NATIONAL Assessment Cen		we! 1 Jan'05] M			les :
Date In: 21/4/18-14-10	Jeb description		Date &Time Completed	Done	př.
Ref No: NA / INC 18007390/24	SAS e-filing		i		
Veh No: SGE 10304	E-mail (within 8	hrs, AIC 2hrs)			
D.O.A .: 20/4/18-23:00	i-Motor Clain	Form	MT0991306-001	21/4/18	16:48
	i-Motor W/O	(Within: OD 2hrs	s, TP 4brs)		1 mm
OD / TP- Reporting Only	i-Photo Uploa	ded			
	Assessment/Sur	vey Report			enemo m
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 505	6191A	, INC()/Non-INC()	/4	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ().	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)		5.77	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
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General Remarks			To Paragora	The state of the s	
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Drive-In ()/ Towed-In (); Invo	ice: YES () / N	O();T	owing Co: ()
Remarks: (INC hotline: 6788 6616)	Kanada III	2.00	Date&Time Completed	Done	by
	/ Courtesy Car ()	Michigan Andrews			
2) QC Check / Post Repair Inspection	()			1	The state of the s
3) Upload Resurvey Photo [Repair Cost >					
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Injury:				CATE SOLET A SE	ATT VALLED TO
Date/Time Actions	Allen Colonia de Colon	3 (1980) 1 (1980)		PRESIDENT	
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NA1802498 .	4	(1) A (1)	paration Checklist	The Bill	Add Bill
laimant's Particulars :-	and a second of the second of	1) AR : Acciden 2) DA : Damage		\$80)	promise and
river/Owner:		3) TF : Towing l	Fee S	40/\$45 \$120	
		4) FT : Follow-T 5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
ontact No:		For claiming a	against INC Only (wef 10 Jan 20	\$75	
arnaged Portion:		7) N1 : Idao DA	+ SMRT Survey	\$160	
	3	8) NTUC Additi	onal Services:-		
C Checked by (Engr-In-Charge):	1.	*N5: Courtes	y Car / Tpl Allowanse	\$5 \$10	
The service of the se	CONTRACTOR OF THE PROPERTY	*N6: Repair C *N7: Fost Rep	pair Inspection	\$25	
uditors' Comments :-		+N8: DV / Co	illect Excess Coordination	\$5 \$20	-
t. 1:	1	TP (N11): To 9) N12: Idna Ma	P (Non INC) against INC	30	
nt. 2/3;		Invoice dated	Fee Charge	Market Co. Co.	Carlot A
		Invoice dated	Fee Chargs		

Francisco Company

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.
- 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.		
	ACCIDENT STATEMENT	
Date Of Report	21/04/2018 14:10	
Date Of Accident	20/04/2018 23:00	
Exact Location Of Accident	JUNC TAMPINES AVE 5 & TAMPINES AVE 2	
Country/State of Loss	SINGAPORE	
Same of profit the state of	DETAILS OF OWN VEHICLE	NAME OF THE PARTY
Vehicle Registration Number	SGE1030Y	
Insured/Policyholder		
Name Of Registered Owner	SEAH CHIN TIONG	

S1268718D NRIC No NOEMAIL **Email Address**

(LOCAL) +65-82006709 Mobile Phone No OFFICE-82006709 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

HARRIER 2.0 PREMIUM AT AIRBAG 2WD Model

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

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

5077081714-02 Policy Number

Cover Note Number

Driver

SEAH O WEN Name of Driver S9323785D NRIC No 02/07/1993 Date Of Birth INDOOR Occupation 06/10/2017 Date Of Driving Pass

0 YEAR AND 6 MONTH Driving Experience

MALE Gender

(LOCAL) +65-97662488 Mobile Number

Fax Number

OFFICE-97662488 Contact Number

NOEMAIL EMail Address

29 PASIR RIS HEIGHTS Address

519236 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

2

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?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

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.

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, MY VEHICLE WAS STATIONARY STOPPED ALONG JUNCTION TAMPINES AVE 5 AS TRAFFIC LIGHT WAS RED. 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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLS6191A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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 15

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 Personnel's Signature

Name:

NRIC/FIN No.:

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 .:





IDENTITY CARD NO. \$9323785D





SEAH O WEN

文 欧 佘

CHINESE Date of birth

02-07-1993 Country of birth SINGAPORE



4247961

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 06 Oct 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

Licence No:59323785D

S9323785D

12-07-2008

29 PASIR RIS HEIGHTS SINGAPORE 519236

NP 42BA

eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	ord • Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	o.				Date of Acc	ident	20/04	2018 23:00	
	Vehicle	No. (For Motor)	SGE1030Y							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5077081714- 02	SEAH CHIN TIONG	S1268718D	GPC	drivo CLASSIC	SGE1030Y	SGE1030Y	20/01/2018	19/01/2019
			00040000		1	Continue				

olicy No.	5077081714-02	Policyholder Name	SEAH CHIN TIONG	Policyholder NRIC	S1268718D
ddress	29 PASIR RIS HEIGHTS SINGAPO	ORE 519236			
roduct lame	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
olicy ssue oate	05/01/2018	Effective Date	20/01/2018 00:00	Expiry Date	19/01/2019 23:59
hird 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	CAR TIMES INSURANCE AGENC	Agent Tel.	68415111	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info Certificate					
Info					
▽ Policy	holder Mailing Address				
Address 1	29 PASIR RIS HEIGHTS	Address 2	SINGAPORE 519236	Address 3	
Address 4		Address Type	Singapore address	Post Code	519236
Unit No.		Related Policy Number	5077081714-02		
) Insure	ed Object: SGE1030Y				
	sements				
Sequer	nce Date of Endorsement	Endors	ement Type End	orsement Status	Endorsement Content

laim Handling								
cident MT/0991306								
	5077051714-02	venicle Na.	96E1030Y		GST Registration No.			
	SEAH CHIN TIONG				Policyholder NRIC	s	126871BD	
	PRIVATE CAR INSURANCE	Cover Type	drive CLASSII	c	pobleo	0		
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ontact No. (Mobile)	82000703	Special Remark			eCode	1	~	
mail Address	and the contract of the contra	TCA	® No O Yes		eCode Reason			
FK	® No ○Yes	NCD Entitlement(%)	50		Private Hire	N	D .	
CD Protection	Yes	NCD Economical	30					
Accident Details			2295		Accident Type	i c	olision - Head t	s Rear
eport Date	21/04/2018 18:45	Academ Report Within 24 hrs.	Yes				ingapore	
ate of Accident	28/94/2018	Time of Accident hh:mm	23:00		Country of Academ	- 9	ingapore	
eparting Centre		Orange Force			ICM No.			
coident Location	JUNC TAMPINES AVE S & TAMPINES AVE 2							
⇒ Benefits								
♥ Excess								
	500.00	Additional Excess		0.00	Windscreen Excess			100.00
own damage Excess				600.00				
Innamed Driver Excess	2,500.00	Outside Singapore OD Excess						
nurg Party Excess	0.00	Outside Singapore TP Excess		0.00				
GST Registered Informa	tion		5222					
ST Registered	No			Registration Date	Yes			
51 Registration No.			. 691.3	Status Verified	144			
todification History								
Policyholder Mailing Add		11000 1	SINGAPORE	519236	Address 3			
Address I	29 PASIR RIS HEIGHTS	Address 2			Post Code	- 8	19236	
Address 4		Address Type	Singapore ad		Fusi Code		1010000	
Jos No.		Related Policy Number	5077081714	-02				
9 OI Driver Info								
Onver Name	Unnamed Driver	Driver Type	Unnamed Dr	WEL				
Unnamed driver Name	SEAH O WEN	Driver NRIC	59323785D		Driver DOB	50	02/07/1993	
Register Date of Driver License		Driver Age	24		Driving Experience	2	0	
Contact No.(Mobile)	97662485	Contact No. (Office)	30		Contact No.(Home)	10	0	
								236
		Address: 7	PASTR RIS II	SEACH PARK	Address 3		SINGAPORE 51	120
Address 1	29 PASIR RIS HEIGHTS	Address 7		SEACH PARK			SINGAPORE 51: 519236	
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Attachment	uploaded fly/Delfe	Category	Ŷ	urgency	Description	Sent? Action (CO)
1/0.5°	NAC_PAYA_UBI_RGOGOT(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ap r 2018 10:51	NR3C/ Driving License		Normal	NRIC/ Driving License 2018-4-21	Edit
19	NAC_RAYA_URI_B00601(NAT)CNAL ASSESSMENT CENTRE SERVICES) on 21 Ap y 2018 16:50	SAS		Normal	SAS 2018-4-21	Edit
JO!	NAC PAVA_URI 800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ap / 2018 16:49	Photos		Normal	Photos 2018-4-21	Edit
167.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ap + 2018 16:49	Photos		Normal	Photos 2018-4-21	Edit
	NAC_PAYA_UBI_BOOKOT(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ap v. 2018 16:49	Photos		Normal	Photos 2018-4-21	Edit
3	NAC PAYA USI BOOGOTI NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ap. / 2018 36:49	Priotos		Normal	Photos 2018-4-21	Edit
4	NAC_PAYA_UBI_BD0001(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ap + 2018 16:49	Photos		Normal	Photos 2018-4-21	Edit
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4	NAC_PAYA_UBE_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ap r 2018 16:48	Photos		Normal	Photos 2018-4-21	Edit
63	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr (2018 16:48	Photos		Normal	Photos 2018-4-21	Edit
73	NAC_PAYA_UBI_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2015 16:48	Photos		Normal	Photos 2018-4-21	Edit
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6	NAC_PAYA_UB2_BDC603(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ap + 2018 16:48	Photos		Normali	Protos 2018-4-21	Edit
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	Uploaded By/Date Folder Date	File Name		9	Source	Action