NATIONAL Assessment Centre	e Services (***	· Javosi)	MELA	48901912	•	
Date In: (7/08/2018 11/37)	Job description		Dute &	Time Completed	Done b	V.
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Preferred Wksp / INC Assign Wksp / QW: (CANCELLE AND REAL PROPERTY.	e alticular	Tel:	Fax:		
TP Particulars: Veli No: SUD	9312A .	. INC ()/N	on-INC()		
Owner / Driver: (12.10.13		Tel:)	
Policy No: () Pe	riod: ()	Cover	Type: ()	
Confirmed by : (I	Date:		Time:)	
	Note-Est. Status (WO): N: 0-2)%; P:	21-79%. F: 80-1009	%]	
		/NO()			
Excess: (\$) Loading: \$1,0	00 ()/\$2,000 ()				
General Remarks:	CHOCHELABURAN	W. Wells	12.45	arigualitics i		
() Walk-In Customer: Customer's info	rmation strictly Confid	ential & St	rictly NO	refer of repairer.		
() Total Loss Case : to e-mail Insur		*				
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Remarks:- (INC horline: 6788 6616)			Dates	Time Completed	Done	ру
1) Apply for Transport Allowance ()/0	Courtesy Car ()	WIND CONTRACTOR				
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()					_
Injury :						
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ontact No.) TR : Re-ius		2	75	
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Cat. 2 / 3;		Invoice dated		Fee Charged Fee Charged	:15:4	1
01 2 / 31						

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 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.
- 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.

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Date Of Report 07/08/2018 11:37

Date Of Accident 06/08/2018 13:00

Exact Location Of Accident ALONG LOWER DELTA TURNING RIGHT INTO AYE (JURONG)

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE860J

Insured/Policyholder

Name Of Registered Owner FOO SHEAN ENG NEWSPAPER AGENCY

Co Reg No 53158241L

Email Address KELLYQIN93@HOTMAIL.COM

Mobile Phone No (LOCAL) +65-83652476

Alternative Phone No OFFICE-85690053

Vehicle Particulars

Manufacturer TOYOTA

Model HIACE

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

COMPREHENSIVE

Fleet Policy

Policy NO

Policy Number

5073486615-02

Cover Note Number

Driver

Name of Driver OH SHU QIN, KELLY

 NRIC No
 S9338678G

 Date Of Birth
 19/10/1993

 Occupation
 OUTDOOR

 Date Of Driving Pass
 12/05/2014

Driving Experience 4 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-83652476

Fax Number

Contact Number OTHERS-85690053

EMail Address KELLYQIN93@HOTMAIL.COM

Address

BLK 129 BUKIT MERAH VIEW

#07-154

Postcode

150129

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

NAME:

: BROTHER

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

SLD9348A

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN CHING HUAT

NRIC/Passport Number

S2503674C

Contact Number

98481313

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.
- 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:
 - (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:
 - 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

9018 2:526.

(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:

MIDICIEIN NO KOLLI WOVIU

ALONG LOWER DICTA TOWNEDS BYK CFORMER SKETCH PLAN A) ABE 860J B) SLD 9348A DESCRIBE CIRCUMSTANCES OF THE ACCIDENT turnino lane brake time. Movino

DECLARATION

Date & Time:

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

8 2018

Policyholder's Signature

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

2018

Reporting Centre Personnel's Signature

NRIC/FIN No.:

ccident MT/1008265									
Policy No.	5033488615-02	Vehicle No.	G888601		GST Registr	ation No.			
ertificate No.									
ulicyholder Name	FOO SHEAR ENG NEWSPAPER AGENCY				Pullcyholder	NUE	331502	471	
raduct Cade	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive		Loading		.0		
Sentact No.(Mobile)	83652476	Contact No.(Office)			Contact No.	(empre)			
Small Address		Special Remark			#Code		No. *		
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Report Date	07/08/2518 12:34	Acodent Report Within 24 hrs.	Yes		Accident Ty			- Head to No	car
Date of Accident	06/08/2018	Time of Accident thirms	13 00		Country of	Accident	Singapo	ere :	
Reporting Centre		Grange Force			ICM No.				
Accident Location	ALONG LOWER DELTA TURNING RIGHT INTO A	AE (INSONO)							
▽ Benefits				_					
→ Excess									
Dwn damage Extras	600.00	Additional Excess			Windscreen	Excess	100 110		
Onnamed Driver Excess		Outside Singapore OD Excess							
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GST Registered GST Registration No.	No		DET State	stration Date	5.6	in.			
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The State of the State of Stat									
→ Policyholder Halling Addr Address 1.	8LK 129 #07-154	Address 2	BUKIT MERAH VIE	ew.	Address 3		SINGA	ORE 150125	
Address 4		Address Type	Singapore address	3	Post Code		150129	ř	
Limit No.	07-154	Related Policy Number	5073496615-03						
₩ OI Driver Info									
Linver Name	Umames priver	Driver Type	Unmarried Driver						
Unnamed driver Name	DH SHU QIN, KELLY	Driver NRIC	593386780		Driver DOE		19/10/	1993	
Register Date of Driver License	12/05/2014	Sriver Ape	24		Driving Ex	penence	4		
Contact No.(Mobile)	85660053	Contact No.(Office)			Contact No	i,(Huma)			
Address I	BLX 129 #07-154	Address 2	BURIT MEAAH VE	W	Address 3			MERAN VIEW	5
Address 4	SIMPAPORE ISU129	Address Type	Foreign address.		Post Code		150125	9	
Unit No.	07-154								
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.	GBERA03		Oriver Ins.	urer Company	MARK		
Declaration									
Medification History Claim 001 New									
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ACCIDENT STATEMENT

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REPUBLIC OF SINGAPORE





Name

OH SHU QIN, KELLY

胡 淑 琴 Hees CHINESE Date of birth St 18-10-1993 F Country of birth SINGAPORE





4294282



WWC W- C0229678C

Date of leave

17-10-2008

Address

APT BLK 129 BUKIT MERAH VIEW #07-154 SINGAPORE 150129 234202

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Class 2 Motor Cers =< 3000 kg with =<7 passengers, exclusive 12 May 2014 of the driver; and other motor vehicles =< 2500 kg

NP 428A



eBaoTech

GeneralClaim

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