NATIONAL Assessment Cen	tre Services well savios N		107	
Date In: 14/5/18 - 17:39	Jeb description	Date &Time Completed	Done	by
Res No: NA / INC 18008 764/24	SAS e-filing			
Veh No: SLV 667 1R	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 10/5/18-19:30	i-Motor Claim Form	MT/0994303-001	14/5/18	20:43
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
IF Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: SFA	99281V . INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () I	Period: ()	Cover Type: () ,	
Confirmed by : (Date:	Time:)	NAME OF THE OWNER, THE
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()			
General Remarks			103 - 13 - 1 - 1 Score S 1 - 1	in five
() Walk-In Customer : Customer's in				
() Total Loss Case : to e-mail Insu	rer URGENTLY.	N 11 4 4		anel Co. Ok
		owing Co: ()
		Date& Time Completed	Done	da.
Remarks: (INC hotline: 6788 6616)		Date& 11me Comple:30	X	ру
	Courtesy Car ()	*		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ()			
Injury:				
Date/Time Actions			NORTH THE	TO THE PARTY OF
			Assess agreement for	7
				7.55
7			11 14	
MAIOCA I		Christin	Anit (S)	Amt (\$)
NA1803060.		paration Checklist.	A Bill	Add Bill
lumant's Particulars :-	1) AR : Accident 2) DA : Damage		0)	
river/Owner:	3) TF : Towing F	ce : \$40.	/\$45 5120	
	4) FT : Follow-T 5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
ontact No:	For claiming a	gainst INC Only (wef 10 Jan 2005)	\$75	
amaged Portion:	6) TR : Re-iuspe 7) N1 : Idao DA		160	
	8) NTUC Addition			
C Checked by (Engr-In-Charge):	*N5: Courtesy	Car / Tpt Allowance	\$5	
	•N6: Repair C	o-ordination	510	
uditors! Comments :-	*N7: Fost Rep	nir Inspection lect Excess Coordination	\$25 \$5	
(1):	TP (N11): TP	(Non INC) against INC	\$20	
	9) N12: Idae Mo Invoice dated	Fee Charged		arm Jak
1. 2/3:	Invoice dated	Fee Charged	SAUN	

Figure 41 Page

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 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.
- 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

ACC	DEV.	CTA	TEM.	150	
ALL	DEN	DIA			ш

14/05/2018 17:39 Date Of Report 12/05/2018 19:30 Date Of Accident

MEGA@WOODLANDS CARPARK Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV6671R

Insured/Policyholder

Name Of Registered Owner CHIA GUOXING NRIC No S8505096F Email Address NOEMAIL

(LOCAL) +65-91791262 Mobile Phone No OFFICE-91791262 Alternative Phone No

Vehicle Particulars

MERCEDES-BENZ Manufacturer Model CLA200 (R18) Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

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

Insurance Company

for repair to your vehicle?

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

5098279054 Policy Number

Cover Note Number

Driver

Name of Driver CHIA GUOXING NRIC No S8505096F Date Of Birth 19/02/1985 Occupation **INDOOR** 07/06/2004 Date Of Driving Pass

13 YEARS AND 11 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-91791262

Fax Number

OFFICE-91791262 Contact Number

EMail Address NOEMAIL

BLK 97 WHAMPOA DRIVE Address

#05-190 320097

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 Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

2 Number of vehicles involved in the accident Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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)

Passenger 1

NAME: : ANGELINA LIM

GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SFA9281U

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

CHIA GUOXING Name

Approximate Age

NECK & SHOULDER Injuries Sustain

Injured person in which vehicle? SLV6671R YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

ANGELINA LIM Name

Approximate Age

SHOULDER Injuries Sustain SLV6671R Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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.
- 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)
 - (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 malling 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.
- 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.

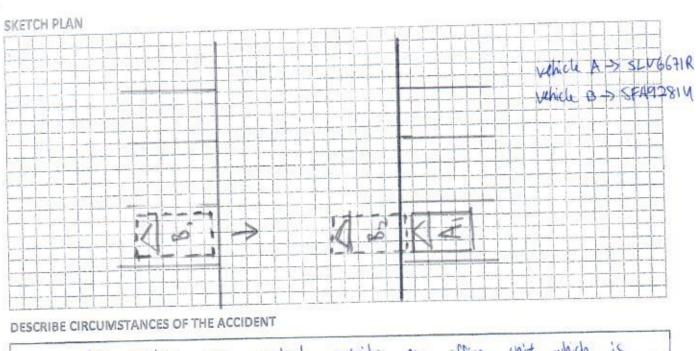
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



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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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

SECTION AND PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS	ACCIDENT DETAILS	(DD/MM/YY
Date of accident		(HH:MM)
Time of accident	1930	
Exact location of accident	39 woodlands close Mega @ woodlands	s (737856)

The state of the s	DETAILS OF VEHICLE
Vehicle registration number	SLV6671R
Vehicle make and model	Mercedes CIA200
Type of vehicle	Saloon MPV CRV Van Carry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle D
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □

	INSURANCE IN	FORMATION	The Santaken
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only [

GENERAL TO HER BOTH THE GENERAL BOTH THE	INSURED / POLICY HOLDER	and the second
Name	chia Guoxing	Male Female
NRIC / Fin / Passport number	58505096F	
Contact	91791262	
Address	BIK 97 whampon prive #05-190	5(320097)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male 🗷 Female 🗆
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	19/02/1985
Occupation	Indoor Outdoor
Driving date pass	07/06/2004

A CONTRACTOR OF THE PROPERTY O	Yes 🗆	Annual Company of the Company	OF THE ACC			
vas driver an employee of	Yes L	tionship of t	ne driver and	insured:	owner	
he insured's company?	Yes 🗆	No Ø	16 611			
accident captured by camera?	Clear 🗆		Others			
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Was anybody injured?	Yes 🗹	No □				
Was other vehicle damaged?	Yes 🗹	No 🗆				
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Vehicle registration number	
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Vehicle registration number	
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	INJURED P	ERSON 1
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Yes 🗷	No 🗆	
Yes □	No 🗗	
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Yes 🗆	No 🗆	
	Yes D Yes D Yes D Yes D Yes D Yes D	Yes No No No No No No No N

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 2B Motoccycles =< 201 CC (Lass 7) Motoccycles between 2B1 CC and 400 CC (Lass 7) Motoccaches between 2B1 CC and 400 CC (Motoccaches =< 2300 kg with =< 7 presentation of the critical and antar transferred to the complete of the critical and antar transferred to the extension =< 2.500 kg

15 Jul 2014 05 Sep 2005 07 Jun 2004

585054947

NP 428A

S/No. 9000038716

S8505096F

Date of lastic 25-01-2016

APT BLK 97 WHAMPOA DRIVE #05-190 SINGAPORE 320097







CHIA GUOXING

国 兴



Date of birth

SINGAPORE

38500098F

19-02-1985



Policy No.	5098279054	Policyholder Name	CHIA GUOX	ING	Policyholder NRIC	S8505096F	
Address	BLK 775 #02-3598 YISHUN RING		APORE 7607	75			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	23/02/2018	Effective Date	23/02/2018	00:00	Expiry Date	23/03/2019 2	3:59
Excess Type		All Claim Excess					
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			Young	g/Inexperience Driver Excess
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 775 #02-3598	Addre	ess 2	YISHUN RING ROA	.D	Address 3	SINGAPORE 760775
Modress 1		Addre	ess Type	Singapore address		Post Code	760775
Address 4							
Address 4		Relat Numl	ed Policy per	5098279054			
Address 4 Unit No.	ed Object: SLV6671R			5098279054			
Address 4 Unit No.	Manager and American Company C			5098279054			

cident HT/0994303	· · · · · · · · · · · · · · · · · · ·	Children and the	200222000				
icy No.	5098279054	vehicle No.	SLV6671R	QST Registration No		12023	
icyholder Name	CHIA GLIOXING			Policyholder NR1C		58505096F	
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0		
stact No (Mobile)	91791262	Contact No. (Office)	0	Contact No. (Home)	0	Tac V	
nail Address		Special Remark		eCode	The		
K	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason			
D Protection	No	NCD Entitlement(%)	0	Private Hire	No		
Accident Details							
port Date	14/05/2018 20:40	Accident Report Within 24 hrs.	Yes	Accident Tuna	Dam	and white parked	
				Accident Type		Damaged whitst parked Singapore	
te of Accident	12/05/2018	Time of Accident hh:mm	19:30	Country of Accident	Sing		
porting Centre		Drange Force		ICM No.:			
oident Location	MEGA@WOODLANDS CARPARK						
Benefits							
Excess							
	600.00	Additional Excess	0	Windscreen Excess	100.	00	
n damage Excess				WINGSCIPED EXCESS	1003		
named Driver Excess	0.00	Dutside Singapore DD Excess	500.00				
of Party Excess	0.00	Outside Singapore TP Excess	0.00				
GST Registered Inform	nation						
Registered	No		GST Registration Date				
Registration No.			GST Status Verified	Yes			
dification History							
Policyholder Mailing A	ddress						
Sreas 1	BLK 775 #02-3598	Address 2	YISHUN RING ROAD	Address 3	\$3N0	SAPORE 760775	
śress 4		Address Type	Singapore address	Post Code	7607	775	
it No.		Related Policy Number	5098279054				
		- CONTRACTOR OF BUILDING	30.000				
OI Driver Info			W. Comment				
ver Name	CHIA GUOXING	Driver Type	Main Driver				
named driver Name		Driver NRIC	58505096F	Driver DOS	19/0	2/1985	
ister Date of Driver Licens	e 07/06/2004	Driver Age	33	Driving Experience	13		
vsact No.(Mobile)	91791262	Contact No.(Office)	0	Contact No.(Home)	0		
dress 1	BLK 97	Address 2	WHAMPON DRIVE	Address 3	WHA	MPGA VIEW	
dress 4	SINGAPORE 320097		2	1000		197	
		Address Type	Singapore address	Post Code	3200		
		Address Type	Singapore address	Post Code	3200		
n No.	05-190		Singapore address				
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100	NAC_PAYA_UBI_800501(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Ma y 2018 20:41		Photos		Normal	Photos 2016-5-14		Edit
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1679	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 14 Ma y 2018 20:44	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-14		Edit
Attachment		uploaded By/Date	Category	P	Urgency	Description	Mag Sent? (CD)	Action