	itre Services well Jamos M	The second secon	04400000	100
Date In: 24 1018- 12: 21	Jeb description	Date &Time Completed	Done	pi,
Rel'No: NA MC1801961612+	SAS e-filing	İ		
Veh No: Smayollo	E-mail (within Shrs, AIC 2hrs)			•
D.O.A: 28/14/16- 17:45	i-Motor Claim Form	100-845E191/LW	29/19/8 M	145
OD (TP)! Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD THE REPORTING ONLY	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
ir msurei.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No:SW	4202 C INC ()/Non-INC().	8.	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	10%; P: 21-79%. P: 80-	100%]	. 5
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:				- ¥.
() Walk-In Customer : Customer's in	nformation strictly Confidential & S	trictly NO refer of repairer.		
() Total Loss Case : to e-mail Inst	urer URGENTLY.	. N		
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO(); 7	Towing Co: ()
Remarks: (INC horline: 6788 6616)		Date& Time Completed	Done	hit .
		Dates ratio Souther set	Section of STATES	r.y
	/ Courtesy Car ()	******		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			ya-os niliceji
Injury:				
Injury :				1. M. p
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Date/Time Actions	Invoice Pre		Ant(5)	Amu(3)
Date/Time Actions NA1806996	Invoice Pro	paration Checklist		Amt (\$)
Date/Time Actions NA1806096 Inimant's Particulars:	1) AR : Acciden 2) DA : Damage	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$	Ant (5) Ist Bill 80)	* *
Date/Time Actions NA1806996	1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I	paration Checklist t Reporting (330); Assessment (5100); INC (5 Fee 54 Through Survey	Ant (5) 1st Bill 80) 0/\$45 \$120	* *
Date/Time Actions NA1806096 Inimant's Particulars:	1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I 5) FT : Fullow-I	paration Checklist t Reporting (330); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey)	Ant (5) 19t Bill 80) 0/\$45 \$120 \$30	* *
Date/Time Actions N4180696 Inimant's Particulars:- river/Owner:	1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I 5) i*T : Follow-I For claiming s 6) TR : Re-inspe	paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 200 ction	Ant (5) 19t Bill 80) 0/\$45 \$120 \$30 5) \$75	* *
NAI80696 laimant's Particulars:	1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I 5) i*T : Follow-I For claiming s 6) TR : Re-inspe 7) N1 : Idac DA	paration Checklist: t Reporting (330); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ction + SMRT Survey	Ant (5) 19t Bill 80) 0/\$45 \$120 \$30 5)	* *
NAI80696 Islimant's Particulars: river/Owner: ontact No: amaged Portion:	1) AR : Acciden 2) DA : Darrage 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I For elaiming s 6) TR : Re-inspe 7) N1 : Idac DA 3 8) NTUC Additi OD*	paration Checklist t Reporting (530); Assessment (\$100); INC (\$ Fee \$4 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200 ation + SMRT Survey onal Services.	Ant (5) 1st Bill 80) 0/\$45 \$120 \$30 5) \$75 \$160	* *
NAI80696 Islimant's Particulars: river/Owner: ontact No: amaged Portion:	1) AR: Acciden 2) DA: Darrage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For elsiming 9 6) TR: Re-inspe 7) N1: Idac DA 3 8) NTUC Additi OD* *N5: Courtes)	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200 ction + SMRT Survey onal Services:-	Anit (5) 1st Bill 80) 0/\$45 \$120 \$30 \$75 \$160	* *
NAISON 6 Inimant's Particulars: river/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge):	1) AR : Acciden 2) DA : Darrage 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I For elsiming s 6) TR : Re-inspe 7) N1 : Idac DA 2 3) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Rep	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200 cition + SMRT Survey onal Services Car/Tpt Allowance Co-ordination pair Inspection	\$4nc(\$) \$60) \$0/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25	* *
Date/Time Actions NAI80606 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors! Comments:-	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 9 6) TR: Re-inspe 7) N1: Idac DA 3) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey onal Services:- (Car/Tpt Allowance Co-ordination	\$4nc(\$) \$80) 0/\$45 \$120 \$30 \$75 \$160	* *
NAISON 6 Inimant's Particulars: river/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge):	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 9 6) TR: Re-inspe 7) N1: Idac DA 3) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist t Reporting (530); Assessment (\$100); INC (\$50); Fee S4 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200 cition + SMRT Survey onal Services. Car/Tpt Allowance Co-ordination air Inspection Heet Excess Coordination (Non INC) against INC	\$ Ant (\$5)	* *

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.
- 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 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.
- 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 consent to the archiving of this report at the centre and to copies of the report being made available
 aforesaid.

Contractive state of the state	ACCIDENT STATEMENT
Date Of Report	29/10/2018 12:21
Date Of Accident	28/10/2018 13:45
Exact Location Of Accident	EUNOS ENTRANCE TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
MARKET STATE OF THE PARTY OF TH	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA4316D
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	BMW
Model	335I A
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102886407
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 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92212213
Fax Number	
Contact Number	OFFICE-92212213

NOEMAIL

BLK 130 BEDOK RESERVOIR ROAD Address

#08-1339

Postcode 470130

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 - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident

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)

Passenger 1

NO

2

NO

2

NAME: : CAI QIANWEN, ELIN

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

Vehicle Registration Number

SLK5505C

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)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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)

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:
 - 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 Signature

Name:

NRIC/FIN No.:

Venicle A: Sma 4316D

Venicle B: SLK 5505C

Venicle B: SLK 5505C

Entrance
twom tumos

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

travelling	straight along the stated venue. Front vehicle slowed
clown .	I followed suit, maintaining my satety distance
Suddenl	y, vehicle B, BLK 5505C, hit and my vehicle's
rear po	rtion.
my	passenger: Cai ajannen, Elin /NRIC: 589014997

DECLARATION

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

ZOOM CAR

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

ACCIDENT STATEMENT

ACCI	DENT DATE: (38/ 10 /	2018)(DD)	MM/YYYY), TIA	AE:(13 : 4	1 HH:MM)
LOCA	TION: EUNOS EUT	rance to	PIE(changi)	•
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPAN		43160 NTUC		
	CIPOLICY NUMBER:	E/MPV/VAPRIVATE/CO	N/LORRY/M DMMERCIAL/ TIME: PY	OTORCYCLE./ MOTORCYCLE IVATE	OTHERS)
2.	i) ARE YOU CLAIMING UN IF NO, PLEASE STATE (TH INSURED / POLICY HOLD!	IDER YOUR C	OWN INSURANCE	TING ONLY)	
2.0	AJNAME: <u>FOOM</u> (AV bJNRIC/FIN/PASSPORT:_ cJADDRESS:_	teasing 533494	10M c	(MALE /	FEMALE)
i i	* CONTINUE TO 3.d IF DRI	VER ALSO P	OLICY HOLDER	* * *	5)
14 Ho of passing 3 (Including driver) (00)	HINRIC/FIN/PASSPORT:	n Yang S9141 edok Resev	190J co	(MÁLE (1) ONTACT: 9 \$108-1339	S(470130
	*d)DATE OF BIRTH: (R / OUTDOO		100	G#11
4.	WAS DRIVER AN EMPLO IF NO, RELATIONSHIP O	YEE OF THE F THE DRIV	ER WITH INS	SURED:U	AMEY (NO)
	a) WEATHER CONDITION: b) ROAD SURFACE: (DRY /			25	
	WAS ANYBODY INJURED (D)REPORTED TO POLICE (IF YES, PLEASE STATE WHI	(ES / NO)	STATION:	13	
Section of Allen	HIRD PARTY VEHICLE a) VEHICLE NUMBER:	81K 55	NE C	DDEL:	
(01)	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:_		c	ONTACT:	
the of neconner	HIRD PARTY VEHICLE d) VEHICLE NUMBER:		мс	DEL:	74
Including driver)	e) DRIVER'S NAME:		c	ONTACT:	
(_)	42				

email =

fax =



Licence Number: S 9 1 4 0 1 8 0 J

Name:

TIONG HIN YANG (ZHANG XIANYANG)

Birth Date: 01 Nov 1991

Issue Date: 19 Nov 2012



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9140180J





Name

TIONG HIN YANG (ZHANG XIANYANG)

張

显洋

Race

CHINESE

Sex

Date of birth

M

01-11-1991

Country of birth





ARE LISED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 19 Nov 2012 of the driver; and other motor vehicles =< 2500kg

NP 428A



NRIC No. S9140180J

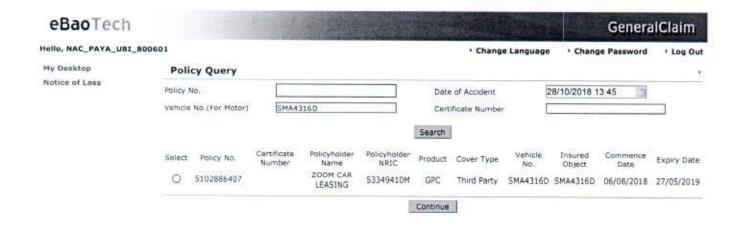


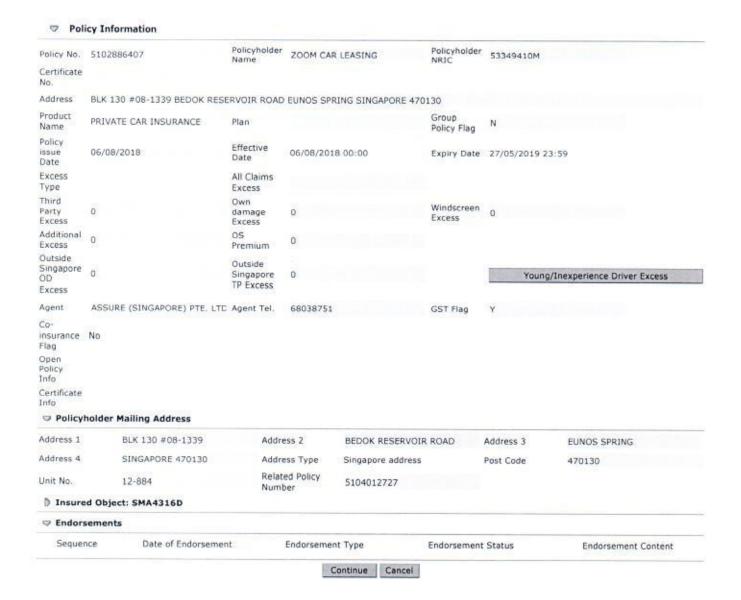
Date of Issue 01-12-2009

APT BLK 130 BEDOK RESERVOIR ROAD #08-1339 SINGAPORE 470130

NRIC No:

\$9140180J Date: 15/07/2018





Claim Handling					- Exit
Accident HT/1017548					
Policy No.	5102686407	Vehicle No.	SMA4316D	GST Registration No.	
Cartificate No.					
Poscyttorder Name	ZOOM CAR LEASING			Policyholder NRIC	53349410M
Product Code	PRIVATE CAR INSURANCE	Cover Type	Tring Party	coloring	٥
Contact No. (Mobile)		Contact No.(Office)	0	Contact No. (Home)	0
Email Andress		Special Remark		eCode	1- ×
KFK	® No ○ Yes	TCA	No ○ Yes	eCode Reason	
NCO Protection	No.	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	29/10/2018 14:44	Accident Report Within 24 hrs.		Accident Type	Collision - Head to Rear
Date of Acoderk	28/10/2018	Time of Accident hh.mm	13:45	Country of Academt	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EUNOS ENTRANCE TWDS PIE (CHANGI)				
⊕ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	-0.00	Outside Singapore TP Excess	0.00		
▽ Benefits					
□ GST Registered Informa					
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified	Ves	
Modification History			GOT MIGHOS VETTICAL	163	
Policyholder Mailing Ad	ddress				
Address 1	BLK 130 +08-1339	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS SPRING
Address 4	SINGAPORE 470130	Address Type	Singapore address	Post Code	470130
Unit No:	12-884	Related Policy Number	5104012727		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TIONG HIN YANG (ZHANG XIAN	Driver NR3C	591401801	Driver DOB	01/11/1991
Register Date of Driver License	19/11/2012	Oriver Age	25	Driving Experience	5
Contact No.(Mobile)	92212213	Contact No. (Office)	n .	Contact No.(Home)	0
Address 1	BLK 130	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS SPRING
Address 4	SINGAPORE 470130	Address Type	Singapore address	Post Code	470130
Unit No.	06-1339				
Does he own a Singapore Registered car?	○ Yes ® No	Onver Vehicle No.		Driver Insurer Company	
Declaration Breatharyser or Blood Test					
Reading?	0 mg	Any injury?	☐ Yes ® No		
Modification History					
Nac and the fit					
Claim 001 New					
Claim Type •	OD-MX	Insured Name	ZDOM CAR LEASING	Insured NRIC	53349410M
Contact No.(Mobile)	92212213	Contact No.(Home)	MJL	Contact No. (Office)	NIL
Email Address		Of Vehicle Number	SMA4316D	TP Vehicle Number	S4K5505C
Claimant Type Claimant Type *	Please Select	Type of Benefit +	Please Select		
Claimant Name *	2.2	Claimant NR3C *			
Claiment Address				- Commence of the Commence of	
Craim Description	SMA43160 / SLK5505C ON 28 Oct 2018			Name of Preferred Worksho	ip
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	201	27
Require Finalisation	Yes	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	29/10/2018 14:45	Claim Close Date		Date Received	29/10/2018 00:00
Report Taken By	Jackson				
D Print AK letter					
			Save Submit		
Attachment			Control Description		
Attachment					
19					
Accident No.	HT/1017545	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	29/10/2018 14:47		
200-2007-1-1575-150-1	Path +	0.0000000	Category *	Confidential Urg	pency * Description *
	11,000,000	Browse	ACTUAL REPORTED TO A STATE OF A S	▼ Norma	Dioport Commonwealth
		Browse		▼ Norma	
1-2		Browse		▼ № ∨ Norma	100
100		Stowat	1	and I	wild

