NATIONAL Assessment Centr		ef 1 Jan'05) MW	Date & Time Completed	Done	by
Date In: 19/7/18 -16:31	Jeb description		Date & Time Completed		1
REFNO: NA/INCISO OSTOPZY	SAS e-filing				100
Veh No: Pp 3389M	E-mail (within 8h	rs, AIC 2hrs)	2-70	19/2/18	*
D.O.A: 19/2/18-13:30	i-Motor Claim	Form	M1 0982774	13:49	
OD (TP)! Reporting Only	i-Motor W/O (TP 4hrs)		
V	Assessment/Sur	100			
TP Insurer:	Ass't Report by		Owner/Wksp		- () ()
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 686	7444	. INC()/Non-INC().		
Owner / Driver: (Tel:)	
0.77 (AAC) 900 PAN (BAN (BAN (BAN - 1.23))	eriod: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. P: 30	-100%]	
	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000 ()/\$2,000 ()	SINITE STATES		
General Remarks:	de note to	* * *****	MANAGEMENT	Signer Server	
() Walk-In Customer: Customer's info	rmation strictly Conf	2000	manually in the late of the la		1
			No market 12		
() Total Loss Case : to e-mail Insur) : T	owing Co: ()
Drive-In ()/ Towed-In (); Invoice		,,,,		4574238380CT	
Remarks: (INC horline: 6788 6616)			Date& Figure Completed	Lione	ру
1) Apply for Transport Allowance ()/(Courtesy Car ()		-1	 	
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()		· · ·		
Injury:					
			, Januar Fulske	A CANAL	
Date/Time Actions			STA TOTAL	7380 450507 13817 5 5 - 02	
	4/4				
	West Course				
	-1				
,				Ant (S)	Ami (1)
NA180 (017	74	THE STREET SPECIAL SECTION	paration Checklist	The Bill	Add Bill
		1) AR : Acciden	Reporting (\$30); Assessment (\$100); INC	(082)	
laimant's Particulars :-		3) TF : Towing I	Pee .	\$40/\$45	
river/Owner:	- 1	4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120	
optest No:		For claiming	gainst INC Only (wef 10 Jan 2	\$75	
OHACTINO.			etion	\$160	and the second second
ACCOUNT OF THE PARTY OF THE PAR		6) TR : Re-inspe	+ SMRT Survey	3100	
	3	6) TR : Re-inspe 7) N1 : Idao DA 8) NTUC Additi	+ SMRT Survey	3100	
amaged Portion:	*	7) N1 : Idao DA 8) NTUC Additi	+ SMRT Survey	\$3	
amaged Portion:	*	7) N1 : Idao DA 8) NTUC Additi OD* •N5: Courtes •N6: Repair C	+ SMRT Survey onal Services:- y Car / Tpt Allowance Co-ordination	\$5 510	
amaged Portion: C Checked by (Engr-In-Charge):		7) N1 : Idao DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair 0 *N7: Fost Res	+ SMRT Survey ional Services:- y Cer / Tpt Allowence Co-ordination neir Inspection	\$5 510 \$25	
amaged Portion: C Checked by (Engr-In-Charge):		7) N1 : Idao DA 8) NTUC Additi OD.* *N5: Courtes *N6: Repair (*N7: Fost Rep *N8: DV / Co	+ SMRT Survey ional Services:- y Car / Tpt Allowance Co-ordination pair Inspection illect Excess Coordination	\$5 \$10 \$25 \$3 \$5 \$20	
ontact No: carnaged Portion: C Checked by (Engr-In-Charge): cuditors Comments:		7) N1 : Idao DA 8) NTUC Additi OD.* *N5: Courtes *N6: Repair (*N7: Fost Rep *N8: DV / Co	+ SMRT Survey onal Services y Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	\$5 \$10 \$25 \$3 \$20 30	31/197

Figure 1 1.50

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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
- 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.

- Inerested and acceptance of this common with a surface companies is not an outlined of points.
 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.
- 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.

foresaid.	ACCIDENT STATEMENT
Date Of Penort	19/02/2018 16:31
Date Of Report	19/02/2018 13:30
Date Of Accident	SLIP RD EUNOS LINK TWDS UBI AVE 3
Exact Location of Accident	SINGAPORE
Country/State of Loss	ETAILS OF OWN VEHICLE
	SJP2389M
Vehicle Registration Number	3JF2309W
Insured/Policyholder	CHUA ENG GUAN
Name Of Registered Owner	
NRIC No	S0577847F NOEMAIL
Email Address	(LOCAL) +65-97592374
Mobile Phone No	
Alternative Phone No	OFFICE-97592374
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E MANUAL
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094052780
Cover Note Number	
Driver	
Name of Driver	DONG WENJING
NRIC No	S8782748H
Date Of Birth	23/12/1987
Occupation	INDOOR
Date Of Driving Pass	18/09/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender Gender	FEMALE
Mobile Number	(LOCAL) +65-98751856
	And the second s
Fax Number	OFFICE-98751856
Contact Number	NOEMAII

NOEMAIL

Address

BLK 409 YISHUN RING ROAD

#10-1799 760409

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - DRIVING INSTRUCTOR

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR 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?

2 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

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MALE GENDER:

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 STOPPED WITHIN THE STOPPING LINE AS MAIN ROAD HAVE INCOMING VEHICLE PASSING BY, SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR 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

COMMERCIAL VEHICLE

Vehicle Registration Number

GBG7444X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 23

SKETCH PLAN

IMPORTANT NOTICE

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

man

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

letar to statem	404	
CH TANTER	and .	
_		

DECLARATION

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

五元

Policyholder's Signature Date & Time: man

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

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8782748H





DONG WENJING



CHINESE

Date of birth 23-12-1987

CHINA



REPUBLIC OF SINGAPORE PROVISIONAL DRIVING LICENCE

Licence

/ID No:



Name

OF

DONG WEIJING

BLK 615 YISHUM RING RBAD (760615)

is hereby licensed to learn to drive vehicles in Class(es)

for a period of FEE RECEIVED Date: NP 427

06 HONTHS UNTIL 17/03/20

18/11/22/35/00

f. Cmdr. Traffic Police

9356950





CHINESE

20-01-2015

APT BLK 409 YISHUN RING ROAD #10-1799 SINGAPORE 760409

NRIC No:

S8782748H

Date: 09/10/2017

		APPOINTMENTS		-
Serial No.	Centre/ Class	Test Date and Time	Initial (clerk)	ALLOCATION

			2000		Serie				Gene	ralClaim
eBaoTech	0601				(A)	. (change Lan	guage ,	Change Passwor	d + Log Out
My Desktop Notice of Loss	Policy N	o. No.(For Motor)	SJP2389M			bate of Acc	dent	19/02	2018 13:30	3
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094052780	CHUA ENG GUAN	S0577847F	GPC	drivo CLASSIC	SJP2389M	SJP2389M	07/09/2017	15/09/2018
						Continue				

▽ Polic	y Infor	mation				
olicy No.	509405	52780	Policyholder Name	CHUA ENG GUAN	Policyholder NRIC	S0577847F
ddress	BLK 50	1 #09-620 HOUGANG AVE	8 SINGAPOR	RE 530501		
Product Name	PRIVAT	E CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	07/09/	2017	Effective Date	07/09/2017 00:00	Expiry Date	15/09/2018 23:59
hird 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	LAKE-	VIEW (USED CARS) TRAD	Agent Tel.	0	GST Flag	Y
Co- insurance Flag	No					
Open Policy Info						
Certificate Info						
Policy	holder	Mailing Address				
Address 1	BLK	501 #09-620	Address 2	HOUGANG AVE 8	Address 3	SINGAPORE 530501
Address 4			Address Type	Singapore address	Post Code	530501
Unit No.			Related Policy Number	5094052780		
1 Insur	ed Obje	ect: SJP2389M				
	semen	ts				
Seque	nce	Date of Endorsement	Endors	sement Type	Endorsement Status	Endorsement Content
				Continue Cance	st.	

Claim Handling							- Exit
ccident MT/0982734	5094052780	Versicle No.	S)P2389M		SST Registration No.		
S. D. D. Language 1 1 2	OHUA ENG GUAN				Policyholder NRIC	S0577847F	
	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	1	Loading	0	
-locati coss	97592374	Contact No.(Office)	0	O.	Contact No.(Home)	0	
Office Head (1997)	3/3942/4	Special Remark		ā	eCode .	NC V	
Email Address	® No ○ Yes	TCA	® No ○Yes		eCode Reason		
(FK	No.	NCD Emment(%)	30		Private Hire	No	
NCO Protection						201010 No. 10. 10. 2012 No.	
Accident Details	19/02/2016 23:47	Accident Report Within 24 hrs	Yes	3	Acodent Type	Collision - Head to Rear	
Date of Accident	19/02/2018	Time of Accident hh:mm	13:30		Country of Academi.	Singapore	
Regarding Centre	50.0000.600.6	Orange Force			TOM No.		
Accident Lecation	SLIP RO EUNOS LINK TWOS USI AVE	3					
⊕ Benefits							
⊕ Excess							100.00
Own damage Excess	600.00	Additional Excess		0.00	Windscreen Excess		300.00
	2,500.00	Outside Singapore OD Excess		600.00			
Unnamed Driver Excess	0.00	Dutside Singapore TP Excess		0.00			
Tried Party Excess GST Registered Informa							
GST Registered	No.			egistration Date	4200		
GST Registration No.			GST St	atus verified	Yes		
Modification History							
⇒ Policyholder Mailing Ad-	drans				Address 7	SINGAPORE 530501	
Address 1	BLM 501 #09-620	Address 2	HOUGANG AV		Post Code	530501	
Address 4		Address Type	Singapore adv			-2001	
Unit No.		Related Policy Number	5094052780				
OI Driver Info							
Driver Name	Unnamed Driver	Oriver Type	Unnamed On	ver	Driver DOB	23/12/1987	
Unnamed driver Name	DONG WENTING	Driver NRIC	S8782748H		Driving Experience	0	
Register Date of Driver License	18/09/2017	Driver Age	30		Contact No (Home)	0	
Contact No.(Mobile)	98751856	Contact No.(Office)	0		Address 3	SINGAPORE 760409	
Address 1	BLK 409	Address 2	YISHUN RIN		Post Code	760409	
Address 4		Address Type	Singapore ad	dress	Post Code	100-100	
Unit No. Does he own a Singapore Registered Car?	10-1799 ○ Yes No	Driver Vehicle No.			Driver Insurer Compe	roy	
peclaration Breathwhyser or Blood Test. Reading?	0 mg	Any injury?	⊜ Yes ® No				
Modification History Claim 001 New							
		15:1702001	la lia raie	Time 1	Insured NRIC	SQ577847F	
Claim Type *	OD-MX	Injured Name	CHUA ENG (63869874		Contact No. (Office)		
Contact No.(Mobile)	97592374	Contact No.(Home) OI Vahide Number	53P2389M		TP Vehicle Number	G8G7444X	
Email Address			(20 E300)		Name of Preferred W	lorkshop	
Claim Description	S3P2389M / GBG7444X ON 19 Feb		From the Paris				
Preferred Workshop Contact. No.		Insured Liability *	rest at Faul		GIA report	Received	V
Require Finalisation	Yes 🗸	Preferered Repair Option	Preferred V	Verkshop, Name unknown	Date Received	19/02/2018 00:00	25
Date Registered	19/02/2018 23:49	Claim Close Date			Date Necessary		
Report Taken By	Jackson						
☑ Print AK letter	N						
			Save Sub	me			
Attachment				75-52			
Accident No:	MT/0982734	Claim No.		001			
Last Doc. Received	Yes ○ No	Upload Date		19/02/2018 23:51	15 15 AN	Therese 4	Description *
	Path *			Category *	Confidential		
		Brox					
		Brow	mse Clear	Please Select		Normal	
		Bro	wse Clear	Please Select	Y NO Y	Normal V	
		Bro	4 manuals	Please Select	¥ 90 ¥	Normal V	
		1000	a properties	Please Select		Normal	
		Bro	a second		total I		
- Hattisp Taylor		Bro	wseCear	Please Solott	NO Y	Normal 💟	Send Message

⇒ Video List	Uploaded By/Date Polger Date	File Name		Ŷ	Source	Action
1	NAC_PAYA_URI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 b 2018 23:50	9 Fe Photos		Normal	Photos 2018-2-19	
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 b 2018 23:50	Pre Photos		Normal	Photos 2018-2-19	
3	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 b 2018 23:50) Fe Photos		Normal	Photos 2018-2-19	
7	NAC_MAYA_USI_BIOGO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 b 2018 23:50	Fe Photos		Normal	Photos 2018-2-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 b 2018 21:50	Fe Photos		Normal	Photos 2018-2-19	
5	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 5 2018 72150	Pe Photos		Normal	Priotos 2018-2-19	
1	NAC_PAYA_UBI_R00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 b 2018 23:50	Fe Photos		Normal	Photos 2018-2-19	
T.	NAC_PAYA_UB1_S00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 b 2018 23:50	Fe Photos		Normal	Photos 2018-2-19	
D	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 to 2018 23:50	Fe Photos		Normal	Photos 2018-2-19	
	NAC_PAYA_UBI_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 is 2018 23:50	Fe Photos		Normal	Priorios 2018-2-19	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 b 2018 23:50	Fe Photos		Numel	Photos 2018-2-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 p 2018 21:50	Fe Photos		Normal	Photos 2015-2-19	12
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 b 2018 23:50	Fe Photos		Normal	Photos 2018-2-19	
6	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 b 2018 23:50	Fe Photos		Normal	Photos 2018-2-19	9
	NAC_PAYA_UBI_BODBO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 39 to 2018 23-50	Fe Photos		Normal	Photos 2018-2-19	(2)
	NAC_PAYA_UB) :800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 191 b 2018 23:50	Fe Photos		Normal	Photos 2018-2-19	1
100	NAL_PAYA_UBI_BOODOI(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 f	fe Priocos		Normal	Photos 2018-2-19	
	NAC_PAYA_USI_800501(NATIONAL ASSESSMENT CENTRE SERVICES) on 19.7 5.7018.23:50	E Photos		Normal	Priotos 2018-2-19	
es3	NAC_PAYA_UBI_BOOGOT; NATIONAL ASSESSMENT CENTRE SERVICES) on 19 F	e SAS		Normal	SAS 2018-2-19	
erts.	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 P b 2018 23/51	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-2-19	
Attachment	Upliceded By/Date	Category	8	Urgency	Description	Sent? Ac (CO)