NATIONAL Assessment Centre S	ervices poer surross MA	P81450811A1					
	leb description	Date &Time Completed	Don	ie by			
Ref No: NA IRCISO03261/24	SAS e-filing						
Veh No: UM>74P	E-mail (within Shrs, AIC 2hrs)		MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND				
D.O.A: 19/2/8-18:00	i-Motor Claim Form	M76982951	81/6/00	24:32			
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)						
OD : TP: / Reporting Only	i-Photo Uploaded						
	Assessment/Survey Report						
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)			
TP Particulars: Veh No: SLN 2243	, INC()/Non-INC()					
Owner / Driver: (Tel:)				
Policy No: () Period:	()	Cover Type: ()				
Confirmed by : (Date:	Time:)				
Insured/Driver Liability: (%) [Note	e-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	- 60			
Year of Registration: () Warn	ranty: YES () / NO ()					
Excess: (\$) Loading: \$1,000 ()/\$2,000()						
General Remarks:-			2011	2 / ¹ .			
() Walk-In Customer: Customer's informat	and the same of th						
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly 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
- 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 air

aforesaid.	tu nereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/02/2018 09:48
Date Of Accident	19/02/2018 18:00
Exact Location Of Accident	BLK 122 LOR 2 TOA PAYOH OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM274P
Insured/Policyholder	
Name Of Registered Owner	CN CUSTOMS
Co Reg No	53345299J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer TOYOTA Model VIOS E AUTO Exact Purpose for which vehicle was being used at COMMERCIAL time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

5096069434 Policy Number

Cover Note Number

Driver

Name of Driver CHRIS NG SZE HOW (HUANG SHIHAO)

NRIC No S7939624I Date Of Birth 19/12/1979 Occupation OUTDOOR Date Of Driving Pass 13/03/2000

Driving Experience 17 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85002048

Fax Number

Contact Number OFFICE-85002048

EMail Address NOEMAIL

BLK 24 BENDEMEER ROAD Address

#09-543

Postcode 330024

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

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

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 1

2

Number of Passengers (Including Driver)

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

3

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ALONG THE DRIVEWAY OF BLK 122 LOR 2 TOA PAYOH AS I DROPPED OFF MY PASSENGER. SUDDENLY VEHICLE B REVERSED TO MAKE A 3 POINT TURN FROM THE POWER POINT AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE SIZE TOO LARGE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN2242P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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.
- 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
 - 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)

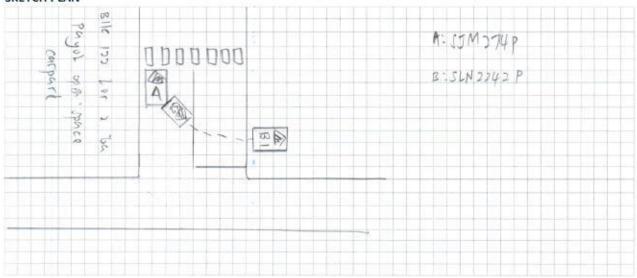
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	

DECLARATION

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

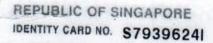
Policyholder's Signature Date & Time:

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

Name:

NRIC/FIN No .:









CHRIS NG SZE HOW (HUANG SHIHAO)

CHINESE Date of birth

19-12-1979 Country of birth SINGAPORE

3398123

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

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

13 Mar 2000

Licence No: S7939624

17-09-2003

APT BLK 24 BENDEMEER ROAD #09-543 SINGAPORE 330024

NRIC No: \$79396241

Date: 08/11/2015



		Deliauhaldan		Policyholder				
olicy No.	5096069434	Policyholder Name	CN CUSTOMS	NRIC	533452993			
Address	BLK 24 #09-543 BENDEMEER ROAD BENDEMEER VILLE SINGAPORE 330024							
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N			
Policy ssue Date	20/11/2017	Effective Date	19/12/2017 00:00	Expiry Date	18/12/2018 23:59			
Third Party Excess	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	HOBBES INSURANCE AGENCY	Agent Tel.	97919911	GST Flag	Y			
Co- insurance Flag Open Policy Info Certificate Info	No							
Policyh	older Mailing Address							
Address 1	BLK 24 #09-543	Address 2	BENDEMEER ROAD	Address 3	BENDEMEER VILLE			
Address 4	SINGAPORE 330024	Address Type	Singapore address	Post Code	330024			
Unit No.	09-543	Related Policy Number	5096069434					
▶ Insure	d Object: SJM274P							
♥ Endors	ements							
Sequence	ce Date of Endorsement	Endorse	ment Type Endo	rsement Status	Endorsement Content			

Continue Cancel

ECV No.	5096069434	verticle No.	S3M274P	GST Registration No.		
Cyholder Name	CN CUSTOMS			Policyholder NRIC	5334	152991
educt Code	PRIVATE CAR INSURANCE	Cover Type	drive C.ASSIC	Loading	0	
stact tro.(Mobile)	0	Contact No. (Office)	0	Contact No.(Home)	0	
all Address	1,000	Special Remark		eCode	No. 1	7
	Table 1				135.3	53
	® No ○ Yes	TCA	No ○Yes	eCode Reason		
D Protection	No	NCD Entitlement(%)	٥	Private Hire	Yes	
Accident Details						
port Date	20/02/2018 22:29	Accident Report Within 24 hrs	Yes	Accident Type	Dam	aged whilst parked
se of Acodent	19/02/2018	Time of Accident hhomm	18:00	Country of Accident	Sing	pore
corting Centre				ICM No.		
ident Location	BLK 122 LOR 2 TOA PAYOH OPEN SPACE	Orange Force		JUM NO.		
Benefits	BUN 122 COM 2 TOM PATOR OPEN SPACE	Contrant				
Excess						
n damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess		100.00
amed Oniver Excess		Outside Singapore OD Excess	2,000.00			
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
GST Registered Inform	nation					
Registered	No		GST Registration Date			
Registration No.			GST Status Verified	No		
fication History						
Policyholder Mailing A	ddress					
ress 1	BLK 24 #09-543	Address 2	BENDEMEER ROAD	Address 3	BEND	EMBER VILLE
ress 4	SINGAPORE 330024	Address Type	Singapore address	Post Code	3300	24
t No.	09-543	Related Policy Number	5096069434	100 March		100
OI Driver Info	2002000	2.000.05.25.774.200				
ver Name	Unnamed Driver	Driver Type	Unnamed Driver			
arned driver Name	CHRIS NG SZE HOW (HUMAG SI	Driver NRIC	579396241	Driver DOS	1011	2/1979
later Date of Driver License		Driver Age	18			
				Oriving Experience	17	
dact No. (Mobile)	85002048	Contact No.(Office)	0	Contact No.(Home)	0	
3ress 1	BLK 24	Address 2	BENDEMEER ROAD	Address 3	The second of	EMEER VILLE
ress 4	SINGAPORE 330024	Address Type	Singapore address	Post Code	3300	
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No. She own a Singapore stered car) aration thalyser or Blood Test sing? fication History aim 001 New In Type * act No. (Motile) & Address In Description	09-543 ① Yes ® No 0 mg	Any injury? Insured Name Contact No. (Heme) Of Vehicle Number	Singapore address. ○ Yes ③ No CN CUSTOMS SIM274P	Post Code Driver Insurer Compar Insured NRIC Contact No. (Office)	5334 NIL SLAZ	52992
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