NATIONAL Assessment Ce	ntre Services poet i sand	SIMUA 118 143 192	
Date In: 5/1/18-15:06	Job description	Date & Time Completed	Done by
Re[No: NA INCISO 20078 24	SAS e-filing		
Veh No: Sky 17835	E-mail (within Shrs, AIC 2	hrs)	(9.1
D.O.A : 5/11/15-13:45	i-Motor Claim Form	m/1018246-001	Thills 23:04
OD : TP : Reporting Only	i-Motor W/O (Within: C	DD 2hrs, TP 4hrs)	
OB: 11 - According Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Rep	ort	
TI ALISATOI.	Ass't Report by Fax / H	and to Owner/Wksp	15
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	Fax:)
TP Particulars: Veh No: J	1 6998 1 II	NC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (9	6) [Note-Est. Status (WO): N	: 0-20%; P: 21-79%. P: \$0-1	100%]
	Warranty: YES ()/NO	()	
	\$1,000()/\$2,000()		
General Remarks;-			1.00 × 1 × 1 × 1
() Walk-In Customer: Customer's	information strictly Confidential	& Strictly NO refer of repairer.	
() Total Loss Case : to e-mail In	surer URGENTLY.		
Drive-In ()/Towed-In (); Inv	oice: YES () / NO (); Towing Co: (.)
Remarks; (INC hotline: 6788 661)		in the same of the same	Done by
	The state of the s	Date&Time Completed	MEMORE DY
2) QC Check / Post Repair Inspection) / Courtesy Car ()		
Upload Resurvey Photo [Repair Cost:	\$30001		
	> \$3000]		
Injury:		• •	
Date/Time Actions	maa ja j		Resident A
			-
253			
	3		
•			
Halpopus .	Invoice	Preparation Checklist	Anit (5) Amit (3)
laimant's Particulars :-	75.225	cident Reporting (\$30);	fit Bill Add Bill
40000,000	2) DA : Da	mage Assessment (\$100); INC (\$8	
river/Owner:	3) TF : Tov 4) FT : Fol		V\$45 \$120
ontact No:		low-Through Survey (Resurvey) ning against INC Only (wef 10 Jan 2005	\$30
amaged Portion:	6) TR: Re-		\$75
amaged Fordon.		DA + SMRT Survey	\$160
C Checked by (Engr-In-Charge):	OD:		
Cacked by (Engr-in-Charge):	The second secon	urlesy Car / Tpt Allowance pair Co-ordination	\$10
uditors' Comments :-	•N7: Fo:	t Repair Inspection	\$25
1:	And the state of t	/ Collect Excess Coordination): TP (Non INC) against INC	\$20
CONTRACTOR OF THE STREET AND THE STREET STREET	9) N12: Ide	c Mobile	30
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Coperations

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 aforesaid.

MATERIAL STATE OF THE STATE OF	ACCIDENT STATEMENT
Date Of Report	05/11/2018 15:06
Date Of Accident	05/11/2018 13:45
Exact Location Of Accident	BARTLEY RD EAST NEARBY BARTLEY SECONDARY SCHOOL
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ1783J
Insured/Policyholder	
Name Of Registered Owner	GRESSA MAK WEIZHI
NRIC No	S7141671B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97970207
Alternative Phone No	OFFICE-97970207
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1622G5
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	5098414580
Cover Note Number	

Driver

Name of Driver	GRESSA MAK WEI ZHI
NRIC No	S7141671B
Date Of Birth	25/11/1971
Occupation	OUTDOOR

Date Of Driving Pass 11/06/2007
Driving Experience 11 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97970207

Fax Number

Contact Number OFFICE-97970207

EMail Address NOEMAIL

Address BLK 68 GEYLANG ROAD

#10-3217 330068

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

Postcode

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)

Passenger 1

NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

2

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 4 BARTLEY ROAD EAST. AS I WAS LOOKING FOR VEHICLE TRAVELLING ALONG MAIN ROAD, I DID NOT NOTICED THAT VEHICLE B WAS IN FRONT OF MY VEHICLE AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

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 SLH6998Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver GOH CHOO KUI

NRIC/Passport Number S2536616F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

3

Passenger 2 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.
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- 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 .:

SKETCH PLAN			
Buitley ed East	Kig KA		A: 17 17 83J B: 56 469984
PARTING SHAPE SHAPE SHAPE	MSTANCES OF THE ACCIDENT Hatement.		
DECLARATION /We declare the for	egoing particulars are true in every res	pect.	
Policyholder's Signatu Date & Three: 5 (Driver's Signature 70\8 3) Oriver's Signature Oriver's Signature Oriver's Signature	policyholder)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SISSIAC MUSE William Form 1-3

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7141671B



GRESSA MAK WEI ZHI

李 璋 芝

Date of birth 25-11-1971 Country of birth

CHINESE

SINGAPORE







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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

NP 428A

Licence No: S71416718

eBao Tech						nese la			Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601		The second second	THE REAL PROPERTY.		+ Change	Language	• Chan	ge Password	· Log Out
My Desktop	Policy Query									19
Notice of Loss	Policy No.				Date	of Accident	[0	5/11/2018	13.45	
	Vehicle No.(For Motor)	SK3178	33)		Certif	icate Number	[
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No:	Insured Object	Commence Date	Expiry Date
	O 5098414580		GRESSA MAK WEIZHI	S7141671B	GPC	drivo CLASSIC		SKJ17833	27/02/2018	26/02/2019
				100	Continue	1				

Policy Information

Policy No.	5098414580	Policyholder Name	GRESSA M.	AK WEIZHI	Policyholder NRIC	S7141671B	
Certificate No.		2.4420			inite		
ddress	BLK 68 #10-3217 GEYLANG BAH	RU SINGAPO	RE 330068				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/02/2018	Effective Date	27/02/201	8 00:00	Expiry Date	26/02/2019	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	ng/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Υ	
io- nsurance lag	No						
Open							
olicy							
olicy							
Policy nfo Certificate nfo	nolder Mailing Address						
olicy nfo ertificate nfo Policy!	holder Mailing Address BLK 68 #10-3217	Addre	ess 2	GEYLANG BAHRU	18	Address 3	SINGAPORE 330068
Policy nfo Certificate nfo	Andrew School School		ess 2 ess Type	GEYLANG BAHRU Singapore addres		Address 3 Post Code	SINGAPORE 330068 330068
Policy info Certificate info Policyl Address 1	Andrew School School	Addre	ess Type ed Policy				
olicy info Certificate info Policyt address 1 address 4 Init No.	Andrew School School	Addre	ess Type ed Policy	Singapore addres			
Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 68 #10-3217	Addre	ess Type ed Policy	Singapore addres			
Policy Info Policy Inddress 1 Inddress 4 Init No.	BLK 68 #10-3217 d Object: SKJ17833	Addre Relat Numb	ess Type ed Policy	Singapore addres 5098414580		Post Code	
Policy info Policy Address 1 Address 4 Init No. Insure Endors	BLK 68 #10-3217 d Object: SKJ17833	Addre Relat Numt	ess Type ed Policy per	Singapore addres 5098414580 at Type	s	Post Code Status	330068

laim Handling					
ocident MT/1018546	5098414580	Vehicle No.	5K)1783)	GST Registration No.	
Certificate No.	32304 (4300)	Vente no.	36317633	GO I Registration No.	
olicyholder Name	GRESSA MAK WEIZHI			36.3673.250.2773.38446	12677794707
roduct Code	PRIVATE CAR INSURANCE	Cover Type	gryp CLASSIC	Policyholder NR1C	571416718 0
ontact No.(Mobile)	97970207	Contact No.(Office)		Loading	0
har Address	97970207		O .	Contact No.(Home)	
		Special Remark	12.12	eCode	N. O.
κ.	® No ⊜ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
port Date	05/11/2018 23:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Acoident	05/11/2018	Time of Accident nh:mm	13:45	Country of Accident	Singapore
outing Centre		Orange Force		1CH No.	
ident Location	BARTLEY RD EAST NEARBY BARTLEY SECO	ONDARY SCHOOL			
Excess					
n demage Excess	2,000,00	Additional Excess	0	Windscreen Excess	100.00
arned Driver Excess	0.00	Outside Singapore Ob Excess	2,000.00		
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits	3,200	Oldade Suidebare in Excess	41,500,00		
GST Registered Informa	200				
Registered Repidentian No.	No		GST Registration Date	1280	
Registration No.			GST Status Verified	Ves	
afication History					
Policyholder Mailing Ad	dress				
ress 1	BLK:68 #10-3217	Address 2	GEYLANG BAHRU	Address 3	SINGAPORE 330068
rect 4	11 P. 104170 10 00 10 TP 60	Address Type	Singapore address	Post Code	130068
No		Related Policy Number	5098414580	NOOPEN TO	33000
OI Driver Info			000000000000000000000000000000000000000		
er Name	GRESSA MAK WEI ZHI	Driver Type	Main Driver		
amed driver Name	The state of the s	Driver NADC	S7141671B	Driver DOB	25/11/1971
ster Date of Driver License	11/06/2007	Driver Age	46		
				Driving Expenence	11
tact No.(Mobile)	97970207	Contact No.(Office)	0	Contact No. (Home)	0
ress 1	B/K 68	Address 2	GEYLANG BAHRU	Address 3	SINGAPORE 330068
ress 4		Address Type	Singapore address	Post Code	33006B
No.	18-3217				
s he own a Singapore intered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
aration					
sthalyser or Blood Test ding?	0 mg	Any injury?	○ Yes ® No		
Ofication History					
laim 001 New					
m Type *	OD-MX	Insured Name	GRESSA MAK WEIZHI	Insured NRIC	571416718
tact No.(Mobile)	97970207	Contact No.(Home)	67289537	Contact No. (Office)	
il Address		Of Vehicle Number	SKJ17833	TP Vehicle Number	SLH6996Y
nant Type Claimant Type*	Please Select	Type of Benefit *	Please Select		or resolutions and
nant Name *	22	Claimant NR3C *			
nant Address	17.65	00000000000000000000000000000000000000			
n Description	SK317831 / SLH6998Y ON 5 Nov 2018			Name of Destroys and State	
rried Workshop Contact	The second secon	a construent and the second		Name of Preferred Workshop	
		Insured Labelty *	Fully at Fault		(1.5)
iire Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	05/11/2016 23:04	Claim Close Date		Date Received	05/11/2018 00:00
ort Taken By	2ackson				
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tachment			C WWW. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO		
dent No.	MT/1018546	Claim No.	001		
Doc. Received	● Yes □ No	Upload Date	05/11/2018 23:05		
	Path *		Category *	Confidential Urgen	cy * Description *
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