NATIONAL Assessment Contre Service	es (not + 12 mg)			Vie
Date In: 12/01/2018 12:39 Job desc	cription	Date &Time Completed	Done	e by
ReINO NA/INC18000736/K4 SASe	-filing			
Veh No SLP 8867L E-mai	l (within 8hrs, AIC 2hrs)			
DOA 12/01/2018 10:45 i-Mote	or Claim Form	: MT/09775101	12/1	18 13:
i-Moto	or W/O (Within: OD 2h			
OD IP Pepolting Only P	o Uploaded			
Assessi	nent/Survey Report			
TP Insurer: Ass't R	eport by Fax / Hand	to Owner/Wksp		
Preforred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:	
TP Particulars: Veh No: SHD 100	SP INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period: (')	Cover Type: ()	
Confirmed by: (Date:	Time:)	
		0%; P: 21-79%. F: 80-10	0%]	
Year of Registration: () Warranty: Y	'ES ()/NO ()	VAR — GELHASSIC	
Excess: (\$) Loading: \$1,000 ()/5	\$2,000 ()			S-116.00161N1213-04
General Remarks:-	\$8485 XX 1843	ARTERIOLES NOTES	et.	
() Walk-In Customer: Customer's information strice	ctly Confidential & St	trictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insurer URGEN	TLY.			
Drive-In ()/ Towed-In (); Invoice: YES ()/NO();T	Towing Co: (+)
Market and the second of the s	1-100/C-670/E-170/W-07-E-170/W-0	A LANGE OF THE STATE OF THE STA		
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	.by
Apply for Transport Allowance () / Courtesy Car	r()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
Injury:				
Date/Time Actions		A SANTANA MARANA	(N) 1	15
	4 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1		2011	
: NA 1800326	Invoice Pre	paration Checklist	Amt (\$)	Amt (\$)
CANCAR SANDAR	1) AR : Acciden	Market Control of the Control	1st Bill	Add Biii
laimant's Particulars :-		Assessment (\$100); INC (\$30)	-	
river/Owner:	4) FT : Follow-T	hrough Survey \$1	20	la management
ontact No:		Through Survey (Resurvey) S against INC Only (wef 10 Jan 2005)	30	
amäged Portion:	6) TR : Re-iuspe	etionS	60	
•	7) N1 : Idac DA 8) NTUC Additi	· Olitica College	-	
C Checked by (Engr-In-Charge):	OD.		25	
C7.	*N6: Repair C	Co-ordination 5	10	
uditors' Comments :-			55 55	
L 1:	TP (N11): T	P (Non INC) against INC S	20	
(2 / 3:	9) N12: Idne Me Invoice dated	bile Fee Charged	30	1075
1. 213.	Invoice dated	Fee Charged	: 15.4	9/3/

SINGAPORE ACCIDENT STATEMENT

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 Driver.
 Information provided must be as <u>truthful and accurate</u> 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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

atoresaid,	
AND CONTRACTOR OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	12/01/2018 12:39
Date Of Accident	12/01/2018 10:45
Exact Location Of Accident	JALAN BUKIT HO SWEE (PUBLIC PARKING AREA)
Country/State of Loss	SINGAPORE
基础等等的图象的图象的图像	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 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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Tune Of Courses	COMPREMENTAL

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5093518314

Cover Note Number

Driver

Name of Driver NG JIE SHENG, JACKSON

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

Driving Experience 6 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93893289

Fax Number

Contact Number OTHERS-93893289

EMail Address NOEMAIL Address

BLK 212B PUNGGOL WALK

Postcode

#04-717 822212

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE 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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD1005P

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

QUEK CHEE KHIANG (GUO ZHIQIANG)

NRIC/Passport Number

S7818107I

Contact Number

90020606

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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)

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:

ignature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12 01 18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

111		
Vehicle A	as in the midst of parling along Jalan Bulkit Ho swee and	
iollided on	he side of vector vehicle B. I vehicle B was driving guite	foot
man Hust	ad and was at my bland spot. Vehicle was in reverse gear	10-21
1).	is and vos it my plant spot. Vehicle was in leverse gear	
iasting.	of incident 10 WS am.	
		_

DECLARATION

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

Policyholder's Signature

Date & Time: 12 01 18

Driver's Signature

(If driver is not the policyholder)

12/01/18.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Date & Time: GIARMC StetchPlanForm_V3

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8713160B





NG JIE SHENG, JACKSON



CHINESE Date of birth 17-05-1987

Country/Place of birth SINGAPORE





mittaliste: 17 May 1987 10 08 Mar 2011



5326764





10-07-2014

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

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

Class 2A Motorcycles between 201 CC and 480 CC

Motorcycles > 400 CC Class 2 Class 3 Motor cars =< 3000 kg with =< 7 passengers, excluding driver; and motor fractors/vehicles =< 2500 kg.

Class 4 Heavy motor cars and mater tractors > 2500 kg. Class 3

06 Feb 2007 29 Jul 2010 98 Mar 2011

30 Mar 2014

EFFECTIVE DATE

NP 428A

8 / No. 9000203427

eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601				THE PARTY		Change Lar	nguage	· Change Passwo	ord • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Acc	cident	12/01	1/2018 10:45	
	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	58713160B	GPC	drivo CLASSIC	SLP8867L	SLP8867L	19/08/2017	18/08/2018
			10110.000			Continue				

Policy Information

Policy No.	5093518314	Policyholder Name	NG JIE SHENG, JACKSO	ON Policyholder NRIC	S8713160B
Address	BLK 212B #04-717 PUNGGOL	WALK PUNGGOI	WAVES SINGAPORE 82	2212	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	18/08/2017	Effective Date	19/08/2017 00:00	Expiry Date	18/08/2018 23:59
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		
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
▽ Policy	holder Mailing Address				
Address 1	BLK 212B #04-717	Address 2	PUNGGOL WALK	Address 3	PUNGGOL WAVES
Address 4	SINGAPORE 822212	Address Type	Singapore address	Post Code	822212
Unit No.	04-717	Related Policy Number	5093518314		
▶ Insure	ed Object: SLP8867L				
₩ Endor	sements				
V LIIGOI					Service of the servic

Continue Cancel

Claim Handling

Accident MT/0977510						
Policy No.	5093518314		Vehicle No.	SLP8867L	GST Registration No.	
Policyholder Name	NG JIE SHENG, JACKS	ON			Policyholder NRIC	S
Product Code	PRIVATE CAR INSURA	NCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	93893289	2250	Contact No.(Office)	0	Contact No.(Home)	0
Email Address	2787597800		Special Remark		eCode	1
KFK	No Yes		0.0000000000000000000000000000000000000	Ma Was		1
NCD Protection	No No		TCA NCD Entitlement(%)	No Yes	eCode Reason Private Hire	Ne
Accident Details			NCD Entitlement(W)		Private nire	545
Report Date	12/01/2018 13:11		Accident Report Within 24 hrs	Vac	YOURSEL WILLS	-
Date of Accident			Time of Accident hh:mm		Accident Type	Si
Reporting Centre	12/01/2018		WORKS AND ADDRESS OF THE PARTY	10:45	Country of Accident	Si
Assessment Company			Orange Force		ICM No.	
Accident Location	JALAN BUKIT HO SWE	E (PUBLIC PARKING	AREA)			
▽ Benefits						
▽ Excess						
Own damage Excess		600.00	Additional Excess	0.00	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 Inform	mation					
GST Registered	No			GST Registration Date		
GST Registration No.				GST Status Verified	Yes	
Modification History						
	name of					
→ Policyholder Mailing A	470000000000000000000000000000000000000		7.104.808.5700	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Address 1	BLK 212B #04-717		Address 2	PUNGGOL WALK	Address 3	PL
Address 4	SINGAPORE 822212		Address Type	Singapore address	Post Code	82
Unit No.	04-717		Related Policy Number 5093518314			
▼ OI Driver Info						
Driver Name	NG JIE SHENG, JACKS	ON	Driver Type	Main Driver		
Unnamed driver Name			Driver NRIC	S8713160B	Driver DOB	17
Register Date of Driver Licens	e 08/03/2011		Driver Age	30	Driving Experience	6
Contact No.(Mobile)	93893289		Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 212B		Address 2	PUNGGOL WALK	Address 3	
Address 4			Address Type	Singapore address	Post Code	82
Unit No.	#04-717					
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.		Driver Insurer Company	
Declaration						
Breathalyser or Blood Test	0 mg		Any injury?	Yes No		
Reading?	200333			III -		
Modification History						
Claim 001 OD-MX No	w					
	16					
Claim Type *	OD-MX	*	Insured Name	NG JIE SHENG, JACKSON	Insured NRIC	58
Contact No.(Mobile)		13	Contact No.(Home)	62828363	Contact No.(Office)	
Email Address			OI Vehicle Number	SLP8867L	TP Vehicle Number	SH
Claim Description	SLP8867L / SHD1005P	ON 12 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.			Insured Liability *	Partially at Fault	2,0	125
	Yes	•	Preferered Repair Option		▼ GIA report	2
Require Figalisation	and the same of th		Claim Close Date	Preferred Workshop, Name unknown		Re
Require Finalisation			Claim Close Date		Date Received	12
Date Registered	12/01/2018 13:19		Marketon Daniel		Takes I have been been been been	
	KRISHNASAMY		Workshop Repairer		Total Loss but Repaired	

Accident No.

MT/0977510

Claim No.

Last Doc. Received

Yes □ No

Upload Date

12/01/2018 13:15

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	Category *		Confid	ential	Urgency *	
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に関	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 13:19	NRIC/ Driving License		Normal	NRIC/ Driving Lice
Attachment		Uploaded By/Date	Category	9	Urgency	Descrip

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