NATIONAL Assessment Co	entre Services. pur 1 Jan'05] M	MA 118 108631		
Date In: 21/6) 18 - 13:41	Jeb description	Date &Time Completed	Done	by by
Ref No: NA INC 18 0 15 260 24	SAS e-filing			
Veh No: 60347 1P	E-mail (within Shrs, AIC 2hrs)			
D.O.A: (9)8/10-05:50	i-Motor Claim Form	M71100+743-001	n/8/18 10	1:43
	I-Motor W/O (Within: OD 2)			
OD / TP-/ Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
1P insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	/ : (Tel: F	ax:)
TP Particulars: Veh No:	JET YES . INC	()/Non-INC()	0	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	%) [Note-Est Status (WO): N: 0-	20%; P: 21-79%. P: 30-1	00%]	No. of the
Year of Registration: () Warranty: YES ()/NO()		
	\$1,000()/\$2,000()			
General Remarks;-		Truck (This condition to a	Light A	
() Walk-In Customer: Customer's	s information strictly Confidential & S	trictly NO refer of repairer.		
() Total Loss Case : to e-mail I	nsurer URGENTLY.	N		
Drive-In ()/ Towed-In (); In	voice: YES() / NO();	Towing Co: (1)
Remarks: (INC hotline: 6788 661	(6)	Date&Timb Completed	Done	by
)/Courtesy Car ()			WEST CONTRACTOR
2) QC Check / Post Repair Inspection	()			I NOTE WATER TO WATER
3) Upload Resurvey Photo [Repair Cost	:>\$3000] ()		- 1/4	
Injury:		7 14 (FF 1)		
			776 (CO-1277 S.CO	
Date/Time Actions			RESPECTATION OF THE	
			Anit (S)	Amt (\$)
NA 1807267		paration Checklist	fit Bill	Add Bill
nimant's Particulars :-	1) AR : Acciden	at Reporting (\$30); Assessment (\$100); INC (\$8	0)	
iver/Owner:	3) TF : Towing	Fee S40	/545	
	4) FT : Follow-	Through Survey Through Survey (Resurvey)	\$120 \$30	
ntact No:	For claiming	against INC Only (wef 10 Jan 2005		
maged Portion:	6) TR : Re-insp 7) N1 : Idao DA		\$75	
	8) NTUC Addit			
Checked by (Engr-In-Charge):	OD* *N5: Courtes	y Car / Tpt Allowance	\$5	
	* N6: Repair	Co-ordination	\$10 \$25	
ulitors! Comments :-		pair Inspection blect Excess Coordination	\$5	
1:		P (Non INC) against INC	30	<u></u>
2/3;	9) N12: Idac M Invoice dated	Fee Charged		what sh
	Invoice dated	Fee Charged	SECTION.	Restaurance

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 21/08/2018 17:56

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
 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

aroresaid.	
The state of the s	ACCIDENT STATEMENT
Date Of Report	21/08/2018 17:41
Date Of Accident	19/08/2018 05:50
Exact Location Of Accident	PIE (CHANGI) BEFORE BEDOK NORTH RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GQ3451P
Insured/Policyholder	
Name Of Registered Owner	KUAH BOON CHAI
NRIC No	S0563437G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98584322
Alternative Phone No	OFFICE-98584322
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 D
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	5000931523-13
Cover Note Number	
Driver	
Name of Driver	NG SENG ENG

NRIC No S1545590Z Date Of Birth 26/04/1962 Occupation OUTDOOR Date Of Driving Pass 11/04/1986

Driving Experience 32 YEARS AND 4 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-93889511

Fax Number

Contact Number OFFICE-93889511

EMail Address NOEMAIL

BLK 872 TAMPINES STREET 84 Address

#04-83

Postcode 520872

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

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?

Foreign Vehicle Registration Number JRT4428 (MOTORCYCLE)

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. 2

Number of Passengers (Including Driver)

Passenger 1

NO

: KUAH BOON CHAI NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180821/2128.

Attachment(s)

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

Was there any audio recorded?

NO

Vehicle Registration Number

JRT4428

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 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

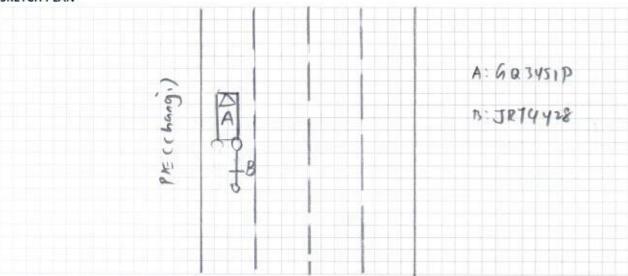
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to police report - 7/20180821/2028.

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:

NRIC/FIN No.:





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 1 of 3 Report No. T/20180821/2128

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 16:47	Made:	Vide Report No.: G/20180819/0084	Station Diary No.:
Informa	nt's Partic	ulars		The Market Commence of the State Commence of
Name o	f Informant: NG ENG		Address: APT BLK 872 TAMPINE VISTA SINGAPORE 52	S STREET 84 #04-83 TAMPINES
NRIC N	/ ID No.: O / S154559	90Z	Contact No.: Home/Office:	Mobile: 93889511
National SINGAF	lity: PORE CITIZ	EN	Email:	
Sex: Male	Age: 56	Date of Birth: 06/04/1962	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupat DELIVE	tion: RY MAN		Driving Licence Informat Class: 2B,3,4,5	tion: Date of Expiry:

General Inform	mation of the Accident	The state of the s	100 SELVE 1	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/08/2018 05:50	Type of Location Straight Road
	EXPRESSWAY P 8KM BEFORE BEDOK			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GQ3451P	Lorry	TOYOTA	DYNA 150 D	Blue		1
JRT4428	Motorcycle					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180821/2128

CONTINUATION OF REPORT

Driver				Author	e de la	SECTION OF THE PARTY OF THE PAR	
Name	NG SENG ENG			ID No		S1545590Z	
Related Vehicle	NIL			Conta	ct No.	93889511	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3,4,5 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	charge NIL				
			Degree of	Degree of Injury NIL			
Passenger							
Name	KUAH BOON CHAI		ID No	7	S0563437G		
Related Vehicle	NIL		Contact No.		NIL		
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	charge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL		

Brief Details.

ON ABOVE MENTION LOCATION, DATE AND TIME

I WAS DRIVING AT ABOVE LOCATION, WHEN I REACH BEDOK NORTH I HEAR SOMTHING FROM THE REAR WHEEL SIDE .THEN I CAME OUT FROM THE VEHICLE TO CHECK FOR IT AND THE TYRE BURST. .WHEN I READY GO BACK TO THE VEHICLE I SAW GOT SOMTHING FROM THE FAR I THOUTH IS THE BAG DROP FROM MY LORRY. BUT WHEN I WALK TO THERE I SAW THR RIDER LEYING ON THE GROUND. ON THAT TIME ME AND OTHER UNKNOWN RIDER TO PULL UP THE BIKE AND LET THE RIDER OUT FROM BELOW OF THE BIKE

AFTER GET THE RIDER OUT HE TOLD THE UNKNOW RIDER HE FELL DOWN BY HIMSELF. THEN I GO BACK TO MY VEHICLE AS I THAT TIME RUSHING TO SEND MY ITEAMS.





T/20180821/2128

3 of 3

Report No. T/20180821/2128

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

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.

Signature Of Officer Recording The Report: TP / NG JUN JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/08/2018 16:47
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN	Classification Of Case:
Contact No.: 65476216 Authentication Stamp	POLICE FORCE Signature:







PASSPORT REPUBLIC OF SINGAPORE

PA SGP K0325811

K0325811P

NG SENG ENG



Sex N Date of birth 26 APR 1962

23 MAR 2018 04 SEP 2023 SEE PAGE 2 S1545590Z

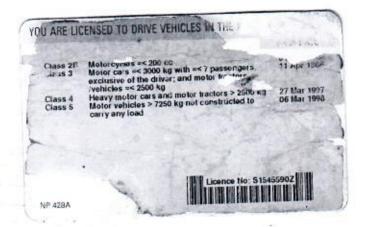
SINGAPORE CITIZEN SINGAPORE

MINISTRY OF HOME AFFAIRS



PASGPNG<<SENG<ENG<<<<<<<<< K0325811P5SGP6204268M2309040S1545590Z<<<<04









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pent No.	MT/1008243	Claim No.	901		
tachment					
			Save Submit		
Con Story W					
Print AK letter	STORES.				
ort Taken By	Jackson	Sam Cross Sale		Prece Received	21/00/2010 00:00
e Registered	21/08/2018 19:43	Claim Close Date	Preferred Workshop, Name unknown	GIA report Date Received	21/08/2018 00:00
quire Finatsation	Yes 🔍	Insured Liability * Preferend Repair Option	-	CIT HAVE	Francisco 1991
ferred Workshop Contact	The state of the s	Innured Liability #	Not at Fault	manie or referred Workshop	
im Description	QQ3451P / 3R74428 ON 19 Aug 2018	Command NSJC *		Name of Preferred Workshop	
imant Type Clemant Type * imant Name *		Type of Benefit * Owmant NR3C *	Please Select		
all Address Imant Type Claimant Type •	Please Select	Of Vehicle Number Type of Reports *	GQ3451P	TP Vehicle Number	JRT4428
ract No. (Mobile)		Contact No (Home)	65587570	Contact No.(Office)	
im Type •	00-MX	Insured Name	KUAH BOON CHAI	Insured NRIC	S0563437G
DECEMBER 1		E09/03/03/04			200000000000000000000000000000000000000
Claim 001 New					
And the second second					
dification History					
eading?		2.4.5.2.1	S 11 S 14		
reathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
eclaration					
egistered car?	○ Yex ® No	Driver Vehicle No.		Driver Insurer Company	
es he own a Singapore	04-97			5873 580	
dress 4	SINGAPORE 520872	Address Type	Singapore address	Post Code	520872
dress 1	BLK 872	Address 2	TAMPINES STREET 64	Address 3	TAMPINES VISTA
stact No.(Mobile)	93889511	Consact No. (Office)	0	Contact No.(Home)	G.
gister Date of Driver License	11/04/1986	Driver Age	56	Driving Experience	32
named driver Name	NG SENG ENG	Onver NRIC	\$1,545590Z	Driver DOB	26/04/1962
rutr Name	Unnamed Driver	Driver Type	Unnamed Driver		
OI Driver Info					
Ht No.		Related Policy Number	5000931523-13		
drass 4		Address Type	Singapore address	Post Code	600251
Horess 1	BLX 251 #06-114	Address 2	JURONG EAST STREET 24	Address 3	SINGAPORE 600251
Policyholder Mailing Ad	dress				
odification History			NOT DIRECT AGAINGS	745	
ST Registered ST Registration No.	No		GST Registration Date GST Status Verified	Ves	
GST Registered Informs ST Registered			CCT Deciman - Com		
TITE Party Cacess		Outside Singapore TP Excess			
nnamed Driver Excess. hird Party Excess	0.00	Outside Singapore OD Excess			
nnamed Driver Excess	0.00			Windscreen Excess	0.00
Win damage Excess	0.00	Additional Excess		Windows F	
♥ Excess					
ccident Location	PIE (CHANGI) BEFORE BEDOK NORTH RD	EXIT			
eporting Centre		Orange Force		1CH No.	
ate of Accident	19/08/2018	Time of Accident hhomm	05:50	Country of Accident	Singapore
eport Date	21/08/2018 19:41	Accident Report Within 24 hrs		Academ Type	Collision - Head to Rear
✓ Accident Details					
ID Protection	No	NCD Entitlement(%)	10	Private tire	Ng
FK	● No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
mail Address		Special Remark		eCode	19: V
ontact No.(Motrie)	98584322	Contact No.(Office)	0	Contact No.(Home)	0
	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party	Loading	0
roduct Code				Policyholder NRJC	805634376
Novholder Name roduct Code	KUAH BOON CHAI				
	KUAH BOON CHAT				

