SUTTONIA .	· Caralana		MAIA GIST 4	2076	16
NATIONAL Assessment Centre	Jeb description	ef i Jan'03] .	Date &Time Comple	eted	Done by
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	i-Photo Upload			_	
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11 1133.01	Ass't Report by	Fax/Hand to	Owner/Wksp		The second sections
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: VM	69795 .	, INC()	· ·
Owner / Driver: (1/2	Tel:		
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remarks: (inchime 6788 6616);		34-41 A C	i blickimiesofoù	Sept. Trike	Expansibly
1) Apply for Transport Allowance ()/C	Courtesy Car ()			<u>. </u>	
2) QC Check / Post Repair Inspection	(·)				
3) Upload Resurvey Photo (Repair Cost > \$3	3000] ()	- : :	J		
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%t 2/3:	20	Involce dated	7**	WINIATT.	The Control of the Co

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.
- 5. 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

	ACCIDENT STATEMENT
Date Of Report	02/11/2018 10:55
Date Of Accident	02/11/2018 08:30
Exact Location Of Accident	BLK 699A HOUGANG STREET 52
Country/State of Loss	SINGAPORE
The state of the last of the party of the pa	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH8393R
Insured/Policyholder	
Name Of Registered Owner	ZHANG GUANGQING
NRIC No	S8506581E
Email Address	EDMUNDZGQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98368876
Alternative Phone No	OTHERS-98368876
Vehicle Particulars	
Manufacturer	HONDA
Model	HR-V-1.5 LX CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PICK UP PARENT
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	5104814972
Cover Note Number	
Driver	
Name of Driver	ZHANG GUANGQING
NRIC No	S8506581E
Date Of Birth	10/03/1985
Occupation	INDOOR
Date Of Driving Pass	09/05/2007
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98368876
Fax Number	
Contact Number	OTHERS-98368876

EDMUNDZGQ@GMAIL.COM

Address

BLK 470B UPPER SERANGOON ROAD

#14-320

Postcode

532470

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

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?

NO

YES

Was any other material or property damaged? 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YM6929S

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)

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 truthful 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.
- 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:
 - (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.

Rolleyholder's Signature

Date & Time: 2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature

Name:

NOIC/EIN NO

NRIC/FIN No .:

10-45am

Date & Time:

Claim Handling Accident MT/1018141 GST Registration No. Policy No. 5104814972 Vehicle No. SKHS1916 Certificate No Pulicyholder NRIC \$8556581E Poscyholder Name ZHANG GUANGOING Product Code CONMERCIAL VEHICLE INSURAL Cover Type Loading Comprehensive Contact No. (Mobile) SETTING. Contact No.(Office) Contact No J Home) Email Address Special Remark eCode. No T eCode Reason + No Yes TEA - No Yes NCD Protection NCD Entitlement(%) Private Hos *** → Accident Details Report Date 02/11/2016 11:13 Accident Report Within 24 hrs Accident Type Demaged writts parked Yes Deterof Accident 02/11/2018 Time of Accident forms Country of Accident Singapore ICM NO. Orange Force Reporting Centre Accident Location BLK 699A HOUGANG STREET 62 Additional Ferres Windstreet Excess 100.00 Own damage Excess 2,668,60 Outside Singapore OD Excess Unnamed Driver Excess Third Party Excess Outside Singepore TF Excess 2,000.00 → Henefits - GST Registered Information GST Registered **GST Registration Date** GST Registration No. **ISST Status Verified** Hodification History Pelicyholder Hailing Address HOUGANG PARKYIEW Address 2 UPPER SERANGION CRESCENT Address 3 Address 1 BLK 4708 #14-320 Address 4 SINGAPORE \$12470 Address Type Singapore address Post Code 532476 Related Putcy Number 5104814972 thill No. 14-320 W OI Driver Infe Unnamed Driver Unnamed Onver Sriver Name Driver MRIC 58506581E Driver DOB 10/53/1965 Universed driver Name ZHANG GUANGOING Register Date of Driver License 09/85/2007 Driver Age Driving Experience Contact No. (Office) Contact No.(Home) Contact No. (Mobile) ¥836887h Andress 3 HOUGANG PARKVIEW Address 1 BLK 4709-#14-320 Address 2 UPWER SERANGOON CRESCENT Address 4 SINGAPORE 532470 Post Code 532470 Live No. 14-320 Does he own a Singapore Registered car? Driver Vehicle No. SKHB393R Driver Insurer Company NTUC Yes - No Declaration Breathayser or Blood Test. Reading? Annimpary? Yes - No 0 mg Modification Matery Claim 001 New NRIC NRIC 88506 Claim Type * ZHANG GUANGQING 00:HX Contact No.(Homle) 63630 98366876 Email Address. YM692 SXH83938 sidmunilago@gmail.com Name o Preferre Claim Description SKH83934 / YME829S CN 2 Nov 2018 Typisrered Liability Nut at Fault * Repair Preferred Workshop Preferr Workshop Bennie Nr. Yes Finalization Preferred Workshop, Name unknown 02/11/2018 11:16 Cate Registered Report Taken By ROSLI WAHAB Save Submit Attachment HT/1018141 Uploed Date 02/11/2018 11:17 Last Doc. Received * Yes No Desc Choose File No file chosen T NO * Normal Clear Please Select Choose File No file chosen Citor Please Select * NO * Normal + * 100 * Choose File No tile chosen Detr Please Select Normal Chagse File No file chasen * NO Char Please Select Choose File No file chooses Please Select * NO Normal Dear * NO Choose File No file chosen * Normal . Clean Please Select Message Read **▽** Attachment Liet

Category

Photos

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Uploaded By/Date

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 11:17 Description

Photos 2018-11-2

	Upbrederit fty/Detre Folder Date File Name				?	Source
P Video List	H-111701					
	NAC_BURIT_MERAH_RID674(NATION \$ (BURIT MERAH)) UR	AL ASSESSMENT CENTRE SERVICE 02 Nov 2018 11:17	MRIC/ Driving License	Normal.	NRTC/ Driving License 2018-11-2	
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ACCIDENT STATEMENT

ACC	IDENI DATE:	(DD/WW/1111)	, TIME: (0 6 : 30) (HH:MN
LOC	ATION: BLK 699A HOUGH	ang st sa	b
1	DETAILS OF VEHICLE		
	a) VEHICLE NUMBER: SK	4C292R	8 7 9
	DIVERICLE NUMBER: SA	NTIC INVAM	
24	b)INSURANCE COMPANY:		-
	c)POLICY NUMBER: 5104	THE WORLD IN COLUMN TWO IS NOT THE PERSON OF THE WORLD	
			THIRD PARTY FIRE &THEFT
	e)MAKE & MODEL: HR - V		
			/ MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRI		
	h)PURPOSE OF USING AT A		
	i) ARE YOU CLAIMING UNDE		
	IF NO, PLEASE STATE (THIRD	PARTY CLAIM /-REP	PORTING ONLY)
2.	INSURED / POLICY HOLDER	1000	
	AINAME ZHANG GUA		(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT: S85		_CONTACT: 98368876
	CIADDRESS: BLK 470B	WHEK SEKANGO	DN CRESCENT
-	#14-320		
411. 0 -	* CONTINUE TO 3.d IF DRIVE	R ALSO POLICY HOL	DER
tho of passenger	DRIVER		
(Including driver)	a)NAME:		(MALE / FEMALE)
(1)	DINKIC/FIN/PASSPORT:		_CONTACT:
	c)ADDRESS:		
	*CIDATE OF BIRTH! I I A	3, 1900 1100111	
- 3	*d)DATE OF BIRTH:	13/105 (DD/M	M/YYYY)
	e)OCCUPATION: (INDOOR /		51 VAS
A	WAS DRIVER AN EMPLOYE	9/5/200	
-	IF NO, RELATIONSHIP OF	THE DRIVER WITH	TNGUEST COMPANY? (XEST NO)
5.	a) WEATHER CONDITION: (CI	EAD / BATKING AS	INSURED: 3 ECF
	b)ROAD SURFACE: (DRY / W	EF TOTHER	HERS
6.	WAS ANYBODY INJURED (XE	Z/NO)	
7.	a) REPORTED TO POLICE (YES	S/NOI .	
0.77	IF YES, PLEASE STATE WHICH		112
8.	THIRD PARTY VEHICLE	100 Co. 100 Co	
No of passenger	a) VEHICLE NUMBER: YM	69295	MODEL: B. LORRY
Indudion deliver	b) DRIVER'S NAME:		MODEL: B. LOTELY
/ /)	c) NRIC/FIN/PASSPORT:		CONTACT:
(L) 9.	THIRD PARTY VEHICLE		
	[경기] [[[[[[[[[[[[[[[[[[[MODEL:
No all passenger	e) DRIVER'S NAME:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Induding driver)	f) NRIC/FIN/PASSPORT:		CONTACT:
()			CONTACT

email = EDMUNDZGQEGMAIL. COM VIDEO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8506581E





ZHANG GUANGQING



CHINESE

Date of birth 10-03-1985 Country/Place of birth SINGAPORE



5549305





13-01-2016

APT BLK 470B UPPER SERANGOON CRESCENT #14-320 SINGAPORE 532470

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FULLDWING CLASSIES!

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 09 May 2007, of the driver; and ether motor vehicles =< 2500kg

BLOD OF ALLETY!!! AMINIT SEPTRIAL ERYTHRODAYCHV METUCLOPRAMISE

NP 4284



eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 02/11/2018 10:39 Vehicle No.(For Motor) SKH8393R Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle Na. Product Cover Type Insured Object Commence Date Expiry Date ZHANG GUANGQING 5104814972 58506581E GCV Comprehensive SKH8393R SKH8393R 18/10/2018 17/10/2019 Continue



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : _____Vehicle Registration No: SKH 8393 R NRIC/FIN/Passport No : _ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No.: Email Address Date of Accident Time of Accident : thougroups Place of Accident Insurance Company: (B) ADDITIONALINFORMATION JAMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: CATL MODEL SHOULD BEL HONDA Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No

Date: