NATIONAL Assessment Cer	1 - C.		Date & Time Comp	lated	Don	e hu
Date In: 20 9 18 - 16:25	Jcb description		Date & Time Comp	icicu	DOIL	c oi
Ref No: NA/ MC18017177/24	SAS e-filing		1			
Veh No: SKU6231U	E-mail (within sh	rs, AIC 2hrs)				
D.O.A : 20 9 18 - 88: 10	i-Motor Claim	Form	M7/10/23/2-0	21 2	19/18	6:41
OD) TP / Reporting Only	i-Motor W/O (Within: OD 2hrs	, TP 4hrs)			
O mpanagony	i-Photo Upload	led	1			
TP Insurer:	Assessment/Surv	ey Report				
TI Insurer.	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Marie Company	Tol:	Fax		
TP Particulars: Veh No:		INC ()/Non-INC().	0	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Control of the Contro	Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WC	D): N: 0-20	%; P: 21-79%. P	: 80-100	%]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()				
General Remarks		* \$ Y \$ Y \$	THE SECURITY OF THE	(45,712)		, ,
() Walk-In Customer : Customer's in	of competing a triath. Conf.		Carrierana		M . P. 1. 1. 1. 1	
() Total Loss Case : to e-mail Inst		dential & Stri	ctly NO rater of repa	airer.		
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Drive-In ()/Towed-In (); Invo	ice: YES () / NO	(); To	wing Co: (
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	20/09/2018 16:25
Date Of Accident	20/09/2018 08:10
Exact Location Of Accident	ALONG ENG NEO AVE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU6231U
Insured/Policyholder	
Name Of Registered Owner	HENG SOCK MENG
NRIC No	S1436392J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98456576
Alternative Phone No	OFFICE-98456576
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X AUTO
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?	YES
If No, Please state action to be taken	
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	5073021507-03
Cover Note Number	
Driver	
Name of Driver	SNG BOON JOO
NRIC No	S0227975D
Date Of Birth	22/06/1951
Occupation	INDOOR
Date Of Driving Pass	02/12/1988
Driving Experience	29 YEARS AND 9 MONTHS
Cd	1111

MALE

NOEMAIL

(LOCAL) +65-96389670

OFFICE-96389670

Address BLK 784 CHOA CHU KANG DRIVE

#08-205

Postcode 680784

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPC

Vehicle Registration Number of Driver's Own

Vehicle

SPOUSE

Insurance Company of Driver's Own Vehicle

-

.

General Information of the Accident

Type Of Accident FIRE, EXPLOSION OR LIGHTNING

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

YES

1

NO.

NO

NO

2

NO

NO

NAME: :

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO 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

SKETCH PLAN

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.
- 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:
 - 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

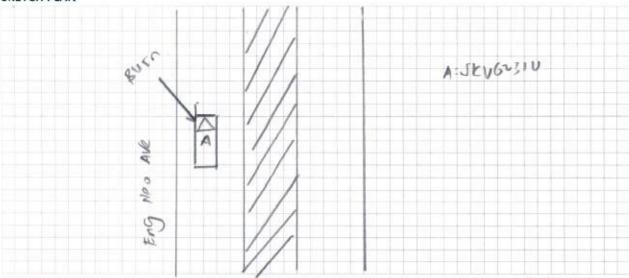
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

peter to statement.

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.:

ON STATED DATE AND TIME. I WAS TRAVELLING ALONG ENG NEO AVE. MY VEHICLE SUDDENLY HAVE BURNING SMELL FROM THE AIR CON AREA. AFTER 10MINS, MY VEHICLE OVERHEAT. I ALIGHT FROM MY VEHICLE. A FEW MOMENTS LATER, MY VEHICLE BURNNING.

ACCIDENT STATEMENT

 DETAILS OF VEHICLE 	
a) VEHICLE NUMBER: 1 KU 6V	UV
	YTOC
CIPOLICY NUMBER: 507321	
e)MAKE & MODEL:	YE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV	//VAN/LORRY/MOTORCYCLE/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE	/ COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCID	DENT TIME: Private use
I) ARE YOU CLAIMING UNDER YO	DUP OWN INSURANCE (YES)NO)
IF NO, PLEASE STATE (THIRD PAI	RTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	8500
A) NAME: Army Sole men	(MALE / PENALE)
b) NRIC/FIN/PASSPORT: STV3	CONTACT: 98456
c)ADDRESS:	
M 14 14 14 14 14 14 14 14 14 14 14 14 14	
* CONTINUE TO 3.d IF DRIVER AL	SO POLICY HOLDER
of passenges. DRIVER	WINDS SOUTH TO MAD IN THE P. MIN
duding driver) alNAME: Ing Boon Do	(MALD / FEMALE)
DINKIC/FIN/FASSFORI: SVIV	1975D CONTACT 96289620
CIADDRESS: DIK 784 Chay	thu King Drive \$ 08-15 (180784)
I female.	
*d)DATE OF BIRTH: (22 / 6 /	PT I(DD/MM/YYYY)
e OCCUPATION: (INDOOR / OUT	(DOOR)
f) YEARS OF DRIVING EXPRERIENCE	E: 212/1988
4. WAS DRIVER AN EMPLOYEE OF	THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE	DRIVER WITH INSURED: NOWSE.
5. a) WEATHER CONDITION: (CLEAR	/ RAINING / OTHERS
b) ROAD SURFACE: (PRY / WET /	OTHERS
6. WAS ANYBODY INJURED (YES / NO	31
7. a) REPORTED TO POLICE (YES / NO	
	LICE STATION:
O THIRD DARRY VELLEN	
Passenger al VEHICLE NUMBER	11000
of passinger a) VEHICLE NUMBER: uding driver) b) DRIVER'S NAME:	MODEL:
9. THIRD PARTY VEHICLE	CONTACT:
of passenger of VEHICLE NUMBER:	MODEL:
) DRIVER'S NAME:	CONTACT:

email = JiaJun . Sng@notmail . com; Jiabin92@Hotmail com

NOTICE OF REPORTING

This is to confirm that SNG BOON JOO, NRIC/FIN

S0227975D, has reported to the Police a non-injury traffic accident which

occurred at ALONG ENG NEO AVENUE

on 20/09/2018 at 0810 am/pm involving the following vehicles:

1. SKU6231U

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(3) T150064 Muhammad Nashri

Date: 20/09/2018 Time: 1417HRS

S/D Ref: 121

Police Post/Unit : CHOA CHU KANG NPC

Original - to be issued to informant Duplicate - to be submitted to Traffic Police

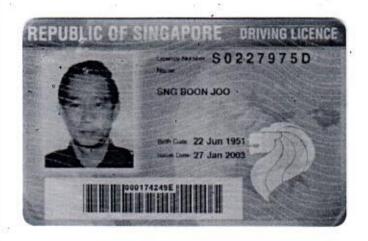




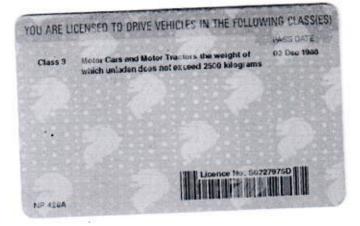
Signature :

TEACON

Singapore Police Force









eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The same of the sa			Change	e Language	Chang	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident	8	20/09/2018 0	8:10	
	Vehicle	No.(Far Motor)	SKU62	310		Cert	ficate Number	[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5073021507- 03		HENG SOCK MENG	S1436392J	GPC	drivo PREMIUM	SKU6231U	SKU6231U	05/08/2018	04/08/2019
					1	Continue					

Policy No.	5073021507-03	Policyholder Name	HENG SOC	K MENG	Policyholder NRIC	S1436392J	
Certificate No.							
Address	BLK 784 #08-205 CHOA CHU KA	NG DRIVE SI	NGAPORE 68	0784			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	25/07/2018	Effective Date	05/08/2018	3 00:00	Expiry Date	04/08/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0.0	Own damage Excess	600.0		Windscreen Excess	100.0	
Additional	0	OS Premium	0				
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0			Young/	Inexperience Driver Excess
Agent	CAR TIMES INSURANCE AGENC	Agent Tel.	68415111		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
Address 1	BLK 784 #08-205	Addre	ess 2	CHOA CHU KANG E	DRIVE	Address 3	SINGAPORE 680784
Address 4		Addre	ss Type	Singapore address		Post Code	680784
Jnit No.		Relate Numb	ed Policy er	5073021507-03			
) Insure	ed Object: SKU6231U						
	sements						
	nce Date of Endorsemen		Endorsemen		Endorsement		Endorsement Content

laim Description referred Workshop Corkact o. equine Finalisation ate Registered	70/09/2018 16:41	Claim Chose Date		Date Received	20/09/2018 00:00
referred Workshop Contact o.	Tes V	Preference Kepair Opcion		The state of the s	
eferred Workshop Contact	C	Preferend Repair Option	income to assign workshop	▼ GIA report	Received
im Description		Insured Liability •	Not at Pault		
	SKU6231U ON 20 Sept 2018			Name of Preferred Workshop	
eimant Address	122				
imant Name *	Padde Select		Printe sees.		
smant Type Claimant Type *	Please Select 🔻	Type of Benefit *	Please Select	TP Vehicle Number	
uil Address		Contact No.(Home) Of Vehicle Number	67676261 SKU6231U	Centact No. (Office)	62914000
nim Type * ntact No.(Mobile)	OD-MD	Insured Name	HENG SOCK MENG	Insured NRIC	514363921
	Total control of the	Victoria and a		9,000,000	
Claim 001 New					
50 S S S S S S S S S S S S S S S S S S S					
odification History					
reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
cleration					
ses he dein a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
of No.	08-205				
dress 4	1.0000020	Address Type	Singapore address	Post Code	680784
idress 1	BLK 784	Address 2	CHOA CHU KANG DRIVE	Address 3	SINGAPORE 680784
ntact No.(Mobile)	96389670	Contact No.(Office)	0	Contact No.(Home)	0
gister Date of Driver License	02/12/1988	Driver Age	67	Driving Experience	29
named driver Name	SNG BOON 300	Driver NR3C	502279750	Driver DOB	22/06/1951
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
et No. P OI Driver Info		Related Policy Number	5073021507-03		
dress 4		Address Type	Singapore address	Post Code	680784
dress 1	BLK 784 #08-205	Address 2	CHOA CHU KANG DRIVE	Address 3	SINGAPORE 680784
Policyholder Mailing Ad					
ST Registration No. admication History			GST Status Venfied	Yes	
ST Registered	No		GST Registration Date		
GST Registered Inform	ation				
V Benefits					
nird Party Excess	0.00	Outside Singapore TP Excess	0.00		
nnamed Onser Excess	500.00	Outside Singapore OD Excess	600,00	THE MANAGEMENT EARLESS.	200.00
wn damage Excess	600.00	Additional Excess	٥	Windscreen Excess	100.00
Excess	ALONG ENGINED AVE				
eporting Centre		Orange Force		ICH No.	
ite of Accident	20/09/2018	Time of Accident hh;mm	08:10	Country of Accident	Singapore
port Date	20/09/2018 16:39	Accident Report Within 24 hrs	Yes	Academ Type	Fire, explosion or lightning
Accident Details					
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
nc.	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	1
nail Address		Special Remark		eCode	N V
PERSON DATE OF THE PARTY OF THE	98456576	Contact No. (Office)	0	Contact No.(Home)	0
ontact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Policyholder NRIC Loading	S14363921 0
oduct Code	HENG SOCK MENG			THE RESERVE OF THE SECOND SECO	OM/SERVICE STATE OF THE SERVICE STATE OF THE SERVIC
	5073021507-03	Vehicle No.	SKU6231U	GST Registration No.	

