Date In 29/11/2017 12:39 Job	description	Date & Time Completed	Done by	
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29/11/2017 69:50	lotor Claim Form		1	-
	lotor W/O (Within: U	DD 2hrs. 1P 4hrs)		1.0
	hoto Uploaded	port 1		
	sessment/Survey Rep	to the same of the		
As As	s't Report by Fax / F	land to Owner/Wksp	Fax:)
Preforred Wksp / INC Assign Wksp / QW: (Tel: NC()/Non-INC()	I da.	
P Particulars: Veh No: SLO	94773, 1	NC()/Non-INC())	
Owner / Driver: (Cover Type: (
Policy No: () Period: (Datas	7)	
Confirmed by : (Date:		0-100%]	-1175-000-0
11134104	The state of the s	N: 0-20%; P: 21-79%. F: S		
Year of Registration.	ity: YES () / No	<u> </u>		
Excess: (\$) Loading: \$1,000 ()/\$2,000()	THE RESIDENCE THE TAXABLE PROPERTY.		
eneral Remarks:-	公司中国的建筑和	Seguit	or	
) Walk-In Customer : Customer's information	n strictly Confidentia	al & Strictly NO rater of Tepali		
) Total Loss Case : to e-mail Insurer UR	GENTLY.			
Victorial Control of C				
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SINGAPORE ACCIDENT STATEMENT

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.
- 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 ability.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of 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.

STATE OF THE PARTY	ACCIDENT STATEMENT	
Date Of Report	29/11/2017 12:39	
Date Of Accident	29/11/2017 09:50	
Exact Location Of Accident	KPE TWDS MCE AFTER TAMPINES	
Country/State of Loss	SINGAPORE	
在1960年中共和国共和国共和国共和国	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLP8867L	
Insured/Policyholder		
Name Of Registered Owner	NG JIE SHENG, JACKSON	
NRIC No	S8713160B	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-93893289	
Alternative Phone No	OTHERS-93893289	
Vehicle Particulars		
Manufacturer	CHEVROLET	
Model	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR	

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5093518314 Policy Number

Cover Note Number

Driver

NG JIE SHENG, JACKSON Name of Driver

S8713160B NRIC No 17/05/1987 Date Of Birth OUTDOOR Occupation 08/03/2011 Date Of Driving Pass

6 YEARS AND 8 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-93893289 Mobile Number

Fax Number

OTHERS-93893289 Contact Number

NOEMAIL **EMail Address**

BLK 212B PUNGGOL WALK Address

#04-717

822212 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

YES Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Vehicle Registration Number

SLQ9477S

YES NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

1

NO

NO

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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.
- 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:

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	dtes tampines
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
vehicle A was heading towards KPE towards MCE after there was a jam in flort of me the vehicle B Braked and outdn't stop in time and bong onto his (vehicle B) rear pox	

	-	 		-		
D		 ١.	rn		161	ı D

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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8713160B





NG JIE SHENG, JACKSON

杰胜

CHINESE

Date of birth

17-05-1987

Country/Place of birth SINGAPORE





5326764



10-07-2014

APT BLK 212B PUNGGOL WALK #04-717 SINGAPORE 822212

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Mutarcycles =< 200 CC

Class 2A Motorcycles between 201 CC and 400 CC

0000 Class 2 Maturcycles > 400 CC Class 3

Class 3 Morae wars = 0 0000 kg with = 7 passengers, exclusive of the driver; and motor tractors/whites = 2500 kg.

Class 4 Heavy motor cars and motor tractors > 2500 kg.

29 Jul 2019 88 Mar 2011

06 Feb 2007

20 Mar 2014

\$8713160B

S / No. 9000203427

NP 428A

Liconce No: \$8719160B

eBao Tech								2 24	Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	nguage	· Change Password	Log Ou
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	29/11	/2017 09:50	
	Vehicle	No.(For Motor)	SLP8867L							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093518314	NG JIE SHENG, JACKSON	S8713160B	GPC	drivo CLASSIC	SLP8867L	SLP8867L	19/08/2017	18/08/2018

© Endors	ements				25-000 9500 101 W
	d Object: SLP8867L				
Unit No.	04-717	Related Policy Number	5093518314		
Address 4	SINGAPORE 822212	Address Type	Singapore address	Post Code	822212
Address 1	BLK 212B #04-717	Address 2	PUNGGOL WALK	Address 3	PUNGGOL WAVES
→ Policyl	older Mailing Address				
Certificate Info					
Open Policy Info					
Co- nsurance Flag	No				
\gent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
OD Excess	600	Singapore TP Excess	0		
Outside		Outside	•		
Additional Excess	0	OS Premium	0		
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Policy ssue Date	18/08/2017	Effective Date	19/08/2017 00:00	Expiry Date	18/08/2018 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
ddress	BLK 212B #04-717 PUNGGOL	WALK PUNGGO	L WAVES SINGAPORE		
Policy No.	5093518314	Policyholder Name	NG JIE SHENG, JACK	MAC	\$8713160B

Claim Handling				
Policy No.	5093518314	Vehicle No.	SLP8867L	GST Registration No.
olicyholder Name	NG JIE SHENG, JACKSON			Policyholder NR3C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	93893289	Contact No.(Office)	0	Contact No.(Home)
mail Address		Special Remark		eCode
CFIC	No Yes	TCA	◎ No Yes	eCode Reason
VCD Protection	No	NCD Entitlement(%)	0	
▽ Accident Details				
eport Date	29/11/2017 14:04	Accident Report Within 24 hrs	Yes	Accident Type
ate of Accident	29/11/2017	Time of Accident hh:mm	09:50	Country of Accident
eporting Centre		Orange Force		ICM No.
ccident Location	KPE TWDS MCE AFTER TAMPINES			
□ Benefits				
♥ Excess				
wn damage Excess	600.00	Additional Excess	0.00	Windscreen Excess
nnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
hird Party Excess	0.00	Outside Singapore TP Excess	0.00	
GST Registered Inform	nation			
ST Registered	No		GST Registration Date	2023
ST Registration No. lodification History			GST Status Verified	Yes
Sente and a sent of the				
Policyholder Mailing A	ddress			
ddress 1	BLK 2128 #04-717	Address 2	PUNGGOL WALK	Address 3
ddress 4	SINGAPORE 822212	Address Type	Singapore address	Post Code
init No.	04-717	Related Policy Number	5093518314	
OI Driver Info				
river Name	NG JIE SHENG, JACKSON	Driver Type	Main Driver	550 - 20
nnamed driver Name		Driver NRIC	587131608	Driver DOB
egister Date of Driver Licens	e 08/03/2011	Driver Age	30	Driving Experience
ontact No.(Mobile)	93893289	Contact No.(Office)	a	Contact No.(Home)
ddress 1	BLK 212B	Address 2	PUNGGOL WALK	Address 3
ddress 4		Address Type	Singapore address	Post Code
Init No.	#04-717			
loes he own a Singapore egistered car?	C Yes @ No	Driver Vehicle No.		Driver Insurer Company
eclaration reathalyser or Blood Test	proteon.	9000 60000		
eading?	0 mg	Any injury?	Yes No	
lodification History				
	N .			
Claim 001 OD-MX Ne	w			
		2011/2011/2011/2011/2011/2011/2011/2011		-Europe (A-Administration
aim Type •	OD-MX *	Insured Name	NG JIE SHENG, JACKSON	Insured NRIC
ontact No.(Mobile)		Contact No.(Home)	62828363	Contact No.(Office)
mail Address		OI Vehicle Number	SLP8867L	TP Vehicle Number
aim Description	SLP8867L / SLQ9477S ON 29 Nov 2017	In Gleber M. 104	Section Sections	Name of Preferred Workshop
eferred Workshop Contact o.		Insured Liability *	Fully at Fault T	
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report
ate Registered	29/11/2017 14:12	Claim Close Date		Date Received
aport Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired
Print AK letter				
			Save Submit	
Attachment				
1.00				
*	7179-4175-726-72	The A Self-Sire	Bol Y	
2	MT/0971649	Claim No. Upload Date	001 29/11/2017 14:15	

