NATIONAL Assessment Centre	Services well Jamos M	0868[181] ALL		
Date In: 7 0 18-17:05	Jeb description	Date &Time Completed	Done	e by
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D.O.A : 14/4/18 -16: NO	i-Motor Claim Form	M7 1012367-002	W 1 1 1	4:25
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr	rs, TP 4brs)		2 102/103 10
OB ? IT : Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
IT insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	Fax:	
TP Particulars: Veh No: 413 DTe	inc ()/Non-INC()		
Owner / Driver: (Tel:)	S-300-11
Policy No: () Perio	d: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]	- 23
Year of Registration: () Wa	arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000				
General Remarks;-			1817 17. 17.	-
TO AND OTHER PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY				
() Walk-In Customer: Customer's inform		ncuy NO rater of repairer.		
() Total Loss Case : to e-mail Insurer			-	
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();T	owing Co: ()
Remarks: (INC hotline: 6788 6616)	Automobile and the Co	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/Cou	rtesy Car ()			
2) QC Check / Post Repair Inspection	()	***		
3) Upload Resurvey Photo [Repair Cost > \$300	01 ()	·		
Injury:			r manao engresso	
Date/Time Actions		with the second second second	en Plant	
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141806829	Invoice Pre	paration Checklist	Anit (\$)	Amt (\$
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laimant's Particulars :-	2) DA : Damege	Assessment (\$100); INC (\$8		
river/Owner:	3) TF : Towing F 4) FT : Follow-Ti	brough Survey	S120	
ontact No:		hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005	\$30	
maged Portion:	6) TR : Re-inspec		\$75	
	7) N1 : Idao DA		\$160	
Charled by C. Y. C.	8) NTUC Additio	nai Services:-		A SAMSIEW
Checked by (Engr-In-Charge):	*N5: Courtesy	Car / Tpt Allowance	\$5	
S. Vare of S. S. San S.	*N6: Repair Co *N7: Fost Repair		\$10	
iditors' Comments :-	*N8: DV / Col	lect Excess Coordination	\$5	
_1:	TP (N11) : TP 9) N12: Idao Mol	(N:n INC) against INC	30	-
2/3:	Invoice dated	Fee Charged		动物 方。
	Javaice dated	Fee Charged	STATE OF THE PARTY.	

Figure 1 Car

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 <u>truthful and accurate</u> as possible, Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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

A COLOR DE MANAGEMENT DE LA COLOR DE LA CO	ACCIDENT STATEMENT
Date Of Report	24/10/2018 12:05
Date Of Accident	14/09/2018 16:20
Exact Location Of Accident	JUNC QUEENSWAY & ALEXANDRA RD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN1761M
Insured/Policyholder	
Name Of Registered Owner	NEO TECK HENG
NRIC No	S1491518D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91176049
Alternative Phone No	OFFICE-91176049
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	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	5072523717-03
Cover Note Number	
Driver	
Name of Driver	NEO TECK HENG
NRIC No	S1491518D
Date Of Birth	08/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	09/04/1981
Driving Experience	37 YEARS AND 5 MONTHS

MALE

NOEMAIL

(LOCAL) +65-91176049

OFFICE-91176049

BLK 298B COMPASSVALE STREET Address

#11-166

Postcode 542298

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?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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 NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD5003P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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

- 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.
- 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)

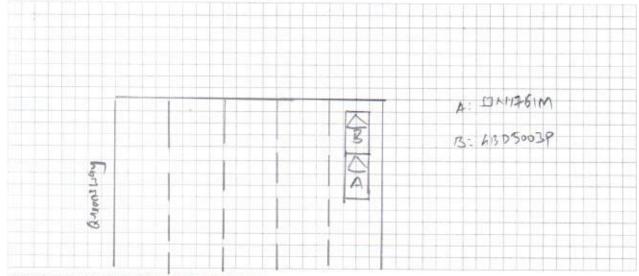
I understand, acknowledge, agree and consent that:

- (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

nehr to Hutempat.

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, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 1 QUEENSWAY. AS THE TRAFFIC JUNCTION TURNS GREEN IN FAVOR, VEHICLE B PROCEED ACCORDINLY. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (14 /5 / 18)(DD/MM/YYYY), TIME:(
LOCATION: June QUEENS LIGH	
	. The state of the
1. DETAILS OF VEHICLE	
a)VEHICLE NUMBER: SIM 1361	M
b)INSURANCE COMPANY: N7	
CIPOLICY NUMBER: 50725737	17-03
d)POLICY TYPE: (COMPREHENSIV	E / THIRD PARTY / THÏRD PARTY FIRE &THEFT)
STATE & MODEL:	
f)TYPE:(SALOON / COUPE / MPV	VAN / LORRY / MOTORCYCLE / OTHERS)
STATIOLE CATEGORY: (PRIVATE)	COMMERCIAL / MOTORCYCLE
11/1 OKLOSE OF USING AT ACCIDE	NT TIME: TO THE
I) ARE YOU CLAIMING UNDER YOU	JP OWN INSURANCE (YES/NO)
II NO, FLEASE STATE (THIRD PART	Y CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	
A)NAME: NO Tede Heng	(MARE / FEMALE)
b)NRIC/FIN/PASSPORT: 1514	915 18 0
CIADDRESS: Blic 2988 Compassi	(9)e Accep \$ 11-166 (54296)
* CONTINUE TO A LIE O	
THO of passengs DRIVER CONTINUE TO 3.d IF DRIVER ALSO ONLY ONLY	D POLICY HOLDER
(Including d.) a)NAME:	
(Including driver) a)NAME:	(MALE / FEMALE)
CJADDRESS:	CONTACT:
-	
*d)DATE OF BIRTH:	961 1155 1111
e)OCCUPATION: (INDOOR / OPTO	JOD/MM/YYYY)
1) YEARS OF DRIVING EXPREDIENCE	· hulings
4. WAS DRIVER AN EMPLOYEE OF	THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE D	PIVED WITH INCURED (YES / NO)
J. GIVENTHER CONDITION: (CIFAR /	PAINING / OTHERS
DIROAD SURFACE: (DRY / WET / O	THEP?
O. WAS ANYBODY INJURED (YES / MO	
/ a) REPORTED TO POLICE (YES / NO	
IF YES, PLEASE STATE WHICH POLI	CE STATION:
No of passenger a) VEHICLE NUMBER: 400 503P	MODEL:
mounting anver) of Driver 3 NAME:	
() NRIC/FIN/PASSPORT:	CONTACT:
7. THIRD PARTY VEHICLE	
No of passenger a) VEHICLE NUMBER:	MODEL:
Induding driver) DRIVER'S NAME:	
Induding driver f) DRIVER'S NAME:	CONTACT:
9	(6)
V-00*	172

email =

fax =

VIDEO =



REPUBLIC OF SINGAPORE

IDENTITY GARD NO. \$1491518D





NEO TECK HENG

果选熟

CHINESE

08-02-1981 M SINGAPORE

11/915105

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars*< 3000kg with **7 passengers, exclusive 69 Apr 1961 of the driver; and other motor vehicles **< 2500kg Motor vehicles which are constitucted to carry tead or passengers and the unlabel weight > 2500kg Motor vehicles which are not constitucted to carry tead and the unlabel weight > 2500kg are yeard and the unlabels weight > 250kg

Licence No: 514915130

INC ... \$1491518D

17-06-2008

APT BLX 2988 COMPASSVALE STREET #11-166

SINGAPORE 542298 NRIC No: \$14915180

Date: 23/10/2011 - No: 68 9 8 5 3 1

1211110

NP 1254

19

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						Search					
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Resided Pulsy Futures	Idress 4		Address Type		Post Code	
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E Car	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) GES) on 24 Oct 2018 14:26	Photos	Normal	Photos 2018-10-24	
9	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 34 Oct 2018 14:26	SAS	Normal	SAS 2018-10-24	,
Aug.	CES) on 24 Oct 2018 14:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-24	
	Uploaded By/Oake NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI	Category	(4 =		(00)