NATIONAL Assessment Cent	re Services	IMEL I JAMOSI WIN	1A118123469		
Date In: 24 0 18 17.03	Job description	A-1	Date &Time Completed	Don	e by
Res No: NA INCIRO 17300/24	SAS e-filing				
Veh No: JDy 49428	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 23/6/18-16:30	i-Motor Clai	m Form	MT 1012665-001	24/9/18	12:18
OD (TP) Reporting Only	i-Motor W/O	(Within: OD 2hrs	t, TP 4hrs)		
OD (17) Reporting Only	i-Photo Uplo	aded	1		
TP insurer:	Assessment/Su	irvey Report			
TI MUUTOI.	Ass't Report b	y Fax / Hand to	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel: F	ax:	)
TP Particulars: Veh No: JAK	739D	. INC (	)/Non-INC( ).	T.	
Owner / Driver: (			Tel:	)	
Policy No: ( ) Po	eriod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	[Note-Est. Status (V	VO): N: 0-20	0%; P: 21-79%. P: 30-1	00%]	
	Warranty: YES (	)/NO(	)		31,70
	000()/\$2,000	( )			
General Remarks:-				2010	
( ) Walk-In Customer: Customers info	ormation strictly Cor	nfidential & Str	ictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insur	er URGENTLY.				
Drive-In ( )/ Towed-In ( ); Invoic	e: YES( )/N	O( ); To	owing Co: (		)
Remarks:- (INC hotline: 6788 6616)			Date&Time Comple ad	Done	hv
	Courtesy Car (	\ \	Dictorial of the control of the cont	ACM CASINONIC	2.3
2) QC Check / Post Repair Inspection	( )		<del>                                     </del>		
3) Upload Resurvey Photo [Repair Cost > \$:	30001		<del> </del>		
	5000) ( )				-2,20-08-
Injurý:					
Date/Time Actions			en and encountries of the contract		
	6			1.	
•					
MA180 6057	-	Invoice Prep	aration Checklist	Anit (S) Tit Bill	Amt (\$) Add Bill
laimant's Particulars :-		1) AR : Accident P			Aron Dill
river/Owner:		2) DA : Damage A 3) TF : Towing Fee	ssessment (\$100); INC (\$80		
	and the second second	4) FT : Follow-Thr	rough Survey \$	20	
ontact No:	121		rough Survey (Resurvey) 5 sinst INC Only (wef 10 Jan 2005)	30	
amaged Portion:		6) TR : Re-inspecti	ion :	75	
		7) N1 : Idac DA + 8) NTUC Addition		60	
C Checked by (Engr-In-Charge):			THE RESERVE OF THE PARTY OF THE	(C) (C)	
		OD.			
, (2.1g Cital Ed).		OD.		<b>\$</b> 5	
Cy Page upage West Land Table Land Land		OD*  *N5: Courtesy C  *N6: Repeir Co-  *N7: Fost Repair	ordination	25	
uditors! Comments :-		*N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N5: DV / Colle TP (N11): TP (	ordination  r Inspection  ct Excess Coordination  Non INC) against INC	10 25 <b>35</b> 20	
uditors! Comments:		*N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	ordination  r Inspection  ct Excess Coordination  Non INC) against INC	310 225 35 30	S. S

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- Please report <u>correctly</u> 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.
- 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	24/09/2018 12:03
Date Of Accident	23/09/2018 16:30
Exact Location Of Accident	PIE (CHANGI) BEFORE PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE
C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDY4942B
Insured/Policyholder	
Name Of Registered Owner	FOO LILY
NRIC No	S1777122A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90046848
Alternative Phone No	OFFICE-90046848
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER ELEGANCE 2.0 A
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	5083933523-02
Cover Note Number	
Driver	
Name of Driver	FOO LILY
NRIC No	S1777122A
Date Of Birth	18/06/1966
Occupation	INDOOR
Date Of Driving Pass	21/04/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90046848
44 T T T T T T T T T T T T T T T T T T	

OFFICE-90046848

NOEMAIL

Address BLK 8 SIMEI RISE

#07-23

Postcode 528803

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

្ធ

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3

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.

Number of Passengers (Including Driver)

Passenger 1 NAME:

GENDER: : FEMALE

Passenger 2

NAME: : -

GENDER: : FEMALE

**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

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGK5739D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode No. Of Passenger (Including Driver)

1

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJN9004M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

GENDER: :

:

Passenger 3

NAME:

TIVIL.

GENDER: :

#### 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
- 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.
- 7. 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)

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.
  - (r) 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
- (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

d's Signature Reporting Centre Personn Name:

NRIC/FIN No.:

vehi(18	A: S074942B	N4 N0 00	+
vehicle	B: S&K5739D		+
vehicle	c: SJN 9004 m		+
			4
		PIEC changi), before Paya Leabair	r

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

							, I, ver	IIE			
trav	ellin	g st	raight	alov	ig th	e sta	ted veni	M. DI	ll to	a m	otov ay cle
cam	ne i	into	my	lane,	1 0	polied	my ma	ites.	suddenl	y, I	felt
an	īM	pact	00	my	111012	Mary	vehicles	rear	portion	1. I	then
YEAN	ised	I	was	inv	olved	in a	chain	collisi	on of	3 v	ehicles.
-							ATTRID.	Octobrilloses	- 100 (M)- 100 (M)		

DECLARATION

I/We declare the foregoing particulars are true in every respect,

Policybolder's Signature Date & Time

Driver's Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 33/09/2018 )(DD/MM/YYY), TIME: ( )	<u>6:30 ннн:мм</u>
LOCATION: PIEC changi), before Paya Lebar E	xit
). DETAILS OF VEHICLE	
ajvehicle NUMBER: SDY 49428	
DINSURANCE COMPANY: NTMC	
Director Commence	
C)POLICY NUMBER:	ARTY FIRE &THEFT
DIMAKE & MODEL: TOYOTA HAVYEY	
FITTPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTOR	CYCLE / OTHERS)
a) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTOR	(CYCLE)
HIPURPOSE OF USING AT ACCIDENT TIME: YYVVIIC	
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES	(NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING O	NLTI
2. INSURED / POLICY HOLDER	MALE ( FEMALE)
0/10/10/10	
	1: 100 1 00 10
CIADDRESS: 8 SIME! RISE #07-23 S(628003)	-
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	33
No of passenge DRIVER	ALE / FEMALE)
to the state of th	
BJNRIC/FIN/FASSFORT.	
female according of BIRTH: (16/06/1966)(DD/MM/YYYY)	
PALSENGEN ODOCUPATION: (INDOOR / OUTDOOR)	80 87
FIVE ARE OF DRIVING EXPRERIENCE: FUNGAYA	
WAS DETVER AN EMPLOYEE OF THE INSURED'S COMPA	ANY? (YES / 00)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED	: owner
5. GIWEATHER CONDITION: [CLEAR / RAINING / OTHERS	
b)ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	an de agrant minocomo do com
7. a) REPORTED TO POLICE (YES / NO)	0.00
IF YES, PLEASE STATE WHICH POLICE STATION:	
S THIRD PARTY VEHICLE	
o of passenger of VEHICLE NUMBER: STK 5739D 1: MODEL:	
b) DRIVER'S NAME:	
C) NRIC/FIN/PASSPORT:	T:
(01) male THIRD PARTY VEHICLE	
d) VEHICLE NUMBER: SJN 9004 M MODEL:	
P PRIVER'S NAME:	
ncluding driver) 1) NRIC/FIN/PASSPORT:CONTAC	T: <u></u>
CO4) male driver	
2 male passengers	i
	•
I female mapassenger email =	

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1777122A



Name



FOO LILY

符莉莉

CHINESE

Date of Birth

Sex

18-06-1966

Country of Birth

SINGAPORE







NRIC No. S1777122A



Blood Group

Date of issue

B+

12-03-1994

BLK 8 SIMEI RISE #07 – 23 SINGAPORE 528803

NRIC No: \$1777122A

Date:

28/11/2007

No:

5880193

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3

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

21 Apr 1998

PASS DATE

E

All Ef

Licence No: S1777122A

NP 428A

<b>eBao</b> Tech								Genera	alClaim	
Hello, NAC_PAYA_UBI_80	0601		or to the production that			+ Change	e Languag	e • Chan	ge Password	) Log Out
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date	of Accident		23/09/2018	16:30	
	Vehicle No.(For Motor)	SDY49	42B		Certi	ficate Number	9			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5083933523- 02		FOO LILY	S1777122A	GPC	drivo CLASSIC	SDY49428	SDY4942B	22/09/2018	21/09/2019
					Continue					



Claim Handling						
olicy No.	5083933923-02		Vehicle No.	S0Y49428	GST Registration No.	
ortificate No.	300333327-02		Verification.	30/1939428	GS) Registration No.	
olicyholder Name	FOO LILY				Policyholder NR3C	51777122A
roduct Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC	Loading	0
ontact No. (Mobile)	90046848		Contact No. (Office)	0	Contact No.(Home)	
mail Address	0.0000000000000000000000000000000000000		Special Remark	*	eCode eCode	to V
960	® No ○ Yes		TCA	® No ○Yes	eCode Reason	19.4
20 Protection	Yes		NCD Entitlement(%)	50	Private Hire	No
Accident Details	11/12		Acto contenting my	30	Private HPB	NO
port Date	24/09/2018 12:16		Antidoxe Source William Televi-	902	received to the	ACCOMPANY.
			Accident Report Within 24 hrs		Accident Type	Chain Collision
te of Acodent	23/09/2016		Time of Accident hh:mm	16:30	Country of Accident	Singapore
porting Contre			Orange Force		JCM No.	
dent Location Excess	PIE (CHANGI) BEFORE PAYA I	TEDAK KD EXT.				
	(12)	200	Address Francis	2		02950
m damage Excess	ů.		Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.		Outside Singapore OD Excess	0.00		
nd Party Excess	0.	00	Outside Singapore TP Excess	0.00		
Benefits						
verage				Sum Snouned		
ess Warver	22.0			99999999.99		
F GST Registered Informa T Registered	ation No			CCT Designed to Section		
T Registration No.	No			GST Registration Date GST Status Ventled	Yes	
dification History				AND ASSESSED AND ASSESSED.	177	
AND THE PARTY OF T						
Policyholder Mailing Ad	dress					
dress 1	8 SIMEI RISE		Address 2	#07-23 CHANGI RISE CONDOM	Address 3	SINGAPORE 528803
press 4			Address Type	Singapore address	Post Code	526803
n No.	07-23		Related Policy Number	5083933523-02	A42000	(22.27.16)
OI Driver Info			The state of the s			
ver Name	FOO LILY		Driver Type	Main Driver		
named driver Name	110017452		Driver NRIC	51777122A	Driver DOB	18/06/1966
gister Date of Driver License	-21/04/1998		Driver Age	52		20
ntact No. (Mobile)	90046848		Contact No.(Office)	0	Driving Experience	
press 1	B SIMEI RISE				Consect No. (Home)	0
	B STREE KISE		Address 2	CHANGI RISE CONDOMINIUM	Address 3	SINGAPORE 528803
dress 4	27.77		Address Type	Singapore address	Post Code	528803
ift No. ies he own a Singapore	07-23		24000000000000000			
gottered car?	○ Yes ⊕ No		Driver Vehicle No.		Driver Insurer Company	
deration						
sethelyser or Blood Test	Omg		Any insury?	○ Yes ® No		
ading?	100		11 11 11 11 11 11 11 11 11 11 11 11 11	C 100 C 100		
220500000000000000000000000000000000000						
dification History						
Claim 001 New						
1100 100						
		_				
im Type *	OD-MX	~	Insured Name	FOO LILY	Insured NR3C	S1777122A
stact No.(Mobile)			Contact No.(Home)	NIL	Contact No.(Office)	
all Address			OI Vehicle Number	S0Y49428	TP Vehicle Number	SGK5739D
imant Type Claimant Type *	Please Select	~	Type of Benefit *	Please Select		
mant Name *		22	Claimant NR3C *			
ment Address						
m Description	SDY49428 / SGK57390 ON 2	3 Sept 2018			Name of Preferred Workshop	8 1
ferred Workshop Contact			Insured Liability *	Not at Fault		
juire Finalisation	Veta (	7	Preferered Repair Option		GIA report	Received
e Regutered	24/09/2018 12:18	1	Claim Close Date		Date Received	24/09/2018 00:00
oort Taken By	Jackson					Ultimorphis par
Print AK letter						
erad en mital				constant and a second a second and a second		
ttachment				Seve Submit		
ident No.	MT/1012665		Claim No.	001		
st Doc, Received	Yes ○ No		Upload Date	24/09/2018 12:19		
ACC 450200000 500	Path *		/65/00/00/00/00	Category *	Confidential Urgen	ncy * Description *
	ram +		Browse.	Clear Please Select	V NO V Normal	Les Descripcion
				1		
			Browse.	Page 1-4606 Start	V Normal	~

