NATIONAL Assessment Centre Servi	ices (wer : Jacob)
	scription Date & Time Completed Done by
and the same of th	e-filing
	ail (within Shrs, AIC 2hrs)
ACILIAN 201 10 10 10 10 10 10 10 10 10 10 10 10 1	otor Claim Form MT/0994757-001 1718 18 16:25
1).01	otor W/O (Within: OD 2hrs. TP 4hrs)
OD /TP ' Peporting Only	oto Uploaded
Asse	ssment/Survey Report
TP Insurer: Ass'	Report by Fax / Hand to Owner/Wksp
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)
	79244 INC()/Non-INC()
Owner / Driver: (
Policy No: () Period: (Cover Type: ()
Confirmed by : (Date: Time:
Insured/Driver Liability: (%) [Note-Est	. Status (WO): N: 0-20%; P: 21-79%. F: 80-160%]
Year of Registration: () Warranty	
)/\$2,000()
General Remarks;-	
() Walk-In Customer's information	strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case : to e-mail Insurer URG	
Drive-In ()/Towed-In (); Invoice: YES (
	Date&Time Completed Done by
Remarks:- (INC horline: 6788 6616)	January 11
Apply for Transport Allowance () / Courtesy	Car ()
2) QC Check / Post Repair Inspection	()
3) Upload Resurvey Photo [Repair Cost > \$3000]	
Injury:	
Date/Time Actions	
Date/Time Actions	
	Ant (5) Amt (5)
NA 1803120	Invoice Preparation Checklist 1st Bill Add Bill
	1) AR: Accident Reporting (\$30);
Claimant's Particulars :-	2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45
Driver/Owner:	4) ET : Follow-Through Survey \$120
Contact No:	For claiming against INC Only (wef 10 Jan 2005)
	6) TR: Re-inspection
Damaged Portion:	7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services:-
	OD* *NS: Courlesy Car / Tpt Allowance \$5
QC Checked by (Engr-In-Charge):	*NS: Courlesy Car / 1pt Anowalise
	*N6: Repair Co-ordination S10
	*N6: Repair Co-ordination S10 *N7: Post Repair Inspection \$25
Auditors' Comments :-	*N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11): TP (N:n INC) against INC \$20
Auditors' Comments :-	*N6: Repair Co-ordination 510 *N7: Post Repair Inspection 525 *N8: DV / Collect Excess Coordination 55

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- Please report <u>correctly</u> 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.
- 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 aforesaid.

TOWNS CO. CO. C.	ACCIDENT STATEMENT
Service and the control of the contr	15/05/2018 15:45
Date Of Report	
Date Of Accident	15/05/2018 14:15
Exact Location Of Accident	ALONG SENG POH ROAD
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SBT4178R
Insured/Policyholder	
Name Of Registered Owner	GOH AH LAI
NRIC No	S1174018I
Email Address	POPYATHOME@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90181587
Alternative Phone No	OFFICE-90181587
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.6 ESI (EG5) (M)
Exact Purpose for which vehicle was being used at time of accident	GOING HOME FROM WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075518067-02
Cover Note Number	•
Driver	
Name of Driver	GOH AH LAI
NRIC No	S1174018I
Date Of Birth	10/09/1955
Occupation	INDOOR
Date Of Driving Pass	27/06/1977
Driving Experience	40 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90181587
Fax Number	

OFFICE-90181587

POPYATHOME@GMAIL.COM

Address

APT BLK 23 LIM LIAK STREET #04-24, SINGAPORE

Postcode

161023

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

2

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

SDW7924U (PRIVATE CAR)

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

...

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

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

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

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

SDW7924U

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

FRONT BUMPER

Vehicle Category

PRIVATE CAR

Name of Driver

LIM SIEW TOH

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 <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.
- 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)

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.

solth Chi

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:

A = SBT 4178R

B = SDW 7924 U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SCRIBE CIRCUMSTANCES OF THE	
As I was di	riving along Seng Poh Road, vehicle
bearing number	SOW 79244 exiting the multi-story
carpark of Ti	ong Bahry market side-swept and
knocked anto	ong Rahru market side-swept and my front door on the left hand
0 0 0	200
Since.	xchange particulars with the
1 901 200	scharge merticulars with the
damage and e	xchange particulars of
other vehicle	driver.
- 00	
	n

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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature



MT/NB/WELCOM/001

24 Jan 2018

GOH AH LAI BLK 23 #04-24 LIM LIAK STREET SINGAPORE 161023

Dear Policyholder

PRIVATE CAR INSURANCE POLICY NUMBER: 5075518067-02

Thank you for insuring with Income. We are pleased to be able to help you with your protection and financial planning needs.

Please read the enclosed policy documents to make sure that the benefits meet your needs.

The main documents in this pack carry the Crystal Mark, an international seal of approval for the clarity of a document. It guarantees that a document is written in plain English and offers simple, clear and concise information. We are the first insurance company in Asia to carry out a major Crystal Mark initiative. We know that our customers want information that is easy to understand. By being as clear as possible, we help our customers make informed decisions.

For any correspondence on your Private Car Insurance policy, please quote your policy number. This will allow us to help you quickly. Please also let us know if there are any changes to your home address and contact numbers.

If you have any queries, please contact our customer service officers on **6788 6616** or email us at **csquery@income.com.sg**. Alternatively, you may contact your agent TONG HIN INSURANCE AGENCY PTE. LTD. at **94892977** or email **joycechua@tonghin.com.sg**. Thank you.

Yours sincerely

Ken Ng Chief Executive

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$11740181





GOH AH LAI

吴雅玲

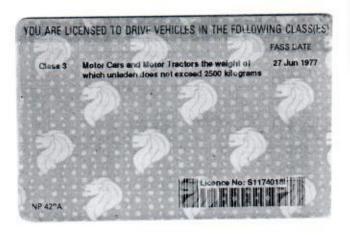
CHINESE Date of Bath

10-09-1955 Country of Britin SINGAPORE

24010







eBao Tech									Gene	ralClaim
Hello, NAC_BUKIT_MERAH	_800676						Change Lan	iguage	Change Passwor	rd • Log Ou
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	√o.				Date of A	ccident	15/05	/2018 14:15	
	Vehicle	No.(For Motor)	SBT4178R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5075518067- 02	GOH AH LAI	S1174018I	GPC	Third Party	SBT4178R	SBT4178R	11/02/2018	10/02/2019
					1	Continue				

Policy Information

Sequenc	Date of Endorsement	Endorse	ment Type	Endorsement Status	Endorsement Content
▼ Endors	ements				
▶ Insured	d Object: SBT4178R				
Unit No.		Related Policy Number	5075518067-02		
Address 4		Address Type	Singapore address	Post Code	161023
Address 1	BLK 23 #04-24	Address 2	LIM LIAK STREET	Address 3	SINGAPORE 161023
▽ Policyh	older Mailing Address				
Certificate Info					
Open Policy Info					
Co- nsurance Flag	No				
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Υ
Singapore OD Excess	0	Outside Singapore TP Excess	0		
Excess Outside	0	Premium	0		
Party Excess Additional	0	damage Excess	0	Windscreen Excess	0
Date Third	24/01/2010	Own Own	11/02/2016 00:00	Expiry Date	10/02/2019 23:59
Policy	24/01/2018	Effective	11/02/2018 00:00	NACON CONTROL OF	10/02/2010 22:50
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	BLK 23 #04-24 LIM LIAK STREE	T SINGAPORE	161023		
Policy No.	5075518067-02	Policyholder Name	GOH AH LAI	Policyholder NRIC	S1174018I

Claim Handling

Accident	MT/099475	7

Policy No.	5075518067-02	Vehicle No.	SBT4178R	GST Registration No.	
Policyholder Name	GOH AH LAI			Policyholder NRIC	51
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90181587	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No ⊕ Yes	eCode Reason	3,4
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▽ Accident Details					
Report Date	17/05/2018 16:18	Accident Report Within 24 hrs	Yes	Accident Type	Sid
Date of Accident	15/05/2018	Time of Accident hh:mm	14:15	Country of Accident	Sin
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SENG POH ROAD				
▽ Benefits					
▽ Excess					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
♥ Policyholder Mailing Ad	dress				
Address 1	BLK-23 #04-24	Address 2	LIM LIAK STREET	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	161
Unit No.		Related Policy Number	5075518067-02		
♥ OI Driver Info					
Driver Name	GOH AH LAI	Driver Type	Main Oriver		
Unnamed driver Name		Driver NRIC	511740181	Driver DO8	10/0
Register Date of Driver License	27/06/1977	Driver Age	62	Driving Experience	40
Contact No.(Mobile)	90181587	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 23	Address 2	LIM LIAK STREET	Address 3	
Address 4		Address Type	Singapore address	Post Code	161
Unit No.	#04-24				
Does he own a Singapore Registered car?	Yes • No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathafyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ● No		
Modification History					
Claim 001 OD-MX New	h				
Claim out ou Fix					
Claim Type •	OD-MX ▼	Insured Name	GOH AH LAI	Insured NRIC	S11
Contact No.(Mobile)		Contact No.(Home)	62229375	Contact No.(Office)	
mail Address		OI Vehicle Number	SBT417BR	TP Vehicle Number	SDW
Claim Description	S8T4178R / SDW7924U ON 15 May 2018			Name of Preferred Workshop	F
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
No. Require Finalisation	Yes *	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Dec
Date Registered	17/05/2018 16:26	Claim Close Date	7	Date Received	17/C
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	TITIC
Print AK letter				roun coss out repaired	
			Save Submit		
			Sand South		
Attachment					
7					

Accident No.

MT/0994757

Claim No.

Last Doc. Received

● Yes ○ No

Path *

Upload Date

17/05/2018 16:25

Choose File	No file chosen
Choose File	No file chosen
Message Read	7

	Urgency	ential	Confid	Category	
,	Normal	*	▼ NO	Please Select	Clear
	Normal	•	▼ NO	Please Select	Clear
	Normal		▼ NO	Please Select	Clear
_	Normal	*	* NO	Please Select	Clear
	Normal	*	Y NO	Please Select	Clear
_,	Normal	*	* NO	Please Select	Clear

Attachment List

		6(NATIONAL ASSESSMENT CENTRE SERVICES (B RAH)) on 17 May 2018 16:22	Photos		Normal	Photos 20
		6(NATIONAL ASSESSMENT CENTRE SERVICES (B RAH)) on 17 May 2018 16:22	Photos		Normal	Photos 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B- UKIT MERAH)) on 17 May 2018 16:22		Photos		Normal	Photos 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 16:23		Photos		Normal	Photos 20
701	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 16:23		Photos		Normal	Photos 20
		6(NATIONAL ASSESSMENT CENTRE SERVICES (B ERAH)) on 17 May 2018 16:23	Photos		Normal	Photos 20
		6(NATIONAL ASSESSMENT CENTRE SERVICES (B ERAH)) on 17 May 2018 16:23	Photos		Normal	Photos 20
		6(NATIONAL ASSESSMENT CENTRE SERVICES (ERAH)) on 17 May 2018 16:23	Photos		Normal	Photos 20
		6(NATIONAL ASSESSMENT CENTRE SERVICES (E ERAH)) on 17 May 2018 16:23	Photos		Normal	Photos 20
1	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 16:24		SAS		Normal	SAS 201
AC MEE		(6 NATIONAL ASSESSMENT CENTRE SERVICES (EERAH)) on 17 May 2018 16:26	NRIC/ Driving License		Normal	NRIC/ Driving Lic
		Uploaded By/Date	Category	9	Urgency	Descr

Display in New Window Scan and uploading