NATIONAL Assessment Cent	Jeb description	Date &Time Completed	Done by
Date In: 15/3/18-09:24			
Ref No: NA INC1800 4903/24	SAS e-filing		1043
Veh No: 54 7432R	E-mail (within Shrs, AIC 2hrs)	ud octor	15/3/18 09:36
D.O.A: 14/3/18-09:30	i-Motor Claim Form	MT 0986075	19/7/6 04 70
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2)	irs, TP 4brs)	
	i-Photo Uploaded		
TD I	Assessment/Survey Report	<u> </u>	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (1011	ax:
TP Particulars: Veh No: XE	31324 . INC	()/Non-INC()	4
Owner / Driver: (Tel:	
Policy No: () P	eriod: (Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,	000()/\$2,000()	and accommoded to the Control of the	123 - 17. Th
General Remarks:-			SAME TO SECOND
() Walk-In Customer: Customer's inf		Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insu			
Drive-In ()/ Towed-In (); Invoi	ce: YES() / NO();	Towing Co: (/
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done by
	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > :	3000] ()		
Injury:			
			Salara ar
Date/Time Actions			8/200305 (M. 15A. 57
		and the second	Ant (S) Amt (
NA1801665	Inveice P	reparation Checklist	Ant (S) Amt (
	1) AR : Accid	ent Reporting (\$30);	
laimant's Particulars :-	2) DA : Dame 3) TF : Towin	ge Assessment (\$100); INC (\$80) 40/\$45
river/Owner:	4) FT : Follow	v-Through Survey	\$120 \$30
ontact No:	5) FT : Follow For claimin	w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 20	05)
amaged Portion:	6) TR : Re-in		\$160
arraged Fordore	8) NTUC Ad	ditional Services:-	
C Checked by (Engr-In-Charge):	OD*	tesy Car / Tpt Allowance	\$5
Checker by (blight in Charge).	• N6: Repa	ir Co-ordination	\$10 \$25
uditors' Comments ::	• N7: Fost	Repair Inspection Collect Excess Coordination	\$5
t. 1:	TP(NII)	: TP (Non INC) against INC	30
1. 2/3;	9) N12: Idea Invoice dates	er - Clause	d distribution
	Till Color added	Fee Chargs	

4 - par et 1 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
- 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.

archiving and that copies of this report will, for a fee, be made avail 7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	and to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/03/2018 09:24
Date Of Accident	14/03/2018 09:30
Exact Location Of Accident	SLIP RD PUNGGOL WAY TWDS TPE (PIE)
Country/State of Loss	SINGAPORE
Design to the second to the second to	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY7432R
Insured/Policyholder	
Name Of Registered Owner	KWONG WEI JIAN
NRIC No	S8401046D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98781984
Alternative Phone No	OFFICE-98781984
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1K23Q5 MX
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?	
If No. Please state action to be taken	REPORTING ONLY

PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5086312008 Policy Number

Cover Note Number

Driver

KWONG WEI JIAN (GUAN WEIJIAN) Name of Driver

S8401046D NRIC No 08/01/1984 Date Of Birth INDOOR Occupation 09/07/2007 Date Of Driving Pass

10 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98781984 Mobile Number

Fax Number

OFFICE-98781984 Contact Number

NOEMAIL **EMail Address**

BLK 294A COMPASSVALE CRESCENT Address

#12-21

541294 Postcode

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NO

2

YES

NAME:

: FEMALE 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

REFER TO STATEMENT.

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

XE3132Y

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Page 2 of 19

SKETCH PLAN

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.
- 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.

W

Policyholder's Signature Date & Time: Oriver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

efer to Sto	tement.		
- New years			

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.:

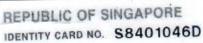
ON STATED DATE AND TIME, MY VEHICLE ALMOST MERGED TO LANE 3 FROM LANE 4. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

ACCIDENT STATEMENT

A	CCIDENT DATE: 14. / 3 18)(DD/MM)	/YYYY), TIME:(09 : 30,)(HH:MM	
		4) TPE(PIE)	
٠	1 DETAILS OF VEHICLE		100
3	CIVEHICLE NUMBER:	-37/A:	
	HUNSUPANCE COMPANY: NTO	- 15 VI	
	d)POLICY TYPE: (COMPREHENSIVE / THIR	D PARTY / THIRD PARTY TIRE CONTENT	£1
	e)MAKE & MODEL:	THERS	
	F)TYPE:(SALOON / COUPE / MPV /VAN /	LORRY / MOTORCYCLE)	
	g) VEHICLE CATEGORY: (PRIVATE / COMA	T. Pety Sto USE	
	h) PURPOSE OF USING AT ACCIDENT TIME I) ARE YOU CLAIMING UNDER YOUR OWN	NINSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAI	IM / REPORTING ONLY)	. 227
	IF NO, PLEASE STATE (THIRD TAKET OF THE		
	2. INSURED / POLICY HOLDER A) NAME: Kwong Wei Tan Canan	Dei jign (MALE) FEMALE)	17
	THE PERSON ACCOUNTS TO YOUR DAY	CONTACT	- A HO of
	CIADDRESS: BIC 2944 Compa Strake	cresant & 12-01 (541294)	bscenger.
			- (Including of
	* CONTINUE TO 3.d IF DRIVER ALSO POLI	ICY HOLDER	(2)
	3. DRIVER	(MALE / FEMALE)	
	a)NAME:	CONTACT:	* female
	b)NRIC/FIN/PASSPORT:		-
	c)ADDRESS:	A CONTRACTOR OF THE CONTRACTOR	- 84
	*d)DATE OF BIRTH:	J(DD/MM/YYYY)	
•	e)OCCUPATION: (INDOOR) OUTDOOR)	Section 2012 and the section of the	K
	THE STATE OF THE PROPERTY OF T	100	
	WAS DOTVED AN EMPLOYEE OF THE I	NSURED'S COMPANY? (YES / NO	
	TE NO RELATIONSHIP OF THE DRIVE	R WITH INSURED:	
	5. d) WEATHER CONDITION: (CLEAR / RAINI	ING / OTHERS	
	6. WAS ANYBODY INJURED (YES / NO)		200
	7. a)REPORTED TO POLICE (YES / NO)		100 min
	IF YES, PLEASE STATE WHICH POLICE STA	ATION:	
	- THE PARTY VILLE		. 0
	a) VEHICLE NUMBER: XE 31324	MODEL:	_*Ho of passo
	b) DRIVER'S NAME:		- Claduding du
	c) NRIC/FIN/PASSPORT:	CONTACT:	-(2)
	9. THIRD PARTY VEHICLE	MODEL:	^
	d) VEHICLE NUMBER:	MODEL:	- 4 Ho of passi
2.54	e) DRIVER'S NAME:	CONTACT:	_ (Including d
- 1	f) NRIC/FIN/PASSPORT:	301,11,01	· ().
	75-67	12	()
		2 SEC 4 S	532

email = gerally_xwony@hetmail.com









KWONG WEI JIAN (GUAN WEIJIAN)

关

CHINESE Qate of birth 08-01-1984

Country of birth SINGAPORE

3567170

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

Motor Cars=< 3000kg with =<7 passengers, exclusive 09 Jul 2007 of the driver; and other motor vehicles << 2500kg

NP 428A

NRIC No. S8401046D

Date of issue

01-06-2004

APT BLK 294A COMPASSVALE CRESCENT #12-21 SINGAPORE 541294

NRIC No: \$84010460

Date: 30/12/2015

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My Desktop	Polic	y Query						C. Vice and	2010 00 00	1
Notice of Loss	Policy N	0.				Date of Acci	ident	14/03/	2018 09:30	1
	Vehicle	No.(For Motor)	SJY7432R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5086312008	KWONG WEI	S8401046D	GPC	drivo CLASSIC	SJY7432R	SJY7432R	19/11/2016	27/03/2018

olicy No.	5086312008	Policyholder Name	KWONG WEI	JIAN	Policyholder NRIC	S8401046D
ddress	BLK 294A #12-21 COMPASSVAL	E CRESCENT	COMPASSVALE	BOARDWALK SIN	GAPORE 5412	94
					Group	N
roduct lame	PRIVATE CAR INSURANCE	Plan			Policy Flag	
Policy ssue Date	18/11/2016	Effective Date	19/11/2016 0	00:00	Expiry Date	27/03/2018 23:59
hird		Own	1995		Windscreen	100
arty xcess	0	damage Excess	600		Excess	
dditional xcess	0	OS Premium	0			
Outside		Outside				
Singapore	600	Singapore	0			
DD Excess	600	TP Excess				
Agent	META AGENCY PTE, LTD.	Agent Tel.	98585076		GST Flag	Υ
Co- insurance Flag	No					
Open Policy Info						
Certificate Info						
Policyl	nolder Mailing Address					
Address 1	BLK 294A #12-21	Address 2	COMPASSV	ALE CRESCENT	Address 3	COMPASSVALE BOARDWALK
Address 4	SINGAPORE 541294	Address Type	Singapore a	ddress	Post Code	541294
Unit No.	12-21	Related Policy Number	508631200	8-01		
) Insure	ed Object: SJY7432R	3347 11 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
♥ Endor	sements					Value (Value (Va
Sequen	ce Date of Endorsement	Endors	sement Type	Endorser	nent Status	Endorsement Content
Seque					Falsa Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 19 Nov 2016 TO 27 Mar 2018 In view of
1	22/09/2017 00:00	POI Exten	sion/Shorten	Endorsement 1	ake effective	this amendment, an additional premium of \$387.18 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number xxxx xxxx

Mandling											
Handling nt HT/0986075			111112	838750000-5		CET B	egistration No.				
	086312008		Vehicle No.	93Y7432R			holder NRIC	50	5401046D		
	WONG WEI JIAN							0			
	LIVATE CAR INSURANCE		Cover Type	grivo CLASSIC		Loadin		0			
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r66 4			Relaced Policy Number	5086312008-0	10						
No.	12-21		100,000,000,000								
OI Driver Info				Main Driver							
Name	KWONG WEI JIAN		Oriver Type	58401046D		Driv	er DOB		08/01/1984		
med driver Name			Driver NRIC			Dm	ving Experience		10		
ger Date of Driver License	09/07/2007		Driver Age	34			stact No.(Home)		0		
act No.(Mobile)	98781984		Contact No. (Office)	0						LE BOARDWALK	
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	D V 7944		Address 2	COMPASSVAL	E CRESCENT						
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