NATIONALL			- F21 x	1 (2)	
NATIONAL Assessment Co	entre Services	[wel 1 Jan'05] M	NA119173171		
Date In: 15/11/19-1231	Jcb descript	tion	Date & Time Completed	Do	ne by
Ref No: 41 INC 19205444	SAS e-fili	ng			
Veh No: SMP GYLYZ	E-mail (wi	thin Shrs, AIC 2hrs)			E
D.O.A: Klilig_ 25: 20	i-Motor C	laim Form	100-891150 1CM	2/1/19	Tural
OD (T) ! Reporting Only	i-Motor W	V/O (Within: OD 2hr		- Intra	10.47
OD . Treporting Only	i-Photo Up				
TP Insurer:		Survey Report			
ir insurer:		t by Fax / Hand t	0 Owner/Wksp	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW:				ax:	
	impsioju .	INC (		ax.	
Owner / Driver: (	11/7/074	· incl	Tel:	· · ·	
Policy No: (	Period: (	)	Cover Type: (		
Confirmed by : (		Date:	Time:		
Insured/Driver Liability: ( 9	6) [Note-Est. Status		0%; P: 21-79%. P: 80-1	00%1	
Year of Registration: (	) Warranty: YES (		)		
Excess: (\$ ) Loading:			/		800-17
General Remarks:	96387	C 7888458****2.3*****	\$ -8000038500 T. 7.50 T. 7. 00 T. 7. 00 T. 7.	12/2 5 7 7 7 7	
( ) Walk-In Customer; Customer's	information at interest	The state of the s	A make the about the district of the second second	Parket 1077	4
( ) Total Loss Case : to e-mail In			4		
			owing Co: (	-	
		NO( ); 10	owing Co. (		)
Remarks:- (INC hotline: 6788 6616	9		Date&Time Completed	Don	by
	) / Courtesy Car (	)			
2) QC Check / Post Repair Inspection	(	)			a 300 H40
3) Upload Resurvey Photo [Repair Cost	> \$3000] (	)			
Injury:			1,		
Date/Time Actions		N. EGWOT FOR STANSON			
Actions .		and the second	Alexander and Constitution of the Constitution	<u> Markinson</u>	
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		The second secon	acondecentrative expenses	Anit (S)	Ami
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umant's Particulars :-		1) AR : Accident R 2) DA : Damage As		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
ver/Owner:	***************************************	3) TF : Towing Fee	. \$40/	And in case of the	
ntact No:		4) FT : Follow-Thro		30	
react INO:		The second secon	inst INC Only (wef 10 Jan 2005)		
naged Portion:		6) TR: Re-inspection 7) N1: Idae DA + S		60	
	-;	8) NTUC Additions	THE RESERVE AND ADDRESS OF THE PARTY OF THE		
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	15	Oh.			
	1	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	or / Tpt Allowence	\$5	
litors! Comments :-		*N5: Courtesy Co *N6: Repair Co-r *N7: Fost Repair	or / Tpt Allowance Stration Strategy St	25	
litors' Comments :- 1:		*N5: Courlesy Cr *N6: Repair Co-r *N7: Fost Repair *N8: DV / Collec	or / Tpt Allowance ordination S Inspection S t Excess Coordination	10	
1:		*N5: Courtesy Cr *N6: Repair Cost *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N 9) N12: Idac Mobile	or / Tpt Allowance ordination S Inspection S t Excess Coordination on INC) against INC S	25 55 20 30	
A STATE OF THE PROPERTY OF THE		*N5: Courtesy Cr *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect IP (N11): TP (N	or / Tpt Allowance ordination S Inspection S t Excess Coordination on INC) against INC S	25 55 20 30	Astan)

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Fax Number

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.
- 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.

Date Of Accident 15/11/2019 23:20 Exact Location Of Accident 14 UNDERPASS TWDS AIRPORT BLVD Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SMP6944Z  Insured/Policyholder  Name Of Registered Owner ANTIOCH LEASING PTE LTD Co Reg No 201908202W Email Address NOEMAIL Mobile Phone No (LOCAL) +65-96684998  Vehicle Particulars  Manufacturer MERCEDES-BENZ Model GLA 180 URBAN EDITION AUTO  Exact Purpose for which vehicle was being used at itme of accident.  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Company  Name of Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE Filed Policy NO Policy Number  Cover Note Number  Driver  NAME OF Driver  NAME OF Driver  NAME OF Driver  NAME OF Driving Pass  Driving Experience  ANTIOCH LEASING PTE LTD  Country Wehicle Cate  To UNDOR DRIVE MANUFACTION  THE UNDOR DRIVE MA		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SMP6944Z  Insured/Policyholder Name Of Registered Owner Co Reg No Policyholder Nome Of Location No	Date Of Report	20/11/2019 10:31
DETAILS OF OWN VEHICLE  Vehicle Registration Number SMP6944Z  Insured/Policyholder  Name Of Registered Owner Co Reg No 201908202W Email Address NOEMAIL Mobile Phone No (LOCAL) +65-96684998  Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Itmo of accident Itmo your vehicle?  If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COVEY ROBE Policy NO Policy Number COVEY ROBE Policy NO Policy Number Driver Name of Driver NAME OF Birth SANG WEN JUN, JEREMY NRIC No S9647365F Date Of Driving Pass Driving Experience Gender MALE	Date Of Accident	15/11/2019 23:20
Vehicle Registration Number SMP6944Z  Insured/Policyholder  Name of Registered Owner ANTIOCH LEASING PTE LTD  Co Reg No 201908202W Email Address NOEMAIL Mobile Phone No (LOCAL) +65-96684998  Alternative Phone No OFFICE-96684998  Vehicle Particulars  Manufacturer MERCEDES-BENZ Model GLA 180 URBAN EDITION AUTO  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  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 COMPREHENSIVE Fleet Policy NO  Policy Number S112956854  Cover Note Number  Driver  Name of Driver KANG WEN JUN, JEREMY NRIC No S9647365F Date Of Birth 29/12/1996  Occupation OUTDOOR Date Of Driving Pass 25/01/2016  Driving Experience MALE	Exact Location Of Accident	T4 UNDERPASS TWDS AIRPORT BLVD
Vehicle Registration Number         SMP6944Z           Insured/Policyholder         ANTIOCH LEASING PTE LTD           Co Reg No         201908202W           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-96684998           Alternative Phone No         OFFICE-96684998           Vehicle Particulars         MERCEDES-BENZ           Model         GLA 180 URBAN EDITION AUTO           Exact Purpose for which vehicle was being used at lame of accident         WORKING           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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Policy Number         5112956854           Cover Note Number         S112956854           Cover Note Number         KANG WEN JUN, JEREMY           NRIC No         S9647366F           Date Of Birth         29/12/1996           Occupation         OUTDOOR           Date Of Driving Pass         25/01/2016           Driving Experience         3 YEARS AND 9 MONTHS	Country/State of Loss	SINGAPORE
Insured/Policyholder  Name Of Registered Owner  Co Reg No  201908202W  NOEMAIL  Mobile Phone No  (LOCAL) +65-96684998  Alternative Phone No  Vehicle Particulars  Manufacturer  MERCEDES-BENZ  Model  Exact Purpose for which vehicle was being used at itime of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Name of Insurance Company  Name of Insurance Company  No  TUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Policy Number  Cover Note Number  Driver  Name of Driver	D	ETAILS OF OWN VEHICLE
Name Of Registered Owner Co Reg No 201908202W Email Address NOEMAIL (LOCAL) +65-96684998 Alternative Phone No OFFICE-96684998  Vehicle Particulars Manufacturer Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Norre Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Filest Policy No Policy Number Cover Note Number  Driver NAMIC No S9647365F Date Of Birth Ooccupation Date Of Driving Pass Driving Experience Gender MALE	Vehicle Registration Number	SMP6944Z
Co Reg No         201908202W           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-96684998           Alternative Phone No         OFFICE-96684998           Vehicle Particulars           Manufacturer         MERCEDES-BENZ           Model         GLA 180 URBAN EDITION AUTO           Exact Purpose for which vehicle was being used at time of accident         WORKING           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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5112956854           Cover Note Number         THIRD PARTY           Driver         NO           S9647365F         S9647365F           Date Of Birth         29/12/1996           Occupation         OUTDOOR           Date Of Driving Pass         25/01/2016           Driving Experience         3 YEARS AND 9 MONTHS	Insured/Policyholder	
Email Address NOEMAIL Mobile Phone No (LOCAL) +65-96684998 Alternative Phone No OFFICE-96684998  Wehicle Particulars  Manufacturer MERCEDES-BENZ Model GLA 180 URBAN EDITION AUTO  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5112956854  Cover Note Number  Driver  NAME Of Driver KANG WEN JUN, JEREMY NRIC No S9647365F Date Of Birth 29/12/1996 Occupation OUTDOOR Date Of Driving Pass 25/01/2016 Driving Experience MALE	Name Of Registered Owner	ANTIOCH LEASING PTE LTD
Mobile Phone No Alternative Phone No OFFICE-96684998  Vehicle Particulars  Manufacturer Meccepes-Benz Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category No Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy No Policy Number Cover Note Number  Driver Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD No	Co Reg No	201908202W
Alternative Phone No  Vehicle Particulars  Manufacturer  Mence Des-Benz Model  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category  Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type of Coverage COMPREHENSIVE Fleet Policy Policy Number Cover Note Number  Driver  Name of Driver NAME WANG WEN JUN, JEREMY NRIC No Se47365F Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender  MALE	Email Address	NOEMAIL
Wehicle Particulars  Manufacturer Model GLA 180 URBAN EDITION AUTO  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category PRIVATE HIRE  Insurance Company Name of Insurance Company NO Policy Number Cover Note Number  Driver Name of Driver NAME of Driver NAME of Birth Occupation Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender MALE	Mobile Phone No	(LOCAL) +65-96684998
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Model GLA 180 URBAN EDITION AUTO  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  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 COMPREHENSIVE Fleet Policy NO Policy Number 5112956854  Cover Note Number  Driver  Name of Driver KANG WEN JUN, JEREMY NRIC No S9647365F Date Of Birth 29/12/1996 Occupation OUTDOOR Date Of Driving Pass Driving Experience 3 YEARS AND 9 MONTHS Gender MALE	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY Vehicle Category  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE Fleet Policy  NO  Policy Number  S112956854  Cover Note Number  Driver  Name of Driver  NAMG WEN JUN, JEREMY NRIC No  S9647365F Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  3 YEARS AND 9 MONTHS  MALE	Manufacturer	MERCEDES-BENZ
time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  PRIVATE HIRE  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  NAME of Driver  NAME Of Birth  Occupation  Outdoor  Date Of Driving Pass  Driving Experience  3 YEARS AND 9 MONTHS  MALE	Model	GLA 180 URBAN EDITION AUTO
for repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  Note Type Of Coverage  Fleet Policy  Policy Number  Cover Note Number  Driver  NAME of Driver  NAME of Driver  NAME of Birth  Coccupation  Date Of Driving Pass  Driving Experience  SHAME WEN JUN JEREMY  MALE  NOTE THIRD PARTY  THIRD PARTY  PRIVATE HIRE  THIRD PARTY  THIRD PARTY  PRIVATE HIRE  THIRD PARTY  THIRD	Exact Purpose for which vehicle was being used at time of accident	WORKING
Vehicle Category  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  5112956854  Cover Note Number  Driver  Name of DRIVER  SP647365F  Date Of Birth  OCCUPATION  OUTDOOR  Date Of Driving Pass  25/01/2016  Driving Experience  3 YEARS AND 9 MONTHS  Gender	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy NO Policy Number 5112956854  Cover Note Number  Driver Name of Driver NAME of Driver NRIC No S9647365F Date Of Birth Occupation Date Of Driving Pass Driving Experience Sender MALE	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5112956854  Cover Note Number  Driver Name of Driver NRIC No Date Of Birth Occupation Driving Pass Driving Experience 3 YEARS AND 9 MONTHS Gender	Vehicle Category	PRIVATE HIRE
Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5112956854           Cover Note Number         Fleet Policy           Driver         KANG WEN JUN, JEREMY           Name of Driver         KANG WEN JUN, JEREMY           NRIC No         \$9647365F           Date Of Birth         29/12/1996           Occupation         OUTDOOR           Date Of Driving Pass         25/01/2016           Driving Experience         3 YEARS AND 9 MONTHS           Gender         MALE	Insurance Company	
NO	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number 5112956854  Cover Note Number  Driver  Name of Driver KANG WEN JUN, JEREMY  NRIC No S9647365F  Date Of Birth 29/12/1996  Occupation OUTDOOR  Date Of Driving Pass 25/01/2016  Driving Experience 3 YEARS AND 9 MONTHS  Gender MALE	Type Of Coverage	COMPREHENSIVE
Cover Note Number           Driver         KANG WEN JUN, JEREMY           NRIC No         \$9647365F           Date Of Birth         29/12/1996           Occupation         OUTDOOR           Date Of Driving Pass         25/01/2016           Driving Experience         3 YEARS AND 9 MONTHS           Gender         MALE	Fleet Policy	NO
Driver         KANG WEN JUN, JEREMY           NRIC No         \$9647365F           Date Of Birth         29/12/1996           Occupation         OUTDOOR           Date Of Driving Pass         25/01/2016           Driving Experience         3 YEARS AND 9 MONTHS           Gender         MALE	Policy Number	5112956854
Name of Driver         KANG WEN JUN, JEREMY           NRIC No         \$9647365F           Date Of Birth         29/12/1996           Occupation         OUTDOOR           Date Of Driving Pass         25/01/2016           Driving Experience         3 YEARS AND 9 MONTHS           Gender         MALE	Cover Note Number	
NRIC No         \$9647365F           Date Of Birth         29/12/1996           Occupation         OUTDOOR           Date Of Driving Pass         25/01/2016           Driving Experience         3 YEARS AND 9 MONTHS           Gender         MALE	Driver	
Date Of Birth         29/12/1996           Occupation         OUTDOOR           Date Of Driving Pass         25/01/2016           Driving Experience         3 YEARS AND 9 MONTHS           Gender         MALE	Name of Driver	KANG WEN JUN, JEREMY
Occupation         OUTDOOR           Date Of Driving Pass         25/01/2016           Driving Experience         3 YEARS AND 9 MONTHS           Gender         MALE	NRIC No	S9647365F
Date Of Driving Pass         25/01/2016           Driving Experience         3 YEARS AND 9 MONTHS           Gender         MALE	Date Of Birth	29/12/1996
Driving Experience 3 YEARS AND 9 MONTHS Gender MALE	Occupation	OUTDOOR
Gender MALE	Date Of Driving Pass	25/01/2016
	Driving Experience	3 YEARS AND 9 MONTHS
Mobile Number (LOCAL) +65-96684998	Gender	MALE
	Mobile Number	(LOCAL) +65-96684998

OFFICE-96684998

NOEMAIL

**BLK 222 TAMPINES STREET 24** Address

#12-96

Postcode 521222

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OWNER

## General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR 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? YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

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

YES NO

Number of Passengers (Including Driver)

1

# **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Contact

## Circumstances of Accident

REFER TO POLICE REPORT - T/20191118/7022.

## 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

SMP3167U

Vehicle Make/Model/Colour

TOYOTA NOAH

Details Of Properties

Vehicle Category

PRIVATE CAR

ZHANG MINGHAO

NRIC/Passport Number

Contact Number

Name of Driver

Address

Postcode

Insurance Company Name

# Name KANG WEN JUN, JEREMY Approximate Age Injuries Sustain BODY Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

# SKETCH PLAN

## IMPORTANT NOTICE

- Please roport <u>correctly</u> the details of the additions to speed up the claims process.
- 2. This Form must be completed by the Poligibalder and/or the Avitorised Orline:
- Information provided must be as <u>trustiful</u> and <u>ecourate as dossible</u>. Any uniful misrepresentation or with roiding of material facts may allow show show an ecompanies to <u>recordists policy flability</u>.
- The issue and acceptance of this Form by incurance companies and admission of policy liability on the part of the insurance companies.
- I. Any false reconling per 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 percles.
- By the lodgment of this report to the insurers, you hareby consent to the archhold of this report at the centre and to copies of the report being made evallable alonesaid.
- L. 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/java firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - processing, hendling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my dalms;
  - (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 peckages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my dains. (collectively the "Purposes")
- (b) oil 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@reluding their lawyers/law firms), which may be sted outside of Singaporo, for one or more of the above Purposes.
- (b) my Personal information will also be collected and used to compile cisims history for the purpose of freud detection, investigation and management in present and all future cisims.
- (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 agandes as reasonably required for the purposes stated, or

(ii) for complaint with requirements under any regulations, laws or court orders.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Policybolo

Reporting Contro Personnel's Signature

Kama:

NRIC/FIN No.:

(If driver is not the policyholder)

Date & Time:

Reporting Contre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	: 15 11 7019 Accident Time: 33 ) 0 Hrs (24-HR-Format)
Accident Place	: T4 underpass towards Amport soulevard
Vehicle Reg. No. (Car Plate No.)	:_ SMP69442:
Vehicle Make/Model	: Merceder GLA180
Insurance Company	NTUL Policy No.
Owner or Company Name /IC No.	: Antioch leasing the Ltd
Owner or Company Contact No.	:96684998 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Kang wen Jun Jeremy (59647365F)
DRIVER'S Date Of Birth	: 29 12 1996 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owner
DRIVER'S Address	: BIK 212 Tampines of 24 \$12-96 8521222
DRIVER'S Contact No./ Alt No.	:1) 96684998 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@myar.sg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 1 Driver injured.
Was there any video Captured by ca Exact purpose for which vehicle was	r camera: YESANO s being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if anv)
Vehicle Reg. No: Smp3167U	Vehicle Reg. No:
Vehicle MakelModel: Toyota No	ah Vehicle Make\Model:
Name Driver: Ihang Ming Hao	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

\* Injuries.





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20191118/7022

# REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 18/11/2019 14:17		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	A Designation of the last of t	The state of the s	
	f Informant: VEN JUN, J		Address: APT BLK 222 TAMPINE 521222	S STREET 24 #12-96 SINGAPORE	
ID Type NRIC N	/ ID No.: O / S96473	65F	Contact No.: Home/Office:	Mobile: 96684998	
National SINGAP	ity: ORE CITIZ	EN	Email: jeremykang.96@gmail.co	om	
Sex: Male	Age: 22	Date of Birth: 29/12/1996	: Type of Informant: Driver		
Race: Chinese	Race: Chinese		Language: Institution / School Na English		
Occupation: director			Driving Licence Information: Class: 3A Date of Expiry:		

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/11/2019 23:20	Type of Location Bend	
Location: T4 Underpass Weather: Clear	s towards Airport Bouleva	Road Surface:		Road Speed Limit:	
Traffic Flow: Traffic Cont		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear		Anyone conveyed by ambulance:	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SMP3167U	Car	TOYOTA	NOAH	Maroon	Slightly Damaged	0		
SMP6944Z	Car					0		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20191118/7022

## CONTINUATION OF REPORT

Driver				-		TOTAL COLUMN
Name	ZHANG MINGHAO			ID No	0	S8126534H
Related Vehicle	SMP3167U (Car)			Conta	ct No.	98739763
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3,3A Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury NIL		
Driver		and the same	and the second		STATE OF	THE RESERVE OF STREET
Name	KANG WEN JUN, J	EREMY		ID No.		S9647365F
Related Vehicle	SMP6944Z (Car)			Contact No.		96684998
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL
Date Treatment	15/11/2019	10	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	Serio	us

## Brief Details.

On the 15/11/2019 at about 2320hrs, I was travelling along T4 Underpass on the 2nd lane from the left on a 2 lane road with vehicle SMP6944Z, a Mercedes GLA 180. As I approached the junction, I saw a vehicle, SMP3167U, that just overtook me from the right side slow down and stopped at the T junction for quite some time with no oncoming traffic from the right. I then decided to overtake him and completed my right turn towards Airport Boulevard.

After completing my turn, while driving towards Airport Boulevard, the vehicle suddenly horn me from the back. I then decided to slow my vehicle down as it was a bent and the speed limit was 40km/h and I thought I had side swipe his vehicle while completing my turn. As I slow down, in my rear view mirror, I saw that the vehicle SMP3167U was driving very fast, and I had no time to react before he collided into the rear of my vehicle with high impact.

I exchanged particulars wth the said person. No threat or assault occurred. I am lodging this police report for record and for insurance claims. I went to Mount Elizabeth Hospital as I had developed fever, and neck and back pain with numbness and coldness in both hands. I was then hospitalised and is still currently on hospitalisation leave.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20191118/7022

## CONTINUATION OF REPORT

Sketch Plan					
Informant is	not able	to	provide	sketch	plar

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2019 14:17
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamp	

<b>eBao</b> Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_BO	0601				The same of the sa		• Chan	ge Languag	e · Char	ge Password	Angelog School of
My Desktop Notice of Loss	Poli	icy Query						72.300m.7.3007	100 CO-000		Lug Ou
Notice of Loss	Policy I Vehicle	No. No.(For Motor)	SMP69	1442			of Accident		15/11/2019	23 20	_
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112956854		ANTIOCH LEASING PTE, LTD.	201908202W	GPC	drivo PREMIUM	SMP6944Z	200 April 200 C	10/10/2019	09/10/2020
					100	Continue	1				

Policy No.	5112956854	Policyholder Name	ANTIOCH	LEASING PTE, LTD.	Policyholder NRIC	201908202	w
Certificate No.					MAIC		
Address	511 GUILLEMARD ROAD #01-4	GRANDLINK	SQUARE SI	NGAPORE 399849			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	03/10/2019	Effective Date	10/10/201	9 00:00	Expiry Date	09/10/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess
Agent	POH CHEE LENG	Agent Tel.	98585688		GST Flag	Y	
Co- Insurance Flag Open Policy Info	No						
Certificate Info							
→ Policyh	older Mailing Address						
Address 1	511 GUILLEMARD ROAD	Addres	s 2	#01-48 GRANDLIN	K SQUARE A	ddress 3	SINGAPORE 399849
ddress 4		Addres	s Type	Singapore address	P	ost Code	399849
Jnit No.	01-48	Related Numbe		5112956854			
Insured	Object: SMP6944Z						
□ Endorse	ments						
Sequenc	e Date of Endorsement	E	ndorsement	Туре	Endorsement 5	Status	Endorsement Content
							Thank you for giving us the
ŧ	10/10/2019 00:00	POI Mo	ve	Endorse	ment Take Effe	ective	opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 10 Oct 2019 TO 09 Oct 2020

Accident MT/1072168 Policy No. Certificate No.					
ertificate No.	5112956854	Vehicle No.	SNP69442	GST Registration No.	
Olicyholder Name	ANTIDOH LEASING PTE, LTD.			Policyholder NRIC	201908202W
Voduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMBUM	Loading	D
ontact No (Mobile)	96684998	Contact No (Office)	0	Contact No.(Home)	0
meil Address		Special Remark		eCode	100
FK	® No ○Yes	TCA	® No () Yes	«Code Reason	VINUE S
ICO Protection	No	NCD Entitlement(%)	D	Private Hire	0.000
P Accident Details				STANDED LINE	Yes
aport Date	20/11/2019 10:41	Acadent Report Within 24 h	- Van	2000	
ete of Acodem	15/11/2019			Acodent Type	Collision - Head to Rear
eporting Centre		Time of Accident hh:mm	23:20	Country of Acodent	Singapore
coident Location		Orange Force		ICM No.	
Total Excess Applicab	TH UNDERPASS TWDS AIRPORT BLVD				
coess Type	Per Accident				
	Per Accident	Windscreen Excess	100.00		
Standard Excess	2,000,00	TP Shandard Excess			
ID OD-Evcess	0.00	YIED TP Excess	1,500.00		
ditional Excess	1500	TIED IN EXCESS		Driver is Covered?	
ter OD Excess Applicable					
Benefita	3500.00	Total TP Excess Appacable			
GST Registered Inform	nation				
Registered Inform					
T Registration No.	No.		GST Registration Date		
dification History			GST Status Venfied	Yes	
Policyholder Mailing A	ddress				
dress 1	511 GUILLEMARD ROAD	1222.000			
dress 4	2.1 WOLLDWAND HUND	Address 2	#01-48 GRANDLINK SQUARE	Address 3	SINGAPORE 399849
		Address Type	Singapore address	Post Code	399849
it No.	01-48	Related Policy Number	5112956654		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	KANG WEN JUN, JEREMY	Driver NRIC	\$9647365F	Driver DOB	29/12/1996
ster Date of Driver License		Driver Age	22	Driving Experience	3
ntact No. (Mobile)	96684998	Contact No.(Office)	o .	Contact No.(Home)	ù
fress 1	BLK 222	Address 2	TAMPINES STREET 24	Address 3	SINGAPORE 521222
fress 4		Address Type	Singapore address	Post Code	521222
t No.	32-96			20000000000000000000000000000000000000	PELECE
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.			
and the same of th		3.11.11.13.11.13.11.1		Driver Insurer Company	
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echalyser or Blood Test	Omg	Any injury?	® Yes 🗀 No		
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