NATIONAL Assessment Cent	re Services	fort 1 Jan'os) M	WA118073463	4.	
Date In: [9/7/18-10:20	Jeb description	n	Date & Time Completed	Done	by
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D.O.A: 1/18-27:30	i-Motor Cla	im Form	WT 0980737	20/18-	0.06
	O (Within: OD 2hr	s, TP 4hrs)			
OD : TP Reporting Only	i-Photo Upl	oaded	1		
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TP Insurer:	Ass't Report	by <u>Fax / Hand</u> t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: J	14193L	, INC ()/Non-INC()	2	
Owner / Driver: (Tel:)	
Policy No: () P	eriod: ()	Cover Type: ().	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80	-100%]	- 1
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,	000 ()/\$2,000	0()			
General Remarks		5 - A (Y) Y (F)		77.75 33.65	
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() Total Loss Case : to e-mail Insur			See all of		
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Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	laone	py
1) Apply for Transport Allowance ()/	Courtesy Car ()	λ		
2) QC Check / Post Repair Inspection	()		13	
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()	3.4		
Injury:			4 11 1		-
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nimant's Particulars:-		1) AR : Accident		580)	
		2) DA : Damage / 3) TF : Towing Fo	s . S	40/\$45	
iver/Owner:		4) FT : Follow-Th	rough Survey	\$120 \$30	-
ntact No:		For claiming as	arough Survey (Resurvey)		
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Checked by (Engr-In-Charge):	· · · · · · · · · · · · · · · · · · ·	*N5: Courtesy *N6: Repair Co	Cer / Tpt Allowance	\$10	-
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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.
- 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.

5. 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.

	ACCIDENT STATEMENT
Date Of Report	19/02/2018 10:25
Date Of Accident	15/02/2018 23:30
Exact Location Of Accident	ALONG LORONG 15 GEYLANG
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR8045E
Insured/Policyholder	
Name Of Registered Owner	TAY TIONG BENG
NRIC No	S0092717A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86135703
Alternative Phone No	OFFICE-86135703
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	5092559133
Cover Note Number	
Driver	
Name of Driver	TAY TIONG BENG
NRIC No	S0092717A
Date Of Birth	22/04/1952
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1971
Driving Experience	46 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86135703
Fax Number	
Contact Number	OFFICE-86135703
EMail Address	NOEMAIL
	Page 1 of

Address

BLK 233 BAIN STREET

#17-11

Postcode

180233

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

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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, I WAS TRAVELLING ALONG LOR 15 GEYLANG. SUDDENLY VEHICLE B OPENING THE DOOR (DRIVER DOOR). I DRIVE VERY SLOWLY AND HIT ONTO VEHICLE B RIGHT PORTION (FRONT RIGHT DOOR).

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

SJN4593L

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

No. Of Passenger (Including Driver)

PRIVATE CAR

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 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.
- 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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









eBaoTech			No.					Gene	ralClaim	
Hello, NAC_PAYA_UBI_800	0601	-	LINE PLANE		Total Street, or other		Change Lan	guage)	Change Passwo	d + Log Out
My Desktop	Polic	y Query								81
	Policy N	0.				Date of Acc	ident	15/02	2018 23:30	2
	Vehicle	No.(For Motor)	S1R8045E							
					10	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092559133	TAY TIONG BENG	S0092717A	GPC	drivo CLASSIC	SJR8045E	SJRB045E	13/07/2017	14/07/2018
						Continue				

▽ Polic	y Information	Service Medical		was a defense	
Policy No.	5092559133	Policyholder Name	TAY TIONG BENG	Policyholder NRIC	S0092717A
ddress	BLK 233 #17-11 BAIN STREE	T SINGAPORE 18	80233		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	12/07/2017	Effective Date	13/07/2017 00:00	Expiry Date	14/07/2018 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	KHC HOLDINGS PTE LTD	Agent Tel.	62538288	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	nolder Mailing Address				
Address 1	BLK 233 #17-11	Address 2	BAIN STREET	Address 3	SINGAPORE 180233
Address 4		Address Type	Singapore address	Post Code	180233
Unit No.		Related Policy Number	5092559133		
) Insure	d Object: SJR8045E				
	sements				
Sequen	ce Date of Endorsement	N Patricia	ement Type	Endorsement Status	Endorsement Content

ccident MT/0982737	276.2010.000	Vocation was	S)88045E	GST Registration No.		
Policy No.	5092559133	Vehicle No.			S0092717A	
Policyholder Name	TAY TIONG BENG			Policyholder NRIC	-	
Yeduct Code	PRIVATE CAR INSURANCE	Cover Type	drive QuASSIC	Loading	0	
ontact No. (Mobile)	86135703	Contact No.(Office)	0	Contact No.(Home)	0	
mell Address		Special Remark		eCode	No. W	
PK.	® No ○ Yes	TCA	® No ○Yes	eCode Reason	3225	
CD Protection	No	NCD Emitlement(%)	0	Private Hire	No	
Accident Details				3_121/61_	Side Serpe	
eport Date	20/02/2018 00:04	Academt Report Within 24 hrs	Yes	Accident Type		
ate of Accident	15/02/2018	Time of Accident Micrim	23:30	Country of Acadent	Singapore	
eparting Centre		Orange Force		JCM No.		
coldent Location	ALONG LORONG 15 GEYLANG					
♥ Benefits						
W Excess						
wn damage Excess	600,00	Additional Excess	0,00	Windscreen Excess		100.00
nnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00			
hird Party Excess	0.00	Outside Singapore TP Excess	0.00			
ST Registered Informa	ation					
ST Registered	No		GST Registration Date			
ST Registration No.			GST Status Venfied	Yes		
odification History						
	Name of the latest and the latest an					
→ Policyholder Hailing Ad			BAIN STREET	Address 3	SINGAPORE 1802	99
ddress 1	BLK 233 #17-11	Address 2		Post Code	180233	
Ackdrenk 4		Address Type	Singapore address	Post Code	100233	
init No.		Related Policy Number	5092559133			
♥ OI Driver Info	707000000000000000000000000000000000000	TERRITORIA.	Main Driver			
river Name	TAY TIONG BENG	Driver Type		Driver DOB	22/04/1952	
nnamed driver Name		Driver NRIC	50092717A			
egister Date of Driver License		Driver Age	45	Driving Experience	46	
ontact No.(Mobile)	86135703	Contact No.(Office)	۰	Contact No.(Home)	0	
ddress 1	8LK 233	Address 2	BAIN STREET	Address 3	SINGAPORE 1802	33
uddress 4		Address Type	Singapore address	Post Code	180233	
			STORY CONTROL OF THE PROPERTY			
	17-11					
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Attachment		Uploaded By/Date	Category	9	. Urgency	Description	Msg Sent? A (CO)	uctros:
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	Uploaded By/Date	Folder Date	File Name		8	Source	Action	

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