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	i-Photo Uploaded			
TR I	Assessment/Survey Report			
Tr insurer.	Ass't Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW: (161.	Fax:	
TP Particulars: Veh No: Spc 6886	INC(
Owner / Driver: (Tel:		
Policy No: () Period:	()	Cover Type: (7/100
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-	-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	
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General Remarks:			Sept Programme	
() Walk-In Customer: Customer's informati	ion strictly Confidential & S	trictly NO refer of repairer		
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Drive-In ()/ Towed-In (); Invoice: YE	Control of the Contro	Towing Co: (- 1)
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Remarks: (INC hotline: 6788 6616)		Date & Hind Couple 34	Washington,	
1) Apply for Transport Allowance ()/ Court	esy Car ()	-	-	
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]] ()			
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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.
- 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. 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	26/04/2018 18:06	
Date Of Accident	25/04/2018 15:00	
Exact Location Of Accident	ALONG BUKIT TIMAH RD BESIDE ESSO PETROL STATION	
Country/State of Loss	SINGAPORE	
Mark the second second	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GV8610M	
Insured/Policyholder		
Name Of Registered Owner	SOS BATTERY RECOVERY SPECIALIST	
Co Reg No	53154772L	
The state of the same	NOEMAII	

NOEMAIL Email Address

(LOCAL) +65-82036666 Mobile Phone No. OFFICE-82036666 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer LITEACE Model

Exact Purpose for which vehicle was being used at WORKING

time of accident Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

THIRD PARTY Type Of Coverage

NO Fleet Policy

5052244975-06 Policy Number

Cover Note Number

Driver

LOW CHEE KIONG Name of Driver

G7905189L Passport No/FIN 05/12/1984 Date Of Birth OUTDOOR Occupation 25/10/2017 Date Of Driving Pass

0 YEAR AND 6 MONTH Driving Experience

MALE Gender

(LOCAL) +65-82036669 Mobile Number

Fax Number

OFFICE-82036669 Contact Number

NOEMAIL EMail Address

73 MACKENZIE ROAD

#00-05

Postcode 228729

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Address

-

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
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)

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

1

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONE LANE 3 BUKIT TIMAH RD. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 2 TRYING TRYING CUT ONTO MY LANE RESULTING MY VEHICLE FRONT RIGHT PORTION WAS DAMAGED.

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 SFC6886J

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)

CHROOPEN THE THEFT

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

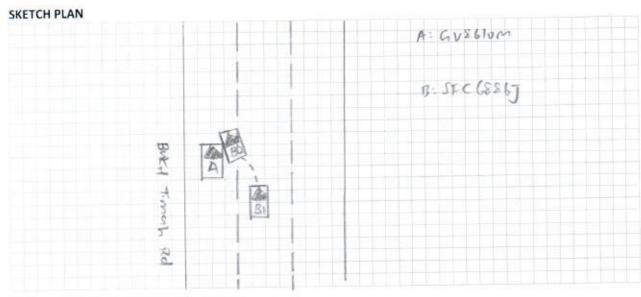
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Statement.
INTERNATIONS.— TON	
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DECLARATION.

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

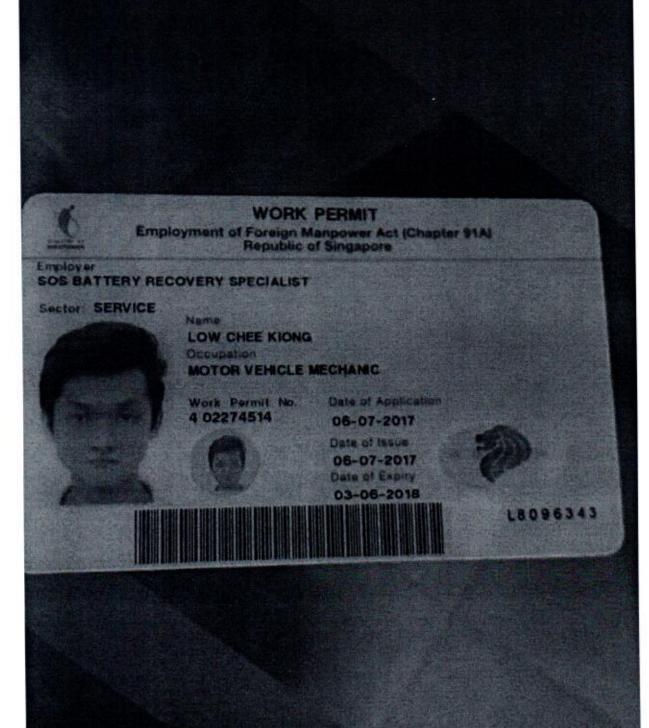
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIT	ENT D	ATE: 25	4118)(DD)	/MM/YYY	(), TIME:(_	15.00)(HH:MM	4)		
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Ļ	f)TYP g)VE	E:(SALOON	I / COUPE / EGORY: (PRI USING AT A MING UNDE	VATE / C	TIME:	DAL/MOI	509	.F)	×		
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35	e) [DRIVER'S NA	MBER:			MODE				in of idudin	
'1	f) h	NRIC/FIN/P	ASSPORT:			CON	TACT: <u>··</u>).	
								10	59		

email =





VISIT PASS **Immigration Regulations**

Name

LOW CHEE KIONG



Date of Birth

FIN

Sex

Nationality

05-12-1984

Date of Issue

MALAYSIAN Date of Expiry

G7905189L 06-07-2017

03-06-2018

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLE OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU







1, 1



eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601				The State of		Change Lan	guage ,	Change Passwo	rd + Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	ю.				Date of Acc	cident	25/04/	2018 15:00	
	Vehicle	No.(For Motor)	GV8510M							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5052244975- 06	SOS BATTERY RECOVERY SPECIALIST	53154772L	GCV	Third Party	GV8610M	GV8610M	03/12/2017	02/12/2018
			300 February 100 F		(6)	Continue				

olicy No.	5052244975-06	Policyholder Name	SOS BATTERY RECOVERY SPECI	Policyholder NRIC	53154772L
ddress	73 MACKENZIE ROAD UNIT 5 M	ACKENZIE USE	ED CAR CENTRE SINGAPORE 2287	29	
roduct ame	COMMERCIAL VEHICLE INSURA	Plan		Group Policy Flag	N
olicy sue ate	27/11/2017	Effective Date	03/12/2017 00:00	Expiry Date	02/12/2018 23:59
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dditional xcess		OS Premium	0		
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gent	HUANG GUOQING TERRY	Agent Tel.	91278514	GST Flag	Υ
Co- nsurance Flag	No				
Open Policy Info					
Certificate Info					
□ Policyl	nolder Mailing Address			The 2010 - 2000	1
Address 1	73 MACKENZIE ROAD UNIT 5	Address 2	MACKENZIE USED CAR CENTRE	Address 3	SINGAPORE 228729
Address 4		Address Type	Singapore address	Post Code	228729
Unit No.		Related Policy Number	5052244975-06		
) Insure	ed Object: GV8610M				
▼ Endor	sements				
Sequen	ce Date of Endorsement	Endors	ement Type Endorseme	ent Status	Endorsement Content

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No No	5052244979-06	Vehicle No.	GV8610M		OST Registration No.		erora cessur-i	
scyholder Name	SOS BATTERY RECOVERY SPECIALIST				Policyholder NRIC		53154772L	
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intact No.(Mobile)	62036666	Contact No. (Office)	0		Contact No. (Home)		0	
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*	® No. ○ Yes:	TCA	® No ○Yes		eCode Reason			
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Accident Details					Accident Type		Collision - Chi	inge / Cross tane
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ne of Accident	25/04/2018	Time of Accident hhimm	15:00		Country of Accident		Singagore	
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- Benefits								
Excess								
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river Name	Unnamed Driver	Driver Type	Unnamed Dr	iver	Driver DOB		05/12/1984	
nnamed driver Name	LOW CHEE KIONS	Driver NRIC	G7905189L					
ignier Date of Driver License	25/10/2017	Driver Age	33		Driving Experience		0	
oneact No.(Mobile)	82036666	Contact No.(Office)	0		Contact No (Home)		0	
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Attachment	į	iploaded By/Date	Category	?	Urgency	Description	Mag Sent? Action (CO)
pr.	NAC_PAYA_UBI_800601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 26 Ap r 2018 18:34	NRIC/ Oriving Ucense		Normal	NRIC/ Driving License 2018-4-26	Edit
	NAC_PAYA_UBI_BD0601(NATIO	NAL ASSESSMENT CENTRE BERVICES) on 26 Ap r 2010 18:34	NRIC/ Driving License		Normal	NRIC/ Driving License 2010-4-26	Edit
777	NAC_PAYA_UBI_800001(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:34	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-26	Edit
463	NAC_PAYA_UBI_800601; NATIO	NAL ASSESSMENT CENTRE SERVICES) on 36 Ap + 2018 18:34	SAS		Normal	SAS 2018-4-26	Edit
74	NAC_PAYA_UBI_RODBOS[NATIO	WAL ASSESSMENT CENTRE SERVICES) on 26 Ap r 2018 18:34	Photos		Normal	Photos 2018-4-26	Edit
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	NAC_PAYA_UBI_BODGOL(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ap 7 2018 18:13		Photos		Normal	Photos 2018-4-26	Edit
	NAC_PAVA_UBI_B00605[NATH	ONAL ASSESSMENT CENTRE SERVICES) on 26 Ap. r 2018 18:33	Photos		Normal	Photos 2018-4-25	Edit
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	NAC_PAYA_UHI_BOOGOS(NAT)	DNAL ASSESSMENT CENTRE SERVICES) on 26 Ap r 2018 18:33	Photos		Normal	Photos 2018-4-26	Edis
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