NATIONAL Assessment Centre Services (4)	(r - 13-1705)	ALLA	1641348	4	
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i-Motor W/O (6:35
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TP Insurer: Ass't Report by	Fax/Hand to	Owner	Wksp	1	
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:	
TP Particulars: Veh No: SLX 7919K	. INC(n-INC()		
Owner / Driver: (Tel:			·
Policy No: () Period: (Cover	Туре: (·
Confirmed by : (Date:		Time:	-100%]	
Insured/Driver Liability: (%) [Note-Est Status (W		%; P:	21-79%, F: 80	-10070]	
Year of Registration: () Warranty: YES ()/NO())			William Co.
Excess: (\$) Loading: \$1,000 ()/\$2,000 (3.252.25	5 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	5 N	
General Remarks:	Roth College	ASSA ER	bertine (1)	2 1 1447	
() Walk-In Customer: Customer's Information strictly Conf	fidential & Stri	ictly NC	refer of repaire	T.	
() Total Loss Case : to e-mail Insurer URGENTLY.					. 7
Drive-In () / Towed-In (); Invoice: YES () / No	The state of the s	owing (THE RESERVE THE PERSON NAMED IN COLUMN		
Remarks: (INC horline: 6788 6616)	1.00	Dates	Time Completed	1 190-1	Done by
1) Apply for Transport Allowance ()/ Courtesy Car ())				
2) QC Check / Post Repair Inspection ()				-	
3) Upload Resurvey Photo [Repair Cost > \$3000] ())				-
	-		<u> </u>		
Injury:	MARCHE WATER	this sales	· 医医胃原体 () () () ()	761425.	1.77
Date/Time Actions	Parist Marketin	SEASON OF THE PERSON OF THE PE	DESPERATION ASSOC	N 20 10 1 11	*
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MARGAL DIL	Invaire Pro	parati	on Checklist	1.0.10 · W	Bill Add B
MA1805624	1) AR : Acciden	STORY STORY	ng (\$30);		-
Chumant's Particulars :-	2) DA : Damage	Assessm	ent (\$100); IN	C (\$80) \$40/\$45	
Driver/Owner:	3) TF : Towing 4) FT : Follow-	Through S	Survey	\$120 \$30	
	SYNT - Follow-	Through !	Survey (Resurvey)		
Contact No:	Forelsiming	against It	AC OUTA LAKEL TO SOM	20057	
	For claiming	against II ection	Only (wef 10 Jan	91-	
Damaged Portion:	For claiming	ection + SMRT	Survey	\$75 \$160	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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
- 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.

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.

AND THE PROPERTY OF STREET	ACCIDENT STATEMENT	evalled to N
Date Of Report	03/09/2018 14:21	ACT OF PERCHA
Date Of Accident	03/09/2018 09:00	
Exact Location Of Accident	ALONG CORPORATION ROAD	
Country/State of Loss	SINGAPORE	
AND AND THE PARTY OF THE PARTY	DETAILS OF OWN VEHICLE	ON THE STATE OF
Vehicle Registration Number	SKE3611K	AND REAL PROPERTY.
Insured/Policyholder		
Name Of Registered Owner	NG SWEE CHEONG ANDREW	
RIC No	S8628307G	
mail Address	ANDREWNGSC@GMAIL.COM	
Aobile Phone No	(LOCAL) +65-81696595	
Alternative Phone No	OTHERS-81696595	
/ehicle Particulars		

Manufacturer	TOYOTA
Model	HARRIER
Evact Durages for which we have	TO THE PARTY OF TH

Exact Fullpose for	WINCH	venicle	was	being	used at	10
time of accident						221

WORKING PURPOSES

Are you claiming under your own	insurance policy
for repair to your vehicle?	

If No, Please state action to be taken

NO 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

5100907770

Cover Note Number

Driver

Name of Driver NG SWEE CHEONG ANDREW

NRIC No S8628307G Date Of Birth 14/09/1986 Occupation OUTDOOR Date Of Driving Pass 29/08/2007

Driving Experience 11 YEARS AND 0 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-81696595

Fax Number

OTHERS-81696595

Contact Number EMail Address

ANDREWNGSC@GMAIL.COM

Address

BLK 13 CANTONMENT CLOSE

#07-27

Postcode

080013

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

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 ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

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?

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

SLX7919K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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

- 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.
- 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.
- 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:
 - 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: 3/1/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Rersonnel's Signature

Name:

NRIC/EIN NO -

(If driver is not the policyholder)

Date & Time:

11 22 hrs

Name:

Third Party Excess 1,500 Senefits GST Registered Information GST Registration Np. Modification History Policyhelder Mailing Address Address 1 Address 4 Liot No. 21-356 PO 1 Driver Info Driver Name Register Delie of Driver Lizense Register Delie of Driver Lizense 29/18/2007 Correct No. (Habbe) 2199595	III Outside Singepore CO Excee	09:00 0 2,0 BB 2,0 BB 1,5 BST Registration BST Status Verify LINGKOK BAHRL/ Singapore address	Prince of the control	CST Registration No. Pulicyhuider NRIC androg Contact No.(Home) Code Code Riescon rivete Mine Coders Type Contact Type Con	SB528382G No. * No. Collision - Head to Real Simplepore
Product Code PRIVATE CAN INSURANCE CONTECT No. (Missis) Email Address AFFX + No. Yes **Accident Details Reporting Centre **Accident Details **Details **Accident Details **Details **Accident Details **Details **Accident Details **Details **Accident Details **Accident D	Contact No. (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 & Time of Accident Informin Oranga Rivro Additional Facess Outside Singapore TF Excess Outside Singapore TF Excess Address Type Related Potry Number	drive CLASSIC # Ne	Prince of the control	Pulicyhuider NRIC madrog Contact No (Home) Code Code Code Risecon rivete Mre Coders Type C	No Solision - Head to Rea
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Deet he own a Singapore Registered car? Yes + No.	Driver Vehicle No.	8500000			
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ACCIDENT STATEMENT

AC	CIDENT DATE: 03,09, 2017 (DD/MM/YYY), TIME: (0845 - 0915) (HH:M
(A)	
LO	CATION: Corpatorian Rouce
90	1. DETAILS OF VEHICLE
	1. DETAILS OF VEHICLE SIZE 3611 K
	divenicle nomber.
	DINSURANCE COMPANY: NTUC ZNOOME
	CIPOLICY NUMBER: S 1 00 90 7770
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEF
	FITTPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME: NOR L
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER
	ANAME: NA SHEE CHEONY AMONEU (MALE) FEMALE)
a Cua 1	DINRIC/FIN/PASSPORT: SE6 283 + 4 CONTACT: 6169-659
(m)	CIADDRESS: 13 Containent Close #07-27
14	S(6800 13)
	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
WHO of passonge	3, DRIVER
Concluding drive	a) NAME:(MALE / FEMALE)
Lincipaling elviva	b)NRIC/FIN/PASSPORT:CONTACT:
(1)	c)ADDRESS:
84	*d)DATE OF BIRTH: (14/09/1986)(DD/MM/YYYY)
	eloccupation: (INDOOR / OUTDOOR)
	FIDATE OF DRIVING PASS : : 29/8/07
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO
172	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
(3	b) ROAD SURFACE: (DRY / WET / OTHERS
	WAS ANYBODY INJURED (YES / NO.)
	a) REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
B	THIRD PARTY VEHICLE
the of perconner	O) VEHICLE NUMBER: SLX 7919 K MODEL: INFINTI
a transfer day	b) DRIVER'S NAME:
	d) NRIC/FIN/FASSFORT:CONTACT
٠٠ ١	THIRD PARTY VEHICLE
2.47	ORIVER'S NAME:
a fit writing above	d) VEHICLE NUMBER:MODEL: DRIVER'S NAME:CONTACT:CONTACT:
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8628307G





Hime

NG SWEE CHEONG, ANDREW



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Mace CHINESE Date of birth

54

14-09-1986 Country/Piace of birth SINGAPORE *

REPUBLIC OF SINGAPORE DRIVING LICENCE

LAMICE MARKET S 8 6 2 8 3 0 7 G

NG SWEE CHEONG, ANDREW

MIN Daw 14 Sep 1986

Market 29 Aug 2007

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Date of leave

APT BLX 13 CANTONMENT CLOSE #07-27 SINGAPORE DB0013

NRIC No: 98628307G

24/12/2017 Date: YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PARS DATE

Class 3A Motor cars without clutch poclals (Auto) =< 3000kg with =< 7 passengers, archusive of the driver; and other motor vehicles without clutch pecials =< 2500kg

eBaoTech GeneralClaim - Hello, NAC_BUKIT_MERAH_800676 · Change Language Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 03/09/2018 14:15 Vehicle No.(For Motor) SKE3611K Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle Insured Product Cover Type Commence Date Expiry Date No. Object NG SWEE CHEONG ANDREW drivo CLASSIC 5100907770 58528307G GPC SKE3611K SKE3611K 28/05/2018 27/05/2019 Continue