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OD / Reporting Only	i-Photo Uplo	aded			
	Assessment/Su	irvey Report			
TP Insurer:	-		to Owner/Wksp	1	orael H
Preferred Wksg / INC Assign Wksp / QW: (Tell	Fax	
	PA 2675 U	INC ()/Non-INC()		
Owner / Driver: (74 2615 U		Tel	1	
	riod: ()	Cover Type ()	
Confirmed by : (Date:	Tir40:		
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	Warranty: YES ()		
Excess: (\$) Loading: \$1,0	000()/\$2,000)()	123		
General Remarks:					
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() Total Loss Case : to e-mail Insur					
Drive In () / Towed-In (); Invoice	e: YES () / I	NO();	Fowing Co: (
Remarks:- (INC horline: 6788 6616)			Date&Tune Complet	id Don	i try
Apply for Transport Allowance () / (Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > S	3000] ()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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. 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.
- 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.

Mobile Phone No Alternative Phone No OFFICE-98169069 Vehicle Particulars Manufacturer MAZDA MazDA2 SEDAN 1.5L SP.6EAT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy NO COMPREHENSIVE NO COMPREHENSIVE NO COMPREHENSIVE		ACCIDENT STATEMENT	-
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DETAILS OF OWN VEHICLE		SINGAPORE	
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Type Of Coverage Fleet Policy Policy Number 5096444535 Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender Mobile Number Contact Number Companies in No Date Of Driver NO Companies in No Companies i	Insurance Company		
NO	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Policy Number 5096444535	Type Of Coverage	COMPREHENSIVE	
Driver WU YONGHAN S9490036J S94900	Fleet Policy	NO	
Driver WU YONGHAN NRIC No \$9490036J Date Of Birth 13/03/1994 Occupation INDOOR Date Of Driving Pass 02/10/2015 Driving Experience 2 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-98169069 Fax Number OFFICE-98169069 EMail Address NOEMAIL	Policy Number	5096444535	
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MALE	Date Of Driving Pass	02/10/2015	
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Contact Number OFFICE-98169069 EMail Address NOEMAIL	Fax Number		
EMail Address NOEMAIL		OFFICE-98169069	

BLK 847 WOODLANDS ST 82 #08-273 Address Postcode 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 Insurance Company of Driver's Own Vehicle General Information of the Accident COLLISION - HEAD TO REAR Type Of Accident CLEAR Weather Conditions DRY Road Surface 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 ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident PLEASE REFER TO ATTACHED STATEMENT. Attachment(s) Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 PA2675U Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** COMMERCIAL VEHICLE Vehicle Category 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.
- 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>restudiate 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, involces, 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:
 - (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.

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKEICH PLAN	
	A: SLB 8176R
	8. PA 2675M
	KJE Towards To Buck land Rd Exit after Choo Chu Kang Exil

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

			1000	(1)						exil aftw
Chon	Chu	kung	INS	at	midde	e lane	64 3	lanes.		
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tin	nt.									
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1										

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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

VEHICLE NO: SLB 81 76 R MAKE & MODEL: MAZDA 2

EHICLE NO: SLOBI JON	MAKE & MODEL: ITWANT
ATE OF ACCIDENT	13 / 02 / 8
IME OF ACCIDENT	6700 AM/PM
OCATION OF ACCIDENT	KIE TOWARDS to brick land Rd Earl Outle Chon Chu Kang &
XACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	Wu' Yong Han
EL NO	9816-9869
VRIC	594900367
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY
NSURANCE CO	NIUC
YPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	5096444535
NAME OF DRIVER	As Above / If No:
NRIC	Any Passengers: NIL
DATE OF BIRTH	13 / 63 / 1994
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	62 / 10 / 20 13
GENDER	Male / Female
CONTACT NO.	9816-9069 Office: Home:
ADDRESS	BIK 847 Woodlands St 82 #08-273 Pingapore 730-64-1
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIEES	No. / If yes: Who?
CONTACT NO.	The state of the s
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	PA 2675W Any Passenger: 92 (Alma L)
NAME	10-0130
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
	Any Passenger:
VEHICLE F NO. ANY WITNESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
WITNESS CONTACT NO.	
OWNER/DRIVER EMAIL	
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR WORKSHOP
	1 Kaki Bukit Ave 5, Blk C #01-43
	Autobay@Kaki Bukit Singapore 417883
TEL NO	TEL: 6747 9241
CONTACT PERSON	Reena / Sukyi
FAX NO.	FAX: 6741 7276
EMAIL	reena@nhtmotor.com
Est is the	admin@nhtmotor.com



SINGAPORE ARMED FORCES

IDENTITY CARD

Name

WU YONGHAN



S9490036J

This part is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

GEMALTOSGPV1049552A0212

00000050169167

NRIG No / Colour

S9490036J/ PINK

Race

CHINESE

Date Of Birth

13/03/1994

Service Status G077751

REGULAR

Address

Blood Group

B (+)

Country Of Birth

TAIWAN

Military Rank Status

SENIOR MILITARY EXPERT

X01868

Sex

M

ADDRESS: APT BLK 847 WOODLANDS STREET 82 #08-273

SINGAPORE 730847

DATE: 26.09.2017

S9490036J



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 9 4 9 0 0 3 6 J Name:

WU YONGHAN

Birth Date: 13 Mar 1994

Issue Date: 02 Oct 2015





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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 02 Oct 2015
< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

Licence No:S9490036J

NP 428A

GeneralClaim **eBao**Tech Log Out · Change Password · Change Language Hello, NAC_PAYA_UBI_800601 **Policy Query** My Desktop 13/02/2018 18:00 Notice of Loss Date of Accident Policy No. Vehicle No.(For Motor) SLB8126R Search Commence Date Policyholder NRIC Vehicle No. Insured Object Expiry Date Policyholder Name Cover Type Product Select Policy No. 09/12/2017 08/12/2018 WU YONGHAN drivo CLASSIC SLB8126R SLB8126R 594900363 5096444535

Claim Handling

Jann Handing					
Accident MT/0982289		Vehicle No.	SLB8126R	GST Registration No.	
Policy No.	5096444535	venicie No.	SEBOLZON	Policyholder NRIC	S94
Policyholder Name	WU YONGHAN		day of 1 10015	Loading	0
Product Code	PRIVATE CAR INSURANCE	Cover Type Contact No.(Office)	drivo CLASSIC	Contact No.(Home)	
Contact No.(Mobile)	98169069			eCode	No
Email Address		Special Remark	- 10 - 0 40	eCode Reason	
KFK	* No Yes	TCA	* No Yes	Private Hire	No
NCD Protection	No	NCD Entitlement(%)	0	Private nire	140
				1 No. (J-12 Disease) 10 Page 1	- Care III
Report Date	13/02/2018 18:19	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	13/02/2018	Time of Accident hh:mm	07:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	KJE TWOS BRICK LAND RD EXIT				
→ 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		
	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
 Policyholder Mailing Ad 	dress				20
Address 1	BLK 847 #08-273	Address 2	WOODLANDS STREET 82	Address 3	51
Address 4		Address Type	Singapore address	Post Code	73
Unit No.	08-273	Related Policy Number	5096444535		
♥ OI Driver Info					
Driver Name	WU YONGHAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	594900363	Driver DOB	13
Register Date of Driver License	02/10/2015	Driver Age	23	Driving Experience	2
Contact No.(Mobile)	98169069	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 847 #08-273	Address 2	WOODLANDS STREET 82	Address 3	51
Address 4		Address Type	Singapore address	Post Code	7.3
Unit No.	08-273				
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?		0.50			
Modification History					
Claim 001 New					
E060000000000	OD-MX •	Insured Name	WU YONGHAN	Insured NRIC	59
Claim Type *	OD-110	Contact No.(Home)		Contact No.(Office)	
Contact No.(Mobile)	98169069		01001340	TP Vehicle Number	PA
Email Address		OI Vehicle Number	SLB8126R	Name of Preferred Workshop	0
Claim Description	SLBB126R / PA267SU ON 13 Feb 2018	C- CANTARAN			U
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault ▼		
Require Finalisation	Yes ▼	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	R
Date Registered	13/02/2018 18:21	Claim Close Date		Date Received	13
Report Taken By	LIEW SHAN HUI				
✓ Print AK letter					
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Claim Handling(accident reporting Claim Task)

Accident No. Last Doc. Received

MT/0982289 Yes O No Claim No.

Upload Date

13/02/2018 18:23

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Message Read			

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Clear	Please Select	▼ NO	*	Normal	
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Attachment L	ist					
Attachment		Uploaded By/Date	Category	9	Urgency	Descrip
-0.0	NAC_PAYA_UBI_800601(N	TIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:23	NRIC/ Driving License		Normal	NRIC/ Driving Lice
*****	NAC_PAYA_UB1_800601(N	RTIONAL ASSESSMENT CENTRE SERVICES) on 1: Feb 2018 18:23	NRIC/ Driving License		Normal	NRIC/ Driving Lice
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	NAC_PAYA_UB1_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 1: Feb 2018 18:22	Photos		Normal	Photos 20:
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	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 1 Feb 2018 18:22	3 Photos		Normal	Photos 20:
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	NAC_PAYA_UB1_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 1 Feb 2018 18:22	3 Photos		Normal	Photos 20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 Feb 2018 18:21	3 Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(1	IATIONAL ASSESSMENT CENTRE SERVICES) on 1 Feb 2018 18:21	3 Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 Feb 2018 18:21	.3 Photos		Normal	Photos 20
▽ Video List						
	Uploaded By/Date	Folder Date	File Name		9	Source

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