NATIONAL Assessment Cer	ure Services.	fwel 1 Jan'05] Mi	VA118122494				
Date In: 31 4 18 - 11:34	Jeb description	1	Date & Time Completed	Don	e pi		
Rel'No: NO INCIBOIZZINIZY	SAS e-filing						
Vch No: SK (7971E	E-mail (within	Shrs, AIC 2hrs)			.,		
D.O.A: 296/18-1650	i-Motor Cla	im Form	1007662101 km	21/0/13	17:11		
OD (P) Reporting Only	i-Motor W/0	W/O (Within: OD 2hrs, TP 4hrs)					
OD : VP Reporting Only	i-Photo Uple	paded					
TP Insurer:	Assessment/S	urvey Report					
Tr insurer.	Ass't Report	by Fax / Hand	o Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:			
TP Particulars: Veh No: Je	Ulraya	, INC ()/Non-INC().	2			
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%. F: 80-	100%]	il t		
Year of Registration: ()	Warranty: YES ()/NO()				
Excess: (\$) Loading: \$	1,000 ()/\$2,000	()					
General Remarks;-				School Street			
() Walk-In Customer : Customer's in	nformation strictly Co	nfidential & St	rictly NO refer of repairer.				
() Total Loss Case : to e-mail Ins	urer URGENTLY.		Fig. 1. A				
	oice: YES () / I	NO():T	owing Co: (<u> </u>		
		7,1-		PARTICIPATION OF THE PARTICIPA	, , , , , , , , , , , , , , , , , , ,		
Remarks:- (INC hotline: 6788 6616	CHECK CONSTRUCTION CONTRACTORS		Date&Time Completed	Don	by		
	/ Courtesy Car ()					
2) QC Check / Post Repair Inspection)					
Upload Resurvey Photo [Repair Cost >	\$3000] ()	*		Unionia-		
Injury:							
Date/Time Actions				SEAST 1	Attache, par		
a we time Actions				erandoure			
							
				Anit (S)	Amt (3)		
4A180 600 1		Invoice Prep	aration Checklist	The Bill	Add Bill		
laimant's Particulars :-		1) AR : Accident					
		2) DA : Damage A 3) TF : Towing Fe	Assessment (\$100); INC (\$1	0/\$45			
river/Owner:		4) FT : Follow-Th	The second secon	\$120			
ontact No:	X1 (1)		rough Survey (Resurvey)	\$30			
maged Portion:		6) TR : Re-inspec	ainst INC Only (wef 10 Jan 2003 tion	\$75			
imaged Fordon.		7) N1 : Idao DA +	The same of the sa	\$160			
Charles I and I and I	-	8) NTUC Addition	nal Services:-	Van de la constant			
Checked by (Engr-In-Charge):	1	*N5: Courtesy	Car / Tpt Allowance	\$5			
TO VERY MARK A THE REAL PROPERTY OF THE STATE OF	MATERIAL SECTION	*N6: Repair Co *N7: Fost Repa		\$10 \$25			
uditors! Comments :-		*N8: DV / Coll	cet Excess Coordination	\$3			
1:			Non INC) against INC	30	*4		
2/3;		9) N12: Idac Mob	Fee Charged				
		Invoice dated	Fee Charged	SEDY			

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.
- 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.
- 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	21/09/2018 11:34
Date Of Accident	20/09/2018 16:50
Exact Location Of Accident	AYE (ECP) AFTER CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE
I had a supplied to the D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC7971E
Insured/Policyholder	
Name Of Registered Owner	TAI PUI FUN
NRIC No	S7667199J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97668771
Alternative Phone No	OFFICE-97668771
Vehicle Particulars	
Manufacturer	MINI
Model	COOPER S HB 1.6 AT HID SR ABS TC 2WD
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	5097660131
Cover Note Number	
Driver	
Name of Driver	CHUA AH THIAM
NRIC No	S7019410D
Date Of Birth	13/06/1970
Occupation	INDOOR
Date Of Driving Pass	06/04/2004
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90700901
Fax Number	
Contact Number	OFFICE-90700901
EMail Address	NOEMAIL

BLK 275B JURONG WEST STREET 25 Address

#11-101

Postcode 642275

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

NO

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? YES

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 4

Passenger 1 NAME: : TAI PUI FUN

> GENDER: : FEMALE

Passenger 2 NAME: : CHUA MING JUN

> GENDER: : MALE

Passenger 3 NAME: 100

> 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?

NO

NO

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 NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKU1284A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHRISTOPHE VENOT

NRIC/Passport Number

Contact Number 84576596 Address

Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

CHUA AH THIAM

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKC7971E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

TAI PUI FUN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKC7971E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 3

Name

CHUA MING JUN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKC7971E

Were seat belts worn?

YES

NO

Was this injured conveyed to hospital by ambulance?

Address Postcode

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:
 - 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

NRIC/FIN No.:

Policyholder's Signature Date & Time:

7) 395 F 60

SKETCH PLAN (A) SKC 7971E (B) SKU 1284 A SKETCH PLAN (A) SKC 7971E
(a) SKC 7971E
(B) 9KU 1284 A
<u>→</u>
AYZ towards ECP after Clements Ave 6 ext
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 20 09 19 at @ 1650 WB, I was travelling in my vehicle (SKC 7971 E) along AYZ towards ECP after Clements Ave 6 exit on the centre lane. I slow down and stopped due to traffice jamed ahead. Suddenly, a vehicle (SKU 1284 A) from beherd collided onto the rear portion of my vehicle.
(SKC 7971 E) along AYZ towards ECP after Clements Ave 6 exit
on the centre lane. I slow down and stopped due to traffice
jamed ahead. Saddenly, a vehicle (SKU 1284 A) from behend
colleded onto the rear portion of my relace.

DECLARATION

I/We declare the foregoing particulars are true in ever

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 .:

Vehicle No.	SKC 797/ E Model/Make Mini Cooper.
Date of Accident	20/09/18
Time of Accident	16-FO HRS
Location of Accident	AYZ towards ECP after Clement; Ave 6 exit.
Exact purpose use during ac	
Name of Owner	Tai Pui Fun
Telephone No.	H/P: 9766 8771 · Home: Office:
NRIC	27667199J.
Address	BLK 275B, Jury West St 25 411-101 (8) 642275.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5097660131
Name of Driver	As Above If No, Chua Ah Thiam .
NRIC	\$ 7019410 D . Any Passengers : 02(F) 01(M) .
Date of birth	13/06/1970
Occupation	Outdoor / Indoor
Driving License Pass Date	06/04/2004.
Gender	Male / Female
Contact No.	H/P: 9070 090 / Home: Office:
Address	BLK 275B, Jurong West st 25 # 11-101 (5) 642275
Driver have any own vehicle	
Relationship	Employee, If no, state Husband .
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, Off Yes, Who?
Name And Contact No.	1 Chua Ah Man (4/1: 9070 0901) (3) Chua Mang Jun
Name And Contact No.	@ Tai Pii Fun (H/P: 9766 8771)
Police Report	No, If Yes, Where?
Vehicle B No.	3KU (284 A. Any Passengers: N.A.
Name of Driver	Christophe Venot. Contact No.: 8457 6596.
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear Portion.
Camera Recorder	Yes (No
Email Address	
HAVE YOU BEEN APPROACH	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIM	IS ASSISTANCE? Yes /No
PARTICULAR WORKSHOP	Twincar.
CONTACT NO.	6842 0051 / 6744 0510
	11
CONTACT PERSON FAX NO	6741 0510

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7019410D



CHUA AH THIAM



CHINESE

13-06-1970 SINGAPORE

E/0194100



28-08-2007

APT BLK 275B JURONG WEST STREET 25 #11-101 SINGAPORE 642275

4100495

YOU BOOK TO UNIVE VEHICLES IN THE FOLLOWING CLA

- PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor cars and Motor Tractors the weight
unladen does not exceed 2500 kg

06 Dec 2001 06 Apr 2004

\$70194100

S/No: 9000011377

Licence No: \$70194100

NP 428A

Orwer -



Policy No.	5097660131	Policyholder Name	TAI PUI FU	N	Policyholder NRIC	\$76671993	
Certificate No.		0.000000			10000000		
Address	BLK 275B #11-101 JURONG V	VEST STREET 25	SINGAPORE	E 642275			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	25/01/2018	Effective Date	27/01/2018	3 00:00	Expiry Date	29/03/2019 2	:3:59
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	g/Inexperience Driver Excess
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 275B #11-101	Addre	ss 2	JURONG WEST ST	TREET 25	Address 3	SINGAPORE 642275
Address 4		Addre	ss Type	Singapore address	s	Post Code	642275
Jnit No.	#11-101	Relate Numb	ed Policy er	5097660131			
	d Object: SKC7971E						
Insure							
Ď Insure	sements						

laim Handling					
cident HT/1012397		84010040400	45039404	S. Participation and American	
NCy No.	5097660131	Vehicle No.	SKC79716	GST Registration No.	
rtificate No.					
icyholder Name	TAI PUI FUN			Policyholder NRIC	\$76671993
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	97668771	Comact No.(Office)	0	Contact No.(Home)	0
Navi Address		Special Remark		eCode	Dic V
K	® No ○ Yes	TCA	® No ○Yes	eCode Reason	A. Carrier
D Protection	No.				46400
	90	NCD Entidement(%)	0	Private Hire	No
Accident Details					
port Date	21/09/2018 12:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	20/09/2018	Time of Accident his min	16:50	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
ident Location	AYE (ECP) APTER CLEMENTI AVE 6 EXIT			Mariane	
	a) a feet for the control of the control				
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Oriver Excess	500.00	Outside Singapore OO Excess	600.00		
nd Perty Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Fixegistration No.	177		GST Status Verified	Yes	
dification History			A STATE OF THE PARTY OF THE PAR	7 MW 7.	
1 1 1 1 1 1 1 1					
Policyholder Hailing Ad	ldress				
ress 1	8LK 2758 #11-101	Address 2	JURONG WEST STREET 25	Address 3	SINGAPORE 642275
iress 4					
		Address Type	Singapore address	Post Code	642275
t No.	#11-101	Related Policy Number	5097660131		
OI Driver Info					
ver Name	Unnamed Driver	Onver Type	Unnamed Driver		
samed driver Name	CHUA AH THEAM	Driver NRIC	\$70194100	Driver DDS	13/06/1970
ster Date of Driver License	06/04/2004	Driver Age	45	Driving Experience	14
ntact No.(Mobile)	90700901	Contact No. (Office)	0	Contact No.(Home)	0
fress 1	BLK 2758	Address 2	JURONG WEST STREET 25		
	8UA 2798			Address 3	SINGAPORE 642275
dress 4		Address Type	Singapore address	Post Code	642275
t No.	11-101				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Sanation					
athalyser or Blood Test ading?	0 mg	Any injury?	® Yes ⊜ No		
acting.					
offication History					
The same of the sa					
laim 001 New					
m Type *	OD-MX	Insured Name	TAI PUI FUN	Insured NRIC	576671993
tact No.(Mobile)	97668771	Contact No.(Home)	67946933	Contact No. (Office)	
eit Address	fion_sagi@yahoo.com	Of Vehicle Number	SKC7971E	TP Vehicle Number	SKU1284A
mant Type Claimant Type *		Type of Benefit *	Please Select		
mant Name *	22	Clarmant NRIC +	1		
mant Address	122				
	PARTAGRA LE CONTRACTO DE LA CONTRACTORIO DEL CONTRACTORIO DEL CONTRACTORIO DE LA CONTRACTORIO DE LA CONTRACTORIO DE LA CONTRACTORIO DEL CONTRACTORIO DEL CONTRACTORIO DEL CONTRACTORIO DEL CONTRACTORI				
m Description	SKC7971E / SKU1284A ON 20 Sept 2018	350.5007.035034.52	-	Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault		
uire Finalisation	Yes.	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	21/09/2018 12:11	Claim Close Date		Date Received	21/09/2018 00:00
ort Taken By	Jackson.				
	Processor.				
Print AK letter					
			Seve Submit		
ttachment			Carried Control of		
trachment.					
ident No.	MT/1012397	Claim No.	000		
			001		
t Dac. Received	● Yes ○ No	Upload Date	21/09/2018 12:12		
	Path *		Category *	Confidential Urger	ncy * Description *
		Browse	I seems and the second	NO V Normal	V
		Browse	CONTRACTOR OF THE PROPERTY OF	V Normal	
		100000410	The state of the s		281411
		Browse	Clear Please Select	V Normal	V
		Browse	Cear Please Select	V Normal	·

