The state of the s			NA11906579V		
Date In: w/d/4 - 10/53	Job descripti	on	Date & Time Completed	Do	ne by
Ref No: LIA INC 140 08998 /24	SAS e-filin	g			
Veli No: Frome	E-mail (with	ia Shrs, AIC 2hrs)			
D.O.A: 7/5/19-09:05	i-Motor Cl	aim Form	100-0224011m	2/1/9	15:11
OD / fp Reporting Only	i-Motor W	O (Within: OD 2hrs	The latter with the second sec		2.10
O supering only	i-Photo Up	loaded			
TP Insurer:	Assessment/	Survey Report			
	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: JRNe	1822	. INC()/Non-INC()		7-1-0
Owner / Driver: (Tcl:)	
	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: 80-1	00%]	
Year of Registration: () V	Warranty: YES ()		
Excess: (\$) Loading: \$1,00	00()/\$2,00	0()			
General Remarks:-		to a syrvery		15 To 15	
Remarks:- (INC hotline: 6788 6616)					
1) Apply for Transport Allowance ()/Co	ourtesy Car ()	Date&Time Completed	Don	e by
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Dates: sime Completed:	Uon	ejby
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30]	()	Dates ame Completed?	, , , , , Don	ejby
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Dates sime Completed?	Don	ejhy
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1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Dates: sime Completed:	Don	e by
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1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Dates: sime Completed:	Don	eby
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1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	(Invoice Prepa	ration Checklist	Ant (5)	Ami ()
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1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Almant's Particulars:	(1) AR : Accident Re 2) DA : Damage As 3) TF : Towing Fee 4) FT : Follow-Thro	ration Checklist. porting (\$30); sessment (\$100); INC (\$80 \$40/2 algh Survey	Ani((5)) ## Bill	Am (
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.

aforesaid,	and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/05/2019 10:53
Date Of Accident	21/05/2019 09:05
Exact Location Of Accident	WOODLANDS CHECKPOINT TWDS JB CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFU8028L
Insured/Policyholder	
Name Of Registered Owner	ZHANG DAN
NRIC No	S7665371B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87218315
Alternative Phone No	OFFICE-87218315
Vehicle Particulars	CONTROL OF THE PROPERTY OF THE PARTY OF THE
Manufacturer	ТОУОТА
Model	WISH 1.8 CVT
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	5108735936
Cover Note Number	
Driver	
Name of Driver	ZHANG DAN
NRIC No	S7665371B
Date Of Birth	23/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2008
and the second s	

10 YEARS AND 6 MONTHS

(LOCAL) +65-87218315

OFFICE-87218315

MALE

NOEMAIL

Address BLK 432A SENGKANG WEST WAY

#17-503

Postcode 791432

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JRU9822 (PRIVATE CAR)

Number of vehicles (including own vehicle)

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) soliciting/offering accident claims assistance.

NO

YES

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

SENGKANG NEIGHBOURHOOD POLICE CENTRE

The state of the s

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Name

Police Station Address

NO

Circumstances of Accident

REFER TO POLICE REPORT - F/20190521/2123.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

JRU9822

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)

Passenger 1

2

NAME:

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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:
 - 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.:

WEACH Cheek print Thurs JE Chrekprint	A. SFU8U8L B. JRU9822.
April Mary Constitution of the state of the	4. JRU9872.
Refer to police report	

Refer to	police	Uboch - t	1219 1531/2	1~3.	

DECLARATION

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

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.:





1 of 2

Report No. F/20190521/2123

POLICE REPORT (NP299)

Police Station Of Origin Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

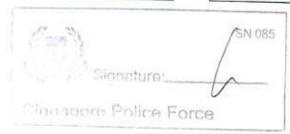
Tel No: 1800-343 8999

Date/Time Report Made	Vide Re	Vide Report No.					
21/05/2019 19:09							
Name Of Informant ZHANG DAN	Address APT BL SINGAF	NAY #17-503					
ID Type / ID No. NRIC NO / S7665371B	Contact No. Home/Office Mobile		tea nace to dear				
Nationality SINGAPORE CITIZEN	Email A						
Occupation Semi conductor engineer	Sex Male	Age 43	Date of Birth 23/04/1976	Race Chinese			
nstitution/School Name	Language English						
Date/Time Of Incident 21/05/2019 09:05	Location	Location Of Incident CAuseway before Malaysia Customs					
Brief details.	INALATO						

On 21/05/2019 at about 0904hrs, I was driving my car, SFU8028L from the causeway into Malaysia Johor Bahru customs when I was waiting for my turn, I was lining behind counter 3 when I was about to move inside, a white Hyundai MPV car, JRU9822 abruptly cut infront of me into counter 3, as it was dangerous to contest for the queue, my car stood stationary and JRU9822 continued to move infront of my car from the right but it soon grazed against the right side of my car.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sr Staff Sgt PHOON PENG MUNG	
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2019 19:09
Officer In-Charge Of Case: F / Sengkang N.P.C / Sr Staff Sgt PHOON PENG MUNG Contact No.: 63438999	Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190521/2123

The driver of JRU9822, a Chinese man in his 20s alighted and started to argue with me claiming that it was my fault, and refused to provide me his particulars when I requested from him. The authorities at the Malaysia customs advised us to move on and settle the matter amongst ourselves after we clear Malaysia customs.

After the customs clearance, JRU9822 left without providing particulars and nowhere to be found.

I tried to make a accident report in Malaysia Johor Bahru but was denied as I only managed to get the plate number of JRU9822 later on when I retrieve my in-car-camera footage. I was advised to make this report for record purposes in case of any allegations.

Signature Of Officer Recording The Report:

F / Sr Staff Sgt PHOON PENG MUNG

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: F / Sengkang N.P.C / Sr Staff Sgt PHOON PENG MUNG

Contact No.: 63438999

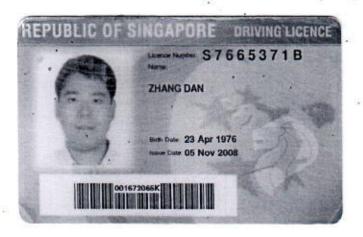
Authentication Stamp

Signature Of Informant:

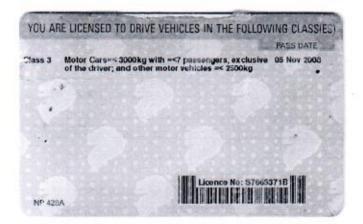
Date/Time: 21/05/2019 19:09

Classification Of Case:

SN 085









eBaoTech									Genera	alClaim
1						+ Change	Language	• Chang	ge Password	· Log Ou
Poli	cy Query									
Policy t	No.				Date o	of Accident	2	1/05/2019 (09:05	
Vehicle	No.(For Motor)	SFU80	28L		Certifi	cate Number				
					Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5108735936		ZHANG DAN	S7665371B	GPC	drivo CLASSIC	SFU8028L	SFU8028L	08/05/2019	07/05/2020
	Policy to	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number	Policy Query Policy No. Vehicle No.(For Motor) SFU8028L Select Policy No. Certificate Number Name	Policy Query Policy No. Vehicle No.(For Motor) SFU8028L Select Policy No. Certificate Policyholder Name NRIC	Policy Query Policy No. Vehicle No.(For Motor) SFU8028L Certificate Policyholder Name NRIC Product	Policy Query Policy No. Policy No. SFU802BL Date of Accident Certificate Number Search Select Policy No. Certificate Policyholder Name NRIC Number Name NRIC O 5108735936 ZHANG DAN \$76653718 CDC drivo	Policy Query Policy No. Policy No. Select Policy No. Certificate Policyholder Name Policyholder NRIC No. Select Policy No. Certificate Number Name NRIC No. Select Policyholder Name NRIC No.	Policy Query Policy No. Date of Accident 21/05/2019 (Vehicle No.(For Motor) SFU8028L Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle Insured No. Object O 5108735936 ZHANG DAN \$75653718 GPC drivo Chicago Streets Cover Type No. Object	Policy Query Policy No. Policy No. Select Policy No. Certificate Policyholder Name NRIC Product Cover Type No. Object Date O \$108735936 ZHANG DAN \$26653718 GPC drivo Crusosci Seasond

Policy No.	5108735936	Policyholder Name	ZHANG DAI	N	Policyholder NRIC	S7665371B	
Certificate No.		Traine.			MALC		
Address	BLK 432A #17-503 SENGKANG	WEST WAY FE	RNVALE PAL	MS SINGAPORE 791	432		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	11/04/2019	Effective Date	08/05/2019	00:00	Expiry Date	07/05/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 432A #17-503	Addre	iss 2	SENGKANG WEST	WAY	Address 3	FERNVALE PALMS
Address 4	SINGAPORE 791432	Addre	ess Type	Singapore address		Post Code	791432
Jnit No.		Relati	ed Policy er	5108735936			
D111C 1401							
	ed Object: SFU8028L						

Claim Handling							Exit
Accident MT/1045550							LAIL
Policy No.	5108735936		Vehicle No.	SFU8028L	GST Registration No.		
Certificate No.							
Policyholder Name	ZHANG DAN				Policyholder NRIC	\$76653718	
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC	Loading	0	
Contact No.(Mobile)	87218315		Contact No.(Office)	0	Contact No.(Home)	0	
Email Address KFK	00		Special Remark		eCode	Tac Y	
NCD Protection	® No ○ Ves Yes		TCA	® M O Yes	eCode Reason		
			NCD Entitlement(%)	50	Private Hire	No	
Report Date	22/05/2019 15:14		Accident Report Within 24 hrs	Yes			
Date of Accident	21/05/2019		Time of Accident hhimm	09:05	Accident Type	Collision - Change / Cross lane	
Reporting Centre			Orange Force		Country of Accident	Outside Singapore	
Accident Location	WOODLANDS CHECKPOIN	IT TWOS IS CHECK	POINT		157.76		
▼ Total Excess Applicable							
Excess Type	Per Accident		Windscreen Excess	100.00			
OD Standard Excess							
YIED OD Excess		0.00	TP Standard Except	0.00			
Additional Excess		0.00	YTED TP Excess	0.00	Driver is Covered?	Covered	
Total OD Excess Applicable		0.00	Total TP Excess Applicable				
₩ Benefits		y, ww	Total 1+ Excess Applicable	0.00			
Coverage				Sum Insured			
Excess Warrer				99999999.99			
♥ 6ST Registered Inform							
GST Registered GST Registration No.	No			GST Registration Date GST Status Verified	11,22507		
Modification History				GST SCALUS VERNED	Yes		
Policyholder Halling A	ddress						
Address 1	BLK 432A #17-503		Address 2	SENGKANG WEST WAY	Address 3	FERNVALE PALMS	
Address 4	SINGAPORE 791432		Address Type	Singapore address	Post Code	791432	
Unit No.			Related Policy Number	5108735936			
OI Driver Info	THENC DAN			7/17/20/20			
Unnamed driver Name	ZHANG DAN		Driver Type Driver NRIC	Main Driver 576653718	Date - D08		
Register Date of Driver License	05/11/2008		Driver Age	43	Driver DOB Driving Experience	23/04/1976	
Contact No (Mobile)	87218315		Contact No.(Office)	٥	Contact No.(Home)	0	
Address 1	BLK 432A		Address 2	SENGKANG WEST WAY	Address 3	FERNVALE PALMS	
Address 4	SINGAPORE 791412		Address Type	Singapore address	Post Code	791432	
Unit No.	17-503						
Does he own a Singapore Registered car?	C Yes (No		Oriver Vehicle No.		Driver Insurer Company		
Declaration							
Breathalyser or Blood Test	I A LAW		groweren				
Reading?	0 mg		Any injury?	○ Yes ® No			
Modification History							- (
Claim 001 New							
Claim Type *	00-MX	V	Insured Name	THE PARTY NAMED IN COLUMN TO THE PARTY NAMED	09877793234-0		
Contact No.(Mobile)	96605339		Contact No.(Home)	ZHANG DAN	Insured NRIC Contact No.(Office)	\$76653718	
Email Address	zhangdan911@gmail.com		01 Vehicle Number	SPUB028L	TP Vehicle Number	3RU9822	
Claimant Type Claimant Type •	Please Select	V	Type of Benefit *	Please Select	With an and the second	SHOPPER	
Coment Name *		2.2	Claimant NRIC *				
Claimant Address		200200					
Oaim Description Preferred Workshop Contact	SFU8028L / 3RU9822 ON 2	1 May 2019	Marian Control		Name of Preferred Workshop		
No.	To a second	-	Insured Liability *	Not at Fault			
Require Finalisation	Yes	V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registeres	22/05/2019 15:16		Claim Close Date		Date Received	22/05/2019 00:00	
Report Taken By	Sackson						
Print AK letter							
				Save Submit			
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Accident No.	MT/1045550		Claim No.	Abr :			
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