NATIONAL Assessment Centre	Services.	wet Jan'95] .	3M0920 CC00		
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	i-Photo Uplo	nded		 	
TP Insurer:	Assessment/Si				
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Proforred Wksp / INC Assign Wksp / QW: (•	Tol: 4	Fax:)
TP Particulars: Veh No: 51	LC 26211.	, INC()/Non-INC(-).		
Owner / Driver: (Tel:		
Policy No: () Peri	od: ()	Cover Type: (
Confirmed by : (Date:	Time:)	7
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2) QC Check / Post Repair Inspection	.(,)		 	1 7 7	
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()	1		
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CONTROL OF THE PROPERTY OF THE		3) TF : Towing I	14	\$40/\$45	
Oriver/Owner:		4) FT : Follow-T	brough Survey (Resurvey)	\$120 \$30	
Contact No:	* *	For claiming a	suinst INC Only (wor 10 Jan 2)	1935) \$75	200
Damaged Portion:		6) TR: Re-inspe 7) N1 : Idao DA		2160	
	1	3) NTUC Addition	onal Services:-		
C Checked by (Engr-In-Charge):		•NS: Courlesy	Car / Tpt Allowance	5.5	
	VINITADA KARALANI	• NG: Rapair C	n-ordination	510 523	
viditors Communists		NI: DV / Co	licol Expess Coordination	23	
24. 11	,	TP (N11): TI 9) N12: Idea Ma	(Non INC) against INC bile	30	
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SN0920CC0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 12/12/2020 10:27 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (12/12/2020 10:27 (SGT))



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 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.

ACCIDENT STATEMENT

Date of Submission 12/12/2020 10:27 (SGT) Date of Accident 09/12/2020 19:50 (SGT) Exact Location of Accident Clementi Ave 6, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGF3057C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PRESTIGE KARZ LEASING PTE. LTD. Company Reg No 2XXXXX085E **Email Address** ZOOMAUTOWERKS@GMAIL.COM Mobile Phone No (Phone) +65-85555698 Alternative Phone No +65-85555698

VEHICLE PARTICULARS

Manufacturer Honda Model Civic Variant Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy No Policy Number 5119625763 Cover Note Number

DRIVER

Name of Driver WONG CHUN KIT NRIC No SXXXX174I 03/01/1994 Date Of Birth Occupation Indoor

Date Of Driving Pass 05/08/2020 4 MONTHS Driving experience Gender Male (Phone) +65-85555698 Mobile Number Alt. Phone Number Email Address ZOOMAUTOWERKS@GMAIL.COM Address BLK 441B CLEMENTI AVE 3 #26-13 Address complement Postcode 122441 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions DRIZZLING Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? No 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? 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	SLC2621L
Vehicle Manufacturer	-
Vehicle Model	224
Vehicle Variant	123
Vehicle Colour	4
Vehicle Category	Private car
Name of Driver	-
Contact Number	7. 1 .2.2
Address	(=))
Address complement	1=10
Postcode	
Insurance Company Name	16700 2700

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- S. 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)

understand, acknowledge, agree and consent that:

- 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.
- (c) 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: W

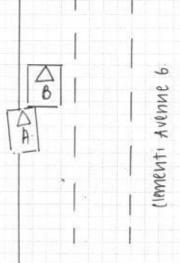
Driver's Signature (If driver is not the policyholder) Date & Time: tal

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

17

Venicle A: Stif 3057c

Vehicle B: SLC 2621L.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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: A

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Hello, NAC_PAYA_UBI_	800601					• Chang	e Languag	• Chan	je Password	• Log Out
My Desktop	Policy Query						161 6			
Notice of Loss	Policy No.	Policy No.					Date of Accident		09/12/2020 14:45	
	Vehicle No.(For Motor)	SGF305	57C		Certif	icate Numbe	r			
				[Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5119625763	5119625763- 000002	PRESTIGE KARZ LEASING PTE. LTD.	201917085E	GFM	Third Party	SGF3057C	SGF3057C	27/10/2020	26/10/2021

ACCIDENT STATEMENT

ACCIDENT DATE:(_	09/12/2020/10	D/MM/YYYY), TIM	E:(19: 50 HHH:MM)
LOCATION:	Along cleme	nti Avenue	6.
	NUMBER: DE COMPANY:	8GF30570_ NTUC	
d)POLICY TY e)MAKE & M f)TYPE:(SALQ g)VEHICLE C h)PURPOSE (i) ARE YOU C IF NO, PLEA	PE: (COMPREHENSIVE ODEL: ON / COUPE / MPV / ATEGORY: (PRIVATE / OF USING AT ACCIDEN LAIMING UNDER YOUR SE STATE (THIRD PARTY	VAN / LORRY / MC COMMERCIAL / M IT TIME: PY OWN INSURANCE	E (XED) LOT
2. INSURED / PO A)NAME: b)NRIC/FIN/F c)ADDRESS:_	PYESTIGE FO		IL_(MALE / FEMALE) NTACT:
*CONTINUE TO DRIVER (Including striver) (01) *CONTINUE TO DRIVER a)NAME: b)NRIC/FIN/P c)ADDRESS:		POLICY HOLDER MUN Kit MY 001741 CO	(MALE / FEMALE) NTACT:85555698
e)OCCUPATION F)YEARS OF DE	RTH: (03 / 01 / 1000) ON: (INDOOR / OUTDO	OOR)	
4. WAS DRIVER IF NO, RELAT 5. G)WEATHER C	AN EMPLOYEE OF THE DRINGHIP OF THE DRINGHIP OF THE DRINGHIP ONDITION: (CLEAR / RACE: (DRY / WE) / QTH	HE INSURED'S CO LIVER WITH INSU RANGED / OTHERS	
 WAS ANYBOD a)REPORTED TO IF YES, PLEAS 	Y INJURED (YES / NG) D POLICE (YES / NO) E STATE WHICH POLIC	.*	
B. THIRD PARTY VI	IUMBER: SLC2		DEL:
THIRD PARTY VI	PASSPORT: EHICLE	con	NTACT:
(No of passenger of Delivers	UMBER:		EL:
(Including driver) f) NRIC/FIN/F	'ASSPORT:	CON	ITACT:

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