the state of the s	itre Services wet 1 Janios M	Tr Hall	
Date In: 13/8/18-17:39	Jeb description	Date &Time Completed	Done by
Res No: 4/11/18/19/80/24	SAS e-filing		
Veli No: VLD8653P	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 0/8/18-16:35	i-Motor Claim Form	100- 400 Pool M	13/8/18 19:43
	i-Motor W/O (Within: OD 2hr	s, 7P 4hrs)	
OD / TP / Reporting Only	i-Photo Uploaded		
TD	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: N	IRRUDIA INC)/Non-INC()	*
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]
Year of Registration: ()	Warranty: YES ()/NO()	
Excess: (\$) Loading: \$1			CORP. THE SEC. OF
General Remarks:-		Tell Million Company	Com St.
() Walk-In Customer: Customer's in	nformation strictly Confidential & St	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Insu	urer URGENTLY.		
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO(); T	owing Co: (.)
Remarks:- (INC hotline: 6788 6616)	en al de la companya	Date&Timb Completed	Done by
		7	
1) Apply for Transport Allowance ()	/ Courtesy Car ()		
	/ Courtesy Car ()	7	4
2) QC Check / Post Repair Inspection	()	7	-
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions stimant's Particulars :-	\$3000] () Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$8	Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions summant's Particulars :-	Invoice Pre Invoice Pre 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC (\$80); tee \$40, through Survey	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions stimant's Particulars :- iver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) iT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$8: ce \$40, hrough Survey \$ hrough Survey (Resurvey)	19. Bill Add Bill 0) 1545 120 530
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions simant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Inverce Pre 1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspect 7) N1 : Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C	Reporting (\$30); Assessment (\$100); INC (\$80); ee \$400 through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005); stion + SMRT Survey \$500 the Services:- Car / Tpl Allowance p-ordination	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time: Actions dimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Inverce Pre Inverse Pre Inverce Pre	Reporting (\$30); Assessment (\$100); INC (\$80); ee \$400 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005); stion + SMRT Survey \$500 and Services:- Car / Tpl Allowance poordination nir Inspection lect Excess Coordination	78 Bill Add Bill 7 Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming \$6 TR: Re-inspect 7) NI: Idae DA 8) NTUC Addition OD * N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col TP (N11): TP *N9: DV / Col TP	Reporting (\$30); Assessment (\$100); INC (\$80); See \$400; Arough Survey (Resurvey) Second INC Only (wef 10 Jan 2005); Stion SMRT Survey \$50; Small Services:- Cer / Tpt Allowance Deordination Interpretation Second Institute (Non INC) against INC	196 Bill Add Bill 0) 1545 1120 1230 1575 160 155 150 1525 153 1525 153
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	Inverce Pre Inverse Pre Inverce Pre	Reporting (\$30); Assessment (\$100); INC (\$80); See \$400; Arough Survey (Resurvey) Second INC Only (wef 10 Jan 2005); Stion SMRT Survey \$50; Small Services:- Cer / Tpt Allowance Deordination Interpretation Second Institute (Non INC) against INC	196 Bill Add Bill 9) 545 120 530 575 160 53 510 523 55

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 <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.

	ACCIDENT STATEMENT
Date Of Report	13/08/2018 17:29
Date Of Accident	12/08/2018 16:35
Exact Location Of Accident	17 PASIR RIS GROVE BASEMENT CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD8657P
Insured/Policyholder	
Name Of Registered Owner	ESTHER GOH SOR IMM
NRIC No	S1482898B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91521980
Alternative Phone No	OFFICE-91521980
Vehicle Particulars	
Manufacturer	SUBARU
Model	SUBARU XV 1.6I-S AWD CVT
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	5101572155
Cover Note Number	
Driver	
Name of Driver	NG TECK BENG
NRIC No	S1482615G
Date Of Birth	02/07/1961
Occupation	INDOOR
Date Of Driving Pass	17/04/1979

39 YEARS AND 3 MONTHS

(LOCAL) +65-96160115

OFFICE-96160115

MALE

NOEMAIL

BLK 336 TAMPINES STREET 32 Address

#10-482

Postcode 520336

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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 NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name KOLAM AYER NEIGHBOURHOOD POLICE POST

YES

ROAD: BLK 72 GEYLANG BAHRU #01-3038, POSTCODE: 330072, Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-2969999 - FAX NO: 62937659 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

AFTER AN IMPACT, MY VEHICLE BOT CAN'T OPEN, REFER TO POLICE REPORT - T/20180813/2106.

NO

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

Details of Witness 1

JEREMY Name Phone Number 97950059

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

SLN8849A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 20

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 <u>truthful and 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.
- 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

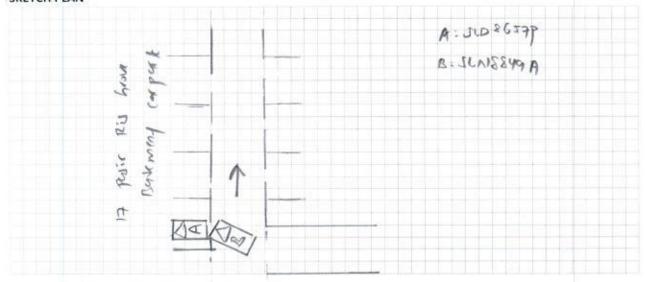
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to potice report - 7/20/808/3/206.	

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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature





T/20180813/2106

1 of 3

Report No. T/20180813/2106

Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 1

Tel No: 1800-2969999

REPORT	OF A	TRAFFIC	ACCIDENT

	ne Report M 18 15:59	lade:	Vide Report No.:	Station Diary No. 48			
Informa	nt's Particu	ulars					
Name of Informant: NG TECK BENG			Address: APT BLK 336 TAMPINES STREET 32 #10-482 SINGAPORE 520336				
	/ ID No.: D / S14826	15G	Contact No.: Home/Office: Mobile: 96160115				
ational SINGAP	ity: ORE CITIZ	EN	Email:				
Sex: Male	Age: 57	Date of Birth: 02/07/1961	Type of Informant: Vehicle Owner				
Race: Chinese			Language:	Institution / School Name:			
Occupation:			Driving Licence Information Class: 3	n: Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/08/2018 16:35	Type of Location Car Park
	LOSE	ASIR RIS GROVE BAS	SEMENT CARPARK CA	ARPARK LOT
Weather:		Road Surface:	F	Road Speed Limit:
Clear		Dry		
Clear Traffic Flow: One Way	Car Herman III-man	Traffic Control: Not Controlled	1.6	raffic Volume:

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge		
SLD8657P	Car					0		
SLN8849A	Car					0		





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072 Tel No: 1800-2969999 2 of 3 Report No. T/20180813/2106

CONTINUATION OF REPORT

Brief Details.

On 10/8/2018 at about 1400hrs I parked my vehicle(SLD8657P) at my condo's basement carpark located at Blk 17 Pasir Ris Grove at carpark lot 439.

I only went back to my vehicle on 12/8/2018 at about 2030hrs and I discovered a note left on my vehicle windscreen stating that he witnessed a vehicle SLN8849A had hit unto the rear of my vehicle on 12/8/2018 at about 1635hrs.

As such I have contacted this witness already however discovered that the video footage he had was unable to be retrieved or viewed. My vehicle sustained a dent at the rear left side bumper area.

That is all.





T/20180813/2106

3 of 3

Report No. T/20180813/2106

Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

Tel No: 1800-2969999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: A / Sgt 2 BENEDICT KOH HAO	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2018 15:59	
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:	*

Signature:

Police Force









PASS DATE

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

NP 428A

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident	1	2/08/2018 1	6:35	
	Vehicle	No.(For Motor)	SLD86	57P		Certif	cate Number		-911		
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NR1C	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101572155		ESTHER GOH SOR IMM	S1482898B	GPC	drivo CLASSIC	SLD8657	SLD8657P	30/06/2018	29/06/2019
						Continue	I				

Policy No.	5101572155	Policyholder Name	ESTHER G	OH SOR IMM	Policyholder NRIC	S1482898B		
Certificate No.								
Address	BLK 336 #10-482 TAMPINES	STREET 32 SING	APORE 520	336				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	19/06/2018	Effective Date	30/06/201	8 00:00	Expiry Date	29/06/2019 23:	59	
Excess Type		All Claims Excess						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/I	nexperience Dri	ver Excess
Agent	ASSURE (SINGAPORE) PTE. L	TC Agent Tel.	68038751		GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
	holder Mailing Address							
Address 1	BLK 336 #10-482	Addre	ess 2	TAMPINES STREET	32	Address 3	SINGAPORE 5	20336
Address 4		Addre	ess Type	Singapore address		Post Code	520336	
Unit No.		Relat Numl	ed Policy per	5101572155				
D Insure	ed Object: SLD8657P							
D Amaure								
₩ Endors	sements							

Accident MT/1007004					- Ex
Policy No.	5101572155	Vehicle No.	SLD9657P	GST Registration No.	
Certificate No.					
Policyholder Name	ESTHER GOH SOR IMM			Policyholder NR3C	514020988
Product Code	PREVATE CAR INSURANCE 91521980	Cover Type Contact No.(Office)	drive CLASSIC	Loading Contact No.(Home)	0
Contact No.(Mobile) Email Address	91521980	Special Remark		eCode	ip V
KFK	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	U8.3%
NCD Protection	No.	NCD Entitlement(%)	20	Private Hire	No
Accident Details		web content of	20	Firedic rive	700
Report Date	13/08/2018 19:41	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whitst parked
Date of Accident	12/08/2018	Time of Accident hh:mm	16:35	Country of Accident	
Reporting Centre	1270074010	Orange Force	10.33	ICM No.	Singapore
Accident Location	17 PASIR RIS GROVE BASEMENT CARPARK	Grange Parice		JEFF NO.	
♥ Benefits					
♥ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500,00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
♥ GST Registered Informa	ition				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
Policyholder Mailing Ad	drawa				
Address 1	BLK 336 #10-482	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE 520336
Address 4	180000000000000000000000000000000000000	Address Type	Singapore address	Post Code	520336
Linit No.		Related Policy Number	5101572155		2000
□ OI Driver Info		100			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG TECK BENG	Driver NR3C	51482615G	Driver DDB	02/07/1961
Register Date of Driver License	17/04/1979	Driver Age	57	Oriving Experience	39
Contact No.(Mobile)	96180115	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BFK 330	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE 520336
Address 4		Address Type	Singapore address	Post Code	520336
Unit No.	10-482				
Boes he own a Singapore Registered car?	○ res ® No	Driver Vehicle No.		Driver Insurer Company	
20000000					
Declaration Breathalyser or Blood Test			324 (34302-3173)		
Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
Claim 001 New					
Claim out new _					
		And Comments to the		word to be a second	
Claim Type •	100-MX	Insured Name	ESTHER GOH SOR IMM	Insured MRIC	514828988
Contact No. (Mobile) Email Address	91521980	Contact No.(Home)	67857327	Contact No.(Office)	Garanasa
Claimant Type Claimant Type *	ESTHERGOH60@GMAIL.COM Please Select	OI Vehicle Number Type of Benefit *	SLD8657P Please Select	TP Vehicle Number	SLN8849A
Claimant Name *	22	Claimant NRIC *			
Claim Description	SLD8657P / SLN8849A DN 12 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability +	Not at Fault		
No. Require Finalisation	Yes v	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/08/2018 19:43	Claim Close Date	113	Date Received	13/08/2018 00:00
Report Taken By	Jackson	Amerikasander		000000000000000000000000000000000000000	
compared to compare and to	1000000				
Print AK letter			Save Submit		
Print AX letter			Dave Dublin		
			Sare Buent		
Print AX letter			See South		
Attachment	MT/1007004	Claim No.	Total Communication		
Attachment	MT/1007004	Claim No. Upload Date	001		
Attachment	(8) Yes 🗆 No	Claim No. Upload Date	001 13/08/2016 19-44	Confidential	Description &
Attachment			001 12/08/2018 19:44 Category •	Confidential Urgen NU	
Attachment	(8) Yes 🗆 No	Upload Date Browse	001 12/08/2018 19:44 Category *	▼ Normal	V
Attachment	(8) Yes 🗆 No	Upload Date Browse, Browse,	001 13/08/2018 19:44 Category * Cest Please Select 1	Normal Wormal	
☑ Pont AK letter Attachment	(8) Yes 🗆 No	Upload Date Browse	001 13/08/2018 19:44	▼ Normal	V

