NATIONAL Assessment Ce	ntre Services. west Jamos	MNA 118086370		
Date In: 4/3/18 - 17:42	Jeb description	Date &Time Completed	Don	e by
Res No: NA / INC18612209 /24	SAS e-filing			
Veh No: SMA 6467	E-mail (within Shrs, AIC 2hrs,			
D.O.A: 3/7/8-11:05	i-Motor Claim Form	M1/100/668-001	4/3/18	18:02
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		
OD TP ! Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repor			05-50/51/6-5/11/15/55/1
1P Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:)
TP Particulars: Veh No: 5	LP3803 D . INC	()/Non-INC()	ř.	
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: () _	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]	
Year of Registration: (Warranty: YES ()/NO ()		
	\$1,000()/\$2,000()			
General Remarks;-			APT .	
() Walk-In Customer: Customer's				I ROMAN - UPO COMPANY
() Total Loss Case : to e-mail In	surer URGENTLY.	, N = 4 1 2		
Drive-In ()/Towed-In (); Inv	oice: YES() / NO();	Towing Co: (+)
Remarks: (INC hotline: 6788 661)		Date& Time Completed	Done	, hy
		Liatese Lime Couple 34	785 7 (1969)	2,1.9
2) QC Check / Post Repair Inspection		-		
3) Upload Resurvey Photo [Repair Cost:	()			
	- 35000)			-
Injurý:				
Date/Time Actions		· 1 - 2 - 4 与 4 等于		7
100000000000000000000000000000000000000	1911			
X.,				
NA1804712 .	Invoice P	eparation Checklist	Anit (S) fat Bill	Add Bill
STORY OF THE STORY	1) AR : Accide		желения. Подражения	- Man Dill
laimant's Particulars :-	2) DA : Dama	ge Assessment (\$100); INC (\$1	80) 0/ \$4 5	
river/Owner:	3) TF : Towing 4) FT : Follow	Through Survey	\$120	
ontact No:	5) FT : Follow	-Through Survey (Resurvey) against INC Only (wef 10 Jan 2005	\$30	
amaged Portion:	6) TR: Re-ius	the state of the s	\$75	
amaged Fordon:		A + SMRT Survey	\$160	
C Charlest by (Francis	OD.			
C Checked by (Engr-In-Charge):		sy Cor / Tpt Allowance	510	
AND SECURITION OF THE SECURITI	•N7: Post R	Co-ordination epair Inspection	\$25	
uditors' Comments:-		Collect Excess Coordination TP (Non INC) against INC	\$20	
<u>t. 1:</u>	9) N12: Idac N	fobile	30	
t. 2/3;	Invoice dated	Fee Charged	oans.	Cartery See
	Invoice dated	Fee Charged	Section 1	-1

Figure 1 to 1 to 1

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,
- Information provided must be as <u>truthful and accurate</u> 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.
- 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.

aloresalo,	
	ACCIDENT STATEMENT
Date Of Report	04/07/2018 17:42
Date Of Accident	03/07/2018 11:05
Exact Location Of Accident	ESPLANADE DR TWDS COLLYER QUAY
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA6465T
Insured/Policyholder	
Name Of Registered Owner	SONGYUN
Co Reg No	53363770L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	ESQUIRE HYBRID 1.8GI A
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
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101309027
Cover Note Number	
Driver	

Name of Driver TAN YONG SONG (CHEN RONGSONG)

 NRIC No
 \$8021521E

 Date Of Birth
 24/07/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 28/06/2001

Driving Experience 17 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96199543

Fax Number

Contact Number OFFICE-96199543

EMail Address NOEMAIL

BLK 302D ANCHORVALE LINK Address

#11-26 544302

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

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

YES Was any other material or property damaged?

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

NO.

Number of Passengers (Including Driver)

1

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 YES Was there any video captured by Car Camera?

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLP3803D Vehicle Registration Number HONDA SHUTTLE Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR TEO BENG TECK Name of Driver

NRIC/Passport Number S1479631B

Contact Number

BLK 120 BUKIT MERAH VIEW Address

#03-02

Postcode 152120

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAN YONG SONG (CHEN RONGSONG)

BODY

SMA6465T

YES

NO

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.
- 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.
- 5. 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.
- 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)
 - (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 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
- 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.

Policyholde Date & Time:

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

Date & Time:

Reporting Centre Personale Name:

NRIC/FIN No .:

ESPLANADE DRIVE > COLLYPR OWAY



B SUP 3103 D.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	I was travelling along Esplanade Drive towards Collyer & way. the vehicle in front of me stopped. I also came to a
compl	ete stop. My vehicle was stationary. Sudderly rehicle B
	from behind and hit onto the near left portion of my
rehicle	
	whole accident was captured by my vehicle built-in video
record	er.

DECLARATION

I/We declare the foregoing particulars are true in every respect

Policyholder Signature Date & Time

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

NRIC/FIN No .:

Date of Accident	: 3/7 218 Accident Time: 11:07 (24-HR-Format)
Accident Place	: ESPLANADE PRIVE > COLLYER OUPY
Vehicle Reg. No. (Car Plate No.)	SMP6415T.
Vehicle Make/Model	: Toyoth Esquire
Insurance Company	: NTO Policy No
Owner or Company Name /IC No.	: Song YUN SONG YUN
Owner or Company Contact No.	: 96199543 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: TAIN YONG SONGLOHEN RONGSONG) / SBOSTSTE
DRIVER'S Date Of Birth	: 74 7 1470 DRIVER'S License Pass Date 38Jun 2007
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others) Owner
DRIVER'S Address	:MPTM1302 DANGHORVINE UNK #11-12 (37544302
DRIVER'S Contact No./ Alt No.	:1) 96199543 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	:
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party) Claim Own Insurance
Number of Passengers (Including D	priver): Idyver only
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera YES NO as being used at the time of accident: Private use \ Work purpose
(6)	Party Driver's Particular (if any)
Vehicle Reg. No: B SLP3	8 03 D Vehicle Reg. No:
Vehicle Make\Model: Hord	Shuffle Vehicle Make Model:
Name Driver: TEO BENG 78	Name Driver:
IC No. Driver: 514776	IC No. Driver:
Driver's Contact & Add: #1 BUK	120 Buht Me valv Chi Oriver's Contact & Add:

Injured Person ODITUG of Veh A = TAN YONGSONGC CHEN GONGSONG)

4737118



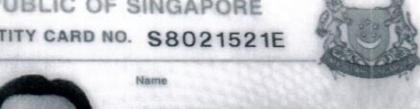


NRIC No. S8021521E

Date of issue 23-06-2011

APT BLK 302D ANCHORVALE LINK #11-26 SINGAPORE 544302

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8021521E





TAN YONG SONG (CHEN RONGSONG)

CHINESE

Date of birth

24-07-1980

Country of birth

SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

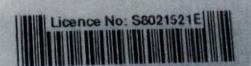
PASS DATE

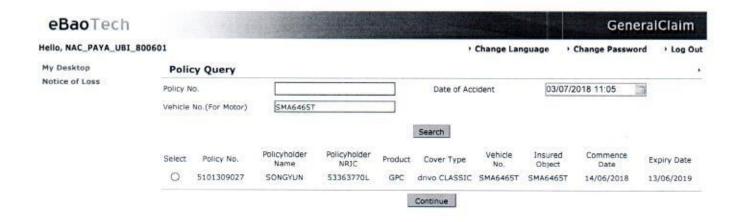
Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

28 Jun 2001

3





Policy No.	5101309027	Policyholder Name	SONGYUN		Policyholder NRIC	53363770L	
Address	BLK 302D #11-26 ANCHORVAL		RVALE COUR	T SINGAPORE 54430	200000		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	13/06/2018	Effective Date	14/06/2018	00:00	Expiry Date	13/06/2019	23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ing/Inexperience Driver Excess
Agent Co- insurance Flag Open Policy Info	QUOTIGO PTE. LTD:	Agent Tel.	63853303		GST Flag	Y	
Certificate Info							
	holder Mailing Address						
Address 1	BLK 302D #11-26	Addre	ss 2	ANCHORVALE LINK		Address 3	ANCHORVALE COURT
Address 4	SINGAPORE 544302	Addre	ss Type	Singapore address		Post Code	544302
Jnit No.	11-26	Relate Numb	ed Policy er	5101309027			
D Insure	d Object: SMA6465T						
Endors	sements						
	nce Date of Endorsemen	nt	Endorsement	Туре	Endorsement	Status	Endorsement Content
Sequer							Thank you for giving us the
Sequer	14/06/2018 00:00	POI M	ove	Endorse	ement Take Eff	fective	opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 14 Jun 2018 TO 13 Jun 2019

ilicy No.								
rumoleles transa	5101309027	Vehicle No.	SMAG465T	3	GST Registration N	0.		
FERTINATED THREETING	SONGYUN				Policyholder NR3C		\$3363770L	
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading		0	
stact No.(Mobile)	Ø .	Contact No.(Office)	0		Contact No.(Home)		0	
Nail Address	8.	Special Remark					The V	
K	® No ⊜Yes		® No Over		eCode eCode Reason		1000	
	Marketon Springer		TCA					
			NCD Entitlement(%)				Yes	
Accident Details								
port Dalw	04/07/2018 18:00	Acadent Report Within 24 hrs	Yes	13	Acodent Type		Collision - Change / Cross lane	
te of Accident	03/07/2018	Time of Accident hh:mm	11:05		Country of Accident		Singapore	
porting Centre		Orange Force			ICM No.			
cident Lacation	ESPLANADE DR TWOS COLLYER QUAY	F2260045			2000 N			
7 Benefits								
Excess								
vn damage Excess	2.000.00	Additional Excess	0		Windscreen Excess		100.00	
named Driver Excess		Outside Singapore OD Excess	2,000	.00				
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500	.00.				
GST Registered Informa	ation							
Registered	No		GST Registration Date	K.				
Registration No.			GST Status Verified		No			
dification History								
Policyholder Mailing Ad	dress							
press 1	BUK 302D #11-26	Address 2	ANCHORVALE LINK	6.0	Address 3		ANOHORVALE COURT	
dress 4	SINGAPORE 544302	Address Type	Singapore address		Post Code		544302	
it No.	11-26	Related Policy Number	5101309027		MARKET CO.			
OI Driver Info	A STATE OF THE STA	Constitution of the state of th						
ver Name	NECOST PROCES	1000000000						
	Unnamed Driver	Driver Type	Unnamed Driver					
named driver Name	TAN YONG SONG (CHEN RONG)	Driver NR3C	S0021521E		Driver DOB		24/07/1900	
gister Date of Driver License		Driver Age	37		Driving Experience		17	
ntact No.(Mobile)	96199543	Contact No.(Office)	0		Contact No.(Home)		0	
dress 1	BUK 3020	Address 2	ANCHORVALE LINK		Address 3		ANCHORVALE COURT	
dress 4	SINGAPORE 544302	Address Type	Singapore address		Post Code		544302	
It No.	11-26						438/00/80	
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		76	Detroit for the Co			
gistered car?	ovo(PENRCEE)	ACCES ATTIMETING			Driver Insurer Comp	eny		
taration								
eathalyser or Blood Test		240000000000000000000000000000000000000	AND THE CONTRACTOR OF THE CONT					
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eathelyser or Blood Test ading?	0 mg	Any injury?	Yes ○ No					
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ading?	0.mg	Any injury?	® Yes ○ No					
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in Type * Interest workshop Contact	OD-MX + SMA6465T / 52,P3803D ON 3 3/4 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability *	SONGYUN SMA646ST Not at Fault		Consact No.(Office) TP Vehicle Number Name of Preferred W	rorkshop	SLP1803D	
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ding? Incation History Claim 901 New Im Type * Im Type * Image: No. (Mobile) Image: No.	GD-MX	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse.	SONGYUN SMA646ST Not at Fault Preferred Workshop, Name u Ool O4/07/2018 Cate; Clair Please Select Clair Please Select	nknown V	Confidencial Confidencial Confidencial	Urgancy Normal		
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Attachment		Upleaded By/Date	Category	Y	Urgency	Description	Msg Sent? Ac (CO)
1 (A)	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:04	NRJC/ Driving License		Normal	NR1C/ Driving License 2018-7-4	E
1578	NAC_PAYA_UBI_B00601(NATE	DNAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:04	NR3C/ Driving License		Normal	NR1C/ Driving License 2018-7-4	E
1	NAC_PAYA_UBI_800601{ NATI	DNAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:04	SAS		Normal	SAS 2018-7-4	£
. 1	NAC_PAYA_UBI_800601(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:04	Photos		Normal	Phocos 2018-7-4	E
A STOCK	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:04	Photos		Normal	Photos 2018-7-4	E
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:04	Photos		Normal	Photos 2018-7-4	2
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:04	Photos		Normal	Photos 2018-7-4	E.
1	NAC_PAYA_UST_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on D4 Jul 2018 18:03	Photos		Normal	Photos 2018-7-4	E
	NAC_PAYA_UBI_800603(NATS	ONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:03	Photos		Normal	Photos 2018-7-4	E
	NAC_PAYA_UBI_B00601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:03	Photos		Normal	Photos 2018-7-4	E
	NAC_PAYA_UBI_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 Jul J018 18:03	Photos		Normal	Photos 2018-7-4	E
No.	NAC_PAYA_UBI_800601[NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:03	Photos		Normal	Photos 2018-7-4	E
	NAC_PAYA_UBI_800801(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:03	Photos		Normal	Photos 2018-7-4	E
	NAC_PAYA_UBI_800601(NATIO	MAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:03	Photos		Normal	Photos 2018-7-4	Ec
	NAC_PAYA_UBI_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:03	Photos		Normal	Photos 2018-7-4	E
0.0	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:03	Photos		Normal	Photos 2018-7-4	Es
	NAC_PAYA_UBI_800601[NATX	NAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:03	Photos		Normal	Photos 2018-7-4	te
14	NAC_PAYA_UBI_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:03	Photos		Normal	Photos 2018-7-4	te
	NAC_PAYA_UBL_800601{ NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:03	Photos		Normal	Photos 2018-7-4	Ed
	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:02	Photos		Normal	Protos 2018-7-4	Ed
	NAC_PAYA_UBJ_800601(NATIC	NAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:02	Photos		Normal	Photos 2018-7-4	Ed
	NAC_PAYA_UBI_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:02	Photos		Normal	Photos 2018-7-4	Ed
	NAC_PAYA_UBL_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:02	Photos		Normal	Photos 2018-7-6	Ed
	NAC_PAYA_UBI_800601{ NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:02	Photos		Normal	Photos 2018-7-4	te
	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 18:02	Photos		Normal	Photos 2018-7-4	Ed
Video List	Uploaded By/Date	Folder Date	File Name		Ŷ	Source	Action

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