NATIONAL Assessment Ce	ntre Services. wet Janton	1456208114WH	+	
Date In: 23/3/18-14:15	Jeb description	Date & Time Complete	d Done	e by
Res No: NA MC 18005487/24	SAS c-filing	i		
Veh No. SLP 46314	E-mail (within Shrs, AIC 2h	urs)		
D.O.A.: 23 3/18-08:00	i-Motor Claim Form	MT/0987411	23/3/18	16:20
H _	i-Motor W/O (Within: O	D 2hrs, 7'P 4hrs)		
OD : TP : Reporting Only	i-Photo Uploaded			
-	Assessment/Survey Rep	ort j		
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	:(Tel:	Fax:)
TP Particulars: Veh No:	GC 8013B IN	IC()/Non-INC()		4.016
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: (
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N		0-100%]	i
T car of reegistration. () Warranty: YES ()/NO	()		
	\$1,000()/\$2,000()		্রসমূর নাশ্ _প ্র	
General Remarks:-			Altered St.	· , ·
() Walk-In Customer: Customer's	s information strictly Confidential	& Strictly NO refer of repaire	эг	
() Total Loss Case : to e-mail In			73-7	
); Towing Co: (¥.)
		Date&Time Completed	at Table Bon	e hy
Remarks:- (INC horline: 6788 661		Date&Lime Completor	O. Designation	0,03
1) Apply for Transport Allowance ()/Courtesy Car ()		-	
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost	()			
Injury:			Me iv - 1 van een een	
Date/Time Actions		1	NOTE OF STREET	gorina interpreta English
2.500000				7.1
		1		
***	(42)			
•	- 1		10 10	
Il Aug tort	Inveice	Preparation Checklist	Anit (\$)	Maria market
NA1801826	1995	ceident Reporting (\$30);	MEBIL	S. Section
laimant's Particulars:-	2) DA : D	amage Assessment (\$100); INC	C (\$80)	
river/Owner:	3) TF : To	wing Fee Ilow-Through Survey	\$120	
	5) FT : Fo	llow-Through Survey (Resurvey)	\$30	
ontact No:		ming against INC Only (wef 10 Jan inspection	\$75	1
amaged Portion:	7) N1 : Id	no DA + SMRT Survey	\$160	-
	s) NTUC	Additional Services:-		
C Checked by (Engr-In-Charge):	*N5: C	ourlesy Car / Tpt Allowance	\$5	
T 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	*N6: R	epair Co-ordination ost Repair Inspection	510 \$25	1
uditors' Comments :-	*N8: D	V / Collect Excess Coordination	\$5	
it. 1:		1): TP (Non INC) against INC	30	
t. 2/3:	Invoice de	sted Fee Char	MACROS VET	2.15年7月
Control of the contro	Invalce de	ated Fee Char	ged Est	

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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 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.

- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/03/2018 14:15
Date Of Accident	23/03/2018 08:00
Exact Location Of Accident	SLIP RD NAPIER RD TWDS TANGLIN RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP4031H
Insured/Policyholder	
Name Of Registered Owner	YONG JUN ENTERPRISE
Co Reg No	53353692L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97370832
Alternative Phone No	OFFICE-97370832
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S A
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	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
Policy Number	5091355828
Cover Note Number	
Driver	
Name of Driver	MARVIN NG CHIA HENG
NRIC No	S0032105B
Date Of Birth	02/01/1953
Occupation	OUTDOOR

01/09/1979

NOEMAIL

MALE

38 YEARS AND 6 MONTHS

(LOCAL) +65-83456311

OFFICE-83456311

1 JALAN ANAK BUKIT Address #10-12

588996 Postcode

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1 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

ON STATED DATE AND TIME, I FILTER LANE 3 TO LANE 4 ALONG NAPIER RD. I DID NOT NOTICE THAT VEHICLE B TRAVELLING ALONG LANE 4. IN A RESULT, I HIT ONTO VEHICLE B FRONT RIGHT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SJC8013B Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category LI ZHONGCHENG Name of Driver S7782170H NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

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.
- 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.

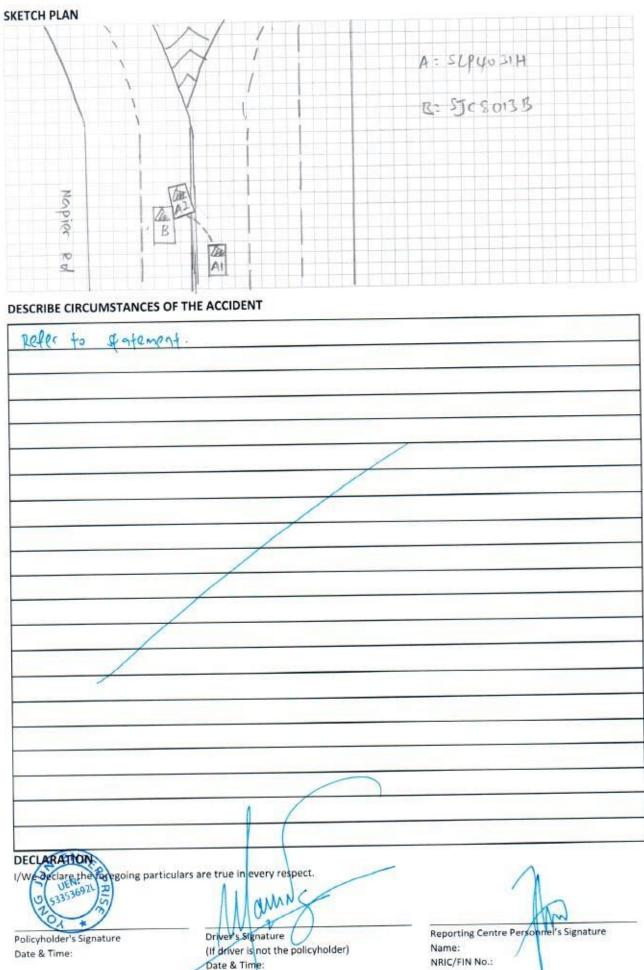
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

our N

Date & Time:

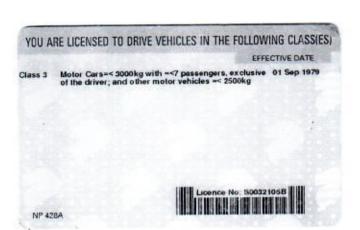
Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:











eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601	10000)	Change Lan	guage	Change Passwo	ord + Log Out
My Desktop	Polic	y Query								,
Notice of Loss	Policy N	0.			- 10	Date of Acc	ident	23/03	/2018 08:00	
	Vehicle	No.(For Motor)	SLP4031H							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091355828	YONG JUN ENTERPRISE	53353692L	GPC	drivo CLASSIC	SLP4031H	SLP4031H	02/06/2017	01/06/2018
					1	Continue				

Policy No.	5091355828	Policyholder Name	YONG JUN ENTERPRISE	Policyholder NRIC	53353692L
Address	BLK 434B #25-244 FERNVALE RO	DAD FERNVAL	LE RESIDENCE SINGAPORE 79	92434	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	29/05/2017	Effective Date	02/06/2017 00:00	Expiry Date	01/06/2018 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	INSMART (INSURANCE) AGENC	Agent Tel.	68420766	GST Flag	Y
insurance Flag Open Policy Info	No				
Certificate Info	nolder Mailing Address				
Certificate Info Policyh	nolder Mailing Address BLK 434B #25-244	Address 2	FERNVALE ROAD	Address 3	FERNVALE RESIDENCE
Certificate Info Policyh Address 1		Address 2 Address Type	FERNVALE ROAD Singapore address	Address 3 Post Code	FERNVALE RESIDENCE 792434
Certificate Info	BLK 434B #25-244	Address			
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STITUTE OF THE STITUTE	YONG JUN ENTERPRISE		drive CLASSIC		Load		0			
	PRIVATE CAR INSURANCE	Cover Type	0		Cont	tact No.(Home)	0			
tact No.(Mobile)	97370832	Contact No.(Office)			eCod	de	74			
ie Address		Special Remark	® No ○Yes		eCo	de Reason				
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Protection	No	NCD Entitlement(%)	0							
Accident Details					200	220 2000	20	-Osson - C	hange / Cross lane	
ort Date	23/03/2018 16:17	Acadent Report Within 24 hrs.	Yes			dent Type			ingrigery accounts	
	23/03/2016	Time of Accident hhomm	08:00		Cou	intry of Accident	S	ngapore		
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Policyholder Mailing Ad	fress				720	NO.		ECDSIA) E	RESIDENCE	
dress 1	BLK 4348 #25-244	Address 2	FERNVALE RO	DAD		dress 3			NEW PROPERTY.	
dress 4	SINGAPORE 792434	Address Type	Singapore adi	dress	Pos	st Code	63	792434		
e No.	25-244	Related Policy Number	5091355828							
OI Driver Info	AC. 575.									
iver Name	Unnamed Driver	Driver Type	Unnamed Dri	ver						
named driver Name	MARVIN NG CHIA HENG	Driver NRIC	900321058		Dr	iver DDB		02/01/199	3	
geter Date of Driver License		Driver Age	65			iving Experience		38		
entact No.(Mobile)	83456311	Contact No.(Office)	0		Co	ontact No. (Home)		0	carrier -	
	I JALAN ANAK BUKIT	Address 2	BUKIT TIMAH	H PLAZA	Ad	toress 3		SINGAPOR	RE \$88996	
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	Uploaded By/Date Folder Date	File Name		9	Source	Action
Video List	F 2018 16:19	W19758				
	NAC PAYA UBI 800501(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma	Photos		Normali	Photos 2018-3-23	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma / 2018 16:19	Photos		Normal	Photos 2018-3-23	
Ä	NAC_PAYA_UBI_BOOGOL(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma + 2018 16:19	Photos		Normal	Photos 2018-3-23	
4	NAC_PAYA_UBI_S00001(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma f 2018 16:39	Photos		Normal	Photos 2018-3-23	
	NAC_PAYA_U63_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 16:19	Photos		Normal	Photos 2018-3-23	
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	NAC_RAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 16:20	Photos		Normal	Photos 2018-3-23	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 16:20	Photos		Normal		
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34	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 16:20	Photos			Photos 2018-3-23	
€ē	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2016 10:20	Photos.		Normal	Photos 2018-3-23	
药	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 16:20	Photos			Photos 2018-3-23	
2	F 2018 16:21	Photos		Normal	Photos 2018-3-23	
	7 2018 16:21 NAC_PAYA_UBI_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma			Normai	Photos 2016-3-23	
100 M	v 2018 16:21 NAC_PAYA_UBI_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma	Photos		Normal	Photos 2015-3-23	101
6	NAC PAYA UBI_BOOKO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ha	SAS		Normal	SAS 2018-3-23	
1+1*	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 16:22	NRIC/ Driving License		Normal	NRTC/ Driving License 2018-3-23	
rment	uploaded By/Date	Category	9	Urgency	Description	Sent? Act (CO)