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NATIONAL Assessment Centr	Jeb descripti	OII	Date & Time Completed	Don	ne by
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Veh No: 500 18860	-	nia Shrs, AIC 2hrs)	<u> </u>		
D.O.A: 17/11/9-17:00	i-Motor CI			~ .	
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OD TP. ' Reporting Only	i-Photo Up		!		
TDI		Survey Report			
TP Insurer:		by Fax / Hand to	Owner/Wksn		
Preferred Wksp / INC Assign Wksp / QW: (<u> </u>			ax:	
TP Particulars: Veh No: No 98	rou.	INC (ax.	
Owner / Driver: (9-19-	. 11101)/Non-INC()	· ·	-
Policy No: () Peri	iod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	lote-Est. Status ((WO): N: 0-20	%; P: 21-79%. F: 80-1	00%]	-
17	arranty: YES ()		
Excess: (\$) Loading: \$1,00	0()/\$2,000	0()			
General Remarks:-	LOUSS TRYCHOLD	AND THE TAX AND THE		151 117	
() Walk-In Customer: Customer's inform			Chim especially and a control		
() Total Loss Case : to e-mail Insurer			tay NO Isler of repaller.		
			x 20 0 2 3		
Drive-In ()/ Towed-In (); Invoice:	YES () / 1	NO (); To	wing Co: ()
Remarks:- (INC hotline: 6788 6616)		100	Date&Time Completed	Done	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number 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.
- 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.

activity statistics	
The second second second second second	ACCIDENT STATEMENT
Date Of Report	18/11/2019 14:28
Date Of Accident	17/11/2019 15:00
Exact Location Of Accident	SLIP RD UPPER SERANGOON RD TWDS HOUGANG AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCV1886C
Insured/Policyholder	
Name Of Registered Owner	ZHAN MOMO
NRIC No	S8973111I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91599407
Alternative Phone No	OFFICE-91599407
Vehicle Particulars	
Manufacturer	тоуота
Model	ESTIMA 2.4 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	REPORTING ONLY
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	5108656074
Cover Note Number	
Driver	
Name of Driver	ZHAN YANG
NRIC No	S2699675I
Date Of Birth	22/12/1962
Occupation	INDOOR
Date Of Driving Pass	04/06/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97938171
Fax Number	

OFFICE-97938171

NOEMAIL

BLK 230 HOUGANG AVENUE 1 Address

#06-224

530230 Postcode

NO Was driver an employee of the Insured's Company

PARENT If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

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?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

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)

YES Are accident photos available for attachment?

YES Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHD9804Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.
- 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:
 - 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 Personne's Signature

Name:

NRIC/FIN No .:

NRIC/FIN No .:

Date & Time:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

AC	CIDENT DATE: 17/1 /19)(DD/MM/YYY	Y), TIME: (5 : 00) (HH:MM)
LO	CATION: She Rd upper	Urangoon	Red two Hugging Ave 3.
	T. DETAILS OF VEHICLE a) VEHICLE NUMBER: JCV b) INSURANCE COMPANY: c) POLICY NUMBER: SICK d) POLICY TYPE: (COMPREH e) MAKE & MODEL:	MPV /VAN / LORE /ATE / COMMERC CCIDENT TIME: R YOUR OWN INSU	RTY / THIRD PARTY FIRE &THEFT) RY / MOTORCYCLE / OTHERS) CIAL / MOTORCYCLE) ONUTE JRANCE (YES/NO)
ANO of passenga Conduding driver	* CONTINUE TO 3.d IF DRIVER	R ALSO POLICY HO	
5. 6. 7.	*d)DATE OF BIRTH: (OUTDOOR) ENCE: U 6 VI E OF THE INSURI HE DRIVER WITH EAR / RAINING / (T / OTHERS	ED'S COMPANY? (YES / NO PORTO
the of passinger - Including driver)	a) VEHICLE NUMBER: SHOP b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:	33	MODEL:
tho of pressurger	THIRD PARTY VEHICLE d) VEHICLE NUMBER:		_MODEL:
()	f) NRIC/FIN/PASSPORT:	A Collins	_CONTACT:
1	0.000		

email =
fax =

eBaoTech								Genera	Claim		
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	la.				Date o	of Accident	1	7/11/2019 1	5:00	
	Vehicle	No.(For Motor)	SCV188	SCV1886C		Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108656074		ZHAN MOMO	589731111	GPC	CLASSIC	SCV1886C	SCV1886C	05/04/2019	04/04/2020
					C	Continue					

Policy No.	5108656074	Policyholder Name	ZHAN MOM	0	Policyholder NRIC	S8973111I	
Certificate No.		rianic.			111110		
Address	BLK 230 #06-224 HOUGANG	AVENUE 1 SING	APORE 5302	30			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	05/04/2019	Effective Date	05/04/2019	00:00	Expiry Date	04/04/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	ARNOLD LAU GUO ZHONG	Agent Tel.	96530815		GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Info	nolder Mailing Address						
Info Policyh	nolder Mailing Address BLK 230 #06-224	Addre	ss 2	HOUGANG AVENUE	1	Address 3	SINGAPORE 530230
Info Policyh Address 1			ss 2 ss Type	HOUGANG AVENUE Singapore address		Address 3 Post Code	SINGAPORE 530230 530230
Certificate Info Policyh Address 1 Address 4 Unit No.		Addre	ss Type d Policy				
Info Policyh Address 1 Address 4 Unit No.	BLK 230 #06-224	Addre Relate	ss Type d Policy	Singapore address			
Info Policyh Address 1 Address 4 Unit No.	8LK 230 #06-224 06-224 d Object: SCV1886C	Addre Relate	ss Type d Policy	Singapore address			
Info Policyh Address 1 Address 4 Unit No. Insure	8LK 230 #06-224 06-224 d Object: SCV1886C ements	Addre Relate Numb	ss Type d Policy	Singapore address 5108656074		Post Code	

Claim Handling										
Accident MT/1071828										
Policy No.	5108656074		Venicle No.	50	V1866C		GST Registration No.			
Certificate No.										
Policyholder Name	ZHAN MOMO						Policyholder NRIC		589731111	
Product Code	PRIVATE CAR INSURANCE	E .	Cover Type	ar	NO CLASSIC		Loading		0	
Contact No.(Mobile)	91599407		Contact No.(Office)	.0			Contact No.(Home)		0	
Email Address			Special Remark				eCode		W.V.	
CFK.	® No ○ Yes		TCA		No O Yes		eCode Reason			
NCD Protection	f40		NCD Entitlement (%) 10	E .		Private Hire		No	
→ Accident Details										
Report Date	18/11/2019 14:38		Acodent Report Wit	thin 24 hrs. Ye			Accident Type		Collision - Head to	n Rear
Date of Accident	57/11/2019		Time of Accident No	cmm 15	:00		Country of Accident		Singapore	
Reporting Centre			Drange Force				ICM No.			
Accident Location	SLIP RD UPPER SERANG	OON RD TWOS HOL	IGANG AVE 3							
 Total Excess Applicable 										
xcess Type	Per Accident		Windscreen Excess			100.00				
No. Francisco Communication		600.00	TP Standard Excess			0.00				
00 Standard Excess		0.00	YIED TP Excess			0.00	Driver is Covered?		Covered	
TED OD Excess			TIED OF ERCES							
Additional Excess. Total OD Excess Applicable		600.00	Total TP Excess App	nicable		0.00				
Senetits		500.00	(Seat of Leaves Ass							
GST Registered Informa	ation									
ST Registered	No.				GST Registration I	Date				
IST Registration No.	30733				GST Status Venifie		Ves			
Modification History										
Policyholder Mailing Ad	dress									
Address 1	BLK 230 ±06-224		Address 2		DUGANG AVENUE 1		Address 3		SINGAPORE 530.	290
Address 4			Address Type		ngapore address		Post Code		530230	
Unt No.	06-224		Related Policy Num	oer 5	08656074					
OI Driver Info										
Driver Name	ZHAN YANG		Driver Type		emed Driver 26996751		Driver DOB		22/12/1962	
Unnamed driver Name			Driver NRIC	5			Driving Experience		9	
Register Date of Driver License			Driver Age				Contact No.(Home)		0	
Contact No.(Mobile)	97938171		Contact No.(Office)		OUGANG AVENUE 1		Address 3		SINGAPORE 530	230
Address 1	BLK 230		Address 2				Post Code		530230	
Address 4	100000		Address Type	3	ngapore address		Post Lode		320220	
Unit No. Does he own a Singapore	06-224						Driver Insurer Comp			
Registered car7	○ Yes ® No		Driver Vehicle No.				Diver house comb	any.		
Declaration										
Breathalyser or Blood Test	0 mg		Any injury?		Yes ® No					
Reading?	o ang		mil coart		2.190 (2.79)					
Modification History										
Claim 001 New										
STEELES STORY STORY										
				29					And the second second	
Claim Type *	00-MX	Y	Insured Name	2	HAN MOMO		Insured NRIC		S89731111	
Contact No. (Mobile)	97938171		Contact No. (Home)				Contact No.(Office)			
Emeli Address		-	Of Vehicle Number	-	CV1886C		TP Vehicle Number		SHD9804Y	
Claimant Type Claimant Type *	Please Select	v	Type of Benefit * Claimant NR3C *	- In	lease Select	V				
Daimant Name *		22	Claimant NRUC *							
Cleimant Address Cleim Description	SCV1886C / SHD9804Y	ON 17 New 2010				- 1	Name of Preferred W	varication		
Claim Description Preferred Workshop Contact	THE RESIDENCE AND PARTY OF THE	-4.11 461 6013	Insured Liability +	10	ully at Fault	V	and the state of the state of			
No.	No.				veferred Workshop, Nie		GIA report		Received	V
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Date Registered	18/11/2019 14:40		CHAIR CHOSE DADS				Section 1		5-18-1-18-10-10-10-10-10-10-10-10-10-10-10-10-10-	54. T
Report Taken By	Jackson	-								
Print AK letter										
				51	ve Submit					
Attachment										
v										
Accident No.	MT/1071828		Claim	No.	00t					
Lest Doc. Received	Yes ○ No		Upload	d Date	18/11/2	2019 14:45				
	PQ	acty =				Category +	Confidential	Urgeni	ry *	Description *
				Browse	Char Please Select	d A	The v	Normal	V	
				Browse	Gear Please Sele	et C	100	Normal	-	
				Browse	Gear Please Sele	d v	100 Y	Normal	Y	
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