Date In: 7 7 - 15:16	I I to James A Property	Date & Time Completed	Done	by
	Jeb description	Date & Time Completed	Done	0,
Ref No: 44/40000 716474	SAS e-filing	1		
Veh No: Sups 663	E-mail (within 8hrs, AIC 2hr	s)	C STATE OF THE STA	9
D.O.A: 87/20-18:45	i-Motor Claim Form	100-06490-001	9/3/20 13	:30
OD TP Reporting Only	i-Motor W/O (Within: OD			
O mp mg emy	i-Photo Uploaded			
TD Income.	Assessment/Survey Repo	rt		
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: 6		C()/Non-INC()		
Owner / Driver: (— <u> </u>	Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
	(WO): N:		100%1	
Year of Registration: ()	Warranty: YES ()/NO (-
	1,000 ()/\$2,000 ()			-
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() Walk-In Customer's in		Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Inst	urer URGENTLY.			
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO ()	; Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	had
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1) Apply for Transport Allowance ()	/ Courtesy Car ()			
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B) Upload Resurvey Photo [Repair Cost > Injury :	()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

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.
- 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.

9501050001	ACCIDENT STATEMENT
Date Of Report	09/07/2020 15:16
Date Of Accident	08/07/2020 18:45
Exact Location Of Accident	JUNC CHANGI RD & FRANKEL AVE
Country/State of Loss	SINGAPORE
SCHOOL SECTION OF SECTION SECT	DETAILS OF OWN VEHICLE
Vehicle Registration Number	
Insured/Policyholder	SGP566S
	CHIEN ZHANO VI
Name Of Registered Owner NRIC No	CHIEN ZHANG YI
Email Address	SXXXX489Z
Mobile Phone No	NOEMAIL
Legisland Marketing Visit Control of the Control of	(LOCAL) +65-93823940
Alternative Phone No	OFFICE-93823940
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC IMA 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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105227455-01
Cover Note Number	
Driver	
Name of Driver	CHIEN ZHANG YI
NRIC No	SXXXX489Z
Date Of Birth	15/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2011
Driving Experience	9 YEARS AND 4 MONTHS

MALE

NOEMAIL

(LOCAL) +65-93823940

OFFICE-93823940

12 WOODLEIGH CLOSE Address

#04-10

Postcode 357907

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

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? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200709/7011.

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

GBC8599Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name CHIEN ZHANG YI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGP566S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Police	report - T	1007041	pu.	
					11.15

DECLARATION

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

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 .:

ACCIDENT STATEMENT

ACC	IDENT DATE:(& /) / 20)(DD/MM/YYYY),	TIME:(19:44)(HH:MM)
LOCA	MION: changi rd. Inction	125
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: SAPS 665.	
	DINSURANCE COMPANY: NTUC	-
	CIPOLICY NUMBER:	
	dJPOLICY TYPE: (COMPREHENSIVE / THIRD PART	Y / THIRD PARTY FIRE &THEFT!
	e)MAKE & MODEL:	
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY	/ MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA	
	h) PURPOSE OF USING AT ACCIDENT TIME:	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSUR	ANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTICLAIM / REP	
2.	INSURED / POLICY HOLDER	
	A)NAME:	(MANE / FEMALE)
	b)NRIC/FIN/PASSPORT:	_CONTACT: 938 23993
	c)ADDRESS:	
(i) (ii) (ii)	<u> </u>	A 81 B
M	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOL	DER
* Ho of passenga	DRIVER	(A4 A1 E / EEA4 A1 E)
(Including driver)	a)NAME: b)NRIC/FIN/PASSPORT:	(MALE / FEMALE) _CONTACT:
(1.)	c)ADDRESS:	_CONTACT
1000	C/ADDRESS.	
	*d)DATE OF BIRTH: (/)(DD/M	M/YYYYI :
	e)OCCUPATION: (INDOOR / OUTDOOR)	8 (96)
	f) YEARS OF DRIVING EXPRERIENCE:	
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED	O'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED: OWNER-
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OT	THERS
	b)ROAD SURFACE: (DRY / WET / OTHERS	
6.	WAS ANYBODY INJURED (YES) NO) - NECIC	
7.	a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:_	
Lite of breeze 8.	a) VEHICLE NUMBER: GBC 85994	MODEL:
a niv of passenger	DEIVER'S NAME	_MODEL:
	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:	CONTACT:
(<u>1</u>) 9.	THIRD PARTY VEHICLE	
		MODEL:
his of passenger	OL DOIVED'S NAME.	
Unduding driver	f) NRIC/FIN/PASSPORT:	_CONTACT:
(5	2	

email = fax = VIDEO = X





1 of 3

Report No. T/20200709/7011

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

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 9/07/2020 14:38		Vide Report No.: Station			
Informa	nt's Partic	ulars				
Name of Informant:			Address:			
CHIEN ZHANG YI			12 WOODLEIGH CLOSE #04-10 SINGAPORE 357907			
ID Type / ID No.: NRIC NO / S9029489Z		89Z	Contact No.: Home/Office:	Mobile: 93823940		
National	Nationality:		Email:			
SINGAP	SINGAPORE CITIZEN		zhangyi@lohmun.com.sg			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male		15/08/1990	Driver			
Race:	Race:		Language:	Institution / School Name:		
Chinese	Chinese		English			
Occupation: Working proprietor (retail trade)		(retail trade)	Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2020 18:40	Type of Location Straight Road
Location: CHANGI RO/ Weather:	AD	Road Surface:	T s	Road Speed Limit:
Clear Traffic Flow: One Way		Dry Traffic Control: Traffic Light - Work		Traffic Volume: Moderate

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
GBC8599Y	Van					0	
SGP566S	Car	HONDA	CIVIC+IMA+	White		0	

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
SGP566S	NTUC Income Insurance Co-Operative Limited	5105227455-01	05/12/2019	04/12/2020				





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

2 of 3 Report No. T/20200709/7011

CONTINUATION OF REPORT

Details of Perso	n Involved				-	
Any Pedestrian I	nvolved: No				138	
No. of Pedestrian	ns Injured: NIL		Use of F	Pedestria	Cross	sing: NA
Driver	Marine Service				101000	ing. IVA
Name	CHIEN ZHANG YI			ID No		S9029489Z
Related Vehicle	SGP566S (Car)			Conta	ct No.	93823940
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY			Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2020		Date Dis	scharge	08/07	/2020
No. of Days gran	ted Medical Leave	05		of Injury	Serio	

Brief Details.

My car was stationary along the trafflic light at the cross junction along Changi Road & Frankel Ave as it was red light. Suddenly, I head a loud bang from the rear and my vehicle surge ahead. When I alighted from my vehicle, I realised that vehicle GBC8599Y has collided onto the rear end portion of my car. My car was badly damaged from the impact and I was injured, therefore I proceeded to a clinic for my injuried and was given 5 days MC.





3 of 3

Report No. T/20200709/7011

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

CONTINUATION OF REPORT

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0	K (+)	ican i	-	an

Informant is not able to provide sketch plan

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: 09/07/2020 14:38
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp

NP168

Hello, NAC_PAYA_UBI_80	00601						· Change	Languag	e • Char	nge Password	· Log Ou
My Desktop	Poli	cy Query								5 T. 22. 14 Was 11 12 12 12 12 12 12 12 12 12 12 12 12	i careerena
Notice of Loss	Policy N	No.				Date o	of Accident		08/07/2020	18:45	
	Vehicle	No.(For Motor)	SGP56	65		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105227455 01		CHIEN ZHANG YI	S9029489Z	GPC	drivo CLASSIC	SGP566S		05/12/2019	04/12/2020

Policy No.	5105227455-01	Policyholder Name	CHIEN ZH	ANG YI	Policyholder NRIC	59029489Z	
Certificate No.		9100000003			311515		
Address	12 WOODLEIGH CLOSE #04-10	BLOSSOMS @	WOODLEIG	H SINGAPORE 35790	07		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	28/11/2019	Effective Date	05/12/201	9 00:00	Expiry Date	04/12/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	SGP BUSINESS CONSULTANCY	Agent Tel.	62810777		GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	12 WOODLEIGH CLOSE	Addres	s 2	#04-10 BLOSSOMS	@ WOODLE A	ddress 3	SINGAPORE 357907
Address 4		Addres	s Type	Singapore address	P	ost Code	357907
Jnit No.	04-10	Related Policy Number		5105227455-01			
) Insured	Object: SGP566S						
	ements						
Tendorse							

Claim Handling												
Accident MT/1096490												
Policy No.	5105227455-01		vehicle No.		SGP566S				GST Registration No	0.		
Certificate No.												
Stoyholder Name	CHIEN ZHANG YE								Policyholder NRIC		99029	489Z
roduct Code	PRIVATE CAR INSURANCE		Cover Type		drive CLA	SSIC			Loading		g.	
ontact No.(Mobile)	93823940		Contact No.10ffice	4)	0				Contact No.(Home)		ū	
nail Address			Special Remark						eCode		100	
ĸ	® No ○ Yes		TCA		® No ○	Yes			eCode Reason		-2	
D Protection	No		NCD Entitlement(%)	30				Private hire		No	
Accident Details									112541116		175	
port Date	09/07/2020 15:31		Accident Report W	Table Server	- Mari							
			DOMESTIC STREET		Yes				Acadent Type		Collisio	n - Head to Rear
te of Accident	06/07/2020		Time of Accident h	nh:mm	18:45				Country of Accident		Singap	gne :
porting Centre			Orange Force						ICM No.			
cident Location	JUNC CHANGI RD & PRANKEL A	WE										
Total Excess Applicable												
cess Type	Per Accident		Windscreen Exces	15			100.00					
Standard Excess	600.00		TP Standard Excer	**			0.00					
D OD Excess	9.00		YIED TO Excess				0.00		Driver is Covered?		Covere	d
Ottohal Excess		1										
al OD Excess Applicable	600.00	1	Total TP Excess Ap	ppisable			0.00					
Benefits												
GST Registered Inform	ation											
Registered	No				GS	T Registration	Date					
F Registration No.						T Status Ventie			Yes			
diffication History							No. 15		NC-			
Policyholder Malling Ad	Idress											
dress 3	12 WOODLEIGH CLOSE		Address 2		#Q4-10 B	LOSSOMS @ W	DODLE		Address 3		SINGA	PORE 357907
dress 4	LE PROPERTIENT CEUSE		Address Type		Singapore address				Post Code			
	12.023							Post Code		357907		
t No.	04-10		Related Policy Nun	nour	51052274	10-5-01						
OI Driver Info	Chan Share III											
ver Name	Chien Zhang Yi		Driver Type		Main Drive							
named driver Name			Driver NRIC		59029489	ız			Driver DOB		15/08/	1990
pister Date of Driver License	22/02/2011		Driver Age		29				Driving Experience		9	
react No.(Mobile)	93823940		Contact No.[Office	0	0			Contact No. (Home)		0		
press 1	12 WOODLEIGH CLOSE		Address 2		BLOSSOMS @ WOODLEIGH			Address 3 SINGAPORE 357		PORE 357907		
tress a			Address Type		Singapore address				Post Code		357907	richardhann)
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