NATIONAL Assessment Centre		1 Jan'05] .	In any Charles	d D	one by
Date In: 26/10/18	Jeb description		Date &Time Complete	0	Jue oi
ROS NO: NA/INC18019515/13	SAS e-filing	1	i		
Vch No. 5 1(x148B	E-mail (within Shrs,	AIC 2hrs)			
DOA: 25/10/18 1440	i-Motor Claim F	orm	m7/1017699 -	001	
OD / TP (Reporting Only)	I-Motor W/O (w	ithin: OD 2hrs	TP 4brs)		:
OD : 17 . Greporting Only	i-Photo Uploade	d	1	-	
TP Insurer:	Assessment/Surve	y Report			
TP Hisurer:	Ass't Report by F	ax / Hand to	Owner/Wksp		
Proforred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	)
TP Particulars: Veh No:	504990FP	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( ) Per	riod: (	)	Cover Type: (		)
Confirmed by : (		ate:	Time:	)	
The state of the s			)%; P: 21-79%. P: 8	0-100%]	<del></del>
		\NO(	)		
	00()/\$2,000(	)	new Residence and the	CHREEK!	::
General Remarks:		CANAL DESIGNATION OF THE PARTY		Asicot A.	.,
( ) Walk-In Customer : Customer's infor		ential & Str	ictly NO rater of repair	Br	
( ) Total Loss Case : to e-mall Insure		=	1 5 ( )	<del></del>	
Drive-In ( )/Towed-In ( ); Invoice	YES( )/NO	( ); To	owing Co: (		
Remarks: (INC 1000 to 6788 6616)		1 X 1 X 1	Direction Completa	<b>第二次的</b>	one by
1) Apply for Transport Allowance ( )/C	Courtesy Car ( )			ļ. —	
2) QC Check / Post Repair Inspection	( ·)		<del></del>		
3) Upload Resurvey Photo [Repair Cost > \$3	000] ( )	<u> </u>	· - ···		7 7 7 7 7 7 7 7
Injurý:	,		<del></del>		
Date Fine Actions	Jacob Walley Wall	771.7	Company of the St	Se Encir	Standard St.
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NA1806995	. li	voice Pre	aration Checking &	中的性的自	MAN SANDIN
lumant's Particulars :	<u> 1)</u>	AR : Accident	Reporting (530); Assessment (5100); INC	C (\$80)	
100 CO 10	3)	TF : Towing F		\$120	
river/Owner:	6	WT . Hollow-Ti	irough Survey irough Survey (Resurvey)	\$30	
ontact No:		For claiming a	sainst INC Only (well 10 Jan	2005) \$75	
amaged Portion:	7)	TR: Re-inspec	SMRT Survey	2160	
	3 8)	NTUC Addition	onal Services:-		
C Checked by (Engr-In-Charge):	(40)	OD. Ourlosy	Cos / Tpt Allowance	\$5 510	
	TYLING CONTROL PROCE	No: Repair C	b-ordination air Inspection	\$23	
aditors! Comments ::	5015330581380BH	+N8: DV / Col	lect Excess Coordination	\$30 -	
1(_);	9)	TP (N11): TP N12: Idao Mo	(Non INC) against INC	30	Sales Tele
ot 2/3;	In	volce dated	Pee Char Fee Char	100	TN .
	In	voice dated	Fee Char	Tan Berren	

5 . per at 1.70

#### 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 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.
- Any false reporting may be referred to the Police for investigation.
   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

4.5/5 PRO MAN (1.15)	ACCIDENT STATEMENT
Date Of Report	26/10/2018 12:31
Date Of Accident	25/10/2018 14:40
Exact Location Of Accident	ALONG JALAN SULTAN
Country/State of Loss	SINGAPORE
and the second second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX148B
Insured/Policyholder	
Name Of Registered Owner	NG SOOK OOI
NRIC No	S7773047H
Email Address	YVONNE_NG77@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98793110
Alternative Phone No	OTHERS-98793110
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 5
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	5086034027-01

#### Driver

Cover Note Number

Name of Driver NG SOOK OOL NRIC No S7773047H Date Of Birth 06/03/1977 Occupation INDOOR Date Of Driving Pass 08/07/2010

Driving Experience 8 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98793110

Fax Number

Contact Number OTHERS-98793110

EMail Address YVONNE\_NG77@YAHOO.COM.SG Address BLK 786C WOODLANDS DRIVE 60

#11-67

Postcode 733786

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

SEN SEN

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

YES

Was any other material or property damaged?

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

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: LAM CHEE YENG

GENDER:

: FEMALE

Passenger 2

NAME:

: HO SOOK YEE

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

I WAS TRAVELLING ALONG SULTAN RD ON THE 2ND LANE,INFRT OF MY VEH STOP AND I FOLLOWED SUIT.WHEN I SAW THE FRT VEH REVERSED,I HORN AT HIM TO WARN THE DRIVER BUT THE DRIVER KEEP ON REVERSING AND HIT ONTO MY FRONT LEFT PORTION OF MY VEH.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NOT WORKING

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SDU9908P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MR

NRIC/Passport Number

Contact Number

97369918

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 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:

26/10/2018

- (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

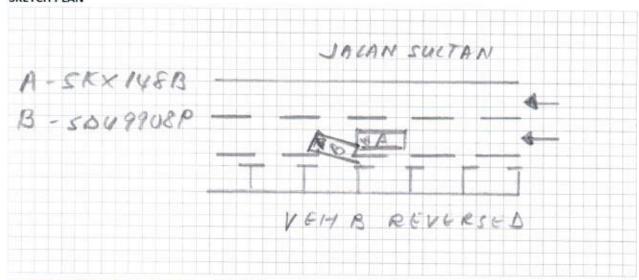
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls	refr	to	He	Stati	ement	1.	
	0						
4							

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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7773047H



NG SOOK OOL







CHINESE

06-03-1977 Country/Place of birth MALAYSIA







5638638



22-08-2016

APT BLK 786C WOODLANDS DRIVE 60 #11-67 SINGAPORE 733786

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

NP 428A

eBaoTech										Genera	Claim
Hello, NAC_PAYA_UBI_80	0601						• Change	Languag	e • Chan	ge Password	+ Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	No.				Date	of Accident		25/10/2018	14:40	4
	Vehicle	No.(For Motor)	SKX14	8B		Certif	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5086034027- 01		NG SOOK OOI	S7773047H	GPC	drivo PREMIUM	SKX148B	SKX148B	24/11/2017	23/11/2018
					-	Continue	FREMIUM			20-36	S. W. S. W.

# Claim Handling Accident MT/1017699

Policy No.	5086034027-01	Vehicle No.	SKX1488		GST Regist	tration N
Certificate No.						
Policyholder Name	NG \$00K 001				Policyholde	er NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Loading	
Contact No.(Mobile)	98793110	Contact No.(Office)	0		Contact No	o.(Home
Email Address		Special Remark			eCode	
KFK	+ No Yes	TCA	» No Yes		eCode Rea	son
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hir	re-
Accident Details						
Report Date	30/10/2018 10:28	Accident Report Within 24 hrs	Yes		Accident T	ype
Date of Accident	25/10/2018	Time of Accident hh:mm	14:40		Country of	f Acciden
Reporting Centre		Orange Force			ICM No.	
Accident Location	ALONG JALAN SULTAN					
▼ Excess						
Own damage Excess	600.00	Additional Excess	0		Windscree	n Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		600.00		
Third Party Excess	0.00	Outside Singapore TP Excess		0.00		
<b>▽</b> Benefits						
GST Registered Informat	ion					
GST Registered	No		GST Regis	stration Date		
GST Registration No.			GST Statu	us Verified	- 2	Yes
Modification History						
Policyholder Mailing Add	ress					
Address 1	BLK 786C #11-67	Address 2	WOODLANDS DRIV	VE 60	Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.		Related Policy Number	5086034027-01			
OI Driver Info						
Driver Name	Ng Sook Ool	Driver Type	Main Driver			
Unnamed driver Name	M\$3333331	Driver NRIC	S7773047H		Driver DOI	В
Register Date of Driver License	17/06/1998	Driver Age	41		Driving Ex	perience
Contact No.(Mobile)	98793110	Contact No.(Office)	0		Contact No	o.(Home
Address 1	BLK 786C	Address 2	WOODLANDS DRIV	VE 60	Address 3	
Address 4		Address Type	Singapore address	C-1764-651	Post Code	
Unit No.	#11-67					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Driver Insi	urer Con
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Modification History						
Claim 001 OD-MX New						
Claim Tune #				OD MY	▼ Insured	aum m
Claim Type *				OD-MX	Name	NG SO
Contact No.(Mobile)				98793110	Contact No.	62943
					(Home)	-
Email Address					Vehicle Number	SKX14
Claim Description				SKX148B / SDU9908P	Newsonwese.	
Preferred	ANN 68-1804-10 ( 1808-1-0 ) N. L.	1		Victoria - De Volta - De Col	Made and the Second	
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Report Taken By				ROSLINDA	Repairer	
Print AK letter						

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Attachment					
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Accident No.	MT/1017699	Claim No.		001	
Last Doc. Received	Yes No	Upload Date		30/10/2018 00:00	
	Path *			Category *	Confidentia
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Choose File No f	ile chosen		Clear	Please Select	▼ NO
Choose File No f	ile chosen		Clear	Please Select	▼ NO
Choose File No f	ile chosen		Clear	Please Select	▼ NO
Choose File No f	ile chosen		Clear	Please Select	▼ NO
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→ Video List					
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