NATIONAL Assessment Cent	tre Services - w	et 1 Jan'05] MHA []	812081		
Date In: 211/16-15: 17	Jeb description	j Da	te &Time Completed	Done	pi
Ref No: MA/INC18021515/24	SAS e-filing				
Veh No. Jemp3425	E-mail (within She	rs, AIC 2hrs)			•
D.O.A: 19/11/18 -20.00	i-Motor Claim	Form M	1/10206/4-201	20/11/18 13	1:53
	i-Motor W/O	Within: OD 2hrs, 7P 4			orani en
OD (TP) Reporting Only	i-Photo Upload	led			000-101-1155
	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by	Fax / Hand to Ow	mer/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		To	l:	Fax:	)
TP Particulars: Veh No: J	2.884.8	. INC( . )	/Non-INC()		
Owner / Driver: (		Т	cl:	)	
Policy No: ( )	Period: (	) Co	ver Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (%)	[Note-Est. Status (Wo	O): N: 0-20%;	P: 21-79%. F: 80-	-100%]	
Year of Registration: ( )	Warranty: YES (	)/NO( )			
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000 (	)		CHEMIC DISTRICT	-
General Remarks:-				Salah Sirin	
( ) Walk-In Customer: Customer's in	formation strictly Confi	dential & Strictly	NO refer of repairer	·	
( ) Total Loss Case : to e-mail Insu	irer URGENTLY.		* ser i di		
Drive-In ( ) / Towed-In ( ); Invoi	ice: YES ( ) / NO	( ); Towin	g Co: (		)
Remarks: (INC hotline: 6788 6616)	S	$D_d$	te&Time Completed	Done	by
1) Apply for Transport Allowance ( )/	A 2 C C C C C C C C C C C C C C C C C C	5 3 3 5 5 5 5 6 6 6 6 7 5 5 5 6 6 6 6 6 6 6 6		10.000	
2) QC Check / Post Repair Inspection	( )			1	
				<del> </del>	
3) Upload Resurvey Photo [Repair Cost>	33000) ( )		1 10		-
Injury:					
Date/Time Actions				PROPERTY.	
	1				
*				Anit (S)	Amt (5)
NAI80788 J		Invoice Prepara	tion Checklist	in Bill	Add Bill
laimant's Particulars :-	# DOOR OF A PARTY OF SECTION ASSESSMENT AND AREA ARE THE AREA AREA AREA AREA AREA AREA AREA AR	) AR : Accident Repor	Market Control of the	ream	
	3	DA : Damage Assess ) TF : Towing Fee		40/\$45	
river/Owner:	4	) FT : Follow-Through ) FT : Follow-Through	Survey (Resurvey)	\$120 \$30	
ontact No:		For claiming against	INC Only (wef 10 Jan 20	05)	
amaged Portion:		) TR : Re-inspection ) N1 : Idac DA + SMI	RT Survey	\$75	
		NTUC Additional Se			
C Checked by (Engr-In-Charge):	-	OD.		\$5	
, (a.g one Ea).		*N5: Courtesy Car / *N6: Repair Co-ordi	The state of the s	\$10	
uditors' Comments :-	PERSONAL PROPERTY.	*N7: Post Repair Ins		\$25 \$3	
1. 1.			A DESK L. DOTTOMATION	400	1
	NRC 980 (970) (875) (6	TP (NII) : TP (Nan		\$20	
t. 2/3;				30	ama a

#### 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.

A PARTY OF STREET, SALES OF STREET, SALE	ACCIDENT STATEMENT
Date Of Report	20/11/2018 15:27
Date Of Accident	19/11/2018 20:00
Exact Location Of Accident	SLIP RD BRADDELL RD TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM7345Z
Insured/Policyholder	
Name Of Registered Owner	NG SIEW KHENG MAGDALENE
NRIC No	S6809591C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90090393
Alternative Phone No	OFFICE-90090393
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

Fleet Policy NO

Policy Number 5090572950-01

Cover Note Number

#### Driver

Name of Driver NG SIEW KHENG MAGDALENE

 NRIC No
 \$6809591C

 Date Of Birth
 09/03/1968

 Occupation
 INDOOR

 Date Of Driving Pass
 27/03/1995

Driving Experience 23 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90090393

Fax Number

Contact Number OFFICE-90090393

EMail Address NOEMAIL

Address BLK 31 HOUGANG AVENUE 7

#03-01

Postcode 538800

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 Registration Number of Driver's Own

A-CONTEN

.

Insurance Company of Driver's Own Vehicle

i

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

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
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) 4

Passenger 1 NAME: : -

GENDER: : FEMALE

Passenger 2

NAME:

. .

GENDER: : FEMALE

Passenger 3

NAME:

NO

.

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

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

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJJ8688S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

NG SIEW KHENG MAGDALENE

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SLM7345Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

Page 3 of 16

#### 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 flability.
- 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:
  - (i) 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			I Bagin resemperation and the state of	yaya marin iyo marin i
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ARATION declare the foregoing partic	culars are true in every respect.			7.
	ulars are true in every respect.			

DIARMO SERVICE PROFESSO VI

Claims Qunitedsy romss

## SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

- Complete and submit this form to the Individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

## **Accident details**

Date and time of accident	Date: 19/11	12018	(DD/MM	/YY) T	ime:	g:oppm	(HH:MM)
Exact location of accident	Brydell F	Rd turning					-

## **Details of vehicle**

own insurance company?	Third part of		if no, please Reporting or		
Are you claiming under your	Yes 🗆	Non	if no places	1	
Purpose of using at said time	Private "	Me			
Vehicle category	Private 🗹	Comme	ercial 🗆 N	Notorcycle	
	Lorry D	Bus 🗆	Motorcy	cle <pre>cle </pre>	
Type of vehicle	Saloon 🗈	MPV 🗆	CRV 🗆	Van 🗆	
Vehicle make and model	HYUNDAZ	ELOY	ELANTRA		
Vehicle registration number	SLM 7	3452			

## **Insurance information**

Insurance company	HTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

## Insured / Policy holder

SIEW KHENG MAGDALENE	Male 🗆	Female
9 0393		
31 Hougang Ave 7 #103-01 s	(538800)	
÷	809591 ( 09 0393 31 Hougang Ave 7 #03-01 s	

#### 

Name	The state of the s		Male	Female
NRIC / Fin / Passport number				
Contact				
Address				
Email address				
Date of birth				
Occupation	Indoor 🗆	Outdoor		
Driving date pass				

# General information of the accident

	/
Was driver an employee of	Yes D No E
the insured's company?	If no, relationship of the driver and insured: Owner
Accident captured by camera?	
Weather condition	Clear Raining Others:
Road surface	Dry Wet 🗹
No of passenger	3 (Inclusive of driver
Passenger 1	
Name	
Gender	Male  Female
Passenger 2	and the second
Name	
Gender	Male D Female D
Passenger 3 Name	and an artist of the second of
Gender	Male D Female d
Passenger 4 Name	N.
Gender	Male   Female
Passenger 5	
Name	
Gender	Male 🗆 Female 🗆
Passenger 6	
Name	
Gender	Male   Female
Other information	
Was anybody injured?	res d No a
	res Ø No 🗆
Details of police action	
Reported to police?	'es  No  If yes, please state which police station.

# Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SJ38688S
Vehicle make model	

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	Level Consults (77

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Name Witness 2 Name

# Injured person 1

Name	HG SIEW KHENG MAGDALENE
Injuries sustained	Back and Heck
Which vehicle person in?	SLM 7345Z
Were seat belts worn?	Yes 🗹 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D

# Injured person 2

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

# Injured person 3

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

# Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes No D

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

PASS DATE

NP 428A

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

27 Mar 1995



09-11-1991

BLK 31 HOUGANG AVENUE 7 #03-01

SINGAPORE 538800 NRIC No: S6809591C

Dete: 14-02-2000 No: 8355915



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6809591C



NG SIEW KHENG MAGDALENE



CHINESE Date of Burn 09-03-1968 F. County of Beth

SINGAPORE



Hello, NAC_PAYA_UBI_80	0601					• Change	e Language	· Chan	ge Password	· Log Ou
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date	of Accident		19/11/2018	20:00	
	Vehicle No.(For Motor)	SLM73	45Z		Certi	ficate Number	1		17(30)	
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5090572950- 01		NG SIEW KHENG MAGDALENE	S6809591C	GPC	drivo CLASSIC	SLM7345Z	SLM7345Z	08/04/2018	07/04/2019

Policy No.	5090572950-01	Policyholder Name	NG SIEW H	CHENG MAGDALENE	Policyholder NRIC	S6809591C	
Certificate No.		03070025					
Address	31 HOUGANG AVENUE 7 #03-0	1 SINGAPORE	538800				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	06/04/2018	Effective Date	08/04/201	8 00:00	Expiry Date	07/04/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	KOMOCO TRADING PTE LTD	Agent Tel.	96312463		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
O Policy	holder Mailing Address						
Address 1	31 HOUGANG AVENUE 7	Addre	ss 2	#03-01		Address 3	SINGAPORE 538800
Address 4		Addre	ss Type	Singapore address		Post Code	538800
Jnit No.	03-01	Relate Numb	ed Policy er	5103359552			
) Insure	ed Object: SLM7345Z						
	sements						

Policy No.					
	5090572950+01	Vehicle No.	SLM73452	GST Registration No.	
Certificate No.					
Policyholder Name	NG STEW KHENG MAGDALENE			Policyholder NKIC	96809591C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mosew) Email Address	90090393	Contact No.(Office)	0	Contact No.(Home)	0
K/ K	90 mg Chang	Special Remark		eCode	THE W.
NGD Protection	(€) No ○ Yes	TCA	® No ○ Yes	eCode Reason	
Accident Details	NO	NCO Entitlement(%)	10	Private Hire	No
rated Date					
	20/11/2018 17:52	Academt Report Within 24 hrs	Yes	Acadent Type	Collision - Head to Rear
ate of Accident	19/11/2018	Time of Accident onlimm	20:00	Country of Accident	Singapore
sporting Centre		Orange Force		ICM No.	
Coldent Location	SLIP RD BRADDELL RD TWOS LIPP SERAN	GDON RD			
₹ Excess					
wn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess	0.00	Outside Singapore DO Excess	600.00	STOTE OF SHALL ASSUME	100.00
and Party Excess	0.00	Outside Singapore TP Excess	0.00		
3 Benefits			05223		
SST Registered Inform	ation				
T Registered	749		GST Regetration Date		
1 Registration No.			DST Status Venified	yes	
diffication History				2000	
I Bellevhelder H. W.	X				
Policyholder Hailing Ad					
dress 1	31 HOUGANG AVENUE 7	Address 2	#03-01	Address 3	51NG4PORE 538800
idress 4		Address Type	Singapore address	Post Code	538800
st Na.	03-01	Related Policy Number	\$103359552		
OI Driver Info					
ver Name	NG SIEW KHENG MAGDALENE	Driver Type	Main Driver		
named driver Name		Driver NRIC	\$6809591C	Driver DOS	09/03/1968
gister Date of Driver License	27/03/1995	Driver Age	50	Driving Experience	23
mact No (Mobile)	90090393	Contact No.(Office)	0	Contact No.(Home)	0
Ovess 1	31 HOUGANG AVENUE ?	Address 2		Address 3	SINGAPORE 538800
dress a		Address Type	Singapore address	Post Code	\$38800
* No.	03-01				
es he own a Singapore gatered car?	○ Yes ( No	Driver Vehicle No.		Onver Insurer Company	
gatered car?	○ Yes <b>®</b> No	Driver Vehicle No.		Driver Insurer Company	
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