NATIONAL Assessment Cel	ntre Services. wer : Janos M	1841891AIN	
Date In: 20/7/18 - 14:18	Jeb description	Date &Time Completed	Done by
ROFNO: NA [INC1801274/24	SAS e-filing	i	
Veh No: 516429 B	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 14/3/18-21:00	i-Motor Claim Form	MT 1003917-001	20/7/18 19:4
	i-Motor W/O (Within: OD 2)	hrs, TP 4hrs)	-
OD / TP / Reporting Only	i-Photo Uploaded		
Th.	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:
TP Particulars: Veh No:	K6338 K INC	()/Non-INC().	the same of the sa
Owner / Driver: (7	Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	(WO): N: 0-	20%; P: 21-79%. P: 30-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$	\$1,000()/\$2,000()		
General Remarks:-	TREATED COMMON TO STANK	HARMAN SALAR	Car Silver
() Walk-In Customer : Customers			************
() Total Loss Case : to e-mail Ins			
		Towing Co: (-)
Remarks: (INC hotline: 6788 6616		Date&Time Comple 34	Done by
Apply for Transport Allowance ()) / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()		
Injury:			
			77 A 77 Y 6 T 7 T
Date/Time / Actions		201000	MANGE CONTRACTOR
1A1804286	Invoice Pri	paration Checklist	Ant (S) Am Ist Bill Add
aimant's Particulars :-	1) AR : Acciden	at Reporting (\$30);	
	2) DA : Damage 3) TF : Towing	Assessment (\$100); INC (\$8	(0) 1/ 5 45
iver/Owner:	4) FT : Follow-	Through Survey	\$120
ntact No:	5) FT : Follow-	Through Survey (Resurvey) against INC Only (wef 10 Jan 2005	\$30
mond Bastian	6) TR: Re-insp		\$75
maged Portion:		The state of the s	\$160
	8) NTUC Addit	ional Services:-	
Checked by (Engr-In-Charge):		y Car / Tpt Allowance	55
S TAYO NOOL COMPONENT WAS ALLEST		Co-ordination pair Inspection	\$10 \$25
iditors' Comments :-		olleet Excess Coordination	55
_1;	the state of the s	P (Non INC) against INC	S20
2/3;	TP (N11): T 9) N12: Idac Mo Invoice dated		30

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

TO TO TO TO THE TOTAL THE T	
THE THE STATE OF THE STATE OF	ACCIDENT STATEMENT
Date Of Report	20/07/2018 14:18
Date Of Accident	14/07/2018 21:00
Exact Location Of Accident	39 LOR 25A GEYLANG
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL6429B
Insured/Policyholder	
Name Of Registered Owner	CHEE SEOW CHIE@HERBERT CHEE
NRIC No	S0182768E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98151500
Alternative Phone No	OFFICE-98151500
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	GRANDIS 2.4L SPORTS-GEAR
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5047376620-07
Cover Note Number	
Driver	
Name of Driver	CHEE SEOW CHIE @HERBERT CHEE
NRIC No	S0182768E
Date Of Birth	11/08/1951
Occupation	INDOOR
Date Of Driving Pass	26/11/1970
Driving Experience	47 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98151500
Fax Number	

OFFICE-98151500

NOEMAIL

Address BLK 101 SIMEI STREET 1

#07-888

Postcode 520101

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

Type Of Accident COLLIDED INTO PARKED VEHICLE

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?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I REVERSED MY VEHICLE FROM 39 LOR 25A GEYLANG, MY VEHICLE ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B FRONT RIGHT PORTION.

NO

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 SJK6338K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver DARREN
NRIC/Passport Number S8210141A
Contact Number 98593200

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 0

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 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.
- 5. 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)

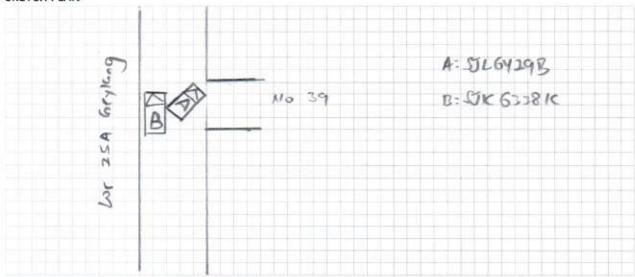
I understand, acknowledge, agree and consent that:

- (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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Leter	to Hatement.

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:

Name: NRIC/FIN No.:







- S0182768E

0+

04-11-1993

APT BLK 101 SIMEI STREET 1 #07-888 SINGAPORE 1852 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Close 3

Motor cars with unladen weight =< 3000kg with =< 7 25 Nov 1970 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



eBao Tech									Gene	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	lo.				Date of Accident 14		14/0	7/2018 21:00	
	Vehicle	No.(For Motor)	SJL6429B							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5047376620- 07	CHEE SEOW CHIE@HERBERT CHEE	S0182768E	GPC	drivo CLASSIC	SJL6429B	SJL6429E	05/12/2017	04/12/2018
					8	Continue				

Policy No.	5047376620-07	Policyholder Name	CHEE SEOV	V CHIE@HERBERT CH	Policyholder NRIC	S0182768E	
Address	BLK 101 #07-888 SIMEI STRE	ET 1 SINGAPOR	E 520101				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	02/12/2017	Effective Date	05/12/2017	00:00	Expiry Date	04/12/2018 2	23:59
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		Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	JOE INSURANCE AGENCY	Agent Tel.	62935135		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 101 #07-888	Addre	ss 2	SIMEI STREET 1		Address 3	SINGAPORE 520101
Address 4		Addre	ss Type	Singapore address		Post Code	520101
Unit No.		Relate	ed Policy er	5047376620-07			
D Insure	d Object: SJL6429B						
	sements						
	10000 1000000	ent	Endorsemen		Endorsement		Endorsement Content

Decrease	aim Handling											
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March No (Michael) 9153000				0200000					MAJE			
Special Assession Spec			RANCE	Cover Type	drivo CLAS	SSIC		Loading			0	
S No Tele	ntact No.(Mobile)	98151500		Contact No.(Office)	0			Contact No.(H	tome)		0	
### ADDRESS 1007 1	Nail Address			Special Remark				eCode			No. V	
Public P	×	® № Oyes		TCA	® № O	Yes		eCode Reason	1			
Public P	D Protection	Yes		NCD Entitlement(%)	50			Private Hire			No	
March Marc	Accident Dataile			(2) (3)				0.50-05-05-05			0.0	
The Authority 14/07/2018 This of Authors to Invitro 21/00 Churry of Authors Sugarors												
Designation		20/07/2018 19:43		Accident Report Within 24 I	ers Yes			Accident Type			Collided in	o Parked Vehicle
Pace	te of Accident	14/07/2018		Time of Accident hhomm	51 00			Country of Ac	cident.		Singapore	
Reserve	porting Centre			Drange Force				ICM No.				
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Registrion No.	rd Party Excess		0.00	Outside Singapore TP Excer	es	0.00						
Registation No.	GST Registered Inform	nation										
Registation No.	Registered	No	3		GS	T Registration Date						
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### Policyholder Halling Address Press Bux 10 407 466					33			144				
Series												
Page	Policyholder Hailing Ad	ddress										
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Related Policy Number		10000 NO 1000										0.00000000
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Direct Name				Related Policy Number	50473766	20-07						
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Service Serv	gister Date of Driver License	e 26/11/1970		Driver Age	66			Driving Expen	ence		47	
Series SUK 101	ntact No.(Mobile)	98151500		Contact No.(Office)	0			Contact No. (H	iome)		0	
Address Type Singapore address Prosit Existe \$20101 In No. 07-888 Driver Vehicle No. Driver Insurêr Company Insured Name Press No. Driver No. Driver No. Driver Insurêr Company Insured Name Press No. Driver Name Press No. Driver No. Driver Name Press No. Driver No. Driver Name Press No. Driver Name Press No. Driver Name	dress 1	BLK 101		C. C		DEST 1						E E30101
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Attachment		Uploaded By/Date	Category	8	Urgency	Description	Msg Sent? Action (CO)
200 DEC	NAC_PAYA_UBI_800501(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:46	NRIC/ Driving License		Normal	NRTC/ Driving License 2018-7-20	Edit
79	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:46	SAS		Normal	SAS 2018-7-20	Edit
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