NATIONAL Assessment Centre S	services   puet 1 Jan'05   M	NA 118148985		CHROCK-NAS
Date. In 75   10 - 105 6	Ich description	Date &Time Completed	Done	by
Res No: Na live 180 20087 /24	SAS e-filing			
Veh No: JUE 6498H	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 5/11/18-04:50	i-Motor Claim Form	M1101 KY8-001	51118 23:	19
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2h			
ob (II) reporting only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
11.11.01.01	Ass't Report by Fax / Hand	to <u>Owner/Wksp</u>		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: FDIC934	NC (	)/Non-INC( )		
Owner / Driver: (		Tel:	)	_
Policy No: ( ) Period	:( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Note	Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( ) Warn	ranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )			
General Remarks:-		ACCESSOR SERVICE		
( ) Walk-In Customer: Customer's informat	The state of the s			1 1
( ) Total Loss Case : to e-mail Insurer U		h		
Drive-In ( )/ Towed-In ( ); Invoice: YI	ES( )/NO( );T	owing Co: (		)
Remarks;- (INC hotline: 6788 6616)	Carlo Ca	Date&Time Completed	Done	hy
1) Apply for Transport Allowance ( )/ Court	tesy Car ( )	, £	Acres de la company	100000
2) QC Check / Post Repair Inspection	( )	***************************************		
3) Upload Resurvey Photo [Repair Cost > \$3000]	1 ()			
Injury:				
myary:			VIII 11 11 11 11 11 11 11 11 11 11 11 11	
Date/Time Actions	The second second	April 18 April 19 Control of Control	estario ante.	
	79			
334			Anit (S)	Amt (5
1/4/803/17. · ·	25,246,393,39	paration Checklist	fit Bill	Add Bi
aimant's Particulars:-	1) AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$4	80)	
iver/Owner:	3) TF : Towing F	ce . \$4	0/\$45	
	4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120	
ntact No:		gainst INC Only (wef 10 Jan 2005		•
maged Portion:	6) TR : Re-inspec		\$75	
*	7) N1 : Idao DA - 8) NTUC Additio		\$160	
Checked by (Engr-In-Charge):	OD.			777.550
- Charles and Charles	*N5: Courtesy  *N6: Repair C	Car / Tpt Allowance	\$10	
ditors' Comments :-	*N7: Fost Rep	air Inspection	\$25	
1:	The second of th	lect Excess Coordination	33	
			\$20	
2/3;		(Non INC) against INC	\$20 30	

Figure 41 Fizze

## 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.

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.

AND THE PROPERTY OF THE PROPERTY OF THE	ACCIDENT STATEMENT
Date Of Report	05/11/2018 11:56
Date Of Accident	05/11/2018 04:50
Exact Location Of Accident	PIE (CHANGI) BEFORE EUNOS FLYOVER
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK6498H
Insured/Policyholder	
Name Of Registered Owner	COMGRUOUS
Co Reg No	53352587W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94899152
Alternative Phone No	OFFICE-94899152
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5087621177-01
Cover Note Number	
Driver	
Name of Driver	LIU ZHIHUA, THOMAS
NRIC No	S9117767F
Date Of Birth	24/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94899152
Fax Number	
Contact Number	OFFICE-94899152
EMail Address	NOEMAIL

BLK 557 CHOA CHU KANG NORTH 6 Address

#11-52

Postcode 680557

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

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? YES

Was any injured conveyed to hospital by ambulance?

NO

YES Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

NAME:

GENDER: : MALE

Passenger 2

Passenger 1

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 PIE (CHANGI) BEFORE EUNOS FLYOVER. VEHICLE B WAS TRAVELLING ALONG LANE 2 SUDDENLY CUT ONTO MY LANE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

## Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBK9742B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE Name of Driver CHUA GIAM HAN S9336596H NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

# **DETAILS OF INJURED PERSON 1**

Name

LIU ZHIHUA, THOMAS

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLK6498H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

### 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:
  - (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:

MGRI

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

Refer to Hutement.
AGRUA .

DECLARATION

I/We declare the to ticulars are true in every respect.

FA: 5335258

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.:

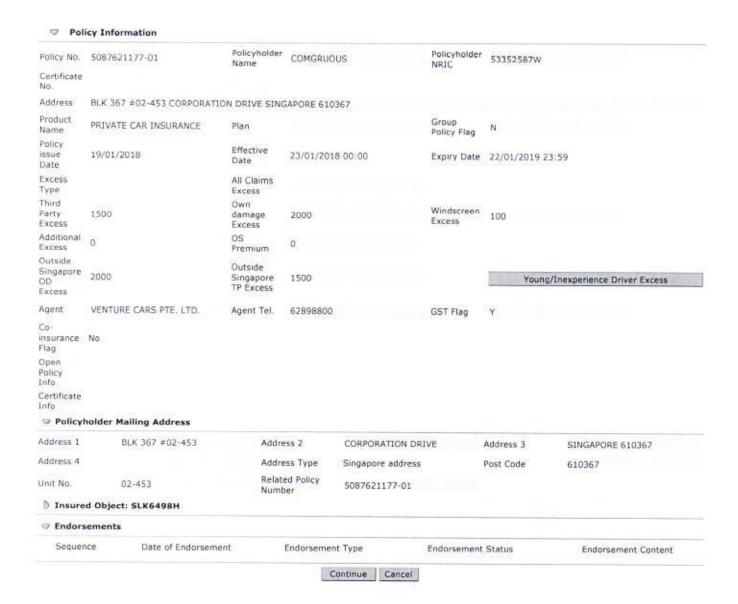








eBaoTech								GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601			The second second	The second second		+ Change	Language	• Chang	e Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Vo.				Date	of Accident	0:	5/11/2018 0	4:50	
	Vehicle	No.(For Motor)	SLK64	98H		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087621177- 01		COMGRUOUS	53352587W	GPC	drivo PREMIUM	SLK6498H	SLK6498H	23/01/2018	22/01/2019
						Continue	J				



Claim Handling					· E
Accident MT/1018548					
Policy No.	SD87621177-Q1	Vehicle No.	SLK6498H	GST Registration No.	
Certificate No.					
Policyholder Name	COMERUOUS			Policyholder NRIC	53352587W
Product Code	PRIVATE CAR INSURANCE	Cover Type	driya PREMILIM	Loading	0
Contact No.(Mobile)	94899152	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	he V
KTK	® No ○Yes	TCA	No ○ Yes	eCode Reason	
NCO Protection	No	NCD Entitlement(%)	0	Privace Hire	Yes
□ Accident Details					
Report Date	05/11/2016 23:17	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	05/11/2018	Time of Accident hh:mm	04:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	PIE (CHANGI) BEFORE EUNOS FLYOVER			(2.1700.033))	
♥ Excess	FIE (CHANGE) BEFORE EGINDS PETOVER				
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	72700000	Outside Singapore OD Excess	2,000,00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>□</b> Benefita					
□ GST Registered Informa					
SST Registered	TNO.		GST Registration Date	644	
SST Registration No. Modification History			GST Status Verified	Yes	
A STATE OF THE PARTY OF					
Policyholder Mailing Ad	dress				
Address 1	BLK 367 #02-453	Address 2	CORPORATION DRIVE	Address 3	SINGAPORE 610367
Address 4		Address Type	Singapore address	Post Code	610367
Unit No.	02-453	Related Policy Number	5087621177-01		
OI Driver Info	N. 100		300/0211/7-02		
Driver Name	Unnamed Driver	Onver Type	Unnamed Driver		
Unnamed driver Name	LIU ZHIHUA, THOMAS	Onver NR3C	S9117767F	Driver ODB	24/05/1991
Register Date of Driver License		Driver Age	27	Driving Experience	5
	94899152		0		0
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	A House the control of the control o
Address 1	BLK 557	Address 2	CHOA CHU KANG NORTH 6	Address 3	SINGAPORE 680557
Address 4		Address Type	Singapore address	Post Code	680557
Unit No.	11-52				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	******	® Yes ○ No		
Reading?	o mg	Any injury?	S yes O No		
Modification History					
Claim 001 New					
Claim 001 New					
	process				198000000000000000000000000000000000000
Diam Type *	OD-MX	Insured Name	COMGRUOUS	Insured NRIC	53352587W
Contact No. (Mobile)	94899158	Comact No. (Home)		Contact No. (Office)	NU
Email Address	thomasiuzhihua@gmail.com	OI Vehicle Number	SLK6498H	TP Vehicle Number	FBK9742B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Daimant Name *	22	Claimam NR3C *			
Clement Address					
Dam Description	SLK6498H / FBK97428 ON 5 Nov 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes. 💌	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received 🗸
Date Registered	05/11/2018 23:19	Claim Close Date		Date Received	05/11/2018 00:00
Report Taken By	Jackson	367777,728 (5768)		SERVICE CONTRACTOR	
	Packson				
Print AK letter					
			Save Submit		
Attachment			property of the second		
0					
Accident No.	MT/1018548	Claim No.	001		
Last Doc. Received	● ves ○ No	Upload Date	05/11/2016 23:21		
	Path *		Category •	Confidential Urgen	cy * Description *
	AND	Browse		V Normal	
		Browse		✓ Normal	× ·
E		Browse	Dear Please Select	V Normal	<u> </u>

