NATIONAL Assessment Centre S	ervices	wel 1 Jan'05 MA	NA 11 8 00699	3	1.0	
Date In: 1 1/18 - 11:) 9 J	cb description		Date &Time C	Completed	Done	by
Ref No: A4 N (18000 899)24	SAS e-filing		İ			
	E-mail (within	Shrs, AIC 2hrs)				
	i-Motor Clai	m Form	LM1 0977	161 1	5/18 20	:07
	i-Motor W/C	(Within: OD 2hrs				
OD TP Reporting Only	i-Photo Uplo	aded				
TRI	Assessment/Su	irvey Report				30792221 (241
TP Insurer:	Ass't Report b	y Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	x:)
TP Particulars: Veh No: SLUTTY9	Μ .	. INC()/Non-INC	().		
Owner / Driver: (Tel:	-)	
Policy No: () Period:	()	Cover Type: ()	
Confirmed by : (Date:	Time	**)	-3512'-= 3200
Insured/Driver Liability: (%) [Note-	Est. Status (V	VO): N: 0-20	0%; P: 21-79%	6. P: 80-10	0%]	177
Year of Registration: () Warra	anty: YES ()/NO()			
Excess: (\$) Loading: \$1,000 ()/\$2,000	()				
General Remarks.	200000					
() Walk-In Customer: Customer's informati	on strictly Co	nfidential & Str	ictly NO refer o	f repairer.		100
() Total Loss Case : to e-mail Insurer UE		-	-			
Drive-In ()/ Towed-In (); Invoice: YE		(O (); To	owing Co: (1)
				3.712 E 8078/LC2	ALONG W	4
Remarks:- (INC hotline: 6788 6616)		of the same	Date&Time Co	mpleted	Done	by
1) Apply for Transport Allowance ()/ Courte	esy Car ()				
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3000]	()				
Injurý:						
Date/Time Actions		10 10 10 10 10		F SMF SI	MARIE A-V	organization of
	2017005, NJ 10, 20170801050			5009(13030(0) FOR 105 A		-
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					14	
NA1860340		Invoice Pren	paration Check	dist	Ant (S)	Amt (\$)
		1) AR : Accident	CONTROL TO CAN BE SEEN	8001015555	faBill	Add Bill
laimant's Particulars :-	150000	2) DA : Damage /	Assessment (\$100);	INC (\$80) \$40/5	-	
Oriver/Owner:		3) TF : Towing Fe 4) FT : Follow-Th	rough Survey	\$1	20	
Contact No:		5) FT : Follow-Th	nrough Survey (Resu gainst INC Only (we	(rvey) 5	30	
amaged Portion:		6) TR: Re-inspec	tion	5	75	
amaged Fordon.		7) N1 : Idao DA + 8) NTUC Additio		- 51	60	
C Chalada mar y Ca		OD.	mai dui vivos."			
C Checked by (Engr-In-Charge):	1	*N5: Courtesy *N6: Repair Co	Car / Tpt Allowance		\$5	
	With the	*N7: Fost Repr	air Inspection		725	
uditors' Comments :			lect Excess Coordina (Non INC) against I		35	,
<u>ıt. 1:</u>	11	9) N12: Idac Mob	oile		30	-
it. 2/3;		Invoice dated		Fee Charged Fee Charged	GARTIN	国际经验

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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.
- 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 aforesaid.

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AU	UIU	ENI		- 17		ш

15/01/2018 11:29 Date Of Report 13/01/2018 15:45 Date Of Accident

JUNC ALJUNIED RD & SIMS AVE Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SKH3231H Vehicle Registration Number

Insured/Policyholder

CHINA CONSTRUCTION (SOUTH PACIFIC) DEVELOPMENT CO Name Of Registered Owner

199201093N Co Reg No NOEMAIL **Email Address**

Mobile Phone No

OFFICE-89999999 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

HONDA CIVIC 1.8L 5AT 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?

If No, Please state action to be taken

THIRD PARTY

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Policy Number 5096659492

Cover Note Number

Driver

GUO YI Name of Driver S7260892E NRIC No 22/10/1972 Date Of Birth OUTDOOR Occupation 11/05/2005 Date Of Driving Pass

12 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96879475 Mobile Number

Fax Number

OFFICE-96879475 Contact Number

NOEMAIL **EMail Address**

Address 130 TANJONG RHU ROAD

#07-08 436918

Postcode 4369

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

ŝ

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

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.

NO

NAME:

Number of Passengers (Including Driver)

2

Passenger 1

GENDER: : MALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLU5749M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TAN WEI KENG
NRIC/Passport Number S8037332E

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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 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
- 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 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:

- 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)
 - (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
- 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.
- 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:
 - (i) 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.

Policyhol

Date & Tim

Driver's Sign

(If driver is not the policyholder)

Date & Time:

Reporting Centre Perso Name:

NRIC/FIN No .:

KETCH PLAN		SVA-2,M2	TELLE		
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	B			B:5605	149M
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SCRIBE CIRCUMSTANCE		- vi			
n 13/1/8 15:45	I was turning	fon A	finnied Rd	twds	Sim AVR
nddonly vehide R	travelling oftang	RIJUARU	rong and	can oun	VIIPS IN
ECLARATION					
We declare the foregoing par	ticulars are true in every re	4 -		1	10
NI ()		2		A	M
olicyholdec's Signature	Driver's Signature (If driver is not the	e policyholder)	Name		Anel's Signature
THE OWNER OF THE OWNER OWNER OF THE OWNER OW	Date & Time:			/FIN No.:	

GIARMC StatchPlanForm, V3

ACCIDENT STATEMENT

ACCIDENT DATE: 13 1 18 1(DD/	MM/YYYY), TIME:(T : YT)(HH:MM)
LOCATION: Junction Atjunied 1	ed & Jins Ave
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SK 143231 V	
b)INSURANCE COMPANY: NTJC	
CIPOLICY NUMBER: 509665949	12
d)POLICY TYPE: (COMPREHENSIVE / T	THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	
f)TYPE:(SALOON / COUPE / MPV /VA	N / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CO	DMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT T	
i) ARE YOU CLAIMING UNDER YOUR C	
IF NO, PLEASE STATE (THIRD PARTY) C	
2. INSURED / POLICY HOLDER	Development to Me
A)NAME: Ching construction	n (buth Matiquale / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT:
c)ADDRESS:	
	24 34 35 36 36 36 36 36 36 36 36 36 36 36 36 36
* CONTINUE TO 3.d IF DRIVER ALSO PO	OLICY HOLDER
No of passangs DRIVER	OLIOT HOLDER
	(MALE / FEMALE)
bINRIC/FIN/PASSPORT (726089)	
(2) GIADDRESS: 130 Tarong 12hm	
*d)DATE OF BIRTH: () 101	12/(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OVIDOO	(SR)
f) YEARS OF DRIVING EXPRERIENCE:	11 5 2005
 WAS DRIVER AN EMPLOYEE OF THE 	E INSURED'S COMPANY? (YES) NO)
IF NO, RELATIONSHIP OF THE DRIV	
5. a) WEATHER CONDITION: (CLEAR / RA	INING / OTHERS)
b)ROAD SURFACE: (DRY / WET / OTHE	RS)
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	STATION:
8. THIRD PARTY VEHICLE	
He of passenger a) VEHICLE NUMBER: SLUSTY9 M	MODEL:
Including driver) b) DRIVER'S NAME: Tan Wei 10	ong
c) NRIC/FIN/PASSPORT: 3805 13	CONTACT:
9. THIRD PARTY VEHICLE	
No of passanger of DRIVER'S NAME:	MODEL:
Including driver f) NRIC/FIN/PASSPORT:	CONTACT:
	47)
9 Any video captured by	Car amera? (Yes or Ho)
i dig apraisa ag	
Way Way	2 (18)
email =	
VIII -11 -	









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Hello, NAC_PAYA_UBI_80	0601					•	Change Lan	guage	Change Passwo	rd + Log O
Notice of Loss	Polic	cy Query								
	Policy N	10.				Date of Acc	ident	13/01/2	018 15:45	7
	Vehicle	No.(For Motor)	SKH3231H							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096659492	CHINA CONSTRUCTION (SOUTH PACIFIC) DEVELOPMENT CO. PTE. LTD.	199201093N	GPC	drivo CLASSIC	SKH3231H	SKH3231H	02/01/2018	01/01/2019

Policy No.	5096659492	Policyholder Name	CHINA CONSTRUCTION (SOUTH	Policyholder NRIC	199201093N
Address	10 HOE CHIANG ROAD #27-02 K	EPPEL TOWE	RS SINGAPORE 089315		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	26/12/2017	Effective Date	02/01/2018 00:00	Expiry Date	01/01/2019 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	THIS MARKETING INSURANCE #	Agent Tel.	63444479	GST Flag	Y
Co- insurance Flag Open Policy Info	No				
Certificate Info					
Policyh	older Mailing Address				
Address 1	10 HOE CHIANG ROAD	Address 2	#27-02 KEPPEL TOWERS	Address 3	SINGAPORE 089315
Address 4		Address Type	Singapore address	Post Code	089315
Unit No.	27-02	Related Policy Number	5096677258		
1 Insure	d Object: SKH3231H				
	ements				
Sequenc	e Date of Endorsement	Endorse	ment Type Endorsemer	nt Status	Endorsement Content

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	Path *			Category *	_	Confidential	Urger	-	Description *	
st Ooc. Received	● Yes ○ No	Upload Date		15/01/2018 20:08						
cident No.	MT/0977961	Claim No.		001						
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	ves 💟	Preferend Repair Option			7 6	GIA report		Received	V	
erred Workshop Contact		Insured Liability *	Partially at	Fault V						
	SKH3231H / SLU5749M ON 13 Jan 2018		-		1.7	Name of Preferred				
ail Address		Of Vehicle Number	SKH3231H			TP Vehicle Number		SLU5749M		
rtact No.(Mobile)		Contact No.(Home)				Contact No.(Office	0			
im Type *	OD-MX	Insured Name	CHINA CON	STRUCTION (SOUTH	1	Insured NRIC		199201093	N	
Claim 001 New										
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and the same of Bland Tank	0 mg	Any injury?	O Yes ® N	0						
claration										
es he own a Singapore gistered car?	○ Yes ® No	Onver Vehicle No.	Driver Insurer Company							
	07-08									
fress 4		Address Type	Singapore a	ddress	0	Post Code		436918		
ress 3	130 TANJONG RHU ROAD Address 2		PEBBLE BAY			Address 3		SINGAPORE	E 436918	
	96879475	Contact No. (Office)	0		Contact No.(Home	0	0			
ister Date of Driver License	11/05/2005	Driver Age	45			Driving Experience	1	12		
	SUO YI	Driver NRIC	57260892E		0	Onver DOB		22/10/1972		
with the property of the last term of th	Unnamed Driver	Driver Type	Unnamed Dr	river						
OI Driver Info	71/07/70	no-manyous Million of								
	27-02	Related Policy Number	5095677258							
dress 4		Address Type	Singapore ar	dovess	P	Post Code		089315		
	10 HOE CHIANG ROAD	Address 2	#27-02 KEP	PEL TOWERS	W	Address 3		SINGAPORE	E 089315	
Policyholder Halling Add	resa									
dification History										
T Registration No.	M201053404			Status Verified		No				
Registered	Yes		GST	Registration Date		02/03/19	92			
F GST Registered Informat		Care a trade a constant								
and Perty Excess	0.00	Outside Singapore TP Excess		0.00						
nnamed Driver Excess	999,00	Outside Singapore OD Excess		600.00	C.	C-100 C-100	G 7		10-71200	
P Excess vn damage Excess	600,00	Additional Excess		0.00	34	Windscreen Excess	601		100.00	
2 Benefits										
	JUNC ALJUNIED RD & SIMS AVE									
porting Centre		Grange Force			D	CM No.				
	13/01/2018	Time of Accident hhomm	15:45			Country of Acciden		arrigapore		
Military I								Singapore		
	15/01/2018 20:04	Accident Report Within 24 hrs	Yes		A	Accident Type		Collision - C	ross Junction	
Accident Details	763			8	District Control		200			
	® No ○ Yes TCA Yes NCD Entitlement(%)		9			Private Hare		No		
sil Address	@ Par China	TCA	® No ○Ye	4 0		Code Reason		7		
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	PRIVATE CAR INSURANCE 0	Contact No.(Office)	Brivo CLASS	AC .		ceding Contact No.(Home)		0		
	CHINA CONSTRUCTION (SOUTH PACIFIC) DE		I Tarro terrapi disper			olicyholder NRIC		199201093	*	
					-			Commission and the		

Attachment		Uploaded By/Date	Category	8	Urgency	Description	Sent? (CO)	Action
60 MB	NAC_RAYA_UBI_BOOSO1[NATI	ONAL ASSESSMENT CENTRE SERVICES) on 15 la n 2018 20:08	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-1-15		Edit
***	NAC_PAYA_UBI_B00601{ NATI	ONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 20:08	SAS		Normal	SAS 2018-2-15		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 la n 2018 20:07		Photos		Normal	Photos 3018-1-15		Edit
	NAC_PAYA_UB1_800601(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 20:07	Photos		Normal	Photos 2018-1-15		Edit
	NAC_PAYA_UBI_800501(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 15 Ja. n 2018 20:07	Photos		Normal	Photos 2018-1-15		Edit
7	NAC_PAYA_UBI_B00601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 20:07	Photos		Normal	Photos 2018-1-15		Edit
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 20:07		Photos		Normal	Photos 2018-1-15		Edit
	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 20:07	Photos		Normal	Photos 2018-1-15		Edit
*	NAC_PAYA_UB1_800G01(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 20:07	Photos		Normal	Photos 2018-1-15		Edit
1	NAC_PAYA_URI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 20:07	Photos		Normal	Photos 2018-1-15		Edit
	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 20:07	Photos		Normal	Photos 2018-1-15		Edit
1	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 20:07	Photos		Normal	Photos 2018-1-15		Edit
4	NAC_PAYA_UBI_BOOSO1(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2016 20:07	Photos		Normal	Photos 3018-1-15		Edit
⇒ Video List					-			
	Uploaded By/Date	Folder Date	File Name		8	Source	Action	