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OD O Reparting Only	i-Motor W/C					
TP Insurer	Assessment St		d to Owner/Wash			0.000 2000
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax.		
TP Particulars: Veh No:	DF 1811 R	INC)/Non-DVC (9		
Owner / Driver (1811 K		Tel			
Policy No. () Peri	od (Cover Type (
Confirmed by : (Date:	Time:			
Insured/Driver Liability (%) [N	ote-Est Status (1	WO): N: 0	-20%; P: 21-79%.	F: 80-100%)		
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (S) Loading: \$1,00	0()/\$2,000	()				
General Remarks:-	TE TOWN		E PURE STEEL			
() Walk-In Customer's inform	nation strictly Co	nfidential &	Strictly NO rafer of re	pairer		
() Total Loss Case : to e-mail Insurer	URGENTLY.					
Drive-In () / Towel-In (); Invoice:	YES()/1	() OZ	Towing Co. ()
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$50 Injury: Date/Time Actions	[000])			- 1	
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Claimant's Particulars :-	MAITO + 833		Hent Reporting (\$30),		30.00	
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Auditors' Comments :-		*NV Far	t Repoir Inagestica	414		
232 11		TROUL	Celles Expess Georgicals TB D- n. INC) against D-1	# 55 524		
lat 2/2		9) 0412 14x Involce can	cisionis	30 Oktobra		医腰直
EL P. P.		\$11(\$600.52)		Chiga		SHOW THE THEY STREET

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 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.
- 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

(1) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACCIDENT STATEMENT
Date Of Report	20/12/2017 11:46
Date Of Accident	19/12/2017 16:30
Exact Location Of Accident	THOMSON RD TWDS MARYMOUNT AT PIE(CHANGI) EXIT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS996X
Insured/Policyholder	
Name Of Registered Owner	TAY DA DE, TITUS (ZHENG DADE)
NRIC No	S8827641H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86615515
Alternative Phone No	OFFICE-86615515
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	5093348250
Cover Note Number	
Driver	
Name of Driver	TAY DA DE, TITUS (ZHENG DADE)
NRIC No	S8827641H
Date Of Birth	31/07/1988
Occupation	INDOOR
Date Of Driving Pass	28/05/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86615515
Fax Number	
Contact Number	OFFICE-86615515
	NOTAM

NOEMAIL

6 ANGKLONG LANE #05-04 Address

579980 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 - HEAD TO REAR Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

2

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

NAME:

: PHAM THI BE HUYEN

: FEMALE GENDER:

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDF1811R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

TAY DA DE, TITUS (ZHENG DADE) Name

Approximate Age

BODY Injuries Sustain SKS996X Injured person in which vehicle? YES

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

PHAM THI BE HUYEN Name

Approximate Age

BODY Injuries Sustain SKS996X Injured person in which vehicle? YES Were seat belts worn? Was this injured conveyed to hospital by ambulance? NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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 Oriver.
- 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.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA flecords 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 aforesald.
- 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 tirms, 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:

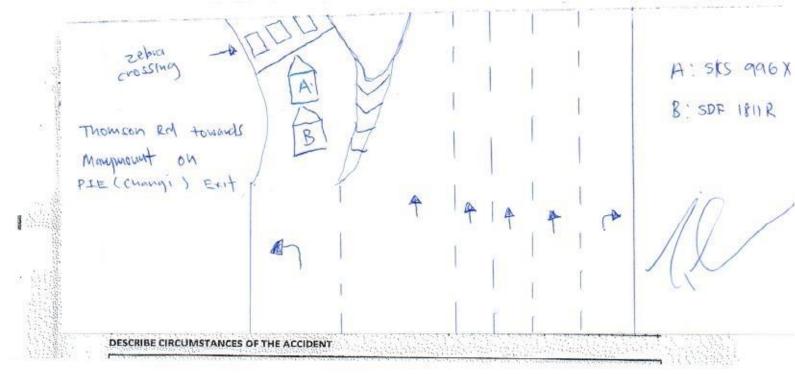
Driver's Signature (If driver is not the policyholder)

Date & Time:

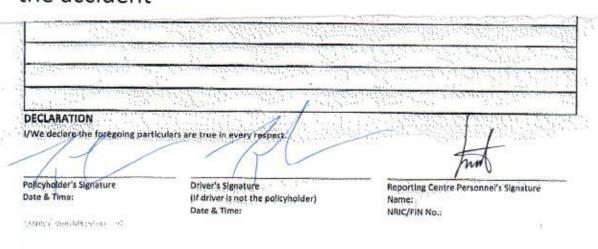
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



I was travelling along Thomson road towards
Marymount at PIE (Changi) exit slip road. There were
people crossing the zebra crossing so I slowed down
and stop and wait for the people to cross. Suddenly I
felt a huge impact on the rear portion of my vehicle.
Vehicle B had knock onto me . 2 cars were involved in
the accident



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the Individual listurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fulfful 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 inswance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 19/12/2017	(DD/MM/YY) Time: 16:30	(HH:MM)
Exact location of accident	Thomson road t	+ thusmphism stonger	
14 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PIE ((hang)) E	xi+. ~1	

Details of vehicle

Vehicle registration number	ISKS 996X
Vehicle make and model	Voltewagen Schecco 1.4
Type of vehicle	Saloon er MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private iz Commercial D Motorcycle D
Purpose of using at said time	Printe
Are you claiming under your own insurance company?	Yes No Reporting only

Insurance information

Insurance company	NTWC
Policy number	
Type of policy	Comprehensive Third party fire & theft a TP only a

Insured / Policy holder

Name	TAY DA DE TITUS Male or Female o
NRIC / Fin / Passport number	38827641H
Contact	8661 5515
Address	6 Anaklong land # 05-04 SCELARTO

Same as insured above (skip to D.O.B)

Name	Male a Female a
NRIC / Fin / Passport numbe	
Contact	
Address	
Email address	
Date of birth	31 July 1988
Occupation	Indoor D Outdoor D
Driving date pass	28 May 2015

Page 1

General Information of the accident

Was driver an employee of the insured's company?	Yes to	No of ationship of the o	river and insured	:_ owv	ier
No of passenger	2			- Carrier III	(Inclusive of driver)
Accident captured by camera?	Yes 🗆	Noø		SECTION TO	
Weather condition	Clear ci	Raining 2	Others:		
Road surface	Dry 🗆	Wet er			

Other information

	-		
Was anybody injured?	Yes E	No 🗆	
	Yes B	No 🗆	

Details of police action

	the state of the palled station	A CONTRACTOR
Reported to police?	Yes a No W If yes, please state which police station.	-
Dollee station name		-

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	3DF 1811 R
Vehicle make model	Company and the second of the

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	18 18 18 18 18 18 18 18 18 18 18 18 18 1

Third party vehicle 3

Name	14.7.7		
Contact number	4, 14.		
NRIC / Fin / Passport number			
Vehicle registration number	1,000		
Vehicle make model	TO STATE OF THE PROPERTY OF THE PERSON OF TH	1.0	

Third party vehicle 4

3,4004	
Name	
Contact number	
NRIC / Fin / Passport number	The second secon
Vehicle registration number	
Vehicle make model	

iù:

Witness 1

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
project	
Name	

Witness 2

parties and the same of the sa	
Mame	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

Injured person 1

Name	TAY DA DE ,TIMS
Injuries sustained	Body
Which vehicle person in?	SKS ANEX
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes a No e

Injured person 2

Name - Na	Phan thi be Huyen
Injuries sustained	Fody
Which vehicle person in?	SKS 946 X
Were seat belts worn?	Yes E No D
Was injured conveyed to	Yes D No.er
hospital by ambulance?	A CONTRACTOR OF THE PROPERTY O

injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No.D
Was Injured conveyed to hospital by ambulance?	Yes □ No □

Injured person 4

Name	
injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D

1

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8827641H





TAY DA DE, TITUS (ZHENG DADE)

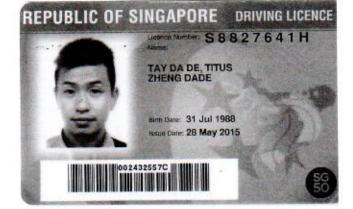
达 得 郑

CHINESE

Date of birth

31-07-1988

Country/Place of birth SINGAPORE



3551586





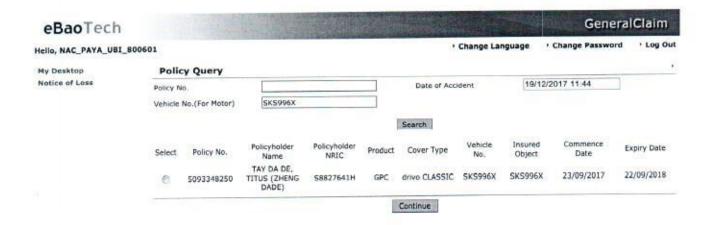
Date of Issue 23-07-2014

6 ANGKLONG LANE #05-04 SINGAPORE 579980

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

EFFECTIVE DATE

Motor Cars =< 3000kg with =<7 passengers, exclusive 28 May 2015 of the driver; and other motor vehicles =< 2500kg Class 3



Claim Handling Accident MT/0974489 Policy No. 5093348250 Vehicle No. SK\$996X GST Registration No. TAY DA DE, TITUS (ZHENG DADE) Policyholder NRIC Policyholder Name Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading Contact No. (Mobile) 86615515 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No ○ Yes (S No Yes eCode Reason KFK TCA NCD Entitlement(%) Private Hire NCD Protection No 10 No Accident Details Report Date 20/12/2017 13:24 Accident Report Within 24 hrs Accident Type Collision - Head Date of Accident 19/12/2017 Time of Accident hh:mm Country of Accident 16:30 Singapore ICM No. Reporting Centre Orange Force THOMSON RD TWDS MARYMOUNT AT PIE(CHANGI) EXIT Accident Location W Benefits **♥** Excess 0.00 Own damage Excess 600.00 Additional Excess Windscreen Excess **Unnamed Driver Excess** 0.00 Outside Singapore OD Excess 600.00 Third Party Excess 0.00 Outside Singapore TP Excess 0.00 GST Registered Information **GST** Registered No **GST Registration Date** GST Registration No. **GST Status Verified** Yes Modification History Policyholder Mailing Address 6 ANGKLONG LANE Address 2 #05-04 FABER GARDEN CONDO Address 3 Address 4 Singapore address Post Code 04-3643 Related Policy Number 5093348250 Unit No. OI Driver Info Driver Name TAY DA DE TITUS Driver Type Main Driver S8827641H Driver DOB Register Date of Driver License 28/05/2015 Driver Age **Driving Experience** Contact No.(Mobile) 86615515 Contact No.(Office) Contact No.(Home) Address 1 6 ANGKLONG LANE Address 2 #05-04 FABER GARDEN CONDO Address 3 Address 4 Address Type Singapore address Post Code Unit No. 04-3643 Does he own a Singapore Registered car? Yes @ No Driver Insurer Company Driver Vehicle No. Declaration Breathalyser or Blood Test Reading? Any injury? @ Yes No Modification History Claim 001 New TAY DA DE, TITUS (ZHENG DAD OD-MX Insured NRIC Claim Type * Insured Name Contact No.(Office) Contact No. (Mobile) Contact No.(Home) Email Address OI Vehicle Number 5KS996X TP Vehicle Number Claim Description SKS996X / SDF1811R ON 19 Dec 2017 Name of Preferred Workshop Preferred Workshop Contact No. Insured Liability * Not at Fault Preferered Repair Option Preferred Workshop, Name unknown Require Finalisation Date Registered 20/12/2017 13:27 Claim Close Date Date Received LIEW SHAN HUI Report Taken By Print AK letter Save Submit Attachment Accident No. MT/0974489 Claim No. Upload Date 20/12/2017 13:32 Last Doc. Received Yes 🖱 No Path * Category * Confidential Urgency. Browse... Clear Please Select

