NATIONAL Asse	ssment Centre	Services	ver i Jarvos;				
Date In 28/07/18		Job description		Date &Time Co	mpleted	Done by	Y
Ref No NA/INCI		SAS e-filing			1		
Veh No 51 9399	202	E-mail (within 81	irs, AIC 2hrs)				
DOA 28/07/18	Acceptance of the state of the	i-Motor Claim	Form	m7/1004	0970-00	1	
		i-Motor W/O	(Within: OD 2h	A Section of the sect			
OD (1P) Peporting	Only	i-Photo Uploa	ded				
mr. I		Assessment/Sur	vey Report				
TP Insurer:		Ass't Report by	Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Ass		TEAMWOR		Tel:	Fax:		
TP Particulars:	Veh No:	FBE 34976	. INC ()/Non-INC	()		
Owner / Driver: (Tel:			
Policy No: () Peri	od: ()	Cover Type: (121	
Confirmed by :			Date:	Time)	
Insured/Driver Liability	The second secon	ote-Est. Status (W		20%; P: 21-79%	F: 80-100%		
Year of Registration: (/arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	00()/\$2,000(()	- X W. W			
General Remarks:-	u:r : Customer's infor	THOMS STANSON	10.14,435.03	E BOWNERS SCHOOL			
Drive-In () / Towe	orline: 6788 6616)		925	Towing Co. (Date&Time Co	mple od	Done l	ру
1) Apply for Transport	Allowance ()/C	ourtesy Car ()	The production of the production of			
2) QC Check / Post Rep	air Inspection	()					
3) Upload Resurvey Pho	oto [Repair Cost > \$3	000] ()			-	
Injury :	V/2		-		en, appropriate and the second		
Date/Time Actions	SACT TO POST - Y - ENER	Sec. 2015		(710)		julia.	4 5
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laimant's Particulars	Augusta variation and indexed a particle		1) AR : Accid	ent Reporting (\$30); ge Assessment (\$100)	: INC (\$80)		
No. 2 Sept.		6) 48197644.77231818	3) TF : Towin	g Fee	\$40/\$45		
Driver/Owner:			5) FT : Follow	v-Through Survey v-Through Survey (Res	\$120 urvey) \$30		
Contact No:	190, 190,		For claimin	g against INC Only (w	ef 10 Jan 2005) \$75		
Damäged Portion:				A + SMRT Survey	\$160		
		3	8) NTUC Add	ditional Services:-			
QC Checked by (Engr-	In-Charge):	72	*N5: Court	esy Car / Tpt Allowand	e \$5		
			*N7: Post	ir Co-ordination Repair Inspection	\$25		
Auditors' Comments :			*N8: DV /	Collect Excess Coordin	ation \$5 INC \$20		
Cat. 1:		Control of the Contro	9) N12: Idac	TP (Non INC) against Mobile	30		
Cat. 2 / 3;	100		Invoice dates		Fee Charged Fee Charged	1)547	
			Invoice dated	1	4 pp Citter Ker		

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.

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	28/07/2018 14:37
Date Of Accident	28/07/2018 11:00
Exact Location Of Accident	KRANJI CAMP 3
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF9399R
Insured/Policyholder	
Name Of Registered Owner	NG SOON HOCK THOMAS
NRIC No	S7226877F
Email Address	THOMASNGHOCK@HOTMAIL,COM
Mobile Phone No	(LOCAL) +65-90263084
Alternative Phone No	OTHERS-90263084
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088565945-01
Cover Note Number	

п		

NG SOON HOCK THOMAS Name of Driver

S7226877F NRIC No 01/07/1972 Date Of Birth INDOOR Occupation 11/07/1997 Date Of Driving Pass

21 YEARS AND 0 MONTHS **Driving Experience**

Gender MALE

(LOCAL) +65-90263084 Mobile Number

Fax Number

OTHERS-90263084 Contact Number

THOMASNGHOCK@HOTMAIL.COM EMail Address

BLK 21 EUNOS CRESCENT Address

#12-2987 400021

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

SIDE SWIPE Type Of Accident Weather Conditions CLEAR DRY Road Surface

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

2 Number of Passengers (Including Driver)

Passenger 1

NAME: : EDWIN

GENDER: : MALE

NO

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

PLS REFER TO THE ATTACHED 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 Witness 1

Name **EDWIN** Phone Number 83237090

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBE3497E**

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>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)

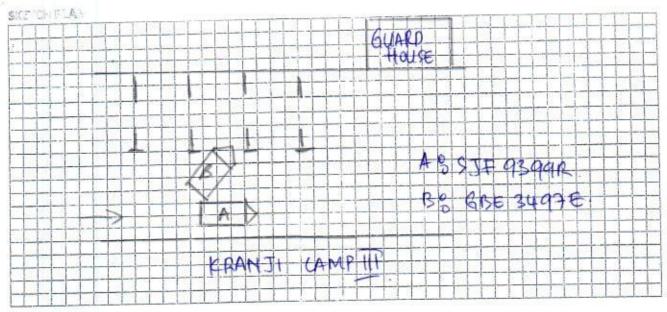
I understand, acknowledge, agree and consent that:

- (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 insurers) 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

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary at Kranji Camp III to alight
my passenger .The lorry inside the carpark lot
suddenly make fast reversed out from the lot and
hit on to my rear left portion of the car.

DECLARATION

I/We decrere 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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process. 4
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wliful 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 traffic police department for investigation.

持续在10年代的 第二年代的1965年的1965年	ACCIDENT DETAILS	(DD/MM/YY)
Date of accident		The state of the s
Time of socident	9.50 AM 11.00	(HH:MM)
Exact location of accident	KRANJI CAMP III.	

MANAGEMENT IN THE STREET	DETAILS OF VEHICLE
Vehicle registration number	SJF9399R.
Vehicle make and model	HONDA FIT.
Type of vehicle	Saloon MPV CRV Van CRV O Van Others:
Vehicle category	Private Commercial D Motorcycle D
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No D if no, please select: Third part claim D Reporting only D

CONTRACTOR OF THE PARTY OF THE	INSURANCE IN	FORMATION	正公司等自己的
Insurance company	HTUC.		
Policy number			
Type of policy	Comprehensive	Third party fire & theft o	TP only 🗆

HE SHARE SHEET OF SHEET SHEET	INSURED / POLICY HOLDER	The second second	《
Name	THOMAS NG SOON HOCK.	Male	Female
NRIC / Fin / Passport number	S722 6877 F		
Contact	90263084.		
Address	BILL 21 EUNOS CRESCENT #10-2987. S6. 4000 21		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	Market Barrier
Name	Male	Female
NRIC / Fin / Passport number		
Contact	9026 3084	
Address		121
Email address	THOMAS NO HOCK & HOTMail-com.	
Date of birth	01/07/1992	
Occupation	Indoor D Outdoor	
Driving date pass	11/07/1997.	

Committee of the commit	en eñ al in	FORWATION	OF THE ACCIDENT	
Was driver an employee of	Company of the Compan			OUNIER.
the insurad's company?	If no, rela	tionship of t	he criver and insured:	00040
Accident captured by camera?	Yes D	No		
Weather condition	Clear	Raining C	Others:	
Road surface	Dry 🗹	Wet 🗆		
No of passenger	2.			(Inclusive of driver)
No or bassauge.			y ceresis	
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Gender	Male 🗆	Female		
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Name				
Gender	Male 🗆	Female		
Gender	- 11-3-9 5-1-3			
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Was anybody injured?	Yes □	Noø		
Was other vehicle damaged?	Yes	No□		the state of the s
AASS OFLIEL ACTURE GRILLEBONS				
Complete State Complete State Complete	D	ETAILS OF PO	OLICE ACTION	
To remark to malica?	Yes □	No 🗹	If yes, please state w	hich police station.
Reported to police? Police station name		/		
Police Station name			(P 9:38)	
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Was injured conveyed to	Yes□	No D	
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Was injured conveyed to	Yes 🗆	No 🗆	
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Name			
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Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No □	
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Which vehicle person in?	Yes□	No □	
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Were seat belts worn?		No E	
Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7226877F





THOMAS NG SOON HOCK (HUANG SHUNFU)

)極 福

CHINESE

87226HY7F

01-07-1972 M Country of birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENC



Licence Number S7226877F

THOMAS NG SOON HOCK (HUANG SHUNFU)

Birth Date: 01 Jul 1972 latus Date: 19 Mar 2011



480091



57226877F



30-10-2012

APT BLK 21 EUNOS CRESCENT #12-2987 SINGAPORE 400021

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

Class 2B Motorcycles =< 200 cc 19 Feb 1990 Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 11 Jul 1997 of the driver; and other motor vehicles =< 2500kg

NP 428A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

· Change Language

· Change Password

, Log Out

My Desktop Notice of Loss

Policy Query Policy No. Date of Accident 28/07/2018 09:50 Vehicle No.(For Motor) SJF9399R Certificate Number Search Certificate Policyholder NRIC Policyholder Vehicle Insured Commence Date Select Policy No. Product Cover Type Expiry Date Number Name Object NG SOON HOCK THOMAS 5088565945drivo CLASSIC S7226877F SJF9399R SJF9399R 16/06/2018 15/06/2019 01

Continue

Claim Handling

Policy No. Certificate No.	5088565945-01	Venicle No.	SJF9399R		GST Registration No.	
Policyholder Name	NG SOON HOCK THOMAS					
Product Code	PRIVATE CAR INSURANCE	4000000			Policyholder NRIC	57
Contact No.(Mobile)	90263084	Cover Type	drivo CLASSIC		Loading	0
Email Address	SSAPEONIA	Contact No.(Office) Special Remark	0		Contact No.(Home)	0
KFK	= No Yes	TCA	the Contract		eCode	N
NCD Protection	Yes	NCD Entitlement(%)	No □ Yes		eCode Reason	
Accident Details			50		Private Hire	No
Report Date	28/07/2018 15:00	Accident Report Within 24 hrs.	Yes		Accident Tons	-
Date of Accident	28/07/2018	Time of Accident hh:mm	11:00		Accident Type	Oth
Reporting Centre		Orange Force			Country of Accident ICM No.	Sin
Accident Location	KRANJI CAMP 1				ICH NO.	
✓ Benefits						
♥ Excess						
Own damage Excess	600.00	Additional Excess	0		Windscreen Excess	100
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		600.00	ye water transferred	100
Third Party Excess	0.00	Outside Singapore TP Excess		0.00		
GST Registered Inform	sation					
GST Registered GST Registration No.	No		GST Registra			
Modification History		GST Status Verified		Verified	Yes	
	ddress					
Address 1	BLK 21 #12-2987	Address 2	EUNOS CRESCENT		******	1000
Address 4		Address Type	Singapore address		Address 3	SIN
Unit No.	12-2987	Related Policy Number	5088565945-01		Post Code	400
Driver Name	NG SOON HOCK THOMAS	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S7226877F		Driver DOB	01/0
Register Date of Driver License		Driver Age	45		Driving Experience	21
Contact No.(Mobile)	90263084	Contact No.(Office)	0		Contact No.(Home)	0
Address 1 Address 4	BLK 21	Address 2	EUNOS CRESCENT		Address 3	SINC
Init No.	412 2007	Address Type	Singapore address		Post Code	4000
Does he own a Singapore Registered car?	#12-2987 Yes = No	Driver Vehicle No.			Driver Insurer Company	
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7/28/2018 Claim Handling(accident reporting Claim Task 001 OD-MX) Accident No. MT/1004970 Claim No. Last Doc, Received Yes No Upload Date 28/07/2018 00:00 Path * Category • Confidential Choose File No file chosen Clear Please Select * NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select ٠ NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select ▼ NO Message Read Attachment List Attachment Uploaded By/Date Category Urgency NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jul 2018 15:03 NRIC/ Driving License Normal NRIC/ Driving License 2018-7-28 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jul 2018 15:03 SAS SAS 2018-7-28 NAC_PAYA_UBI_800601{ NATIONAL ASSESSMENT CENTRE SERVICES} on 28 Jul 2018 15:02 Photos Normal Photos 2018-7-28 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jul 2018 15:02 Photos Photos 2018-7-28 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jul 2018 15:02

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