NATIONAL Assessment Centi	re Services. poet 1 Jan			1
Date In: 15/1/8 -18:4)	Jeb description	Date & Time Completed	Done	by:
Ref No: NA MC18000891/24	SAS e-filing			
Veh No: 561641824	E-mail (within Shrs, AIC	2hrs)		
D.O.A : 14/1/8-16:00	i-Motor Claim Form	M10977950	12/1/8 18	: 19
	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			- Jones
TR Leaves	Assessment/Survey Re	port		
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SHA	37829	NC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: () Cover Type: (
Confirmed by : (Date)	
		N: 0-20%; P: 21-79%. F: 80	-100%]	-
Year of Registration: ()	Warranty: YES ()/NO)		
Excess: (\$) Loading: \$1,	000 () / \$2,000 ()	2.XV2648 ####\$##\$.J## J# C # 12/4/5	2130 15 17	
General Remarks:-			discont direct	-
() Walk-In Customar : Customer's infe	ACCRECATE OF COLUMN STREET, ST	al & Strictly NO refer of repaire	r.	
() Total Loss Case : to e-mail Insur			- 	
Drive-In ()/ Towed-In (); Invoice	e: YES () / NO (); Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()		-	
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()		1	
Injury:	r			
				era en en en e
Date/Time Actions			PREMISORY IN THE TREE	Companies of
		ACTUAL CONTRACTOR OF THE CONTRACTOR OF T		
				risers es.
TZ50081AK	Invei	ce Preparation Checklist	Ant (S)	Amt (5)
	1) AR:	Accident Reporting (\$30);		
laimant's Particulars:-		Danie B. Little	(\$80) \$40/\$45	
river/Owner:	4) FT : 1	Follow-Through Survey	\$120 \$30	
ontact No:	Fore	Follow-Through Survey (Resurvey) aiming against INC Only (wef 10 Jan 2)	205)	
armaged Portion:	6) TR:	Re-inspection Idac DA + SMRT Survey	\$160	
	8) NTU	C Additional Services:-		
C Checked by (Engr-In-Charge):	OD*	Courtesy Cor / Tpt Allowance	\$5	
75.70	•N6:	Repair Co-ordination	\$10 \$25	
uditors! Comments :-	*N8:	Fost Repair Inspection DV / Collect Excess Coordination	\$5	
at. 1:	TPO	N11) : TP (N·:n INC) against INC Idao Mobile	30	1.
at. 2/3:	9) N12:	dated Fee Charg	ed a	Britis A
24. 4. 4.	Invoice	dated Fee Charg	ed Park	

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SINGAPORE ACCIDENT STATEMENT

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 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

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15/01/2018 18:43 Date Of Report 14/01/2018 16:00 Date Of Accident

JUNC COMMONWEALTH AVE W & CLEMENTI AVE 3 Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SGK4180X Vehicle Registration Number

Insured/Policyholder

CHNG HAK PENG Name Of Registered Owner

S7302687C NRIC No NOEMAIL Email Address

(LOCAL) +65-97459245 Mobile Phone No OFFICE-97459245 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

CIVIC 1.6 VTIS A/T ABS D/AIRBAG 2WD Model

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

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5070624739-02 Policy Number

Cover Note Number

Driver

Name of Driver CHNG HAK PENG (ZHUANG XUEPENG)

S7302687C NRIC No 21/01/1973 Date Of Birth INDOOR Occupation 31/07/1996 Date Of Driving Pass

21 YEARS AND 5 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97459245 Mobile Number

Fax Number

OFFICE-97459245 Contact Number

NOEMAIL EMail Address

Address 1D PINE GROVE

#05-13 593001

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

A CONTRACTOR OF THE CONTRACTOR

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING
Road Surface WET

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

NO

NO

NO

2

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

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

SHA3782G

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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

on Schalf of

(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 Personal Name:

NRIC/FIN No.:

KETCH	PLAN										
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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.:

GIARMC SketchPlanForm_V3

ACCIDENT STATEMENT

ACC	DENT DATE: 4.11 / 18)(DD/MM	/YYYY), TIME:(//	_)(HH:MM)
99,500,000		and the second	Ave 3
LOCA	MON: June Commonwealth Are	W 4	
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: SAK 4180 X b) INSURANCE COMPANY: NTO	<u>*a)76.</u> *	100 K
(3)	d)POLICY NUMBER: 1970 1790 1990 1990 1990 1990 1990 1990	2. PD PARTY / THIRD PARTY FI	RE &THEFT)
	e)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV /VAN / g)VEHICLE CATEGORY:(PRIVATE / COM/	MERCIAL / MOTORCTCLE	OTHERS)
	h)PURPOSE OF USING AT ACCIDENT TIME i) ARE YOU CLAIMING UNDER YOUR OWN IF NO, PLEASE STATE (THIRD PARTY CLAIM	N INSURANCE (TESTINO)	
2.	ANAME Chan Hale Peng	[MALE/	EMALE)
107	HINDIC/FIN/PASSPORT: 3 7326870	405-13 (789)	x Ho of bosconger
-	* CONTINUE TO 3,d IF DRIVER ALSO POLI	ICY HOLDER	. (Including d
3.	DRIVER (9) SEBC 954)	(MALE / F	EMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT:	//2
	c)ADDRESS:	•	
e	*d)DATE OF BIRTH: (/	J(DD/MM/YYYY)	
	WAS DRIVER AN EMPLOYEE OF THE I	R WITH INSURED:	MILL
5.	a)WEATHER CONDITION: (CLEAR / RAINI b)ROAD SURFACE: (DRY / WED / OTHERS	ING / OTHERS DO 17/16	
4	THE PARTY OF THE P		
6. 7.	a) REPORTED TO POLICE (YES / (VO)	ATIONI:	
20 7	IF YES, PLEASE STATE WHICH POLICE STA	ATION	A. Comment
. 8.	a) VEHICLE NUMBER: SHA 37826	MODEL:	*No of passo
	b) DRIVER'S NAME:	CONTICT	(Including dr
1000	c) NRIC/FIN/PASSPORT:	CONTACT:	(-)
9.	THIRD PARTY VEHICLE	MODEL:	
	d) VEHICLE NUMBER:		
	e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	CONTACT::-	(Induding d
	20		() .

email = chang AP@ gmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$0518607B





CHNG SIEW HONG

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CHINESE

03-11-1940

SINGAPORE

50,495078

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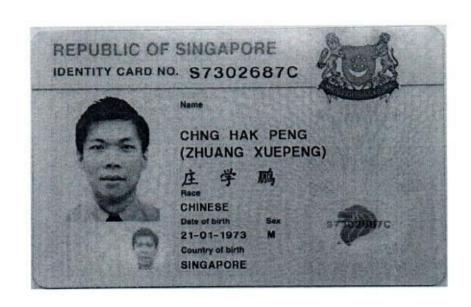


S0518607B

Boat Group Cate of 9

04-09-1993

APT BLK 1D PINE GROVE #05-13 SINGAPORE 2159





DRIVING LIGHNISS JELIC OF SINGAPORE

Licence Number: \$7302687C

Name:

CHING HAK PENG (ZHUANG XUEPENG)

Birth Date: 21 Jan 1973

Issue Date: 04 Dec 2017

002750052D

U ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSITE

EFFECTIVE DATE

31 Jul 1996

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg



eBaoTech									Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601			The second second second			Change Lan	guage	Change Password	l • Log Out
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	25255200	osomeruja	Policyholder	Policyholder	Product	Search Cover Type	Vehicle	Insured	Commence	Expiry Date
	Select	Policy No. 5070624739- 02	Name CHNG HAK PENG	NRIC S7302687C	GPC	drivo PREMIUM	No. SGK4180X	Object SGK4180X	Date 20/03/2017	19/03/2018
		02	FENG	300.000		Continue				

Sequen	ce Date of Endorsement	Endorse	ement Type En	dorsement Status	Endorsement Content
▼ Endors	sements				57 (pt) 1394a, pt 14
) Insure	d Object: SGK4180X				
Unit No.		Related Policy Number	5070624739-02		
Address 4		Address Type	Singapore address	Post Code	593001
Address 1	1D PINE GROVE	Address 2	#05-13 PINE GROVE	Address 3	SINGAPORE 593001
Policyh	nolder Mailing Address				
Certificate Info					
Open Policy Info					
Co- insurance Flag	No				
Agent	OON TIK KOY	Agent Tel.	67190673	GST Flag	Υ
Singapore OD Excess	600	Singapore TP Excess	0		
Excess Outside		Outside			
Additional	0	OS Premium	0		
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Policy ssue Date	09/03/2017	Effective Date	20/03/2017 00:00	Expiry Date	19/03/2018 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
ddress	1D PINE GROVE #05-13 PINE G	ROVE SINGAP	ORE 593001	120000	
Policy No.	5070624739-02	Policyholder Name	CHNG HAK PENG	Policyholder NRIC	S7302687C

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iduct Code	PRIVATE CAR INSURANCE	Cover Type	Drivo PREMOUN	n .	seding	0		
ntact No.(Mobile)	97459245	Consact No.(Office)	0	0	ontact No.(Home)			
all Address		Special Remark			Code	16	. •	
162-150-62	® NO ○ Yes	TCA	@ No ○Yes		Code Reason			
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Accident Details								
ort Date	15/01/2018 18:56	Academt Report Within 24 hrs.	Yes	A	codent Type		vilision - Head to Re	ar
e of Accident	14/01/2018	Time of Accident his:mm	16:00	9	ountry of Accident	Si	ngapore	
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ident Location	JUNC COMMONWEALTH AVE W & CLEM	RENTS AVE 3						
Benefits								
Excess								
n damage Excess	600.00	Additional Excess		0.00	Vindscreen Excess			100.00
named Driver Excess	0.00	Outside Singapore OD Excess		600.00				
	0.00	Outside Singapore TP Excess		0.00				
nd Party Excess		34334334343						
GST Registered Informa	No		GST R	egistration Date				
Registered Registration No.	100		GST S	tatus Verified	Yes			
afication History								
Policyholder Malling Ade	dress	- (10000 MA) 12					michanne reserv	
dress 1	1D PINE GROVE	Address 2	#05-13 PINE		Address 3		INGAPORE 593001	
tress 4		Address Type	Singapore add	tress	Post Code	3	93001	
it No.		Related Policy Number	5070624739-	62				
OI Driver Info								
ver Name	CHNG HAK PENG	Driver Type	Main Driver		2007012222			
named driver Name		Oriver NRIC	57302667C		Driver DOB		1/01/1973	
geter Date of Driver License	31/07/1996	Driver Age	44		Driving Experience		11	
mact No.(Mobile)	97459245	Contact No.(Office)	0		Contact No.(Home)			
dress 1	LD PINE GROVE	Address 2	PINE GROVE	1	Address 3	1.8	INGAPORE 593001	
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	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVIC n 2018 19:00	ES) on 15 la NRIC/ Driving License		Normal	NRIC/ Driving License 2018-1-15	Edit
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19	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE # 2018 19:00	ES) on 15 Ja 5AS		Normal	SAS 2018-1-15	Edit
2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE A 2018 19:00	ES) on 15 Ja Photos		Normal	Photos 2018-1-15	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE n 2018 18:59	25) on 15 Ja Photos		Normal	Photos 2018-1-15	Edit
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	Uploaded By/Date Polder Date	File Name		9	Source	Action

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