NATIONAL Assessment Centre Services. MATIONAL Assessment Centre Services. MATIONAL Assessment Centre Services. Date In: 18/5/18-11: 31 Done by Date &Time Completed Job description Res No: NA/INC18009037/24 SAS e-filing Veh No: 5K 5362K E-mail (within Shrs, AIC 2hrs) 18/5/18 12:30 i-Motor Claim Form D.O.A: 16/5/18-17:30 MT 0994855 - 001 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP / Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (TP Particulars: Veh No: 57841575 INC ()/Non-INC (Owner / Driver: (Policy No: (Period: (Cover Type: (Confirmed by: (Date: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: \$0-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Towing Co: (); Invoice: YES () / NO (Remarks:- (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time NA 1803130 . Invoice Preparation Checklist 1) AR : Accident Reporting (\$30); Claimant's Particulars: INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination 510 \$25 *N7: Fost Repair Inspection Auditors! Comments :-*N8: DV / Collect Excess Coordination 55 TP (N11): TP (Non INC) against INC \$20 Cat. 1:

9) N12: Idac Mobile

Involce dated

Invoice dated

2at 2/3:

公共市了大学

Fee Charged

Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- 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.
- 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.
- 5. 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	18/05/2018 11:31
Date Of Accident	16/05/2018 17:30
Exact Location Of Accident	JUNC UPP SERANGOON RD & LOWLAND RD
Country/State of Loss	SINGAPORE
D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK5562K
Insured/Policyholder	
Name Of Registered Owner	MOO AUTO
Co Reg No	53373000K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8G A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5097144301
Cover Note Number	
Driver	
Name of Driver	LIANG CHEE KIANG (LIAN JIQIANG)
NRIC No	S7504571I
Date Of Birth	02/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	13/10/1994
Driving Experience	23 YEARS AND 7 MONTHS

MALE

NOEMAIL

(LOCAL) +65-93657522

OFFICE-93657522

BLK 627 HOUGANG AVENUE 8 Address

#02-130

530627 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident 2 NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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 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

SJR4157S

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER:

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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

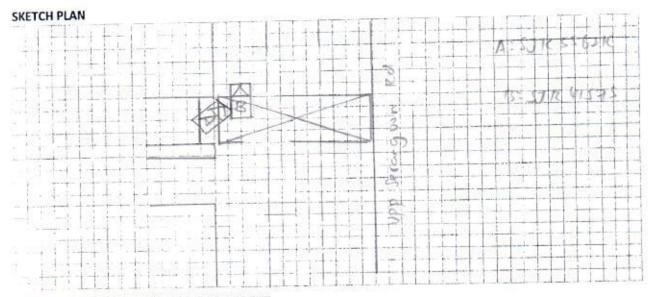
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	DIANCES OF THE ACCUSE.
Refer to	Slatement.

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.:

GIACONIC SketchPlonForm_V3

2

ON STATED DATE AND TIME, MY VEHICLE WAS MAKING A LEFT TURN WITHIN A YELLOW BOX UPPER SERANGGON RD AND MY VEHICLE WAS STATIONARY AS IT WAS CONGESTED. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 3. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 16/5/18 (DD/MM/YYY), TI	
LOCATION: MAC upp frangon 12d a	buland Rd
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: STK 5562K	mint.
C)POUCY NUMBER: 50971W 301 d)POUCY TYPE: (COMPREHENSIVE / THIRD PARTY)	THIPD PARTY FIRE &THEFT
e)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY /	*
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL h) PURPOSE OF USING AT ACCIDENT TIME: 1) ARE YOU CLAIMING UNDER YOUR OWN INSURAL	MOTORCYCLE)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPO 2. INSURED / POLICY HOLDER A) NAME: Moo An to	(MALE / FEMALE)
	CONTACT: 9008 8 7 01 × 40 of
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLD! 3. DRIVER	ER (Including a
a) NAME: Ling Chee King Chian Jig	CONTACT: (53627)
*d)DATE OF BIRTH: (2 / 3 / 5 / 5)(DD/MM e)OCCUPATION: (INDOOR / OUTDOOR)	15 Di
f)YEARS OF DRIVING EXPRERIENCE: 10/10/1999 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S IF NO, RELATIONSHIP OF THE DRIVER WITH IN	S COMPANY? (YES (NO)
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHE b) ROAD SURFACE: (DRY / WET / OTHERS	
 WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 	
a) VEHICLE NUMBER: STR 41573 M	MODEL: * Mo of passo
b) DRIVER'S NAME:	CONTACT: (Including du
	ODEL: 4 No of passi
	CONTACT: (Induding d
* **	

Qmail = fax =

9008 8701











Policy Information Page 1 of 3

Policy Information Policyholder Policyholder Policy No. 5097144301 MOO AUTO 53373000K NRIC Name Address 317 OUTRAM ROAD #B1-37 CONCORDE SHOPPING CENTRE SINGAPORE 169075 Product Group FLEET INSURANCE Plan Policy Flag Name Policy Effective 03/01/2018 00:00 issue 03/01/2018 Expiry Date 02/01/2019 23:59 Date All Claim Excess Type Excess Third Own Windscreen 1500 Party damage Excess Excess Excess Additional 05 Excess Premium Outside Outside Singapore Singapore 1500 Young/Inexperience Driver Excess OD TP Excess Excess Agent JG MOTOR AGENCY Agent Tel. 63440727 GST Flag insurance No Flag Open Policy Info Certificate Policyholder Mailing Address Address 1 317 OUTRAM ROAD Address 2 #B1-37 CONCORDE SHOPPING Address 3 SINGAPORE 169075 Address 4 Address Type Singapore address Post Code 169075 Related Policy Unit No. 08-13 5100745627 Number Sequence Date of Endorsement **Endorsement Type Endorsement Number Endorsement Status Endorsement Content** Basic Information Endorsement Take 1 03/01/2018 00:00 000001286727992 update address Basic Information Endorsement Take 2 05/01/2018 00:00 000001286728839 update address Endorsement Effective Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKN3415M 02-02-2018 \$1,050.80 In view of this amendment, an additional premium of \$1,050.80(inclusive of GST) is payable under your policy. Please Basic Information **Endorsement Take** ignore this premium payment 01/02/2018 00:00 000001286748196 Endorsement Effective request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ3407U 05-02-2018 \$1,012.19 In view of this amendment, an additional premium of \$1,012.19 (inclusive of GST) is

diameter and the same of the s							
cident MT/0994855	5097144301	Vehicle No.	31K5562K	GST Registration No.			
		***************************************	and Production Co.	Policyholder NR3C	92	3373000K	
cyholder Name	MOO AUTO						
luct Code	FLEET INSURANCE	Cover Type	Third Party	Loading			
act No. (Mobile)	90088701	Contact No.(Office)	0	Contact No.(Home)			
Address.		Special Remark		eCode	1	4	
	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason			
Protection	No	NCD Entitlement(%)	0	Private Hire	· y	es	
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ovt Date	16/05/2018 12:28	Accident Report Within 24 hrs.	Yes	Accident Type		ide Swipe	
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orting Centre		Orange Force		ICM No.			
ident Location	JUNC UPP SERANGOON RD & LOWLAND RD						
Benefits							
Excess							
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n damage Excess	0.00	Additional Excess	a .	Windscreen Excess		.00	
amed Driver Excess		Outside Singapore OD Excess	0.00				
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500,00				
GST Registered Inform	ation						
Registered	No		GST Registration Date				
Registration No.	E38		GST Status Verified	No			
ification History			2702000 C 15500000000	1000			
Policyholder Hailing Ad	ddress						
ress 1	3L7 OUTRAM ROAD	Address 2	#B1-37 CONCORDE SHOPPING	Address 3	19	SINGAPORE 169075	
tress 4		Address Type	Singapore address	Post Code		169075	
	98-13	Related Policy Number	5100745627	0.0000000000000000000000000000000000000	35	NOT PARTY.	
t No.	MO-14	Administrative restriction	7506				
OI Driver Info							
ver Name	Unnamed Onver	Driver Type	Unnamed Driver				
named driver Name	FIANG CHEE KIANG (CIAN TIGER	Driver NRIC	575045711	Driver DOB		02/03/1975	
jeter Date of Driver License	13/10/1994	Driver Age	43	Oriving Experience	9	23	
rtact No.(Mobile)	93657522	Contact No.(Office)	0	Contact No.(Home)	ÿ	0	
tress 1	BLK 627	Address 2	HOUGANG AVENUE 8	Address 3	- 6	SINGAPORE 530627	
dress 4	1,000,000	Address Type	Singapore address	Post Code		530627	
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63	NAC_PAYA_UBI_800601(NATXX	NAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018-12:32	SAS	Normal	SAS 2018-5-18	Edit
	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2010 12:31	Photos	Normal	Photos 2018-5-18	Edit
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	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 12:30	Photos	Normal	Photos 2018-5-18	Edit
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A.	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 12:30	Photos	Normal	Photos 2018-5-18	Edit
0	NAC_PAYA_UBI_BOOSO1(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 12:30	Photos	Normal	Photos 2015-5-18	Edit
₩ Video List		NAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 12:30	Photos	Normal	Protos 2018-5-18	Edit
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