NATIONAL Assessment Cen			NAL18125302		A Comme
Date In: 22 (4)18 - 11: 20	Jeb description	1	Date & Time Completed	Done	e py
Rel No: NA MCIROTS 6424	SAS e-filing		İ	}	
Veh No: 12063005	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 199 18 - 07:25	i-Motor Clai	im Form	MT 1013233-00 1	29/9/18	11:38
	I-Motor W/C	O (Within: OD 2hrs	, TP 4hrs)		
OD . (TP)' Reporting Only	i-Photo Uplo	oaded			
TN	Assessment/S	urvey Report			
TP Insurer:	Ass't Report b	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JK	F3917 Z	, INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20)%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()	RC - VENEZIA (Var	
Excess: (\$) Loading: \$1)()			
General Remarks;-				State State	
Remarks: (INC hotline: 6788 6616)		NO () ; T	Date&Time Completed	Done	by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/)		Done	by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	Courtesy Car ()		Done	by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >)	Courtesy Car ()		Done	by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	Courtesy Car ()		Done	by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 1 Injury:	Courtesy Car ((\$3000])			by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 1 Injury:	Courtesy Car ((\$3000])	Date&Time Completed)by
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions NAITOGY Chaimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion:	Courtesy Car ((\$3000]	Invoice Preparation of the state of the stat	aration Checklist. Reporting (\$30); INC (\$50 or \$50 or \$5	Anit (\$) fit Bill i80) i0/\$45 \$120 \$30 5) \$75 \$160	Ami
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car ((\$3000]	Invoice Preparation of the state of the stat	aration Checklist. Reporting (\$30); Assessment (\$100); INC (\$50); Assessment (\$50);	Anit (\$) fit Bill 10/545 \$120 \$30 \$5) \$75 \$160	Amil
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions NAIPORYS Inimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car ((\$3000]	Invoice Preparation of the property of the pro	Date&Time Completed Date&Time Completed aration Checklist Reporting (\$30); INC (\$50);	Ant (\$) fit Bill 180) 10/545 \$120 \$30 \$515 \$160 \$55 \$10 \$25 \$55 \$20	Am. (Add E
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions NAIPOGY Claimant's Particulars :- Driver/Owner:	Courtesy Car ((\$3000]	Invoice Preparation of the property of the pro	Date&Time Completed Date&Time Completed aration Checklist Reporting (\$30); INC (\$50);	Anic (\$) 75t Bill 880) 80/\$45 \$120 \$30 \$5 \$75 \$160 \$5 \$5 \$25 \$20 \$30	Add I

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 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.

(Thirty as the state of the sta	ACCIDENT STATEMENT
Date Of Report	27/09/2018 11:20
Date Of Accident	27/09/2018 07:25
Exact Location Of Accident	COMMONWEALTH DR
Country/State of Loss	SINGAPORE
Karana da k	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU6300S
Insured/Policyholder	
Name Of Registered Owner	GOH JIA YING
NRIC No	S8230103H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97600737
Alternative Phone No	OFFICE-97600737
Vehicle Particulars	
Manufacturer	тоуота
Model	PRIUS ALPHA HYBRID 1.8S CVT
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096120110
Cover Note Number	
Driver	

Driver	
Name of Driver	ERIC HEW BOO LEONG (ERIC ZHOU WULIANG)
NRIC No	\$79105131
Date Of Birth	09/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/11/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97600717
Fax Number	
Contact Number	OFFICE-97600717
EMail Address	NOEMAIL

Address BLK 316C PUNGGOL WAY

#02-695

Postcode 823316

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

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

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) 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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG COMMONWEALTH DR AND TURN ON MY VEHICLE INDICATOR LIGHT AS I WANTED TO MAKE A RIGHT TURN TO DROP OFF POINT. SUDDENLY VEHICLE B OVERTAKE MY VEHICLE FROM BEHIND. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

NO

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKF3917Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver UTHAYASURIAN S/O SIDAMBARAM

NRIC/Passport Number S1703416B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

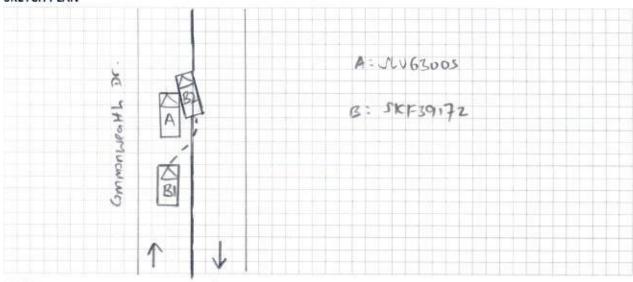
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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.

	Sin	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement	
7	

DECLARATION

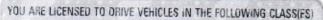
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:







EFFECTIVE DATE

Cla Cinc J

Motor cars = 1300 Lg with = 7 passengers, exclusive of the driver; and motor tractors/vehicles = 2500 kg Heavy motor cast and notice tractors > 2500 kg

17 Nov. 2007

65 Jul 2917

579109134

NP 428A

S / No.9000271356

Licence No: \$79105131

S7910513I

3911092

Date of issue

10-07-2006 APT BLK 318C PUNGGOL WAY #02-695

SINGAPORE 823316

NRIC No: \$79105131

Date: 07/06/2016



Policy No.	5096120110	Policyholder Name	GOH JIA YI	NG	Policyholder NRIC	S8230103H	
Certificate No.		Nume			NRIC		
Address	BLK 316C #02-695 PUNGGO	WAY WATERWA	Y CASCADIA	SINGAPORE 823316	i		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	24/11/2017	Effective Date	24/11/2017	00:00	Expiry Date	23/11/2018	3 23:59
xcess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ing/Inexperience Driver Excess
Agent	KCB AGENCY	Agent Tel.	63913813		GST Flag	Y	
	No						
Flag Open Policy Info Certificate Info							
Flag Open Policy Info Certificate Info Policy	holder Mailing Address	Addra	occ 7	PLINGGOL WAY		Address 3	WATERWAY CASCADIA
Flag Dpen Policy Info Certificate Info Policy Address 1	holder Mailing Address BLK 316C #02-695	Addre		PUNGGOL WAY		Address 3	WATERWAY CASCADIA
nsurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address	Addre	ess Type ed Policy	PUNGGOL WAY Singapore address 5096120110		Address 3 Post Code	WATERWAY CASCADIA 823316
Plag Den Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address BLK 316C #02-695 SINGAPORE 823316	Addre Relati	ess Type ed Policy	Singapore address			
Plag Open Policy Info Policy Policy Address 1 Address 4 Unit No. Insure	BLK 316C #02-695 SINGAPORE 823316 02-695 ed Object: SLU6300S	Addre Relati	ess Type ed Policy	Singapore address			
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ccident MT/1013233					
rolicy No.	5096120110	Vehicle No.	SLU6300S	GST Registration No.	
ertificate No.					
licyholder Name	GOH 31A YING			Policyholder NR3C	\$8230103H
sduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
mact No. (Mobile)	97600737	Contact No.(Office)	0	Contact No. (Home)	0
all Address		Special Remark		eCode	The V
	® No ○ Yes	TCA	® No ○Yes	eCode Reason	1000000
) Protection	No.	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details		recording to the	25.	Private rice	255
ort Date	27/09/2018 11:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
e of Accident	27/09/2018	Time of Accident hh:mm	07:25	Country of Accident	Singapore
arting Centre		Orange Force		ICM No.	
ident Location	COMMONWEALTH DR				
Excess					
damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess		Outside Singapore OD Excess	2,000.00	L. M. Carrellon, L. Martin, M. Carrellon, M.	
	4 500 00				
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform					
Registered	Na		GST Registration Date		
Registration No.			GST Status Venfied	No	
diffication History					
Policyholder Mailing Ad	ldress				
		Address N	in manager in an	CRAN COM-	Contraction with the contraction of the contraction
ress 1	BLK 316C #02-695	Address 2	PUNGGOL WAY	Address 3	WATERWAY GASCADIA
Vess 4	SINGAPORE 823316	Address Type	Singapore address	Post Code	823316
t No.	02-695	Related Policy Number	5096120110		
OI Driver Info					
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
samed driver Name	BRIC HEW BOO LEONG (ERIC Z)	Driver NRIC	579105131	Driver DOB	09/04/1979
ister Date of Driver License	17/11/2007	Driver Age	39	Driving Experience	10
tact No (Mobile)	97600717	Contact No.(Office)	D	Contact No. (Home)	0
ress 1	BLK 316C	Address 2	PUNGGOL WAY	Address 3	WATERWAY CASCADIA
tress 4	SINGAPORE 823316	Address Type	Singapore address	Post Code	823316
# No.	02-695				
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gistered car? claration nathalysier or Blood Test			○ Yes ♠ No	Driver Insurer Company	
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station straighter or Blood Test ding? fication History talm 001 New m Type * tact No (Mobile) iii Address mant Type Claimant Type * mant Address iii the Common	0 mg OD-MX Please Select ≥≥ SLU6300S / SxF3917Z GN 27 Sept 2018 Yes V 27/059/2018 11:38	Any injury? Insured Name Contact No.(Home) C6 Vehicle Number Type of Benefit + Claimant NR3C +	GCH 71A YING NIL SLU63005 Please Select Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SKF39172
stration str	O mg OD-MX Please Select >> SLU6300S / Sk/F3917Z GN 27 Sept 2018 Yes	Any injury? Insured Name Contact No.(Home) C6 Vehicle Number Type of Benefit * Claimant NR3C * Insured Lability * Preferend Repair Option	GCH 71A YING NIL SLU63005 Please Select Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SKF39172
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