NATIONAL Assessment Centre Servi	CES (MM - Jamon)	4 6		(A.E.)	
	scription		Time Completed	. Done b	y ·
Ref No. NA INC 19006340 K4 SAS	e-filing				
	all (within Shre, Alti 2hrs)				
	otor Claim Form	!	MT/10397	24-001 1	14/19/10
124	otor W/O (Within: OD 2hrs.	TP 4lurs)	prepare	7.001	11111
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TP Insurers . Asset	ssment/Survey Report	i			
11 11120101	Report by Fax / Hand to	Owner	Wksp		a. w
Preferred Wksp / INC Assign Wksp / QW; (		Tol:	CONTRACTOR OF STREET	Fax:	)
TP Particulars: Veh No: JSD	4188 . INC(	. )/N	on-ΓNC()		
Owner/ Driver: (		Tel:		)	
Policy No: ( ) Period: (	)	Cover	Туре: (	)	
Confirmed by ; (	Date:		Time:	)	
	Status (WO): N: 0-20	%; P:	21-79%. F: 80	-100%]	
		)			
Excess: (\$ ) Loading: \$1,000 ( ) General Remarks:	) / \$2,000 ( )	275-7415			
( ) Walk-In Customer: Customer's Information s					
( ) Total Loss Case : to e-mail Insurer URGI		ictly NC	rater of repaire		
			<u></u>	l.———	
///////////////////////////////////////		owing (	10. (		
Remarks: 45 (180 hor)hie: 6788(6616)		PAPES	Time Completed	Done .	бу
1) Apply for Transport Allowance ( )/ Courtesy	Car ( )				
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )			<u> </u>	
Injury:				<u> </u>	, ,
Date/Time / Actions / S. P. College (2)	HARRING AND STREET	Harry Sec.	95564700	11 - N	
2011年1月1日 - 100 -	CHECKER STREET,	CHATCHINE.	JEB-RSERTION, VOING	G129/08/21 7: "T 151	·
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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.
- 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.
- 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	10/04/2019 13:15	
Date Of Accident	09/04/2019 17:30	
Exact Location Of Accident	AYE TWDS TUAS 4 KM	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG7545U	
Insured/Policyholder		DED:
Name Of Registered Owner	NEO AUTO LEASING PTE LTD	-
Co Reg No	201814915N	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-83338900	
Alternative Phone No	OFFICE-83338900	
Vehicle Particulars		125610
Manufacturer	MAZDA	
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	
Exact Purpose for which vehicle was being used a time of accident	t work	
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	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	5103424803	
Cover Note Number		
Driver		THE P
Name of Driver	NG ZHI QUAN ( HUANG ZHIQUAN )	
NRIC No	S8627588J	
Date Of Birth	06/09/1986	
Occupation	OUTDOOR	
Date Of Driving Pass	10/10/2016	
Driving Experience	2 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-83338900	
Fax Number		
Contact Number	OTHERS-83338900	
EMail Address	NOEMAIL	

BLK 681 RACE COURSE ROAD Address

#04-287 210681

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

DRIZZLING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NIL

GENDER: : MALE

Passenger 2

NAME:

: NIL

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name

**GEYLANG N.P.C** 

TEL NO: - FAX NO:

Police Station Address

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY:

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190409/2188

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

JSD4188

Vehicle Make/Model/Colour

**Details Of Properties** 

MOTORCYCLE PANG WEE POH

Vehicle Category Name of Driver

Page 2 of 33

NRIC/Passport Number

A36988809

Contact Number

96181565

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

FX3315A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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 NG ZHI QUAN ( HUANG ZHIQUAN )

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLG7545U
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

#### 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.

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				A-	SLE	17545U
				B -	Q2T	4188
		1_4		<u> </u>	FX	3315A
- 00 F	000 -	2 A	YE	toman	de	TUAS,
4	2000 2000 pm	3			_ L	tkan
semanting Constitution	The Parish Walse	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
DESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT					
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		Le Vo	· ·	001		
	No.	2/6	10			
	Refer	120.				
219	, \					
	<u> </u>					
DECLARATION  I/We declare the Gregoing parti	iculars are true in even respe	oct.		1	×	(0/4/2019
Policyholder Stadature Date & Time:	Driver's Signature (If driver is not the pol Date & Time:	licyholder)	Name	orting Centre Per e: /FIN No.:	1 -	20





1 of 4 Report No. T/20190409/2188

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

# REPORT OF A TRAFFIC ACCIDENT

09/04/2019 21:17		Made:	Vide Report No.: D/20190409/0108	Station Diary No.: 108		
Informa	nt's Partic	ulars				
Name of NG ZHI	Informant: QUAN	134	Address: APT BLK 681 RACE COURS 210681	E ROAD #04-287 SINGAPORE		
ID Type / ID No.: NRIC NO / S8627588J			Contact No.: Home/Office: Mobile: 83338900			
National SINGAP	ity: ORE CITIZ	ΈN	Email:			
Sex: Male	Age: 32	Date of Birth: 06/09/1986	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: GRABCAR DRIVER			Driving Licence Information: Class: Date of Expiry:			

General Inform	mation of the Accident			
Type of Accident:	Injury Attended by Police	Injury Drink Date/Time of		Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH towards Tuas	EXPRESSWAY			
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis Between Mov	ion: ing Vehicles - Side Swipe	e - Same Direction		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FX3315A	Motorcycle				Seriously Damaged	
JSD4188	Motorcycle				Slightly Damaged	0
SLG7545U	Car	120			Slightly Damaged	2





T/20190409/2188

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

2 of 4

Report No. T/20190409/2188

Any Pedestrian I	nvolved: No				
No. of Pedestria		Lisa of Dada		. 0	
Rider	Use of Pede	striar	Cros	sing: NA	
Name	Pang Wee Poh	I	D No		A36988809
Related Vehicle	JSD4188 (Motorcycle)	(	Conta	ict No.	96181565
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha		NIL	
	ted Medical Leave NIL	Degree of In			
Driver				Oligit	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN
Name	NG ZHI QUAN	10	D No.		S8627588J
Related Vehicle	SLG7545U (Car)			ct No.	83338900
Hospital/Clinic	NIL	L	class Driving icenc	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL				
	ted Medical Leave NIL	Date Dischar Degree of Inj		NIL	
Passenger		Degree of III	jury	INIL	ADMINISTRAÇÃO PER O COMPANSO DE COMPANSO D
Name	Unknown Passenger	IC	O No.		NIL
Related Vehicle	SLG7545U (Car)			ct No.	91862500
Hospital/Clinic	NIL			of l e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dischar		NIL	
Vo of Days grant	ed Medical Leave NIL	Degree of Inju		NIL	

# Brief Details.

On 9/4/2019 at about 5.30pm, I was driving Grabcar (SLG7545U) along AYE towards tuas with two passengers on board. It was drizzling and the floor were wet, thus, the traffic was heavy and slow moving. I was on the extreme right lane when a black colour BMW Z4 infront of me suddenly jam brake.

As such, I quickly stepped on my brake to come to a stop. When I was still slowing down, suddenly, I felt an impact coming from the rear left followed by another impact on the same side. I quickly stopped my car to make a checked and discovered two motorcycle (JSD4188 & FX3315A) lying on the road. I quickly rendered assistance to both rider and my passenger called for the ambulance.





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

3 of 4 Report No. T/20190409/2188

CONTINUATION OF REPORT

The Malaysian rider told me that he had brushed against my car rear left side to the side mirror first followed by the Singapore motorcycle hitting onto my car rear left boot area.

The rider from FX3315A was semi-conscious and was conveyed to the hospital.

My car left side has some scratches, left side mirror damaged. left rear bumper and boot cover dented & damaged.

Both my passengers and I did not suffer any injury while the Malaysian rider had some abrasion on his right arms and right knee area.





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

Report No. T/20190409/2188

4 of 4

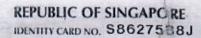
CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

	AND THE PROPERTY OF THE PROPER
Signature Of Officer Recording The Report: G / Sgt 2 NG KA WAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2019 21:17
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
SI THABAGESH JEYATHESH Contact No.: 65476232	
Authentication Stamp	
Signature	







NG ZHI QUAN (HUANG ZHIQUAN)

黄 治 铨

CHINESE

05-09-1986 M

SINGAPORE







<b>eBao</b> Tech										GeneralC	laim
Hello, NAC_PAYA_UBI_80	0601			and the same of th	a lateral de la constantina del constantina de la constantina del constantina de la constantina de la constantina de la constantina del constantina de la constantina del constantina		· Change La	anguage	› Change	Password	Log Out
	Poli	cy Query									,
	Policy N	10.				Date of	Accident	09	/04/2019 17:	:30	
	Vehicle	No.(For Motor)	SLG754	5U	T.	Certifica	ate Number			1	
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103424803		NEO AUTO LEASING PTE LTD	201814915N	GFT	Third Party, Fire & Theft	SLG7545U	) SLG7 <b>5</b> 450	J 25/09/2018	
					Co	ntinue					

# Policy Information

Policy No.	5103424803	Policyholder Name	NEO AUTO LEASING PT	Policyholder	201814915N
Certificate No.					
Address	BLK 31 #17-204 EUNOS CRE	ESCENT EUNOS CO	OURT SINGAPORE 40003	31	
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/08/2018	Effective Date	25/09/2018 00:00	Expiry Date	24/09/2019 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	8587.59		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00		
Agent	ANIKA INS BROKERS & CON-	SUL Agent Tel.	66729988	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	older Mailing Address				
Address 1	BLK 31 #17-204	Address 2	EUNOS CRESCENT	Address 3	EUNOS COURT
Address 4	SINGAPORE 400031	Address Type	Singapore address	Post Code	400031
Unit No.	17-204	Related Policy Number	5104798553		
<b>▶</b> Insure	d Object: SLG7545U				
<b>▽</b> Endors	ements				
Sequenc	e Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1		asic Information ndorsement	000001287025372	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE

vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLB7309L 25-09-2018 \$1,030.51 2. SLF6907X 25-09-2018 \$1,030.51 3. SLG7545U 25-09-2018 \$1,030.51 4. SLJ8229K 25-09-2018 \$1,030.51 5. SLJ8912X 25-09-2018 \$1,030.51 In view of this amendment, an additional premium of \$5,152.55 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made 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 issue the cheque in favour of "NTUC

**Claim Handling** 

The premium on this policy has a Accident MT/1039724	ot been collected.			
Policy No.	5103424803	Vehicle No.	SLG7545U	19.40 299000 70000
Certificate No.			3LG/3430	GST Registration N
Policyholder Name	NEO AUTO LEASING PTE LTD			William India
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC Loading
Contact No.(Mobile)	83338900	Contact No.(Office)	0	
Email Address		Special Remark		Contact No.(Home eCode
KFK	- No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details		\$600	No.	Private file
Report Date	11/04/2019 10:23	Accident Report Within 24 hrs	Yes	Apridont Trav
Date of Accident	09/04/2019	Time of Accident hh:mm	17:30	Accident Type
Reporting Centre		Orange Force	147120	Country of Acciden ICM No.
Accident Location	AYE TWDS TUAS 4 KM			ICH NO.
→ Excess				
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		00
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.	
<b>▽</b> Benefits	994704750731		1,500.	29.
GST Registered Informa	tion			
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History			CONTRACTOR DESIGN	163
Policyholder Mailing Add	lress			
Address 1	BLK 31 #17-204	Address 2	EUNOS CRESCENT	Address 3
Address 4	SINGAPORE 400031	Address Type	Singapore address	Post Code
Unit No.	17-204	Related Policy Number	5104798553	200
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NG ZHI QUAN ( HUANG ZHIQUA	Driver NRIC	S8627588)	Driver DOB
Register Date of Driver License	10/10/2016	Driver Age	32	Driving Experience
Contact No.(Mobile)	83338900	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 681 #	Address 2	RACE COURSE ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	○ Yes * No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊕ Yes : No	
Modification History				
Claim 001 OD-MX New	-			
Claim Type •			OD-MX	▼ Insured NEO AL
Contact No.(Mobile)				Contact
contact northwater			81332853	No. (Home)
Email Address				01
				Vehicle SLG754 Number
Claim Description			SLG7545L	/ JSD4188 ON 9 Apr 2019
Preferred	Insured Liability Particular			
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