NATIONAL Assessment Centr	e Services. week.	200 6 [4 MNA) 180 19 190 180 180 180 180 180 180 180 180 180 18	-01 ,		
Date In: 23/3/8-16:29	Jeb description	Date & Time	Completed	Done by	
Ref No: NA INC PROSTYRY 24	SAS e-filing		Name and the least of the least		
Veh No: SCR 94725	E-mail (within Shrs, A	(C 2hrs)			•
D.O.A.: 23/3/18-15:55	i-Motor Claim Fo	m M109874	28 23	3/18 17.	73
	i-Motor W/O (With	in: OD 2hrs, TP 4hrs)	1/		
OD TP Preporting Only	i-Photo Uploaded				
	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp	1		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: Shw	14332 /	INC()/Non-IN	C().	-	
Owner / Driver: (7	Tel:	V _V)	
Policy No: () Po	riod: () Cover Type:	()	
Confirmed by : (Da)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 21-79	%. F: 80-100	%]	
Year of Registration: ()	Warranty: YES ()/	NO()			
Excess: (\$) Loading: \$1,0	000()/\$2,000()		No. 18.17	-
General Remarks:				* N. C.	
() Walk-In Customer : Customer's info					
() Total Loss Case : to e-mail Insur		e exert	.2	•	
Drive-In ()/ Towed-In (); Invoice) ; Towing Co: ()
Remarks: (INC hotline: 6788 6616)		Done Chimb	omple ad	Done b	y
		Dataerano			
1) Apply for Transport Allowance ()/0	Courtesy Car ()	ELITER AND ADDRESS OF THE PARTY	-7	3	
2) QC Check / Post Repair Inspection	()		· 		
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()				
Injurý:					
Date/Time Actions		talena _{ti} alekt		Secondar.	
SUCCESSION SUCS			dis.		
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					-
•			on the business of	Ant (S)	Amil (3)
NARD1858	Inv	oice Preparation Che	cklist	fit Bill	Add Bill
	1) A	R : Accident Reporting (\$30			
Claimant's Particulars :-	2) D	A: Damage Assessment (\$10 F: Towing Fee	00); INC (\$80) \$40/\$	45	
Driver/Owner:	4) F	T : Follow-Through Survey T : Follow-Through Survey (R	csurvey) S	30	
Contact No:	Po	or claiming against INC Only	(wef 10 Jan 2005)	75	
Damaged Portion:	6) T	R: Re-inspection 1: Idao DA + SMRT Survey	- S1		
	8) N	TUC Additional Services:-			
QC Checked by (Engr-In-Charge):	<u>Q</u>	D* N5: Courtesy Car / Tpt Allows	noe	\$5	
Co onchoo by (bugi An onarge).	• 1	N6: Repair Co-ordination	5	10	
	•	N7: Post Repair Inspection N8: DV / Collect Excess Coor	The second name of the second	25 \$5	
Auditors' Comments::	T CONTRACTOR OF T	P(N11): TP(N-n INC) again	IST INC S	20	
Cat. 1:	9) N	12: Idac Mobile	Fee Charged		arter Jul
Cat. 2/3:	179700	ice dated lice dated	Fee Charged	SECON	

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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.
- 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.
- ent 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	23/03/2018 16:29
Date Of Accident	23/03/2018 15:55
Exact Location Of Accident	SLIP RD UPP PAYA LEBAR RD TWDS BARTLEY RD EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ9472E
Insured/Policyholder	
Name Of Registered Owner	TING BOON KIAT
NRIC No	S6911334F
Email Address	NOEMAIL

(LOCAL) +65-91162738

OFFICE-91162738

Alternative Phone No. Vehicle Particulars

Mobile Phone No

MERCEDES-BENZ Manufacturer CLA 200 (R18 SR) Model

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy NO for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Policy Number 5094831414

Cover Note Number

Driver

TING BOON KIAT Name of Driver S6911334F NRIC No 25/03/1969 Date Of Birth INDOOR Occupation 21/03/1989 Date Of Driving Pass

29 YEARS AND 0 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91162738 Mobile Number

Fax Number

OFFICE-91162738 Contact Number

NOEMAIL EMail Address

61 TAMPINES AVENUE 1 Address

#10-04

529776 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 - HEAD TO REAR 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

Was any body injured in the Accident? YES Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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

NO 1

Number of Passengers (Including Driver)

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Details of Police Action

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SLIP RD UPP PAYA LEBAR RD TWDS BARTLEY RD EAST BEFORE THE STOPPING LINE. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

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

FILE SIZE TOO LARGE Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGW1433Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

CHUA KIAN HON (CAI JIANFENG) Name of Driver

S7345557Z NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TING BOON KIAT

BODY

SLQ9472E

YES

NO

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.

ollcyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

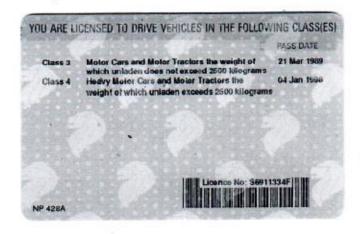
6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDE	NDUM	
PARTICULARS OF	PERSON MAKING THE AMENDM		
Original Report N	0 : MNA118039699	Vehicle Registration No:	SLQ9472E
Name(as shownin NR	ic): Ting Boon Kient	NRIC/FIN/Passport No :	S69 11374F
(*Vehicle Driver/	Vehicle Owner) (*) Please delete	as appropriate	
Address	: 61 Empires Avenue	yo - 01 €	Singapore(52977
Contact (Tel)	;	Mobile No.:_9/162	738
Email Address	1		
Date of Accident	: 23/3/18	Time of Accident :	5:55
Place of Accident	: Slip Rd upp Paya	Lebar twas Burtley	, Rd East
Insurance Compa	ny: NTUC		
Policyholder / Dr	iver's Signature	Reporting Centre/Pe	ersonnel's Signature
Date:		Name: NRIC/FIN No.: Date:	U









eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage ,	Change Passwo	rd • Log Out
My Desktop	Polic	y Query								ř.
Notice of Loss	Policy N Vehicle	o. No.(For Mator)	SLQ9472E			Date of Acc	ident	23/03/	2018 15:55	
			Policyholder	Policyholder		Search	Vehicle	Insured	Commence	Expiry Date
	Select	Policy No.	Name	NRIC	Product	Cover Type	No.	Object	Date	Expiry Date
	0	5094831414	TING BOON KIAT	S6911334F	GPC	drivo CLASSIC	SLQ9472E	SLQ9472E	06/10/2017	05/10/2018
					1	Continue			>	

Policy No.	5094831414	Policyholder Name	TING BOON KIAT	Policyholder NRIC	S6911334F
Address	61 TAMPINES AVENUE 1 #10-04	THE TROPICA	SINGAPORE 529776		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/10/2017	Effective Date	06/10/2017 00:00	Expiry Date	05/10/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	PEH ZHONG HUI (BAI ZHONGHI	Agent Tel.	91736762	GST Flag	Υ
Co- insurance Flag Open Policy Info Certificate	No				
Info	-1d Mallian Addrson				
NAME OF THE PARTY	nolder Mailing Address	*******	#10-04 THE TROPICA	Address 3	SINGAPORE 529776
Address 1 Address 4	61 TAMPINES AVENUE 1	Address 2 Address Type	Singapore address	Post Code	529776
Unit No.	10-04	Related Policy Number	5094831414		
) Insure	d Object: SLQ9472E	1.004004154004511			
♥ Endors	sements				
ARTHORNES.	ce Date of Endorsement	2795300	ment Type Endors	sement Status	Endorsement Content

ident HT/0987428								
	120201300	Vehicle No.	51/094726		ST Registration No.	0.		
y No.	5094831414	Verscie No.	Officerso		alcyholder NRIC		S6911334F	
	TING BOON KIAT	(2005/2000)	drive CLASSII		neding.		0	
ct Code	PRIVATE CAR INSURANCE	Cover Type			Contact No.(Home)		0	
sct No.(Mobile)	91162738	Contact No. (Office)	0				N. V	
Address		Special Remark			Code		15.4	
	® No ⊜Yes	TCA	® No ○Yes		Code Reason			
Protection	No	NCD Entitlement(%)	0		rivate Hire		No	
Accident Details			O Market	0.0	Accident Type		Collision - III	ead to Rear
ort Date	21/03/2018 17:32	Accident Report Within 24 hrs						Marie Park
of Accident	23/03/2018	Time of Accident hhimm	15:55		Country of Accident		Singapore	
orting Centre		Grange Force		89	CM No.			
dent Location	SLIP RD UPP PAYA LEBAR RO TWOS BARTLE	Y RD EAST						
Benefits								
Excess								
	600.00	Applicant Excess		0.00	Windscreen Excess			100.00
damage Excess		Outside Singapore OD Excess		600.00				
amed Driver Excess	0.00							
d Party Excess	0.00	Dutside Singapore TP Excess		0.00				
GST Registered Informa	tion.			W050888W4V				
Registered	No			Legistration Date	Yes			
Registration No.			G51 S	Status Verified	160			
fication History								
Policyholder Hailing Ad	dress							2.001.0000
vess 1	61 TAMPINES AVENUE 1	Address 2	#10-04 THE	TROPICA	Address 3		SINGAPOR	E 529776
iress 4		Address Type	Singapore ad	dress	Post Code		529776	
	10-04	Related Policy Number	5094831414					
f No.	10-04	The same of the sa						
OI Driver Info		Debuga Turna	Main Driver					
ver Name	TING BOON KIAT	Driver Type Driver NRIC	56911334F		Driver DOS		25/03/196	9
named driver Name					Driving Experience		29	40.
ister Date of Driver License		Driver Age	48				0	
stact No.(Mobile)	91162738	Contact No.(Office)	0		Contact No.(Home)		Districtor	E E2077E
iress 1	61 TAMPINES AVENUE 1	Address 2	THE TROPIC	Carra III	Address 3		SINGAPOR	C 249//8
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mo r 2016 17:33	Photos		Normal	Photos 2018-3-23	,
1824	NAC_PAYA_UBI_B00601[NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma $_{\rm T}$ 2018 17:33	Photos		Normal	Photos 2018-3-23	
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9	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma $_{\rm f}$ 2018 17:34	Photos		Normal	Photos 2018-3-23	
	NAC_PAYA_UBI_500601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 17:34	Photos		Normal	Photos 2018-3-23	
	NAC_PAYA_UBI_RD0801(NATIONAL ASSESSMENT CENTRE SERVICES) on 33 Ma / 2018 17:34	Photos		Normal	Photos 2018-3-23	50
7	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 17:34	Photos		Normal	Photos 2018-3-23	
4	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 17:34	Photos		Normal	Photos 2018-3-23	89
T	NAC_PAYA_UBI_800601(NATIONAL ABSESSMENT CENTRE SERVICES) on 23 Ma $_{\rm f}$ 2018 17:34	Photos		Normal	Photos 2018-3-23	9
· G	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 17:34	SAS		Normal	SAS 2018-3-23	81
- N	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 17:34	NAJC/ Driving Ucense		Normal	NRIC/ Driving License 2018-3-23	3
achment	Uproaded By/Date	Category	P	Urgency	Description	Sent? Ac (CO)