Jeb description		Date & Time Completed	Done b	
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E-mail (within Shr	s, AIC 2hrs)			•
i-Motor Claim	Form	1 ccf447301 /M	39/3/20 12	36
i-Motor W/O (V	Vithin: OD 2hrs,	TP 4hrs)		
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Assessment/Surv	ey Report			
Ass't Report by J	Fax / Hand to	Owner/Wksp		
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eriod: ()			
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			10-7110	Water State
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14.	The state of the s		SECTION IN	
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			CONTRACT STAN	Amt (3)
	Invoice Pre	paration Checklist	fu Bill	Add Bill
	1) AR : Acciden	t Reporting (\$30);	10.00	
	2) DA : Damage	Assessment (\$100); INC		
15	4) FT : Follow-7	Through Survey	\$120	
1	S) FT . Follow-	Through Survey (Resurvey)	A STATE OF THE PARTY OF THE PAR	
	6) TR : Re-inspe	ection	\$75 \$160	
	7) N1 : Idac DA 8) NTUC Addit	+ SMRT Survey	2160	
7.	O) INTOC WOOL	and the second s		
•	OD.	<u></u>		
	*N5: Courtes	y Car / Tpt Allowands	\$5 510	
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	*N5: Courtes *N6: Repair *N7: Fost Re *N8: DV/C	y Cor / Tpt Allowands Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	\$10 \$25 \$5 \$20 30	
	i-Motor W/O (vi-Photo Upload Assessment/Surv Ass't Report by) Griod: ([Note-Est Status (WG) Warranty: YES (000 () / \$2,000 (000 () / \$2,00	i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand to Pate: INC (Date: [Note-Est Status (WO): N: 0-20] Warranty: YES () / NO (000 () / \$2,000 () Description of the property o	i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand to Owner/Wksp Tol: INC () / Non-INC () Tel: eriod: () Cover Type: (Date: Time: [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80] Warranty: YES () / NO () OOO () / \$2,000 () Courtesy Car () () () Inverce Preparation Checklist: 1) AR: Acident Reporting (\$30); 2) DA: Darmage Assessment (\$100); INC 3) TF: Towing Fee 4) FT: Follow-Through Survey (Resurvey) For claiming assinst INC Only (wef 10 Jan.)	i-Motor W/O (within: OD 2hrs, TP 4hrs) i-Photo Uploaded Assessment/Survey Report Tol: Fax: INC()/Non-INC() Tel:) priod: () Cover Type: () Date: Time:) [Note-Est Status (WO): N: 0-20%; P: 21-79%, P: 80-100%] Warranty: YES()/NO() OOO()/\$2,000() Tel:) Date&Time Completed Pate&Time Completed Date Tone: YES()/NO(): Towing Co: () Date&Time Completed Date Invoice Preparation Checklist: (Ant (S)) 1) AR: Accident Reporting (\$30); Done The completed (S) (\$30); The completed (S

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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

No. 2018 Selection of the Control of	ACCIDENT STATEMENT
Date Of Report	30/03/2020 12:23
Date Of Accident	29/03/2020 12:40
Exact Location Of Accident	BLK 233 BUKIT BATOK EAST AVE 5 CARPARK
Country/State of Loss	SINGAPORE
Become and the second s	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SJJ3876Z
Insured/Policyholder	
Name Of Registered Owner	CHNG ZHENG HAO
NRIC No	SXXXX177E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97381045
Alternative Phone No	OFFICE-97381045
Vehicle Particulars	
Manufacturer	тоуота
Model	ALLION 1.5 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	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	5103585481-01
Cover Note Number	
Driver	
Name of Driver	CHNG ZHENG HAO (ZHUANG ZHENGHAO)
NRIC No	SXXXX177E
Date Of Birth	19/02/1985
Occupation	INDOOR
Date Of Driving Pass	13/09/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97381045
Fax Number	
Contact Number	OFFICE-97381045

NOEMAIL

BLK 233 BUKIT BATOK EAST AVENUE 5 Address

#10-59

650233 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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 - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

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 Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLV2977K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category WEE ENG SIONG Name of Driver

NRIC/Passport Number

91791977 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

On 29th	March 2020, 1240hrs, I was driving my vehicle A	,
T.T. 7.87	Z, along the carpark of Block 233 towards the carp	ark
vit dire	ction. Suddenly, Vehicle B, SLV2977k, came out of	the
adding to	t without checking for oncoming rehicle and his front po	rtion
arreing to	my rehicle's left front portion.	
THE ONTO	my verice s it is not positive	
T tried	to avoid his relicle and swerred to the right but he	
1	for I all by see a repliefe.	
continued	to move forward and but onto my vehicle.	

DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

ehicle No.	SJJ 2876Z Model/Make TOYOTA Allion
ate of Accident	29 03 2020
ime of Accident	1240 HRS
ocation of Accident	BIR 237, DUMI BELLIN CUST
xact purpose use during acc	ident Private Used
lame of Owner	CHUG ZHENG HAD
elephone No.	H/P: 97381945 Home: 65671221 Office:
IRIC	88503177E
ddress	BIK 233, Bulat Batok East Ave 5 # 10-59 5 65
Claim type	OD (THIRD PARTY) REPORTING ONLY
nsurance Company	NTUC
ype of Coverage	(Comprehensive) Third Party Third Party / Fire /Theft
Policy No.	5103585481-01
•	
Name of Driver	As Above If No, CHNG ZHENG HAD
VRIC	8 8503177E Any Passengers: O
Date of birth	19/02/1985
Occupation	Outdoor / (Indoor
Driving License Pass Date	12 Sept 2013
Gender	(Male) / Female
Contact No.	H/P: 9738 1045 Home: Office:
Address	BIK 233, BUKIT BATOK EAST AVE 5 # 10-59 5 650023
Driver have any own vehicle	(No,) If yes, Reg No.
Relationship	Employee, If no, state 0 w ne
Weather condition	(Clear) Raining Other
Road Surface	(Dry) Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	(No,) If Yes, Where?
Vehicle B No.	SLV 2977K Any Passengers: 0
Name of Driver	Wee Eng Siong Contact No.: 91791977
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 Side Front Portion.
Camera Recorder	Yes No
Email Address	Clausvalka I @ gmail. com
PARTICULAR WORKSHOP	TWINCAY Antomotive 1º1L
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	
CONTACT PERSON	



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Certificate Number: 5103585481-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: SJJ3876Z

Chassis Number

: NZT2603031607

2. Name of Policyholder

: CHNG ZHENG HAO (ZHUANG ZHENGHAO)

3. Effective Date of Insurance

: 10 Sep 2019

4. Expiry Date of Insurance

: 09 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 or Hirer's business.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) 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)

: S\$2,000

EXCESS (SECTION 2)

: \$\$2,000

WINDSCREEN EXCESS

: S\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: N/A

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

: GRABCAR PTE. LTD. (00000601726)

Date of Issue

: 15 Aug 2019 23:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech						GeneralClaim					
Hello, NAC_PAYA_UBI_800601				The same of the sa		• Change La	anguage	+ Chang	e Password	• Log Out	
My Desktop Policy Query											
Notice of Loss	Policy No.						Date of Accident		29/03/2020 12:40		
	Vehicle	No.(For Motor)	51)3876Z			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103585481- 01		CHNG ZHENG HAO	58503177E	GCV	Comprehensive	SJJ3876Z	SJJ3876Z	10/09/2019	09/09/2020
					C	Continue					

	nce Date of Endorsemen		Endorsement	Time	Endorsemen	t Status	Endorsement Content		
▼ Endors	sements				Tar Wan ba Place	Variation and the second	The standard was written as the standard was a		
) Insure	d Object: SJJ3876Z								
Jnit No.	10-59	Relat Numi	ed Policy ber	5103585481-01					
Address 4	SINGAPORE 650233	Addre	ess Type	Singapore address		Post Code	650233		
Address 1	BLK 233 #10-59	Addre	ess 2	BUKIT BATOK EAST	AVENUE 5	Address 3	GOMBAK GARDENS		
Policyl	nolder Mailing Address								
Certificate Info									
Open Policy Info									
o- nsurance lag	No								
Agent	GRABCAR PTE, LTD.	Agent Tel.	65703925		GST Flag				
Outside Singapore OD Excess		Outside Singapore TP Excess	30000 PRIZE		OFT TI	Young/I	nexperience Driver Excess		
xcess		Premium	0			10.71			
xcess	2000	Excess			LACESS				
hird Party	2000	Own damage	2000		Windscreen Excess	100			
xcess ype	Per Accident	All Claims Excess							
olicy sue Date	15/08/2019	Effective Date	10/09/2019	00:00	Expiry Date	09/09/2020 23:	59		
roduct lame	COMMERCIAL VEHICLE INSURAL				Group Policy Flag	N.			
ddress	BLK 233 #10-59 BUKIT BATOK E	AST AVENUE	5 GOMBAK G	ARDENS SINGAPORE					
ertificate lo.									
olicy No.	5103585481-01	Name	CHNG ZHEN	G HAO	NRIC	S8503177E			

laim Handling						
ident HT/1089997	ELECTRICAL AL	Vehicle No.	S113876Z	Gi	ST Registration No.	
cy No.	5103585481-01	Venice No.	21130702		y.	
rtificate No.				Pro	olicyholder NRIC	58503177E
licyholder Name	CHNG ZHENG HAD				eding	0
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		ontact No.(Home)	0
ntact No.(Mobile)	97381045	Contact No. (Office)	0			Fig. V
iali Address		Special Remark	201723		Code	135.23
к	® No ○ Yes	TCA	® No ○ Yes		Code Reason	Charles
D Protection	No	NCD Entitlement(%)	10	Per	wate Hire	Yes
Accident Details						
port Date	30/03/2020 12:34	Accident Report Within 24 hrs	Yes	Ac	ocident Type	Collision - Major Minor Road
te of Accident	29/03/2020	Time of Accident hh:mm	12:40	C	ountry of Accident	Singapore
parting Centre		Orange Force		10	DM No.	
odent Location	BLK 233 BUKIT BATCK EAST AVE 5 CARPARK					
7 Total Excess Applicable						
cess Type	Per Accident	Windscreen Excess		100.00		
cess , pps	N-04-4000					
Standard Excess	2,000.00	TP Standard Excess	2.	,000.00		
ED OD Excess	0.00	YIED TP Excess		D	inver is Covered?	
iditional Excess						
otal OD Excess Applicable	2000.00	Total TP Excess Applicable				
Benefits	1-700000					
P GST Registered Informa	ation					
GST Registered Informa T Registered	No.		GST Registration	Date	2012	
T Registeres T Registration No.	113		GST Status Verifi		Yes	
odification History	30/03/2020 12:36:02 System	changed GST Status verified fro	om No to Yes			
ADDRESS OF ASSAULT						
Policyholder Mailing Ad	dress					
ddress 1	BLK 233 #10-59	Address 2	BUKIT BATOK EAST AVE	INUE S A	Voidress 3	GOMBAK GARDENS
ddress 4	SINGAPORE 650233	Address Type	Singapore address	P	Post Code	650233
nit No.	10-59	Related Policy Number	5103585481-01			
OI Driver Info	10.00	CONTRACTOR OF CONTRACTOR				
wwer Name	Unnamed Driver	Driver Type	Unnamed Driver			
nnamed driver Name	OHNG ZHENG HAD (ZHUANG ZI	Driver NRIC			Driver DOB	19/02/1985
		Driver Age	35		Oriving Experience	6
egister Date of Driver License		Contact No. (Office)			Contact No.(Home)	0
oreact No. (Mobile)	97381045	Address 2			Address 3	GOMBAK GARDENS
ddress 1	BFK 533	Address Type	Singapore address		Post Code	650233
ddress 4	SINGAPORE 650233	Address type				
Jnit No.	10-59				Driver Insurer Compa	<u>(2)</u>
loes he own a Singapore legistered car?	○ Yes ® No	Driver Vehicle No.			Delver Insules Compa	
Declaration			2 2			
reathelyser or Blood Test Reading?	0 mg	Any injury?	Yes ® No			
Hodification History						
10.00						
Claim 001 New						
escarator v	OD-MX	Insured Name	CHNG ZHENG HAD		Insured NRIC	\$8503177E
Claim Type *	Approximate and the second		65679221		Contact No.(Office)	+
Contact No.(Mobile)	97381045	Contact No.(Home)	\$113876Z		TP Vehicle Number	SLV2977K
Email Address	dausvaika1@gmail.com	OI Vehicle Number	Please Select	101		No. of the last of
Salment Type Claimant Type		Type of Benefit * Claimant NRIC *	Integer Street			
Seiment Name *	22	Camera resit.	-			
Salmant Address					Name of Preferred W	orkshop
Daim Description	5338762 / SLV2977K ON 29 Mar 2020	200000293843840	The second		1	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			The state of
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, N		GIA report	Received
Date Registered	30/03/2020 12:36	Claim Close Date			Date Received	30/03/2020 00:00
Report Taken By	Jackson					
Print AK letter						
West Control of the C			Section Inches			
			Save Submit			
Attachment						
•			102.10			
Accident No.	MT/1089997	Claim No.	001			
Last Doc. Received	● Yes ○ No	Upload Date	30/03	3/2020 12:37		
	Path •			Category *	Confidential	Urgency * Descript
		Brow	se Clear Please Se	ect v	NO V	Normal V
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		Brow			NO V	Normal 💟
		Brow			A 100 A	Normal V
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