Date:	Time:)	
Insured/Driver Liability: (%	(V) [Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000	()			-
General Remarks;		1 NY NY		19 E 17	
() Walk-In Customer : Customer's i	information etrictly Co.			30,000 311, 41	
	THE RESERVE AND ADDRESS OF A STREET AND ADDRESS OF A S	indential & Sti	nctly NO rater of repairer.		
() Total Luss Case : to e-mail Ins					
Drive-In ()/ Towed-In (); Invo	pice: YES () / N	O();T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		-	
2) QC Check / Post Repair Inspection					
-) Ve eneck / Fosi Kepair inspection	()	7			
Upload Resurvey Photo [Repair Cost >)			
3) Upload Resurvey Photo [Repair Cost >					
3) Upload Resurvey Photo [Repair Cost > Injury:)	1.		X*1. 20 '2 1
3) Upload Resurvey Photo [Repair Cost >					×
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3) Upload Resurvey Photo [Repair Cost > Injury:			aration Checklist.	Ant (5)	Ami (\$)
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions AR06260	\$3000]	Invoice Prep	Reporting (\$30);	fá Bill	Amt (3)
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3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions AR06060 alimant's Particulars:- iver/Owner:	\$3000]	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$8 e \$40 rough Survey	fit Bill 0) /545 \$120	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	01/10/2018 11:44
Date Of Accident	28/09/2018 17:45
Exact Location Of Accident	JUNC SIMEI ST 5 & SIMEI ST 3
Country/State of Loss	SINGAPORE
Description of the second seco	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK5244E
Insured/Policyholder	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
Co Reg No	201810490D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102453051
Cover Note Number	
Driver	
Name of Driver	GOH YI ZHI, LENZ (WU YIZHI)
NRIC No	S8814352C
Date Of Birth	28/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91855811
Fax Number	
Contact Number	OFFICE-91855811

NOEMAIL

BLK 18 HOUGANG AVENUE 3 Address

#11-177

Postcode 530018

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

CLEAR Weather Conditions 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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2

Passenger 1

NAME:

GENDER: : FEMALE

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

1

Vehicle Registration Number SGY8989E

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.
- 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 aforesaid.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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:
 - (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.

ROC NO 2018164975

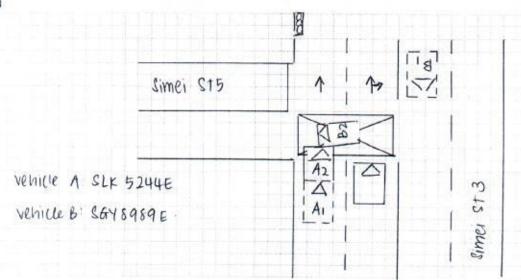
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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lonid	ed	onto	my	vehic	le's	pont	Portil	и.				
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DECLARATION

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

Policyholder's Signature

Date & Time:

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

ACCIDENT STATEMENT

ACCIDENT DATE: 38, 09, 2018	J(DD/MM/YYYY), TIME:(]7 : 45 HH:MM)
LOCATION: JUN LATION of Sin	nei st 5 x st3
DETAILS OF VEHICLE DIVEHICLE NUMBER: DINSURANCE COMPANY: CIPOLICY NUMBER:	SLK5244E
G)POLICY TYPE: (COMPREHENS 6)MAKE & MODEL: W F)TYPE:(SALOON / COUPE / MP g)VEHICLE CATEGORY:(PRIVAT h)PURPOSE OF USING AT ACCIL	DUR OWN INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER	REPORTING ONLY) ISING THE UTO MA' = / FEMALE) CONTACT:
CONTINUE TO 3.d IF DRIVER ALL HO of passangs DRIVER (Including shirer) DINRIC/FIN/PASSPORT: CONTINUE TO 3.d IF DRIVER ALL DINRIC/FIN/PASSPORT: CONTINUE TO 3.d IF DRIVER AL	Lenz (Male, FEMALE) 6143526 CONTACT: 91855811
passenger female d) Date of BIRTH: (26/04/.	1985)(DD/MM/YYYY)
4. WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE 5. a) WEATHER CONDITION: (CLEAR	THE INSURED'S COMPANY? (YES / 100) DRIVER WITH INSURED: #101
6. WAS ANYBODY INJURED (YES / NO.) 7. CONTROL OF POLICE (YES / NO.) 15 YES, PLEASE STATE WHICH PO	(a) (b)
No of passenger a) VEHICLE NUMBER: SA	
(01) female THIRD PARTY VEHICLE	CONTACT;
Ho of passenger al DRIVER'S NAME	4 4
Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT:

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8814352C



Name



GOH YI ZHI, LENZ (WU YIZHI)

吴 苡 知

Race

CHINESE

Date of Birth

Sex

28-04-1988

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



このはならのだ

Licence Number: S 8 8 1 4 3 5 2 C

Name:

GOH YI ZHI, LENZ (WU YIZHI)

Birth Date: 28 Apr 1988

Issue Date: 29 May 2014







,RI

NRIC No. S8814352C

Blood Group

Date of issue

10-05-2003

APT BLK 18 HOUGANG AVENUE 3 #11-177 SINGAPORE 530018

NRIC No: S8814352C Date: 29/01/2013

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

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 19 Feb 2009 of the driver; and other motor vehicles =< 2500kg Class 3

NP 428A



eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	• Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident	2	8/09/2018 1	7:45	
	Vehicle	No.(For Motor)	SLK52	44E		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102453051		METRO CAR LEASING PTE LTD	201810490D	GPC	drivo CLASSIC	SLK5244E	SLK5244E	18/07/2018	17/07/2019
						Continue	J				

Policy No.	5102453051	Policyholder	METRO CA	AR LEASING PTE LTD	Policyholder	201810490D	
Certificate No.		Name			NRIC		
Address	210 TURF CLUB ROAD #LOTAS	THE GRANDST	AND SING	APORE 287995			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	18/07/2018	Effective Date	18/07/201	18 00:00	Expiry Date	17/07/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020	null	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	210 TURF CLUB ROAD	Addre	ss 2	#LOTAS THE GRAN	IDSTAND	Address 3	SINGAPORE 287995
		Addre	ss Type	Singapore address		Post Code	287995
Address 4			call Products				
	LOTAS	Relate Numb		5104309467			
Unit No.	LOTAS ed Object: SLK5244E			5104309467			
Address 4 Unit No. Insure Endor	ed Object: SLK5244E			5104309467			

laim Handling					
cident MT/1013862					
skey No.	5102453051	Vehicle No.	SLK57440	GST Registration No.	
ertificate No.					
olicyholder Name	METRO CAR LEASING PTE LTD			Pelicyholder NR3C	2016104900
oduct Code	PRIVATE CAR INSURANCE	Cover Type	grive CLASSIC	Loading	0
ontact No. (Mobile). mail Address	0	Contact No.(Office)	0	Contact No.(Home)	0
Fix	® No ○ Yes	Special Remark	8-0	eCode	No. V
CD Protection	No.	TCA	® No ○ Yes	eCode Reason	
Accident Details	AD.	NCD Entitlement(%)	٥	Private Hire.	Yes
sport Date	01/10/2018 21:22	Accident Report Within 24 hrs	Non	1970.5.200.002-0000	VIEW CONTRACTOR CONTRA
ate of Accident	28/09/2018			Accident Type	Collision - Cross Junction
porting Centre	2010312016	Time of Accident thomm	17:45	Country of Accident	Singapore
al delication of the second	and the control of th	Orange Force		ICM No.	
Excess	JUNC SIME! SY 5 & SIME! ST 3				
	1000000				
vn damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	1,500.00		
ent Party Excess.	1,500.00	Outside Singapore TP Excess	1,500.00		
	200				
GST Registered Information T Registered			0.000 0.000 0.000		
T Registration No.	No		GST Registration Date GST Status Ventied	No	
dification History			per artius seriedi.	100	
Policyholder Mailing Ad	dress				
dress 1	210 TURF CLUB ROAD	Address 2	FLOTAR THE GRANDSTAND	Address 3	SINGAPORE 287995
Idress 4		Address Type	Singapore address	Post Code	287995
nrt No.	LOTA8	Related Policy Number	5104309467		# OSENSORIES
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	GON YI ZHI, LENZ (WU YIZHI)	Driver NRIC	S8814352C	Driver DOB	28/04/1988
gister Date of Driver License	19/02/2009	Driver Age	30	Driving Expenence	9
intect No.(Mobile)	91855811	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BUK 18	Address 2	HOUGANG AVENUE 3	Address 3	HOUGANG VIEW
dress 4	SINGAPORE 530018	Address Type	Singapore address	Post Code	530018
nt No.	11-177				177733475-1
es he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
goteren carr				privat traurer company	
claration					
eathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
audig:					
dification History					
sorication mecory					
Claim 001 New					
im Type •	OD-MX	Tenunal Name	DESTRUCTION OF THE PARTY OF THE		
		Insured Name	METRO CAR LEASING PTE LTD	Indured NAIC	2018104900
ntect No. (Mobile)	81119294	Contact No.(Home)	6.000	Contact No.(Office)	NIL
imant Type Claimant Type *	District Select	OI Vehicle Number	SUC5244E	TP Vehicle Number	SGY8989E
imant Type Claimant Type * imant Name *		Type of Benefit *	Please Select		
mant Name *	22	Claimant NRIC *			
	th orthograph a three-manufactures are			0.000	
im Description ferred Workshop Contact	SUC\$2448 / SGY8989E ON 28 Sept 2018			Name of Preferred Workshop	
		Insured Liability *	Not at Fault		And the second second
quire Finalisation	Yes 🔻	Preferered Repair Option	Professed Workshop, Name unknown	GIA report	Received
e Registered	01/10/2018 21:24	Claim Close Date		Date Received	01/10/2018 00:00
ort Taken By	Jackson				
Print AK letter					
STATE OF THE STATE)	Save Submit		
ttachment					
,					
ident No.	MT/10+3953		204		
	MT/1013862	Calm No.	001		
it Doc. Received	● Yes ○ No	Upload Date	01/10/2018 21:25		
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