NATIONAL Assessment Centre	e Services [wet 1 Janios]	MNA118060513	
Date In: 95/18-15:31	Jeb description	Date & Time Completed	Done by
Ref No: NA/NO 80 06520 24	SAS e-filing		
Veh No: STK129 IT	E-mail (within Shrs, AIC 2hrs		
D.O.A .: 8 3 8-11:30	i-Motor Claim Form	M7/0993715-001	9/5/18 19:23
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded		
TD I	Assessment/Survey Repor		
TP Insurer:	Ass't Report by Fax / Har		
Preferred Wksp / INC Assign Wksp / QW: (101.	Fax:
TP Particulars: Veh No: YNG	180 D INC		***************************************
Owner / Driver: (Tel:	
Policy No: () Per	riod: () Cover Type: (
Confirmed by : (Date:	Time:	100%1
	Note-Est. Status (WO): N:		10070
Total of Registration (Warranty: YES ()/NO (
	00()/\$2,000()	TOTAL PROPERTY OF THE PARTY OF	Mastric III
General Remarks:-			No.08 (01) - 10 - 1
() Walk-In Customer: Customer's info		Strictly NO refer of repairer	·
() Total Loss Case : to e-mail Insure	The state of the s		
Drive-In ()/ Towed-In (); Invoice	: YES()/NO()	; Towing Co: (
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost>\$3	3000] ()		
Injury:			
		e e hasal	
Date/Time Actions			WEST N. 15.
		-	
	1		
	1	Preparation Checklist	Anit (5) Amit (5)
NA1802933.	100 M N N N N N N N N N N N N N N N N N N	ident Reporting (\$30);	fit Bill Add Bi
Claimant's Particulars :-	2) DA : Da	mage Assessment (\$100); INC	(\$80)
Driver/Owner:	3) TF : Tov	ving Fee ow-Through Survey	\$40/\$45
	CONT · Foll	ow-Through Survey (Resurvey)	\$30
Contact No:	For clain 6) TR : Re-	ning against INC Only (wef 10 Jan 2	\$75
Damaged Portion:	7) N1 : Ida	DA + SMRT Survey	\$160
	OD.		
C Checked by (Engr-In-Charge):	*N5: Co	urtesy Car / Tpt Allowance pair Co-ordination	\$5 510
to term and a linear and decrease the special designation	*N7: Fo	st Repair Inspection	\$25 \$5
Anditors' Comments :-	*N8: D\	// Collect Excess Coordination): TP (Non INC) against INC	\$20
Cat. 1:	9) N12: Id	ne Mobile	30
Cat. 2 / 3:	Invoice da	P. Chare	MARION CERCO

gett at 1 to the

SINGAPORE ACCIDENT STATEMENT

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.

ACCI	DENT	STAT	ΞW	ENT
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09/05/2018 15:31 Date Of Report 08/05/2018 11:30 Date Of Accident 105 CECIL ST Exact Location Of Accident SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SJK1291T Vehicle Registration Number

Insured/Policyholder

HUANG QIONG Name Of Registered Owner S9477079C NRIC No NOEMAIL Email Address (LOCAL) +65-96970520 Mobile Phone No OFFICE-96970520 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer JAZZ 1.4A 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

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

5099692088 Policy Number

Cover Note Number

Driver

HUANG QIONG Name of Driver S9477079C NRIC No 23/11/1994 Date Of Birth OUTDOOR Occupation 06/06/2017 Date Of Driving Pass

0 YEAR AND 11 MONTH Driving Experience

FEMALE Gender

(LOCAL) +65-96970520 Mobile Number

Fax Number

OFFICE-96970520 Contact Number

NOEMAIL EMail Address

BLK 541 BEDOK NORTH STREET 3 Address

#07-1234 460541

Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED 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? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

0

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

YN5780D Vehicle Registration Number

MITSUBISHI FUSO Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

FU QINBO Name of Driver G6951638L NRIC/Passport Number 85959776 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME: GENDER:

Page 2 of 11

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 .:

	On the	Hyted of	ofe d	time	, 1 , v	which co	i was pada	d
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					The American Control			
					-10			

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

ACCI	DENT DATE: (08 / 05 / 3018) (DD/MM/YY	YY), TIME:()(HH:MM
LOCA	MON: 105 Cecil Street.	
1.	DETAILS OF VEHICLE SJK 12917	
	DIINSURANCE COMPANY: N TW.	
30	- SD99693088 .	3
	elmake & MODEL: HONDA JAZZ	THT
	f)TYPE:(SALOON / COUPE / MPV /V AN / LOF g) VEHICLE CATEGORY: (PRIVATE / COMMER h) PURPOSE OF USING AT ACCIDENT TIME:	RRY / MOTORCYCLE / OTHERS)
	I) ARE YOU CLAIMING UNDER YOUR OWN IN IF NO, PLEASE STATE (THIRD PARTY CLAIM /	SURANCE (YES/NO)
2.	INSURED / POLICY HOLDER	WALE LEEN ALE
	A)NAME: HUANG QIONG	(MALE / FEMALE)
	bjNRIC/FIN/PASSPORT: 594 77079 C.	CONTACT: 001700
	CIADDRESS: BUX 541 BEDOK WORTH S	TRACT 3 HOT 2011
06 88 38	SINGAPORE 460541	
A	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
No of passenga	DRIVER	(MALE / FEMALE)
Including driver)	a)NAME:	
(0)	DJAKICJI INTI ADDI OKI.	CONTACT:
<u></u>)	c)ADDRESS:	
	1000 1000 1000 1000	D/MM /VVVVI
	*d)DATE OF BIRTH: (23 / 11 / 1994,)(D)	D/MM/TTTT)
	ejoccupation: (INDOOR / OUTDOOR)	2 DAYS.
200	F)YEARS OF DRIVING EXPRERIENCE: 11 MONTHS WAS DRIVER AN EMPLOYEE OF THE INSL	IDEDIC COMPANYS (VES / NO
4.	IF NO, RELATIONSHIP OF THE DRIVER W	TTH INSUPED: DUAL
	IF NO, RELATIONSHIP OF THE DRIVER W	OTHERS
5.	a) WEATHER CONDITION: (CLEAR) / RAINING b) ROAD SURFACE: (DRY) / WET / OTHERS	/ OTHERS
9		
	WAS ANYBODY INJURED (YES / NO)	
7,	a) REPORTED TO POLICE (YES / NO)	NI.
	IF YES, PLEASE STATE WHICH POLICE STATIC	DN
8.	THIRD PARTY VEHICLE a) VEHICLE NUMBER: YN 5780D	MODEL: MITSUBISHI PUSO.
ic of passenger	a) VEHICLE NUMBER: FV QINSO	
Including driver)	(0 69 51 638)	L- CONTACT: 8595 9776
(2)	THIRD PARTY VEHICLE	CONTROL.
9.	THIRD PARTY VEHICLE	MODEL:
his of passenger	d) VEHICLE NUMBER:	MODEL
1	el DRIVER'S NAME:	
Industria Islan	0) 5111-211-4-1-1-1	CONTACT
Induding driver	d) VEHICLE NUMBER:	CONTACT:

email = rico 60 autosuvices@guail.com fax = 6286 1060









HUANG QIONG





Race CHINESE 23-11-1994

\$94770790

Country/Place of birth CHINA

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

EFFECTIVE DATE

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

9460498

CHINESE

22-09-2017

APT BLK 541 BEDOK NORTH STREET 3 #07-1234 SINGAPORE 480541 NRIC No: \$9477079C Date: 14/01/2018

NP 428A



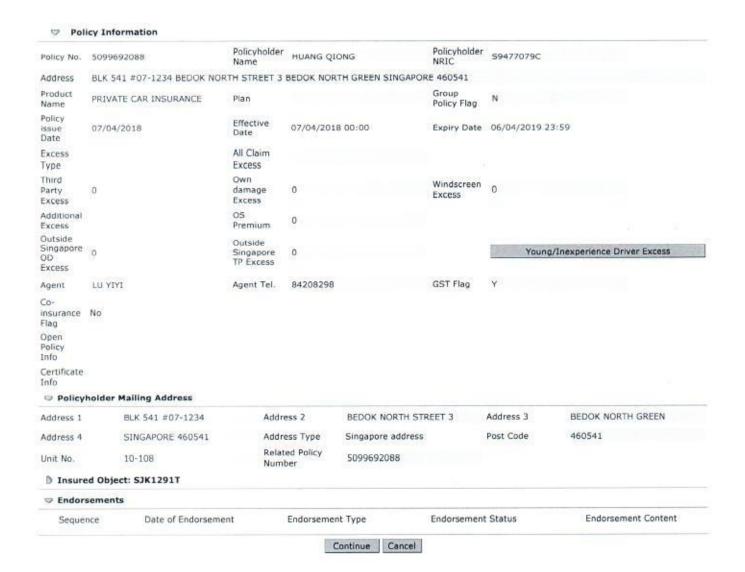


Certificate of Insurance

ver: Third Party K1291T MGD18508S218156 JANG QIONG Apr 2018 Apr 2019 der or with his/her permission. Ince with the licensing or other laws or regulations to drive isqualified by order of a Court of Law or by reason of any
MGD185085218156 JANG QIONG Apr 2018 Apr 2019 der or with his/her permission. nce with the licensing or other laws or regulations to drive isqualified by order of a Court of Law or by reason of any
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Motor Vehicle.
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tor Vehicle (Third Party Risks and Compensation) Act, 1987 (Malaysia), are not to be included under these
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Page 1 of 1



ident MT/0993715				900003044		ST Registration No.					
icy No.	5099692084		Vehicle No.	S3K1291T		olicyholder NRIC	99	477079C			
icyholder Name	HUNNS QIONG							and the same			
	PRIVATE CAR INSURANCE		Cover Type	Third Party		onding	0	0			
	96970520		Contact No.(Office)	0		ontact No.(Home)	-	~			
ail Address			Special Remark			Code	1.2	100			
c.	® No ○Yes		TCA	® No ○Yes		Code Reason rivate Hire	No				
D Protection	No		NCD Entitlement(%)	0	,	rivace Peric					
Accident Details					â	coldent Type	Die	maged while	st parked		
port Date	09/05/2018 19:20		Acodent Report Within 24 hrs	Yes				ngapore		11	
te of Accident	08/05/2018		Time of Accident hitemm	11-10		Country of Accident		- Gabore			
porting Centre			Drange Force		I	CM No:					
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and Party Excess		0.00	Outside Singapore TP Excess		0.00						
♥ GST Registered Informa	tion.										
CT Repaired	No				ogestration Date	1994					
ST Registration No.				GST St	tatus Venfied	Yes					
odification History											
Policyholder Hailing Ado			Address: 3	BEOOK NORTH	H STREET 3	Address 3	8	SEDOK NOR	TH GREEN		
ddress 1	BLK 541 #07-1234		Address 2	Singapore add		Post Code	9.4	60541			
ddress 4	SINGAPORE 460541		Address Type Related Policy Number	5099692088							
nit No.	10-108		Related Policy Number	2022024000							
OI Driver Info			Process Trees	Main Driver							
oriver Name	HUANG QIONG		Driver Type Driver NRIC	59477079C		Driver DOB	13	23/11/1994			
Innamed thiver Name			Driver Age	23		Driving Experience		2			
egister Date of Driver License			Contact No. (Office)	0		Contact No.(Home)		0			
Contact No.(Mobile)	96970520		Address 2	BEDOK NORT	TH STREET 3	Address 3	50	BEDOK NOR	TH GREEN		
kadvess 1	BUK 541		ADDIESS A								
			Addison Tura	Singapore ad	dresa	Post Code	113	460541			
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Unit No.	07-1234			Singapore ad				460541			
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