

NATIONAL ASSOCIATION OF CERTIFIED EXPLORERS

Date In: 12/12/2021 12:48
 Ref No: NAB-EX-2021-26304
 Sub No: SUB 526Z
 Date: 12/12/2021 21:51

SN0821CE0003

(1) (1) Reporting Only

TP Insurer

Preferred Wksp / NO Avail / Wksp / DWI

TP Insured/Driver () Yes/No () SHD 4510D () NO () / Non-NO ()

Owner/Driver ()

Policy No () Period () Cover Type ()

Confirmed by ()

Insured/Driver Liability () % (None to 100%) () NO () / Non-NO ()

Year of Registration ()

License () Loading \$1,000 () / \$2,000 ()

() Willing to provide Customer Information & Policy NO prior to report

() Total Loss Case () to e-mail Insurer URGENTLY

Driver-In () / Involved-In () / Involved-VIS () / NO () / Towed-Car ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QO Check / Pay Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3,000) ()

Injury ()

Driver/Owner

Continous No

Continued Portion

QO Checked by (Engineer/Inspector)

1) QO Accident Summary (QO)	2) QO Summary (QO)	3) QO Summary (QO)	4) QO Summary (QO)	5) QO Summary (QO)	6) QO Summary (QO)	7) QO Summary (QO)	8) QO Summary (QO)	9) QO Summary (QO)	10) QO Summary (QO)	11) QO Summary (QO)	12) QO Summary (QO)	13) QO Summary (QO)	14) QO Summary (QO)	15) QO Summary (QO)	16) QO Summary (QO)	17) QO Summary (QO)	18) QO Summary (QO)	19) QO Summary (QO)	20) QO Summary (QO)	21) QO Summary (QO)	22) QO Summary (QO)	23) QO Summary (QO)	24) QO Summary (QO)	25) QO Summary (QO)	26) QO Summary (QO)	27) QO Summary (QO)	28) QO Summary (QO)	29) QO Summary (QO)	30) QO Summary (QO)	31) QO Summary (QO)	32) QO Summary (QO)	33) QO Summary (QO)	34) QO Summary (QO)	35) QO Summary (QO)	36) QO Summary (QO)	37) QO Summary (QO)	38) QO Summary (QO)	39) QO Summary (QO)	40) QO Summary (QO)	41) QO Summary (QO)	42) QO Summary (QO)	43) QO Summary (QO)	44) QO Summary (QO)	45) QO Summary (QO)	46) QO Summary (QO)	47) QO Summary (QO)	48) QO Summary (QO)	49) QO Summary (QO)	50) QO Summary (QO)	51) QO Summary (QO)	52) QO Summary (QO)	53) QO Summary (QO)	54) QO Summary (QO)	55) QO Summary (QO)	56) QO Summary (QO)	57) QO Summary (QO)	58) QO Summary (QO)	59) QO Summary (QO)	60) QO Summary (QO)	61) QO Summary (QO)	62) QO Summary (QO)	63) QO Summary (QO)	64) QO Summary (QO)	65) QO Summary (QO)	66) QO Summary (QO)	67) QO Summary (QO)	68) QO Summary (QO)	69) QO Summary (QO)	70) QO Summary (QO)	71) QO Summary (QO)	72) QO Summary (QO)	73) QO Summary (QO)	74) QO Summary (QO)	75) QO Summary (QO)	76) QO Summary (QO)	77) QO Summary (QO)	78) QO Summary (QO)	79) QO Summary (QO)	80) QO Summary (QO)	81) QO Summary (QO)	82) QO Summary (QO)	83) QO Summary (QO)	84) QO Summary (QO)	85) QO Summary (QO)	86) QO Summary (QO)	87) QO Summary (QO)	88) QO Summary (QO)	89) QO Summary (QO)	90) QO Summary (QO)	91) QO Summary (QO)	92) QO Summary (QO)	93) QO Summary (QO)	94) QO Summary (QO)	95) QO Summary (QO)	96) QO Summary (QO)	97) QO Summary (QO)	98) QO Summary (QO)	99) QO Summary (QO)	100) QO Summary (QO)
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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 Submission	14/12/2021 12:48 (SGT)
Date of Accident	13/12/2021 21:51 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	TOWARDS HILL STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB526Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZHANG YICHI
Passport No/FIN	GXXXX389U
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-97861738
Alternative Phone No	+65-97861738

VEHICLE PARTICULARS

Manufacturer	McLaren
Model	720S COUPE
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	3994

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-008487
Cover Note Number	-

DRIVER

Name of Driver	ZHANG YICHI
Passport No/FIN	GXXXX389U

Date Of Birth	26/05/2000
Occupation	Indoor
Date Of Driving Pass	16/09/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97861738
Alt. Phone Number	+65-97861738
Email Address	reporting@mycar.sg
Address	14 JALAN JINTAN
Address complement	-
Postcode	229009
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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	Clear
Road Surface	Dry

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4570D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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 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
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.

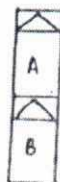
JK
Policyholder's Signature / Date & Time

JK
Driver's Signature (If driver is not the policyholder) / Date & Time

14/12/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

VICTORIA STREET TOWARDS HILL STREET



VEHICLE A: SNB5263

VEHICLE B: SHD4570D

Describe Circumstances of the Accident

on the stated time and date.

I was stationary at the traffic junction waiting for the traffic light to turn green.

Right after it turned green, I heard a loud impact from the rear. I awoke to realise that I was rear ended by vehicle B (SHD4570D)

Declaration

We declare the foregoing particulars are true in every respect.

SK
Policyholder's Signature / Date & Time

SK
Driver's Signature (if driver is not the policyholder) / Date & Time

14/12/2021
Witnessed by Reporting Centre Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13 / 12 / 2021 (dd/mm/yy)

Time of Accident: 21 : 51 (24-HR-FORMAT)

Vehicle No.: SNB526Z

Vehicle Make & Model: MCLAREN 720S COUPE

*Transmission : ☐ Manual ☒ Auto

*C.c : 3994

Exact location of Accident: VICTORIA STREET TOWARDS HILL STREET

Policyholder's Name: ZHANG YICHI

NRIC/FIN/REG No.: G1911389U

*Policyholder's email address : REPORTING@MYCAR.SG

Driver's Name: ZHANG YICHI

NRIC/FIN/REG No.: G1911389U

*Driver's email address : REPORTING@MYCAR.SG

Driver's Contact No.: 97861738

Company Contact No (If any): _____

Date of birth: 26/05/2000

Driving Pass Date: 16/09/2019

Driver's Address: 14 JALAN JINTAN, SINGAPORE (229009)

Insurance Company: EQ

Policy No.: DMPPHQ21-008487

Type of Coverage Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☒ Indoor / ☐ Outdoor

*No. of Passengers / Including Driver): 1

*Passenger Name: _____ Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☒ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain : _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHD4570D

Driver's Contact No: _____ Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

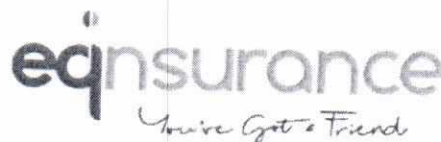
Driver's Contact No: _____ Insurance Company : _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
Tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no: 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**PRIVATE CAR
Comprehensive**

Certificate No.: DMPPHQ21-008487

1. Index Mark and Registration Number of Vehicles

SNB526Z

2. Engine No. and Chassis No.

40JBAG140825 / SBM14DCD4JW000667

3. Name of Policyholder

ZHANG YICHI

4. Effective Date of the Commencement of Insurance for the purpose of the Act

16/11/2021

5. Date of Expiry of Insurance

15/11/2022

6. Person or Classes of Persons entitled to drive*

(a) The Policyholder

(b) The specific person(s) whose name is lodged in the Schedule.

*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 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

7. Limitations as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing and on race track

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for any purpose in connection with the Motor Trade

(e) use by any other persons than those defined as entitled to drive in paragraph 5 above

*Limitations rendered inoperative by Section 8 of the Motor vehicles (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.

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) or and Amendment, Act or Acts passed in substitution thereof.

Form: MX3

Excess:

Named Driver SGD15,000.00

Nm Driver-Outside SG SGD30,000.00

Insured/Named Driver SGD130,000.00

WdScrn/Snroof/Mnroof SGD1,000.00

EQI Motor Accident
Hotline**6311 3211**

HP: TOYOTA FINANCIAL SERVICES SINGAPORE PTE.LTD
unwsbh/HO/B000082/ANIKA INSURANCE BROK



A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited