NATIONAL Assessment Cent	tre Services. we	1 Jan'os MI	06/60 811 BN		
Date In: 9/3/18 -1 6-01	Jeb description		Date & Time Completed	Done	py
Re[No: NA] NC8002705/24	SAS e-filing	1	i		
Veh No: SUPPSIER	E-mail (within Shrs	, AIC 2hrs)			
D.O.A: 7/1/18-12:40	i-Motor Claim I	Form/	M10981737	9/2/18 16	:77
	i-Motor W/O (w	ithin: OD 2hrs	, TP 4hrs)		
OD (TP)! Reporting Only	i-Photo Uploade	ed	!		*
	Assessment/Surve				editivetesso i
TP Insurer:	Ass't Report by F	ax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
	K C 218 3X .	INC ()/Non-INC().		
Owner / Driver: (Tel:)	
- White Control of the Control of th	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20)%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()	/NO()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()			
General Remarks					
() Walk-In Customer : Customer's in	formation strictly Confid	ential & Str	ictly NO refer of repairer		
() Total Loss Case : to e-mail Insu		4		715 216 216 216 216 216 216 216 216 216 216	
	ice: YES () / NO	(); T	owing Co: ()
			Date&Time Completed	Done	hv
Remarks: (INC hotline: 6788 6616)	2 2 / \	1.2	Dates antio solupae sus	West or strong	3.0
1) Apply for Transport Allowance ()/	Courtesy Car ()		1	7	
2) QC Check / Post Repair Inspection	()	- 7	 		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()	- "			
Injury:					
ate/Time Actions	144	14.00		SECOND .	
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NA 180088 6	1	nvoice Pre	paration Checklist	Amt (S) (St Bill	Add Bil
	1000	AR : Accident	Reporting (\$30);		
aimant's Particulars :-	2)	DA : Damage	Assessment (\$100); INC (40/\$45	
iver/Owner:	(4)	TF : Towing F	hrough Survey	\$120	
ntact No:	. 5)	FT : Follow-T	hrough Survey (Resurvey) gainst INC Only (wof 10 Jan 20	05)	
	6)	TR : Re-inspec	ction	\$75	
maged Portion:		N1 : Idac DA	+ SMRT Survey	\$160	
3.Ch. 1. 11(2) - Y. Ch		OD.		\$5	
Checked by (Engr-In-Charge):		*N5: Courtesy *N6: Repair C	Car / Tpt Allowance	510	
	- 1.7 in the same of	* N7: Post Rep	air Inspection	\$25	
iditors' Comments:	NACTED 2014 (1987)	*N8: DV / Col	llect Excess Coordination (N'ın INC) against INC	\$20	
Ji	9)	N12: Idac Mo		30 a	
. 2/3;		voice dated	Fee Charge	MATERIAL STREET	

Figure 1 tops

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 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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Date Of Report

09/02/2018 16:01

Date Of Accident

07/01/2018 12:40

Exact Location Of Accident

PICK-UP POINT PAYA LEBAR SQUARE

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLF9518R

Insured/Policyholder

Name Of Registered Owner

AMV PTE LTD

201505825Z

Co Reg No Email Address

NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-89999999

Vehicle Particulars

Manufacturer

MAZDA

Model

MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL

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 HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5095368509

Cover Note Number

Driver

Name of Driver

YEO SZE LIANG

NRIC No

S7583468C

Date Of Birth

25/11/1975

Occupation

OUTDOOR

Date Of Driving Pass

21/09/2001

Driving Experience

16 YEARS AND 3 MONTHS

Gender

Mobile Number

(LOCAL) +65-83437165

Fax Number

Contact Number

OFFICE-83437165

EMail Address

NOEMAIL

Address

BLK 103 LORONG 1 TOA PAYOH

#06-327

Postcode

310103

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

GENDER:

: FEMALE

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOP IN FRONT OF PAYA LEBAR SQUARE PICK UP POINT AS IT WAS CONGESTED. OUT OF THE SUDDEN, VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

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

SKC2183X

Details Of Properties

Vehicle Make/Model/Colour

PRIVATE CAR

Vehicle Category

Name of Driver

NG ZHAOHUI, MATTHEW (HUANG ZHAOHUI, MATTHEW)

NRIC/Passport Number

S8428800D

Contact Number

Address

Page 2 of 17

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

3

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful 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:

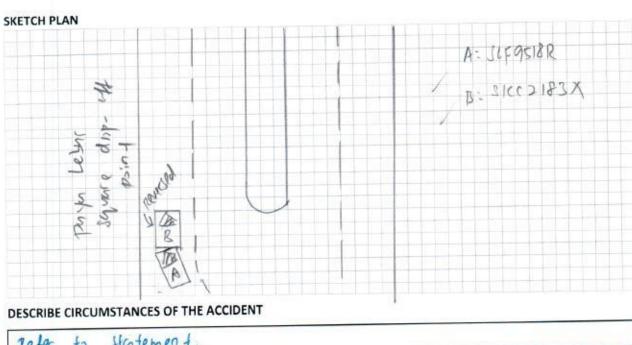
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:



refer to	Hatement.

DECLARATION

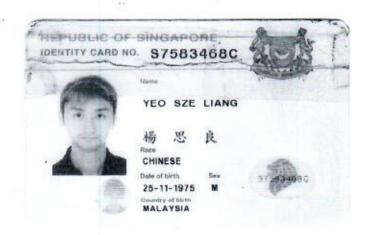
I/We declare the foregoing particulars are true in every respect.

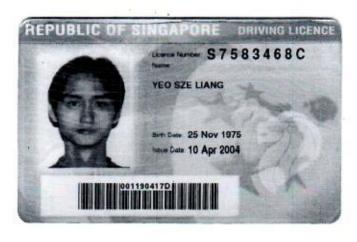
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time: NRIC

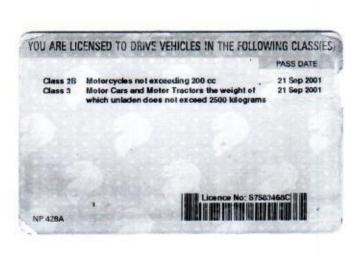
Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:











Policy No.	5095368509	Policyholder Name	AMV PTE, LTD.	Policyholder NRIC	201505825Z
ddress	231 MOUNTBATTEN ROAD #02	01 SINGAPOR	E 397999		
roduct lame	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	И
olicy ssue Date	26/10/2017	Effective Date	27/10/2017 00:00	Expiry Date	26/10/2018 23:59
hird arty xcess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	66310728	GST Flag	Υ
Co- nsurance Flag	No				
Open Policy Info					
Certificate Info					
	nolder Mailing Address				
Address 1	231 MOUNTBATTEN ROAD	Address 2	#02-01	Address 3	SINGAPORE 397999
Address 4		Address Type	Singapore address	Post Code	397999
Unit No.		Related Policy Number	5087862918-01		
) Insure	d Object: SLF9518R				
▼ Endors	sements				
			ement Type	Endorsement Status	Endorsement Content

cident MT/0981737		70010010000	fa-Vani Vitati		or designation big		
slicy No.	9095368509	Vehicle No.	SLP9518R		ST Registration No.	524	E000007
vicyholder Name	AMV PTE. LTD.				Hicyholder NR3C		505825Z
oduct Code	PRIVATE CAR INSURANCE	Cover Type	dnyo CLASSIC		ading	0	
entact No.(Mobile)	0%	Contact No.(Office)	0	Co	intact No.(Home)	0	_
		Special Remark		e(Code	342	V
hail Address		TCA	® No ○Yes	eC	Code Reason		
×	® No ○ Yes		0	p _r	ivate Hire	Yes	
CD Protection	No	NCD Entitlement(%)	U	.02	CORNEL PORT		
Accident Details		0070507421-070-51005050010 <u>2-6-4</u> 70-1		TAX	coident Type	Dar	naged whilst parked
sport Date	09/02/2018 15:34	Acadent Report Within 24 hrs.	Yes				
ste of Accident	07/01/2018	Time of Accident hitcmm	12:40		ountry of Accident	630	gapore
worting Centre		Drange Force		10	DM No.		
ccident Location	PICK-UP POINT PAYA LEBAR SQUARE						
Benefits							
· Cucus							
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		Outside Singapore OO Excess		2,000.00			
nnamed Oriver Excess		Dutiside Singapore TP Excess		1,500.00			
hird Party Excess	1,500.00	Outside singapore in cincess		842,500,501,1			
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ST Registered	No			tus Verified	No		
ST Registration No.							
lodification History							
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Policyholder Hailin	ZII MOUNTBATTEN ROAD	Address 2	#02-01	4	iddress 3	SI	NGAPORE 397999
uddress 1	231 PAVOR DAT TEN NOND	Address Type	Singapore addr	ess P	Post Code	35	7999
Iddress 4			5087862918-0				
init Na.		Related Policy Number	309190581810	i de la companya de			
→ OI Driver Info			Unnamed Drive	-			
Criver Name	Unnamed Driver	Driver Type	57583468C		Onver DOB	2	5/11/1975
Unnamed driver Name	YEO SZE LIANG	Driver NRIC			Driving Experience	11	Marie Control
tegister Date of Driver Lie	mae 21/09/2001	Driver Age	42				
Contact No. (Mobile)	83437165	Contact No. (Office)	0		Contact No.(Home)	0	DA PAYOH BLOOM
Address 1	84K 103	Address 2	LORONG 1 TO		Address 3		
Address 4	SINGAPORE 310103	Address Type	Singapore add	ess	Post Code	3	10103
Unit No.	06-327						
Does he own a Singapore	○ yes ® No	Driver Vehicle No.		31	Driver Insurer Comp	any	
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		3	Driver Insurer Comp	any	
Registered car?	○ Yes No	Driver Vehicle No.		31	Driver Insurer Comp	any	
Registered car? Declaration Breathalyser or Blood Tel		Driver Vehicle No. Any Injury?	○ Yes ® No	3	Driver Insurer Comp	any	
Registered car? Declaration Breathalyser or Blood Tel			○ Yes ® No	3	Driver Insurer Comp	arry	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Tes Reading?			○ Yes ⑧ No	3	Driver Insurer Comp	any	
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Registered car? Seclaration Breathalyser or Blood Tes Reading?			○ Yes ® No	3	Driver Insurer Comp	arry	
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1	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 09 Fe 5 2018 15:37	Photos		Normal	Photos 2018-2-9	Edit
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17.8	NAC_PAYA_UBI_800603[NAT	ONAL ASSESSMENT CENTRE SERVICES) on 09 Fe D 2018 36:37	Photos		Normal	Photos 2018-2-9	Edit
19	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 09 Fe D 2018 16:37	SAS		Normal	SAS 2018-2-9	Edit
27 MI	NAC_PAYA_UB1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 09 Fe b 2018 (6:38	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-2-9	Edit
Attachment		Uploaded By/Date	Category	?	Urgency	Description	Sent? Action (CD)

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