

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

11/28/2019 11:28

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 11/28/2019 11:28 | Job description | Date & Time Completed | Done by |
| Ref No: 1128/0019020648/4 | SAS e-illing | | |
| Veh No: SDW 5836C | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 19/4/2019 13:50 | I-Motor Claims Form | | |
| OD TP: Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: UNKAWAN CAC | INC () / Non-INC () |
| Owner / Driver: (| Tel: | |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Date: | Time: |
| Insured/Driver Liability: (| %) [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%] | |
| Year of Registration: (| Warranty: YES () / NO () | |
| Excess: (\$ | Loading: \$1,000 () / \$2,000 () | |

| |
|--|
| General Remarks: |
| () Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repairer. |
| () Total Loss Case : to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () |

| | |
|---|---------|
| Remarks: | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | |
| 2) QC Check / Post Repair Inspection () | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | |

| |
|---------|
| Injury: |
|---------|

| | |
|-----------|--------|
| Date/Time | Action |
| | |
| | |
| | |
| | |

| | | |
|---------------------------------|---|---------------------------|
| NA 908793 | Invoice / Receipt / Receipt | Ref No: 1128/0019020648/4 |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30) | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$10) | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | |
| Damaged Portion: | 4) PT: Follow-Through Survey \$120 | |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| Auditor's Comments: | For claiming against INC Only (ver 10 Jan 2005) | |
| Sat 1: | 6) TR: Re-inspection \$75 | |
| | 7) NI: Ideal DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services:- | |
| | ON: | |
| | *N3: Courtesy Car / Tpt Allowance \$5 | |
| | *N6: Repair Co-ordination \$10 | |
| | *N7: Post Repair Inspection \$25 | |
| | *N8: DV / Collect Excess Coordination \$5 | |
| | TP (NI) : TP (N+INC) against INC \$20 | |
| | 9) NI: Ideal Mobile \$30 | |
| | Invoice dated | Fee Charged |
| | Invoice dated | Fee Charged |

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 withholding 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 | 21/11/2019 11:28 |
| Date Of Accident | 19/11/2019 13:50 |
| Exact Location Of Accident | SLIP ROAD FROM LOR 2 TOA PAYOH TURN LEFT INTO PIE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJW5936C |
| Insured/Policyholder | |
| Name Of Registered Owner | SUN BINJIE |
| NRIC No | S6968422Z |
| Email Address | BJ9917@OUTLOOK.COM |
| Mobile Phone No | (LOCAL) +65-81380103 |
| Alternative Phone No | OTHERS-81380103 |

Vehicle Particulars

| | |
|--|------------------------------|
| Manufacturer | PEUGEOT |
| Model | 2008-1.2 ACTIVE PURETECH (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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|-------------------------------|
| Name of Insurance Company | UNITED OVERSEAS INSURANCE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DHOM120019011601 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | SUN BINJIE |
| NRIC No | S6968422Z |
| Date Of Birth | 03/03/1969 |
| Occupation | INDOOR |
| Date Of Driving Pass | 04/06/2010 |
| Driving Experience | 9 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81380103 |
| Fax Number | |
| Contact Number | OTHERS-81380103 |
| Email Address | BJ9917@OUTLOOK.COM |

| | |
|---|----------------------------------|
| Address | BLK 28D DOVER CRESCENT #06-77 |
| Postcode | 134028 |
| 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 - 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? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of Intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

ON 19.11.2019 AT AROUND 13:50HRS AT SIDE ROAD MERGING TO SLIP ROAD TOWARDS PIE CHANGI STOP BEHIND RED TOYOTA WAITING FOR ENTERING PIE. WHILE OBSERVING THE TRAFFIC FROM RIGHT SIDE LOOSE BRAKE THE CAR SLIGHTLY BUMPED INTO THE CAR IN FRONT. THE LEFT FRONT HEADLAMP OF MY CAR WAS BROKEN WITH SOME SLIGHT SCRATCH ON THE BUMPER AREA SURROUNDING THE FRONT LAMP.

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 | UNKNOWN |
| Vehicle Make/Model/Colour | TOYOTA |
| 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) | |

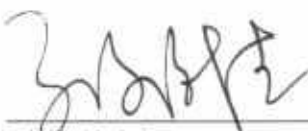
SKETCH PLAN

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**.
3. 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**.
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. 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.
7. 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:
 - (i) 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:

Nov 21, 2019



Driver's Signature

(If driver is not the policyholder)

Date & Time:

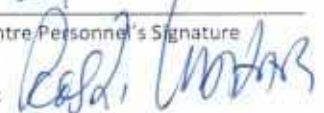
Nov. 21, 2019



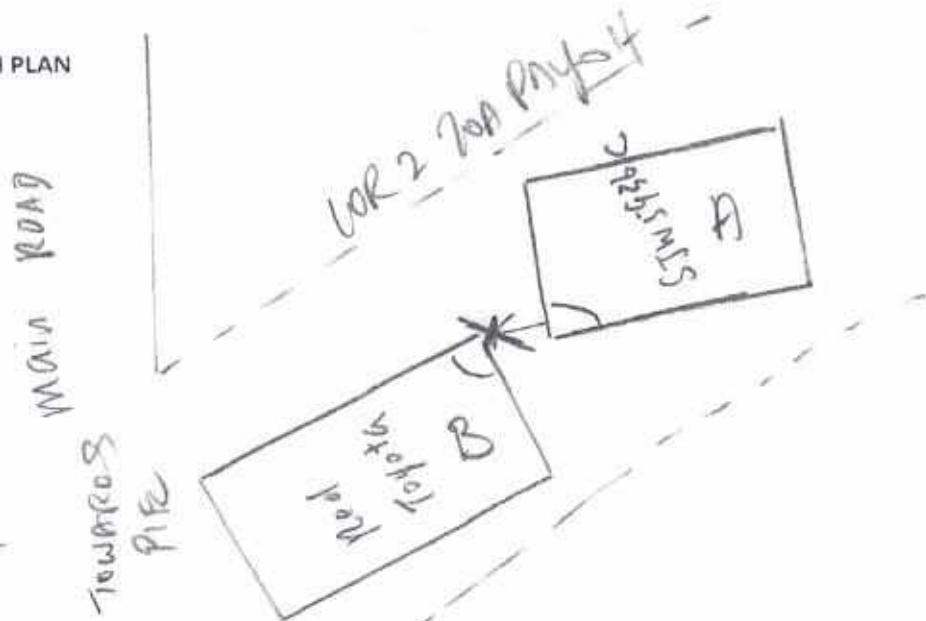
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Nov 19, 2019, at around 1:50 pm
at side road merging to Slip Road toward PIE Changi
stop behind red Toyota waiting for ~~merge~~ entering PIE

While observing the traffic from right side
Loose brake the car slightly bumped into
the car in the front.

The left front HEAD COMP was broken with saw
Slight scratch on the bump area surrounding the front lamp

DECLARATION

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

Policyholder's Signature

Date & Time:

Nov. 19, 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

21/11/2019
Rohit Kumar

ACCIDENT STATEMENT

ACCIDENT DATE: 19/11/2019 (DD/MM/YYYY), TIME: 13:50 (HH:MM)

LOCATION: P1E Lor 2 Tea Payoh Entrance

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW 5936C
 b) INSURANCE COMPANY: VOI
 c) POLICY NUMBER: D140M120019011601
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: PEUGEOT 308 5DR ALLURE PURETECH-SUNROOF
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private matter
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SUN BINTIE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6968422Z CONTACT: 81380103
 c) ADDRESS: bj 9917 @ 55 West Coast Rd #05-20

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SUN BINTIE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6968422Z CONTACT: 81380103
 c) ADDRESS: 55 West Coast Rd #05-20

* d) DATE OF BIRTH: 03/03/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) TYPE OF DRIVING PASS Class 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: same person

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknown MODEL: Toyota (Red)
 b) DRIVER'S NAME: unknown
 c) NRIC/FIN/PASSPORT: unknown CONTACT: un

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

email = bj 9917 @ outlook.com
 VIDEO

ORIGINAL

UNIDRIVE
 RENEWAL CERTIFICATE

| | | | | | |
|---------|---------|-----------------|-------------------------|----------------------|------------------------|
| Agency | A000401 | Class of Policy | MOTOR UNIDRIVE | Policy Number | DHOM120019011601 |
| Account | A000401 | Issued on | 26/02/2018 in UOI | Replacing Policy no. | DHOM120019011600 |
| Client | 0317549 | Acceptance Date | 20/02/2018 | Replacing Cover Note | 10930 |

Period of Insurance from 25/03/2018 to 24/03/2020, both dates inclusive

| | |
|--------------------|--|
| Insured's Name.... | MR SUN BINJIE |
| Mailing Address... | 280 DOVER CRESCENT #06-77 SINGAPORE 134028 |

| | |
|--------------------|------------------------------|
| Business/Occupn... | INDOOR |
| Financial interest | UNITED OVERSEAS BANK LIMITED |

| | | | | |
|---------------|----------------------------|-----------|-------------|-------------|
| Premium | ANNUAL PREMIUM | SGD769.22 | | |
| | Total Annual Premium | SGD769.22 | Premium Due | SGD1,538.44 |
| | | | Premium GST | SGD107.69 |
| | | | Total Due | SGD1,646.13 |

EXCESS FOR NAMED DRIVER
 REFER TO DRIVER AGE MUST BE ABOVE 25 YEAR AND OR DRIVING EXPERIENCE MORE THAN
 THREE (3) YEARS.

| | | | | |
|--------------------------------|-------------------|---------------|-------------|-----------------------------|
| Risk No. 001 | UNIDRIVE | | | |
| 1. Registration | SJW5936C | Make/Model | PEUGEOT 308 | 5DR ALLURE PURETECH-SUNROOF |
| Type of Cover | COMPREHENSIVE | No. of seats | 4 | Body Type |
| Engine No. | 10XT180046092 | Capacity cc's | 1199 | Yr of Manuf/Regn |
| Chassis No. | VF3LPHNYWFS022610 | | | 2015/2015 |
| | | | | NCB% |
| | | | | 50.00 |
| | | | | Certificate Ref. |
| | | | | PVI |
| INDEMNITY FOR TOTAL LOSS | MARKET VALUE | | | |
| NAMED DRIVERS | SGD500.00 | | | |
| OTHERS | SGD1,500.00 | | | |
| APPL TO <25 YRS & OR <3YRS EXP | SGD3,000.00 | | | |
| WINDSCREEN DAMAGE CLAIM | SGD100.00 | | | |
| Named Drivers SUN BINJIE | | | | |

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

- 2 - EXCESS - DAMAGE CLAIMS
- AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM
- 15 - HIRE PURCHASE
- TERRORISM EXCLUSION ENDORSEMENT
- CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001
- 25 - STRIKE RIOT AND CIVIL COMMOTION
- SECTION III - MEDICAL EXPENSES
- SECTION IV - PERSONAL ACCIDENT BENEFITS
- 2 E - YOUNG AND INEXPERIENCED DRIVERS
- 2 F - (A) THE INSURED
- 30 - REPLACEMENT PARTS