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NATIONAL Assessment Cent	tre Services wer i usmoss M	716580817VH	
Date In: 3/7/18-19:01	Jeb description	Date & Time Completed	Done by
Res No: NA INCROIZION Try	SAS e-filing		
Veh No: 514 23866	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 37/8-11:05	i-Motor Claim Form	M7/1601500-001	3/7/18 20:21
	i-Motor W/O (Within: OD 2hr.	-	
OD (TP ') Reporting Only	i-Photo Uploaded	· · · · · · · · · · · · · · · · · · ·	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (THE RESERVE THE PERSON NAMED IN COLUMN	ax:
	9261P . INC(a
Owner / Driver: (96617 . INC)/Non-INC()	· ·
	eriod: (Cover Type: (
Confirmed by : (Date:	Time:	
	[Note-Est. Status (WO): N: 0-20		00%1
Year of Registration: ()	Warranty: YES ()/NO ()	3070
Excess: (\$) Loading: \$1,		<u>′</u>	
General Remarks	National State of the State of	A STATE OF THE PARTY OF THE PAR	da e la como esta
() Walk-In Customer : Customer's info		aled Translation to g	3,071 (7)
Drive-In ()/ Towed-In (); Invoic		owing Co: (
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SINGAPORE ACCIDENT STATEMENT

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.
- 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

	ACCIDENT STATEMENT	
Date Of Report	03/07/2018 19:01	
Date Of Accident	03/07/2018 11:05	
Exact Location Of Accident	AYE (TUAS) BEFORE PIONEER RD EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Maria Barra Ranka	CINOSCO	

Vehicle Registration Number	SJN2386G
Insured/Policyholder	
Name Of Registered Owner	FOCK PING YAN
NRIC No	S1517260F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83225616
Alternative Phone No	OFFICE-83225616
Vahicle Particulars	

Vehic	ile F	arti	culars

HONDA Manufacturer

FIT 1.3G F-PACKAGE A 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

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

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5099426888 Policy Number

Cover Note Number

Driver

Name of Driver FOCK PING YAN NRIC No S1517260F Date Of Birth 03/11/1962 Occupation OUTDOOR Date Of Driving Pass 24/02/1983

35 YEARS AND 4 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-83225616

Fax Number

Contact Number OFFICE-83225616

EMail Address NOEMAIL

BLK 335B SMITH STREET Address

#18-56

052335 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 COLLISION - HEAD TO REAR

CLEAR Weather Conditions DRY Road Surface

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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

Vehicle Registration Number

GBC9261P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

FOCK PING YAN Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJN2386G

YES

NO

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 truthful 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 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:
 - (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.:

AYE	Tuas	Betae	Pioneer	Rd.
> > ->				A:S5N 2386G B:GBG 9261P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

В	It menti	ned:	Date	and	Time	1	/	was
	aroung							
trong	inpact	from	my	reac	portion			
		enter the first						
ADATION								

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

Pølicyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 03/07/2018 (dd/m	m/yy) Time of Accident: 11 : 05 (24-HR-FORMAT)
Vehicle No. : SJN 23866 Vel	nicle Make & Model: Honda
Exact location of Accident: AYE	Juas Before Pioneer Rd.
Policyholder's Name / IC No. : Fock	Ping Yan SLS17260F
Driver's Name / IC No. :	(As Above)
Driver's Contact No. : \$322.56	16 Company Contact No:
Driver's Address:	
Insurance Company: NIUC	Email address (if any):
Relationship between Owner & Driver: Owner / Spouse / Children / Friend / Parer	(Please <u>CIRCLE</u> one only) its / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please Tl	CK one only)
Own Insurance / Other Vehicle (7	The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Weather condition & Road conditions? (On the day of accident)
Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Ca	r Camera? Yes / No
Any Injuries: Yes / No (If YE	S) Injured Person' Name: Fock Ping Van 51517260F
Q)	Injured Person in Which Vehicle:
Police Report filed: Yes / No	(If YES) Which Police Station:
	The Other Party(s) Details:
. Driver's Name / IC No:	Vehicle No: GBC 9261P
	Insurance Company (If any):
Driver's Name / IC No:	Vehicle No:
Driver's Contact No:	Insurance Company (If any):
Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	
	00000000000000000000000000000000000000

^{*} If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1517260F

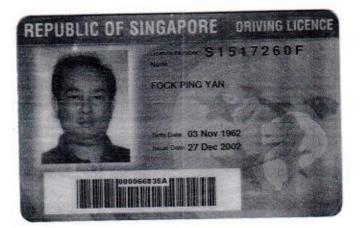


FOCK PING YAN

CHINESE 03-11-1962

SINGAPORE





5823394



03-11-2017

APT BLK 335B SMITH STREET #18-56 SINGAPORE 052335

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES.

unladen does not exceed 2500 kg Heavy Motor Cars and Motor Tractors the

weight unladen exceeds 2500 kg

S1517260F

S/No. 9000000110

eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601					,	Change Lan	guage)	Change Passwo	ord · Log Out
My Desktop	Polic	cy Query								,
Notice of Loss	Policy N	io:				Date of Acc	cident	03/07/	2018 11:05	3
	Vehicle	No.(For Motor)	SJN2386G							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099426888	FOCK PING YAN	S1517260F	GPC	drivo CLASSIC	SJN2386G	SJN2386G	06/04/2018	05/04/2019
			24-825049			Continue				

Policy No.	5099426888	Policyholder Name	FOCK PING	YAN	Policyholder NRIC	S1517260F	
Address	BLK 335B #18-56 SMITH STR	EET SINGAPORE	052335				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	04/04/2018	Effective Date	06/04/2018	3 00:00	Expiry Date	05/04/2019 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	VICOM LTD	Agent Tel.	66975221		GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
100	holder Mailing Address						
Policy		Addre	ss 2	SMITH STREET		Address 3	SINGAPORE 052335
400000000000000000000000000000000000000	BLK 335B #18-56	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Address 1	BLK 335B #18-56		ss Type	Singapore address		Post Code	052335
Address 1 Address 4	BLK 3358 #18-56	Addre	ed Policy	Singapore address 5099426888		Post Code	052335
Address 1 Address 4 Unit No.	BLK 3358 #18-56	Addre	ed Policy			Post Code	052335
Address 1 Address 4 Unit No.	ed Object: SJN2386G	Addre	ed Policy			Post Code	052335

Accident HT/1001500									
Policy No.	5099426888		Vehicle Na	SJN2386G	-	GST Registration N	0,		33
Policyholder Name	FOCK PING YAN					Policyholder NR3C		\$15172	60F
roduct Code	PRIVATE CAR INSUR	ANCE	Cover Type	drive CLASSIC		Loading		0	
Contact No. (Mobile)	83225616		Contact No.(Office)	0		Contact No.(Home)		0	
mail Address			Special Remark			eCode		THE V	
GFK.	® No ○ Yes		TCA	® No ○ Yes		eCode Reason		1000	
VCD Protection	Yes		NCD Entitlement(%)	50		Private Hire		(No.)	
	100		ALD Eminement(%)	90		Private Hire		No	
Accident Details									
teport Date	03/07/2018 20:19		Acadent Report Within 24 hrs	Yes		Accident Type		Collision	- Head to Rear
Date of Accident	03/07/2018		Time of Accident thomas	11:05		Country of Academ	ć.	Singapo	re
Reporting Centre			Orange Force			ICM No.			
Accident Excation	AYE (TUAS) BEFORE	PROMETER RD EXIT							
→ Benefits									
* Excess									
Own damage Excess		600.00	Additional Excess	0		Windscreen Excess		100.00	
Innamed Driver Excess		0.00	Outside Singapore OD Excess	600.00					
Third Party Excess		0.00	Outside Singapore TP Excess	0.00					
S GST Registered Inform	sation								
ST Registered	No			GST Registration Date					
ST Registration No.				GST Status Verified		Yes			
fodification History				The second second		100			
The state of the s									
♥ Policyholder Halling Ad	ddress								
skiresa 1	BLK 3358 #16-56		Address 2	SMITH STREET		Address 3		SHUTAN	ORE 052335
odress 4	- AND THE PROPERTY OF THE PARTY								
			Address Type	Singapore address		Post Code		052335	
Int No.			Related Policy Number	5099426888					
OI Driver Info									
river Name	FOCK PING YAN		Driver Type	Main Driver					
nnamed driver Name			Driver NRIC	S1517260F		Driver DOB		03/11/1	962
egister Date of Driver License	24/02/1983		Driver Age	55		Driving Experience		35	100
ontact No.(Mobile)	83225616		Contact No.(Office)	0					
Will China total						Contact No.(Home)		0	
ddress 1	BLK 3358		Address 2	SMITH STREET		Address 3		SINGAP	ORE 052335
Iddress 4			Address Type						
			Contract Character	Singapore address		Post Code		052335	
init No.	18-56		7754744	singapore appress		Post Code		082335	
Does he own a Singapore	18-56 O Yes (No		Driver Vehicle No.	aingepore appress		Post Code Driver Insurer Com	pany	052335	
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opes he own a Singapore legistered car? ectaration reachalyser or Stood Test	○ Yes. ® No		Driver Vehicle No.				pany	082335	
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Unit No. Dises he own a Singapore Registered car? Decaration Breathayser or Blood Test Reading?	○ Yes. ® No		Driver Vehicle No.				pany	082335	
Does he own a Singapore Registered car? Recaration Preathabyser or Stood Test Reading?	○ Yes. ® No		Driver Vehicle No.				pany	082335	
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opes he own a Singapore registered car? eclaration realthalyser or Brood Test reading? Claim 001 New Laim Type *	○ Yes. ® No		Driver Vehicle No.				pany	9151726	90°
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Attachment		Uploaded By/Date	Category	î	Urgency	Description	Sent? Act (CO)
-	NAC_PAYA_UBL_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 20:23	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-3	E
10	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 0.3 3.6 20:52		SAS		Normal	SAS 2018-7-3	E.
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Video List	Uploaded By/Date	Folder Date	File Name		9	Source	Action