NATIONAL Assessment Centre Services. Wet 1 Janos MNAIN 101158 Done by Date & Time Completed Date In: 19/12-17:17 Jeb description SAS e-filing Ref No: 44 140200293 E-mail (within Shrs, AIC 2hrs) Veh No: GBE32206 i-Motor Claim Form W/1082030-001 19/2/10 10: 2 D.O.A: 19/1/20-10:12 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD ATP Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tel: Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: 6W 88 557 TP Particulars: Tel: Owner / Driver: (Cover Type: (Period: (Policy No: (Time: Confirmed by : (N: 0-20%; P: 21-79%. F: 80-100%] %) [Note-Est. Status (WO): Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (Loading: \$1,000 ()/\$2,000 (Excess: (\$ General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.); Towing Co: () / NO ()/ Towed-In (); Invoice: YES (Drive-In (Date&Time Completed Done by Remarks: (INC hotline: 6788 6616)) / Courtesy Car (1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Anit (S) Invoice Preparation Checklist Add Bill NA2001363 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. \$5 QC Checked by (Engr-In-Charge): * NS: Courtesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Post Repair Inspection Auditors! Comments: *N8: DV / Collect Excess Coordination 55 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idac Mobile Fee Charges Invoice dated 2at. 2/3; Fee Charged Invoice dated

in general the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.

aforesald.	
	ACCIDENT STATEMENT
Date Of Report	19/02/2020 17:27
Date Of Accident	19/02/2020 10:10
Exact Location Of Accident	MACTAGGART RD BEFORE HARRISON RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF3220G
Insured/Policyholder	
Name Of Registered Owner	ZEN POINT
Co Reg No	5XXXX400M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82680693
Alternative Phone No	OFFICE-82680693
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE DX 3.0 M
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083527990-03
Cover Note Number	
Driver	

DU WEIZHONG Name of Driver SXXXX796F NRIC No 25/07/1983 Date Of Birth OUTDOOR Occupation 28/02/2008 **Date Of Driving Pass**

11 YEARS AND 11 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-82680693 Mobile Number

Fax Number

OFFICE-82680693 Contact Number

NOEMAIL EMail Address

Address BLK 713 BEDOK RESERVOIR ROAD

#05-3962

Postcode 470713

Was driver an employee of the Insured's Company YES

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

Type Of Accident COLLISION - CHANGE/CROSS LANE

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 YES

Was any other material or property damaged?

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? Y

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

GW8855T

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver CHO CHING HUAT

NRIC/Passport Number

Contact Number 93685882

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 14

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DU WEIZHONG

BODY

GBF3220G

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE PROPERTY.
On above date & time, I was driving my vehicle A (GBF3220G) traveling
along Mactaggart Road on first lane of a 2-lanes, road. Somewhere
before Harrison Road, vehicle B (GW88557) which from my left
suddenly filtered to my lane. As a result, the right portion of vehicle
B collided onto the left portron of my vehicle.

DECLARATION

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

2

Policyholder & Simature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Senature

Name:

NRIC/FIN No .:

ehicle No.	GBF3220G Model/Make Coyota Hiace
ate of Accident	19 2 2020
me of Accident	1010 HRS
ocation of Accident	Along Mactagrant Road before Harrison Road
xact purpose use during accid	ent worked
lame of Owner	Zen Point
elephone No.	H/P: 82(8 0693 Home: Office:
RIC	53343400M
ddress	713 Bodok Reservoir Road #05-3962 S(470713)
laim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
ype of Coverage	Comprehensive Third Party Third Party / Fire /Theft
olicy No.	5083527990-03
one) its.	
Name of Driver	As Above If No, Du Wei Zhong
NRIC	58322796F Any Passengers:
Date of birth	25 7 1983
Occupation	Outdoor / Indoor
Oriving License Pass Date	28 (2) 2018
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	BUK 713 Bedok Reservar Road #05-3962 S(470713)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Du Wei Zhang 8268 0693
Name And Contact No.	Dr. 101(1515)
Police Report	No. If Yes, Where?
Vehicle B No.	GW 8855T Any Passengers :
Name of Driver	Cho Ching Hunt Contact No.: 9368 5882
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Left portion
Camera Recorder	Ves / No
Email Address	Kinsley_02 @ Hotmail. com
Littali Addiess	
PARTICULAR WORKSHOP	N51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting
FAX NO	6741 0510
FAX NO	Sales @ n51 · com · 39



Certificate of Insurance

M	OTOR VEHICLES	(THIRD PARTY	RISKS AND	COMPENSATION)	ACT (CHAPTER 189)
M	OTOR VEHICLES	(THIRD PARTY	RISKS AND	COMPENSATION)	RULES, 1960
	DAD TRANSPORT				

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5083527990-03 Cover: Comprehensive

Index mark and Registration Number of Vehicle : GBF3220G

Chassis Number : KDH2010192499

Name of Policyholder : ZEN POINT

 3. Effective Date of Insurance
 : 06 Sep 2019

 4. Expiry Date of Insurance
 : 05 Sep 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : \$\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : UNITED OVERSEAS BANK LIMITED

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INCOME - MT DEPT (00000600471)
Date of Issue : 14 Aug 2019 15:32 hrs.

Date of Issue 14 Aug 2019 15:32 hrs Reprint 14 Aug 2019 15:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

iello, NAC_PAYA_UBI_80	0601						. Change	Language	. Chanc	A STATE OF THE PARTY OF THE PAR	alClaim
My Desktop	Policy Query Change Password									· Log O	
Notice of Loss	Policy No.					Date	of Accident	19	/02/2020 10	2:10	
	Vehicle	No.(For Motor)	GBF3220G			Certificate Number			.0110		
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence	Expiry Date
	0	5083527990- 03		ZEN POINT	53343400M	GCV	Comprehensive		Object GBF3220G	Date 06/09/2019	

Certificate No.					NRIC		
No. Address	BLK 713 #05-3962 BEDOK RESE	BUOID DOAS	BEDOW FEE				
Product			BEDUK KES	ERVOIR GARDEN SI		713	
Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	14/08/2019	Effective Date	06/09/2019	9 00:00	Expiry Date	05/09/2020 23	1:59
Excess Type	Per Accident	All Claims Excess					
Third Party		Own			Mindage		
Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside		Outside					
Singapore OD Excess		Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	INCOME - MT DEPT	Agent Tel.	67886616		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
	BLK 713 #05-3962	Addres	5 2	BEDOK RESERVOIR	ROAD	Address 3	BEDOK RESERVOIR GARDEN
Address 1		Addres	s Туре	Singapore address	1	Post Code	470713
	SINGAPORE 470713						
Address 1 Address 4 Unit No.	SINGAPORE 470713 09-783	Related		5083527990-03			
Address 4 Unit No.		Related		5083527990-03			
Address 4 Jnit No.	09-783 Object: GBF3220G	Related		5083527990-03			

Claim Handling							
Accident MT/1085032	Carren Co.	0,4070-08840	A.O. 100 100 100 100 100 100 100 100 100 10				
Policy No. Certificate No.	5083527990-03	Vehicle No.	G8F3220G	GST Registration No.			
	E0.49003						
Policyholder Name Product Code	ZEN POINT			Policyholder NRIC	53343400M 0		
	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading			
Contact No.(Mobile)	82680693	Contact No.(Office)	0	Contact No.(Home)	0		
Email Address		Special Remark		eCode	No. V		
CFIC	® No ○Yes	TCA	® No ○Yes	eCode Reason			
NCD Protection No ■ Accident Details Report Date 19/02/2020 17:58 Date of Accident 19/02/2020 Reporting Centre		NCO Entitlement(%)	10	Private Hire	No		
					\$0.000		
		Accident Report Within 24 hrs	Yes	9222222	기념하다 이 사이라 보고 있다 이 것이 있다.		
				Accident Type	Collision - Change / Cross lane		
		Time of Accident hh; mm	10:10	Country of Accident	Singapore		
COdent Location	MACTAGONARY OR REPORT LANGUAGE	Orange Force		3CM No.			
Total Excess Applicable	MACTAGGART RD BEFORE HARRISON	RD					
xcess Type							
rcess rype	Per Accident	Windscreen Excess	100.00				
O Standard Excess	600.00	No description of					
ED OD Excess		TP Standard Excess	0.00				
ditional Excess	0.00	YIED TP Excess		Driver is Covered?			
	31190a.00						
Kal OD Excess Applicable	600.00	Total TP Excess Applicable					
7 Benefits							
GST Registered Inform	Marie Control of the		***************************************				
T Registered	No		GST Registration Date				
T Registration No.			GST Status Verified	Yes			
dification History	19/02/2020 18:00:33	System changed GST Status Verified fro	im No to Yes				
Policyholder Halling A							
dress 1	BLK 713 #05-3952	Address 2	BEDOK RESERVOIR ROAD	Address 3	BEDOK RESERVOIR GARDEN		
dress 4	SINGAPORE 470713	Address Type	Singapore address	Post Code	470713		
t No.	09-783	Related Policy Number	5083527990-03				
OI Driver Info		C-904030400000000000000000000000000000000					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver				
named driver Name	DU WEIZHONG	Driver NR3C	SXXXX796F	Driver DOB	25.420.444		
inter Date of Driver License		Driver Age	36		25/07/1983		
itact No.(Mobile)	82680693	Contact No.(Office)	0	Driving Experience	11		
iress 1	BLK 713	Address 2	Character and the second	Contact No.(Home)	0		
tress 4	SINGAPORE 470713		BEDOK RESERVOIR ROAD	Address 3	BEDOK RESERVOIR GARDEN		
		Address Type	Singapore address	Post Code	470713		
t No. es he own a Singapore	05-3962						
pistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company			
laration							
athalyser or Blood Test ding?	0 mg	Any injury?	Yes ○ No				
Incation History							
AND DESCRIPTION OF THE PARTY OF							
laim 001 New							
n Type *	OD-MX	Insured Name	ZEN POINT	Insured NR3C	53343400H		
act No.(Mobile)	96224588	Contact No.(Home)	NIL	Contact No. (Office)			
ii Address		Of Vehicle Number	GBF3220G	TP Vehicle Number	GWERSST		
mant Type Claimant Type *	Please Select	Type of Benefit •	Please Select				
nant Name •	22	Claimant NRIC *					
mant Address							
n Description	GBF3220G / GWBB55T ON 19 Feb 2020			- 15 TO 10 T			
erred Workshop Contact	7, 3moust 3m 19 rea 2020	rosessor one care		Name of Preferred Workshop			
		Insured Liability *	Not at Fault				
ire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Registered	19/02/2020 18:01	Claim Close Date	VALUE OF THE PARTY	Date Received	19/02/2020 00:00		
rt Taken By	Jackson						
Print AK letter	The state of the s						
		10					
		8	Save Submit				
rachment							
lent No.	MT/1085032	Claim No.	001				
Doc. Received	⊕ yes ○ No	Upload Date	19/02/2020 18:02				
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