NATIONAL, Assessment Centr			GuACAR GV	021		
- 1-01 -10 10-0		s. 14 (22)	Date & Time Comple	red l	Done by	V.
Date In: 20(0) 20(8) 17-7	Job description		- Date terring estima	1	# Wasan	
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Veh No Sal SolgP	Fmail (within 8hi	TO SE	1 1 101	1		
DOY 30/01/2018, 08/00	i-Motor Claim	Form	m/1003910-	001	rolog	wur
OD THE Reporting Only	i-Motor W/O (s. TP 4hrs)		1826	-
TED Beautiful States	Assessment/Surv	vey Report	1			
TP Insurer:	Ass't Report by	Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: SC	34 (69) G	INC () / Non-INC ()		
Owner / Driver: (Tel:)	
Policy No: () Pe	eriod: ()	Cover Type: (0450-05)	
Confirmed by : (Date:	Time:	00)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N: 0-2	10%; P: 21-79%. F	80-100%]		
	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,	000 () / \$2,000 ()				
General Remarks:			Aratika sites .		ri)	
() Walk-In Customer: Customer's infe	formation strictly Conf	fidential & S	trictly NO refer of rep	airer.		
Remarks:- (INC horline: 6788 6616)	Courtesy Car ()	O();	Fowing Co. (erod ses	Done t	iy
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ()				- 4	
Injury:						
	TOTAL DEAL AIRO SE CELVANS	T (1-24 C 1978 E 1978	PARTIES AND A TOTAL OF THE PARTIES AND A TOTAL O	Y 30 515		
Date/Time Actions		6, 3, 42 PA	and September 2	har a Polyton	<u>Gastern</u>	
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11000		and the factor of the	Washington Company (1977)	1276.2	Anit (\$)	Amit (\$
NA1864663		PORTUGE SERVICE	eparation Checklis		lat Bill	Add Bil
Claimant's Particulars :-		1) AR : Accide	ent Reporting (\$30); ge Assessment (\$100);	INC (\$80)		
- 17 Think Call a party - reference to those of the last the second section of the last the l		3) TF : Towing	Foe .	\$40/\$45		
Driver/Owner:		4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30				
Contact No:		For claimin	g against INC Only (wef 10	Jan 2005) \$75		
Damaged Portion:			A + SMRT Survey	\$160		
	8) NTUC Additional Services:-					
QC Checked by (Engr-In-Charge):		*N5: Court	esy Car / Tpt Allowasse	\$5		
100 120 11 11 11 11 11 11 11 11 11 11 11 11 11	*N6: Repair Co-ordination 510 *N7: Post Repair Inspection 525					
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5					
at. 1:	4	TP (N11): 9) N12: Idae	TP (Non INC) against INC	\$20		/
Cat. 2 / 3:		Invoice dated	Fee	Charged		of the last
	Invoice dated Fee Charged					

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.

By the lodgement of this report to the insurers, you aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
A DESTRUCTION OF THE RESIDENCE	ACCIDENT STATEMENT
Date Of Report	20/07/2018 17:59
Date Of Accident	20/07/2018 08:00
Exact Location Of Accident	ALONG PIE TOWARDS JURONG
Country/State of Loss	SINGAPORE
MILL DINES	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL5649P
Insured/Policyholder	
Name Of Registered Owner	TRINICE LEASING
Co Reg No	53357190A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91559500
Alternative Phone No	OFFICE-91559500

Vehicle Particulars

HONDA Manufacturer CIVIC 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

If No, Please state action to be taken

REPORTING ONLY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

NO

Policy Number

5094176794

Cover Note Number

Driver

Name of Driver TAN HIOW PINK NRIC No S8075167B 08/10/1980 Date Of Birth INDOOR Occupation Date Of Driving Pass 19/07/2006

12 YEARS AND 0 MONTHS Driving Experience

Gender

MALE

Mobile Number

(LOCAL) +65-91559500

Fax Number

OTHERS-91559500

Contact Number EMail Address

NOEMAIL

Address

BLK 202 COMPASSVALE DRIVE

#13-583

Postcode

540202

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

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?

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)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: FRIEND

GENDER:

: MALE

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

PLEASE REFER TO SKETCH PLAN

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

SKN4091G

Vehicle Make/Model/Colour

NISSAN TEANA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHOR KHENG HOO

NRIC/Passport Number

S1641238D

Contact Number

96183363

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.
- 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) of:
 - (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
- (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.

TRINICE LEASING

Policyholder's Signature Date & Time:

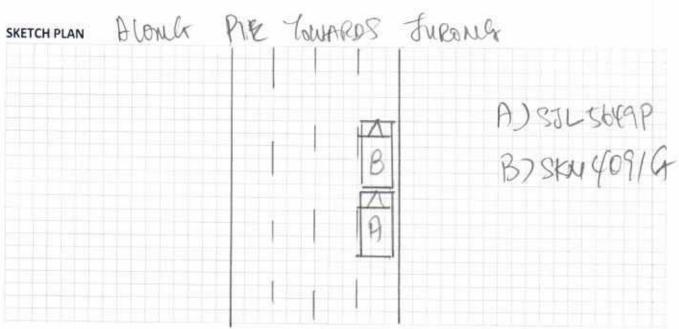
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel

NRIC/FIN/No



DESCRIBE CIRCUMSTANCES OF THE ACCID

DESCRIBE CIRCOMSTANCES OF THE ACCIDENT
At around San of 26 July 2018, I was driving to
work driving along PIE towards Jung at around 70 km/h, in
front the car suddenly jammed brakes and I also tried to brak
hard but was not in time to stop and hit the year humber. The
Speed had decrepted so the damage was not big, just a dent in
the other cars than bumpers middle section and some constances
where the corplate made contact. A policeman was on the room
because there was another accident ahead so he stopped by to
ask if anyone injured. No one injured so he didnot take statement
and left

DECLARATION

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

TRINICE LEASING

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature, Name:

NRIC/FIN NO

7/20/2018	Cla	im Handling(accident reporting	Claim Task)		
3	NAC_BURT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B URT MERAH)) on 20 Jul 2010 10 (19	B Photos	Narmai	Photos 2016-7-20	Edit
Will St	NAC_RUKTT_MERAH_850676/ NATIONAL ASSESSMENT CENTRE SERVICES (8 UKIT HERAH)) IN 20 Jul 2018 18-18	B. Photos	Normal	Photos 2018-7-29	Edit
100	NAC_BURTT_MERAH_SOGREGI NATIONAL ASSESSMENT CENTRE SERVICES (F URIT MERAH)) in 20 M 2010 18:18	n Photos	normai	Photos 2018-7-211	Edit
1	NAC_BURT_MERAH_BIOS76(NATIONAL ASSESSMENT CENTRE SERVICES (8 UNIT MERAH)).un 20 3/4 2018 18:19	B Photos	Normal	Photos 2018-7-20	Edit
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er un	NAC_BURIT_MERAH_BOX676(NATIONAL ASSESSMENT CENTRE SERVICES (8 (ALT MERAH)) on 26 Jul 2018 18:18	6 NEIC Omong License	Normal 19	RIC Driving License 2016-7-20	£65

File Name
Display in New Window | | Scan and uploating |

Source

Action

Folder Date

Uphaded By/Date

ACCIDENT STATEMENT

	ACCIDEN	IT DATE: 1 201-071-2	COLETIOD/MM/YYYY)	, TIME: (08: 02	(MM:HH) (<u>_</u>
1.5	LOCATIO	The second secon	wagle Irrang		
II.	200/1110		10		
50		ETAILS OF VEHICLE	CTI CEUAP	W.	17
	645787	VEHICLE NUMBER:	.011		
		INSURANCE COMPAN	1261111194		
	c	POLICY NUMBER:	SULLIFICATION PAR	TY / THIRD PARTY FI	RE &THEFT)
	a	MAKE & MODEL:	WIDA CIVIL	111111111111111111111111111111111111111	20000 1480010222003
	6	TYPE: (SALOON / COUPL	/MPV /VAN / LORRY	//MOTORCYCLE/	OTHERS)
	"1	VEHICLE CATEGORY: (P	RIVATE / COMMERCI	AL / MOTORCYCLE	1
	9 h	PURPOSE OF USING AT	ACCIDENT TIME:	Private Use	-
	n	ARE YOU CLAIMING UN	DER YOUR OWN INSU	RANCE (YES/NO)	
		IF NO, PLEASE STATE (TH	IRD PARTY CLAIM / RE	PORTING ONLY)	90
	2 18	ISTIDED / POLICY HOLDS	R		
	Δ	INAME: TRILLICE U	408 ING	(MALE /	FEMALE)
tet	2 b	NRIC/FIN/PASSPORT:_		CONTACT:	
forms ((W)	ADDRESS:			-
ANIM.	21	1.0		F 4	
THE		CONTINUE TO 3.d IF DR	IVER ALSO POLICY HO	DLDER	
# Ho of pers	senga D	RIVER	Dak.	(MALE /	EENAALE)
Clinchuding	diver) a	INAME: Tan Hic	SOUTCI67B	CONTACT: 4	1550500
(2)		NRIC/FIN/PASSPORT:_		# 13-583	8540202
(2)	C	ADDRESS: 202 CO.	Trasolog Prive		
		d)DATE OF BIRTH: (_OP	1980 (00)	MM/YYYY)	
		OCCUPATION: (INDOC	the state of the court of the state of the s	MANAGEM (CO.) FOUND	177
	£\	DOCE OF DRIVING DE	10/01/2	006	¥2
	4 W	VAS DRIVER AN EMPLO	DYEE OF THE INSUR	ED'S COMPANY?	YES / NO)
	T	F NO. RELATIONSHIP	OF THE DRIVER WIT	H INSURED:	Titel
	5. a	WEATHER CONDITION	(CLEAR / RAINING /	OTHERS PHENC !	AIN
	ь	JROAD SURFACE: (DRY	/ WET / OTHERS		
0		AS ANYBODY INJURED			
	7. a	REPORTED TO POLICE	(TES / NO)		256
	2001 200	IF YES, PLEASE STATE W	HICH POLICE STATION		
State of man			SKN4001G	MODEL: NICCA	- Teana.
Alo of bec		 b) DRIVER'S NAME: 	CHOR KHENG	1 Place	
Cinduding	Sett Lauch	c) NRIC/FIN/PASSPORT	: S1641238D	CONTACT: Q	0 8 336 5
(HIRD PARTY VEHICLE			
	0000 000	d) VEHICLE NUMBER:		MODEL:	
是多多	conver-	e) DRIVER'S NAME:			
(Including	deliner)	NRIC/FIN/PASSPORT	:	CONTACT:	7
(5		11.			
Carried States				*	*1

email =

VIDEO=

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8075167B





TAN HIOW PINK

陈 晚 宾

CHINESE Date of birth

08-10-1980 M Country of birth

MALAYSIA



4701737



31-03-2011

APT BLK 202 COMPASSVALE DRIVE #13-583 SINGAPORE 540202

NRIC No: \$80761678

pate: 23/11/2011

No:6939376

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Mater Carse< 3000kg with =<7 passangers, exclusive 19 Jul 2006 of the driver; and other mater vehicles >< 2500kg

NP 428A



eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 20/07/2018 13:19 Vehicle No.(For Motor) SJL5649P Search Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Select Policy No. Product Cover Type Expiry Date TRINICE LEASING 5094176794 53357190A GFT Third Party \$7L5649P SJL5649P 25/05/2018

Continue