NATIONAL Assessment Cen			Danaha
Date In: 26/3/8-17:20	Jeb description	Date &Time Completed	Done by
ROFNO: NA INCIPO 36 56/24	SAS e-filing		
Veh No: 66166332	E-mail (within Shrs, AIC 2hrs	()	74
D.O.A: 36/3/18-16:10	i-Motor Claim Form	MT/0983757	26/2/18 18:51
~	I-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD / TP Reporting Only	i-Photo Uploaded		and the control of th
	Assessment/Survey Repor	rt	
TP Insurer:	Ass't Report by Fax / Har	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: PC	URIVL INC	C()/Non-INC()	15
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: (0-20%; P: 21-79%. F: 80-1	00%]
Year of Registration: ())	
	1,000 ()/\$2,000 ()		(D) (A) (A) (A) (A) (A)
General Remarks:-			
() Walk-In Customer: Customer's in	The state of the s		
() Total Loss Case : to e-mail Inst		5 Aug 25 Aug	·····
		; Towing Co: (•)
		3	SAMPLE OF TAXABLE
Remarks: (INC horline: 6788 6616)		Date&Tims Completed	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		
Injury:		· · · · · · · · · · · · · · · · · · ·	
Date/Time Actions	1 7 7 7 17	FAME ((J48, 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.
Date/Time Actions			303M-M. H. S.
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	1		
the second second		Preparation Checklist	Ant (S) Ant (S)
NA180/202	200 A - 44-10 PM	A SOURCE OF THE CAP SELECTION OF THE PARTY SE	fit Bill Add Bill
laimant's Particulars:-		ege Assessment (\$100); INC (\$8	
river/Owner:	3) TF : Towi	ng Fee S40	V\$45 \$120
	5) FT : Follo	w-Through Survey (Resurvey)	\$30
ontact No:	For claimi 6) TR: Re-in	ng against INC Only (wef 10 Jan 2005	\$75
amaged Portion:	7) N1 : Idao	DA + SMRT Survey	\$160
	8) NTUC Ad	ddilional Services:-	
C Checked by (Engr-In-Charge):	*N5: Cour	ricsy Car / Tpt Allowance	\$5
		eir Co-ordination Repair Inspection	\$10 \$25
uditors! Comments :-	*N8: DV	Collect Excess Coordination	\$5
THE PERSON NAMED OF THE PARTY O	TD (MI)	: TP (Non INC) against INC	\$20
1. 1.			30
1.1:	9) N12: Idac Invoice date	Mobile	30

1 , pri st + 30

SINGAPORE ACCIDENT STATEMENT

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.
- 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 consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/02/2018 17:20
Date Of Accident	26/02/2018 16:10
Exact Location Of Accident	GEYLANG RD BEFORE JUN LOR 3 GEYLANG
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ6633Z
Insured/Policyholder	
Name Of Registered Owner	SOH GHEE TIONG
NRIC No	S1614322G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97617737
Alternative Phone No	OFFICE-97617737
Vehicle Particulars	
Manufacturer	BMW
Model	520I AT D/AB 2WD 4DR LED NAV
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 **Insurance Company**

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

PRIVATE CAR

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5097627074 Policy Number

Cover Note Number

Driver

SOH GHEE TIONG Name of Driver

S1614322G NRIC No 07/11/1963 Date Of Birth OUTDOOR Occupation 16/06/2000 Date Of Driving Pass

17 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97617737 Mobile Number

Fax Number

OFFICE-97617737 Contact Number

NOEMAIL EMail Address

Address BLK 498G TAMPINES STREET 45 #04-436

525498

Postcode 525

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

8

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?
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)

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 PARKED MY VEHICLE ON LANE 1 AND I HAVE DOUBLE SIGNAL MY VEHICLE AS I WANT TO DELIVER SOME GOODS TO CUSTOMER. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. MY VEHICLE MOVED FORWARD AND MY RIGHT RIM HIT ONTO THE CURB.

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 PC4814L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

BUS

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.
- 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:

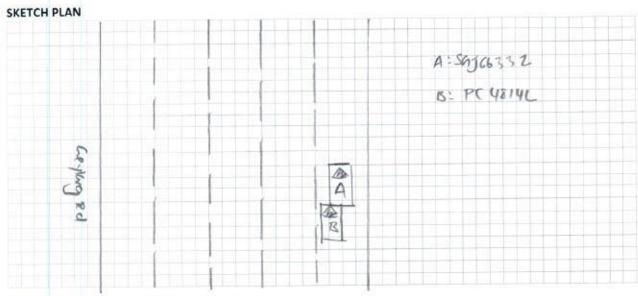
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnels Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

20 fer 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

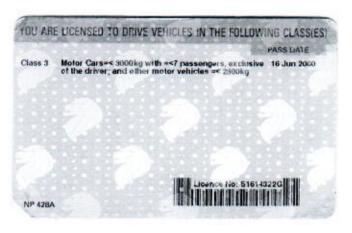
Name:

NRIC/FIN No.:









eBao Tech								Gen	eralClaim	
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	ord + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	26/02	/2018 14:10	
	Vehicle	Vehicle No.(For Motor)								
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097627074	SOH GHEE TIONG	S1614322G	GPC	drivo CLASSIC	SG36633Z	SG)6633Z	24/01/2018	23/01/2019
			0.0000		- 1	Continue				

Policy No.	5097627074	Policyholder Name	SOH GHEE TIONG	Policyholder NRIC	S1614322G
		VIENESEE			
Address	BLK 498G #04-436 TAMPINES S	TREET 45 SIN	GAPORE 525498	T-ATTENDED	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	23/01/2018	Effective Date	24/01/2018 00:00	Expiry Date	23/01/2019 23:59
hird		Own		Windscreen	100
arty excess	0	damage Excess	600	Excess	100
Additional Excess	0	os Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	TAI THONG LEE TRADING PTE L	Agent Tel.	NIL	GST Flag	Y
Co- nsurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	nolder Mailing Address				
Address 1	BLK 498G #04-436	Address 2	TAMPINES STREET 45	Address 3	SINGAPORE 525498
Address 4		Address Type	Singapore address	Post Code	525498
Unit No.		Related Policy Number	5097627074		
▶ Insure	d Object: SGJ6633Z				
▽ Endors	sements				
Sequen	ce Date of Endorsement	Endorse	ement Type Endorse	ment Status	Endorsement Content
					Thank you for giving us the opportunity to serve you. We confirm that from 26 Jan
		Basic Inform	nation	Take Effective	2018, the Vehicle Number is

dent MT/0983757											
cy No.		5097627074		Vehicle No.	5G36633Z		GS	T Registration No.			
Eyholder Name		SOH GHEE TIONS					Poli	lcyholder NRIC		S1614322G	
dyct Code		PRIVATE CAR INSURAN	NCE	Cover Type	drive CLASS	ic	Loa	eding		0	
eact No. (Mobile)		07617737		Contact No. (Office)	0		Cor	ntact No.(Home)		0	
		37977.757.75		Special Remark			eCi	ode		rac w	
ad Address		® No ○ Yes		TEA	® No ○Yes		eCr	nde Reason			
				NCD Entitlement(%)	50			vate Hire.		No	
3 Protection		res		acc annument of	22						
Accident Details					207			cident Type		Collision - H	eat to Kear
ort Date		26/02/2018 18:49		Accident Report Within 24 hrs							1000
e of Acodent		26/02/2018		Time of Academ hhomm	16:10			untry of Accident		Singapore	
orting Centre				Drange Force			101	H No.			
ident Location		GEYLANG RD BEFORE	JUN LOR 3 GEYLANG								
Benefits											
Excess											
damage Excess			500.00	Additional Excess		0.00	Wir	ndscreen Excess			100.00
				Outside Singapore OD Excess		600.00					
amed Driver Excess			0.00	하나 하나 하다 가는 그리고 하게 되었다.							
d Party Excess			0.00	Outside Singapore TP Excess		0.00					
GST Registered I	morma	ition									
Registered		No				Registration Date					
Registration No.					GST	Status Verified		Yes			
ification History											
Policyholder Mail	ling Ad	dress									
	- Marie	BLK 498G #04-436		Address 2	TAMPINES S	TREET 45	Ad	dress 3		SINGAPORI	\$25498
iress 1		PPV 4300 ± 04-410						st Code		525498	
tress 4				Address Type	Singapore a						
t No.				Related Policy Number	9097627074						
OI Driver Info											
ver Name		SOH GHEE TIONG		Driver Type	Main Driver		100	701222		07/11/196	
samed driver Name				Driver NRIC	516143220			iver DOB			
ister Date of Driver	License	16/06/2000		Driver Age	54			iving Experience		17	
sact No.(Mobile)		97617737		Contact No.(Office)	0		Co	insact No.(Home)		0	
iress 1		BLK 498G				1100 http://www.					E 605408
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