NATIONAL Assessment Con-	tre Services	(KWT) Janiba					
Date In 24/04/18	Job description		Date & Time Completed	Done	by		
Re[No NA/MC/8007500/13	SAS e-filing						
Veh No SGR8239Z	E-mail (within	Shrs, AIC 2hrs)					
DOA 23/04/18 0930	i-Motor Clai	m Form	MT/0991600-	001			
OD OD Dayson Code	i-Motor W/O	(Within: OD 2hr	- Maria - Article - Articl				
OD (P) Peporting Only	i-Photo Uplo	aded					
TP Insurer:		Assessment/Survey Report					
			o Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (TWINCAI			ax:			
TP Particulars: Veh No:	GR6894	u INC()/Non-INC()				
Owner / Driver: (Tel:				
	Period: ()	Cover Type: (
Confirmed by : (D/	Date:	Time:	000/1			
			0%; P: 21-79%. F: 80-1	0070]			
Year of Registration: ()	Warranty: YES ()/NO()				
Excess: (\$) Loading: \$1 General Remarks:-	,000 () / \$2,000	()					
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ((); \$3000] ()					
Date/Time Actions							
NA1802581		Invoice Pro	eparation Checklist	Amt (\$)	Amt (\$		
Claimant's Particulars :-		1) AR : Accides	at Reporting (\$30);	7.			
TELEVIA C TRACTICA SE CONTRACTO DE LA PRESCRIA DE LA CONTRACTOR DE LA CONT		2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45					
Driver/Owner:		4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30					
Contact No:		For claiming against INC Only (wef 10 Jan 2005)					
amaged Portion:	6) TR : Re-inspection 375 7) N1 : Idac DA + SMRT Survey \$160						
C Checked by (Engr-In-Charge):	8) NTUC Additional Services OD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10						
Auditors' Comments :-	*N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5						
at 1:	10.00		P (Non INC) against INC	\$20 30			
at 2/3;	Invoice dated	Fee Charged Fee Charged		Mary.			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.

ACC		eт.	ΑТ	=1641	ENT	ī
ACC	DE	 31		-141	-	J

Date Of Report 24/04/2018 09:18

Date Of Accident 23/04/2018 09:30

Exact Location Of Accident DEFU AVE 1 TWDS HOUGANG AVE 3

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGR8239Z

Insured/Policyholder

Name Of Registered Owner CHUA BOON SIONG

NRIC No S7672121A Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-90051348

 Alternative Phone No
 OTHERS-90051348

Vehicle Particulars

Manufacturer HONDA

Model STREAM

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?

THIRD PARTY PRIVATE CAR

Vehicle Category

If No. Please state action to be taken

AND THE RESERVE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

NO

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5097492339

Cover Note Number

Driver

 Name of Driver
 TAN MAY SIA

 NRIC No
 \$7661632I

 Date Of Birth
 10/03/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 05/04/2005

Driving Experience 13 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93834020

Fax Number

Contact Number

EMail Address NOEMAIL

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 6. 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.
- 7. 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)

Lunderstand, 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:
 - (i) 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:
 - (i) 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

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

Reporting Centre Personnel's Signature Name:

um 24/04/18

NRIC/FIN No.:

Date & Time:

SKETCH PLAN

DEFIN QUE | Townsos Housens ave 3

VELLICUE Q - Sair 82302

DEFIN QUE 13 - GR 68914 M

DEFIN QUE

Townsos

Housens and The 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	DRIVING ALONG AND COMIZ TO A COMPLETE STOPPED
AT THIS	T-JUNCTION OF DEFU AVE 1 / DEFU LANG 4.
	AT THE LEFT LANG.
WHICE	I WAS STATIONARY STOPPED BEHIND A VEHICLE, SMODERLY
AFTER C	A FEW SECONDS I FELT A GREAT IMPACT FROM THE
REAR C	a my verveue.
ALICH.	TED FROM MY VEHICLE AND REALIZED IT WAS A
	R DEPRING (GR 6894 4) THAT COLLOWS TO THE
	MY VEWICUE, WHIEN I WAS STATIONARY STOPPED
	IE TRAPPIC CIAHT JUNCTION.
VEHI CUI	A- SER 82392
	B- GR 6894 M

DECLARATION

I/We declare the foregoing particulars are true in every respect.

FM

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Sym 34/04/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ehicle No.	SGR Y2392 Model/Make HONDA STREAM RSZ
ate of Accident	23/04/2018
ime of Accident	ON BO HRS
ocation of Accident	DEFU ANIZ BEFORE (LEFT TURNING INTO DEFU LANG 4)
xact purpose use during accid	dent Paware use
lame of Owner	CHUA BOON SIONLY
elephone No.	H/P: 9005 1349 Home: Office:
IRIC	576721219
Address	5 FERNUAUR CLOSE
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5097492339
Name of Driver	As Above If No. TAN MAS SIA
VRIC	S 7661632 I Any Passengers: N.L.
Date of birth	10 MAR 1976
Occupation	Outdoor / Indoor
Driving License Pass Date	05 APR 2005
Gender	Male / Female
Contact No.	H/P: 9573 4020 Home: Office:
Address	5 FERNUAUE CLOSE #12-12 5(797487)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state SAGUSE
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	GR 6994 Any Passengers:
Name of Driver	YORK WIAN HUAT KEVIN Contact No .:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR
Camera Recorder	Yes / No
Email Address	
Ellian Address	
PARTICULAR WORKSHOP	TUNKAR ANTOMOTIVE PTE LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$76616321



1

Name

TAN MAY SIA

霞

陈 美

CHINESE

Date of birth 10-03-1976

Country of birth





RIC No. S76616321 MALAYSIAN 21-12-2005 5 FERNVALE CLOSE #12-12 SINGAPORE 797487 NRIC No: \$76616321

Date: 07/11/2016

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

PASS DATE

Class 2B Motorcycles =< 200 cc 05 Apr 2005
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 05 Apr 2005
of the driver; and other motor vehicles =< 2500kg

NP 428A









Certific	cate of Insurance					
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)						
Certificate Number: 5097492339	Cover : drivo CLASSIC					
 Index mark and Registration Number of Vehicle Chassis Number Name of Policyholder Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons entitled to drive# (a) The Policyholder. (b) Any other person who is driving on the Policyh Provided that the person driving is permitted in the Motor Vehicle or has been so permitted an enactment or regulation in that behalf from dri Limitations as to Use# 	n accordance with the licensing or other laws or regulations to drive and is not disqualified by order of a Court of Law or by reason of any					
This Policy does not cover (a) Use for hire or reward. (b) Use for racing, pace-making, reliability trial or (c) Use for the carriage of goods (other than samp (d) Use for any purpose in connection with the Mo # Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Theadings.	oles) in connection with any trade or business.					
EXCESS (SECTION 1)	: N/A					
EXCESS (SECTION 2)	: N/A					
WINDSCREEN EXCESS	: \$\$100					
ADDITIONAL EXCESS	: N/A					
UNNAMED DRIVER EXCESS	; PLEASE REFER OVERLEAF					
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO					
INSURE WITH COE	: YES					
NCD PROTECTION	: YES					
TRANSPORT ALLOWANCE	: NO					
EXCESS WAIVER	: YES					
PRIMARY DRIVER	: CHUA BOON SIONG					
NAMED DRIVER (1)	: TAN MAY SIA					
NAMED DRIVER (2)	: N/A					
HIRE PURCHASE COMPANY	: N/A					
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS					
I/We hereby Certify that the Policy to which this Certi	ificate relates is issued in accordance with the provisions of the Motor hapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)					
Countersigned By:	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED					
Authorised Off	ficer Chief Executive					

Claim Handling

Accident MT/0991600 GST Registration No. SGR8239Z Vehicle No. 5097492339 Policy No. Policyholder NRIC 57672121A CHUA BOON STONG Policynoider Name Loading drivo CLASSIC Cover Type PRIVATE CAR INSURANCE Product Code Contact No.(Home) D-Contact No.(Office) D Contact No.(Mobile) 90051348 No * eCode Special Remark Email Address eCode Reason TCA . No Yes - No Yes KFK Private Hire NCD Entitlement(%) 40 Yes: NCD Protection Accident Details Accident Type Collision - Head to Rear Accident Report Within 24 hrs Yes 24/04/2018 10:54 Report Date Singapore Country of Accident Time of Accident hh: mm 09:30 23/04/2018 Date of Accident ICM No. Orange Force Reporting Centre DEFU AVE 1 TWDS HOUGANG AVE 3 Accident Location **▽** Benefits Sum Insured Coverage 99999999.99 Excess Walver ▽ Excess Windscreen Excess 0.00 Additional Excess Own damage Excess 0.00 Outside Singapore DD Excess 0.00 Unnamed Driver Excess Outside Singapore TP Excess 0.00 0.00 Third Party Excess ⇒ GST Registered Information GST Registration Date GST Registered Yes GST Status Verified GST Registration No. Modification History Policyholder Mailing Address Address 3 SINGAPORE 797487 Address 2 #12-12 LUSH ACRES S FERNVALE CLOSE Address I Post Code 797487 Singapore address Address Type Address 4 Related Policy Number 5097492339 OI Driver Info Driver Type Named Driver TAN MAY SIA Driver Name Driver DOB 10/03/1976 576616321 Driver NRIC Unnamed driver Name Driving Experience 11 42 Driver Age Register Date of Driver License 01/01/2007 Contact No.(Home) 0 Contact No.(Office) 0 93834020 Contact No.(Mobile) SINGAPORE 797487 Address 3 Address 2 LUSH ACRES 5 FERNVALE CLOSE Address 1 797487 Singapore address Post Code Address Type Address 4 #12-12 Does he own a Singapore Registered car? Driver Vehicle No. Driver Insurer Company Yes - No Declaration Yes + No Breathalyser or Blood Test Any insury? Modification History Claim 001 OD-MX New Insured NRIC S7672121A CHUA BOON STONG OD-MX Insured Name Claim Type * Contact No.(Office) 63568765 Contact No.(Mobile) 90051348 Contact No.(Home) TP Vehicle Number GR6894U OI Vehicle Number SGR8239Z Email Address cbs2506@yahoo.com.sg Name of Preferred Workshop SGR8239Z / GR6894U ON 23 Apr 2018 Claim Description Preferred Workshop Contact Insured Liability * GIA report Received Preferred Workshop, Name unknown Preferered Repair Option Require Finalisation Yes 24/04/2018 00:00 Date Received Claim Close Date 24/04/2018 10:58 Date Registered Total Loss but Repaired Workshop Repairer ROSLINDA Report Taken By ✓ Print AK letter Save Submit Attachment Claim No. MT/0991600 Accident No. 24/04/2018 00:00 Upload Date Last Doc. Received • Yes No Confidential Urgency * Descr Category * Path * Y NO ▼ Normal Clear Please Select Choose File No file chosen Clear

Claim Handling(accident reporting Claim Task 001 OD-MX)

24/2018		Claim Handling(accident reporti	ny Ciaim rask	001001	(1)				
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10	NAC_PAYA_UBI_800601(1	AATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 10:58	SAS	SAS Normal			SAS 2018-4-24			
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