NATIONAL Assessment Centre	Services	met i janost Wi	NA118026274		
Date In: 23/3/18 - 15:07	Jcb description		Date &Time Completed	Done	py
Ref No: NA/INC 8003503/24	SAS e-filing	1	İ		
Veh No: 05 5214x	E-mail (within \$	hrs, AIC 2hrs)			
D.O.A : 2>/2/8-19:30	i-Motor Clain	r Form	M1/098 3398	23/2/18	15:37
	i-Motor W/O	(Within: OD 2hrs,	TP 4hrs)		
OD TP Reporting Only	i-Photo Uploa	ded			
TD	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	)
TP Particulars: Veh No: SLP 45	54R	. INC(	)/Non-INC( ).		
Owner / Driver: (			Tel:	)	
Policy No: ( ) Perio	od: (	)	Cover Type: (	),	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %) [N	ote-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 30-	100%]	
Year of Registration: ( ) W	arranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,000	0()/\$2,000(	)			
General Remarks:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CONTROL OF	
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Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / N	O( ); To	wing Co: (		)
			Date& Limit Completed.	Done	hv
Remarks: (INC horline: 6788 6616)	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW		Date & Harlo Collipat 54	Water on State of	23
	urtesy Car ( )		-	-	-
2) QC Check / Post Repair Inspection	( )		· · · · · · · · · · · · · · · · · · ·		
3) Upload Resurvey Photo [Repair Cost > \$30	00] ( )				
Injury:		-			
Date/Time Actions		a de la companya de	and the second	TENER CICIE	erikan en r
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	3				
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NA180 1146		Invoice Prep	aration Checklist	Ant (S)	Amt (3) Add Bill
Inimant's Particulars :-		1) AR : Accident I 2) DA : Damage A		(30)	(
river/Owner:	Contracting to the contraction of the contraction o	3) TF : Towing Fe		5120	
		4) FT : Follow-Th	rough Survey (Resurvey)	230	
ontact No:		For claiming ag	sinst INC Only (wef 10 Jan 200	5) \$75	
amaged Portion:		7) N1 : Idao DA +		\$160	
3		8) NTUC Addition			
C Checked by (Engr-In-Charge):		*NS: Courtesy	Car / Tpt Allowance	\$5	
		*N6: Repair Co	-ordination	\$10	
uditors! Comments::		*N7: Post Repn *N8: DV / Coll	ect Excess Coordination	\$5	
L.L.		TP (N11): TP ( 9) N12: Idac Mob	Non INC) against INC	30	1,
1.2/3:		Invoice dated	Fee Charged	MARKET CALLES	armi ar
DOMESTIC CONTRACTOR OF THE PROPERTY OF THE PRO	1	Invoice dated	Fee Charged	500 HEY	

Figure 1 and

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 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 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

	ACCIDENT STATEMENT
Date Of Report	23/02/2018 15:07
Date Of Accident	22/02/2018 19:30
Exact Location Of Accident	UPP PICKERING ST BESIDE PARKROYAL ON PICKERING
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ5214X
Insured/Policyholder	
Name Of Registered Owner	MEGA CAR LEASING
Co Reg No	53322925A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86994326
Alternative Phone No	OFFICE-86994326
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
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	5093985146
Cover Note Number	
Driver	
Name of Driver	LOW BENG HWEE
NRIC No	S7630751B
Date Of Birth	20/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	24/09/2013
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94884523
Fax Number	
Contact Number	OFFICE-94884523
EMail Address	NOEMAIL

BLK 121A EDGEDALE PLAINS Address

#12-249

821121 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

# General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? 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) 1

**Details of Police Action** 

Was the accident reported to the police? NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

# Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED LANE 5 ALONG UPPER PICKERING ST AS IT WAS CONGESTED. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLP4554R Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR 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.
- 2. 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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.
- 7. 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)
  - (i) 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:
  - (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

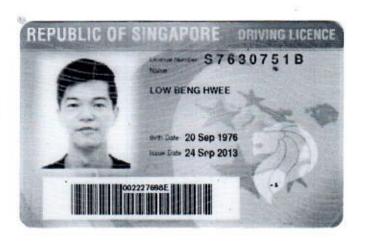
NRIC/FIN No.:

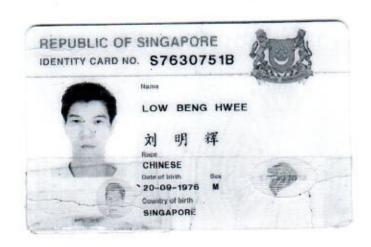
Date & Time:

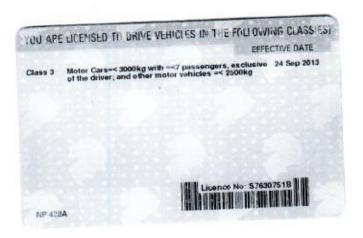
(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:









<b>eBao</b> Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601	1100000	7070	MODELL TO	100000		Change Lan	guage )	Change Passwo	rd • Log Out
My Desktop	Polic	cy Query								,
Notice of Loss	Policy N	10				Date of Acc	ident	22/02/	2018 19:30	7
	Vehicle	No.(Far Motor)	S335214X		1					
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093985146	MEGA CAR LEASING	53322925A	GPC	drivo CLASSIC	SJJ5214X	SJJ5214X	05/09/2017	16/09/2018
					B	Continue				

olicy No.	5093985146	Policyholder Name	MEGA CAR LEASING	Policyholder NRIC	53322925A
Address	BLK 152 #04-326 SERANGOON	NORTH AVENU	JE 1 SINGAPORE 550152		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	05/09/2017	Effective Date	05/09/2017 00:00	Expiry Date	16/09/2018 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	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777	GST Flag	Υ
Co- insurance Flag Open	No				
Policy Info Certificate Info					
Policyl	nolder Mailing Address				
Address 1	BLK 152 #04-326	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 550152
Address 4		Address Type	Singapore address	Post Code	550152
Unit No.		Related Policy Number	5096709568		
<b>▶</b> Insure	d Object: SJJ5214X				
	sements				
Sequen	ce Date of Endorsement	Endorse	ement Type Endorseme	nt Status	Endorsement Content

laim Handling											· Exi
ccident HT/0983398							82	75° - 15,000,00			
olicy No.	9092985146		Vehicle No.	500	5214X			ST Registration No.		20022222	
stcyholder Nems	MEGA CAR LEASING							steyholder MRIC		63322925A 0	
roduct Code	PRIVATE CAR INSURANCE		Cover Type	del	vo CLASSIC			ading			
oreact No. (Mobile)	86994326		Contact No.(Office)	0				antact No.(Home)		0	
mail Address			Special Remark					Code		No.	
PK	® No ○Yes		TCA		No O Yes			Code Reason		203	
CD Protection	No		NCD Entitlement(%)	0			Pr	rivate Hire		Yes	
Accident Details											
	23/02/2010 15:35		Acodent Report Wehin	24 hvs Yes	5		A	coldent Type		Side Swipe	
apart Date	***************************************		Time of Accident hh:mn		130		C	puntry of Accident		Singapore	
	22/02/2018		Drange Force				10	CM No.			
eporting Centre											
coident Location	UPP PICKERING ST BESID	E PARKROYAL ON	PICKERING								
₩ Benefits											
₩ Excess	1910	20.00	Additional Excess			0.00	w	undscreen Excess			100.00
wn damage Excess	2.0	00.00				2,000.00					
nnamed Driver Excess			Outside Singapore OD t								
hird Party Excess		00.00	Outside Singapore TP E	xcess		1,500.00					
⇒ GST Registered Informa					CCT	egistration Date					
ST Registered	No					itatus Verified		No			
ST Registration No.					30.0						
lodification History											
Policyholder Mailing Ado	dress					20000000000000000000000000000000000000	-			SINGAPORE S	SEN152
Address 1	BLK 152 #04-325		Address 2	SI	ERANGOON	NORTH AVENUE 1		lddress 3			ered 6
Address 4			Address Type	Si	ngapore ad	dress	P	Post Code		550152	
Jint No.			Related Policy Number	98	096709548						
OI Driver Info											
Driver Name	Unnamed Driver		Driver Type	U	nnamed Dri	ver	0	MINISTER STATE			
Innamed driver Name	LOW BENG HWEE		Driver NRIC		76307518			Oriver DOB		20/09/1976	
tegister Date of Driver Licensia	24/09/2013		Driver Age	4				Oriving Experience		*	
Contact No.(Mobile)	94884523		Contact No. (Office)	0				Contact No.(Home)		0	-0.5
Address 1	BLK 121A		Address 2	E	DOEDALE P	LAINS		Address 3		PLINGGOL ED	oue.
Address 4	SINGAPORE 821121		Address Type	Si	ingapore ad	dress	9	Post Code		821121	
una Na.	12-249										
Does he own a Singapore Registered car?	○ Yes ® No		Driver Vehicle No.				1	Driver Insurer Comp	any.		
Declaration											
Breatheryser or Blood Test Reading?	0 mg		Any injury?	0	) Yes ⊕ No						
Modification History											
Claim 001 New											
				-						53322925A	
Claim Type *	00-MX	~	Insured Name		MEGA CAR L	EASING		Insured NRIC Contact No (DMice)		ND.	
Contact No.(Mobile)			Contact No.(Home)					TP Vehicle Number		SLP4554R	
Email Address			OI Vehicle Number	[5	5005214X			Name of Preferred	Madashad	26 43546	
Claim Description	S105214X / SLP4554R O	N 22 Feb 2018					_	Name of Preferred	workshop		
Preferred Workshop Contact			Insured Liability *	Į.	Not at Fault	· ·					
No. Require Finalisation	Yes		Preferend Repair Opti	ion [	Preferred W	orkshop, Name unknown	V	GIA report		Received	·
Date Registered	23/02/2018 15:37		Claim Close Date					Date Received		23/02/2018	00.00
Report Taken By	Jackson										
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Attachment	<sub>Q</sub> u	ploaded By/Date	Category	P	Urgency	Description	Sent? Action (CO)
all Se	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 23 Fe b 2018 15:39	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-2-23	Edit
443	NAC_PAYA_UBI_800501( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 23 Fe b 2018 15:38	SAS		Normal	SAS 2018-2-23	Edit
	NAC_PAYA_UHI_B00601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 23 Fe to 2018 15:38	Photos.		Normal	Photos 2018-2-23	Edit
NET.	NAC PAYA LINE BOOKDEE NATIO	NAL ASSESSMENT CENTRE SERVICES) on 23 Fe is 2018 15:28	Priotos		Normal	Photos 2018-2-23	Edit
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422.5	NAC_PAYA_UBI_800601( NATI	CNAL ASSESSMENT CENTRE SERVICES) on 23 Fe b 2018 15:37	Photos		Normal	Photos 2018-2-23	Edit
1 .	NAC_PAYA_LBS_800601( NATI	DNAL ASSESSMENT CENTRE SERVICES) on 23 Fe b 2018 15:37	Photos		Normal	Photos 2018-2-23	Edit
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100	NAC_PAYA_UBI_B00601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 Fe b 2018 15:37	Photos		Normali	Photos 2018-2-23	Edit
♥ Video List		Folder Date	File Name		9	Source	Action