Invoice Preparation Checklist fit Bill Add	NATIONAL Assessment Cen	tre Services	[we! 1 Jan'05] M	84532181141		
Ref No. Maj INC (1972-07) SAS effiling Vel No. 1973-01 E-mail (1986) Sin., AC 28473 DO A 1912-19-17 I-Motor Citain Form M1/12-2-915-20-3 2/12-19 15-56 I-Motor W/O (2018-00 Dia, 17-440) I-Photo Uploaded Assessment/Survey Report Inc.) / Non-INC () Owner/ Driver:	Date In: 3/10/18-14:5.	Jeb description		Date &Time Completed	Done	s p.v.
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I-Photo Uploaded Assessment/Survey Report Assessment/Survey Report Fax: Tel: Fax:	1)	i-Motor W/O	(Within: OD 2hr:			
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Period (TP Particulars: Veh No: JLx	9187	INC ()/Non-INC()		
Confirmed by : (Tel:)	
Insured/Driver Liability (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%] Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Yalk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Remarks: (INC Inothine: 6788 6616) Date-Strine Completed Date-St	Policy No: ()	Period: ()	Cover Type: ()	7.79
Year of Registration: (Confirmed by : (Date:	Time:)	
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For claiming against INC Only (wef 10 Jan 2005) Imaged Portion: 6) TR : Re-inspection 575 7) N1 : Idag DA + SMRT Survey 5160 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination 510 *N7: Fost Repair Inspection 525 *N8: DV / Collect Excess Coordination 55 TP (N11) : TP (N in INC) against INC \$20 9) N12: Idae Mobile 30 Invoice dated Fee Charged 10 **TE Charged 10 *TE Char	TivenOwner:	Mar III	4) FT : Follow-Th	rough Survey		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.
- 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.

Committee was by Authorists of the	ACCIDENT STATEMENT
Date Of Report	07/12/2018 14:50
Date Of Accident	06/12/2018 19:15
Exact Location Of Accident	JB TWDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
Control of the contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP6302L
Insured/Policyholder	
Name Of Registered Owner	CHUA JAN CHONG
NRIC No	S1443864E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85181858
Alternative Phone No	OFFICE-85181858
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.0L CVT ABS D/AIRBAG 2WD
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	5042736046-08
Cover Note Number	
Driver	
Name of Driver	CHUA JAN CHONG
NRIC No	S1443864E
Date Of Birth	11/03/1960
Occupation	INDOOR
Date Of Driving Pass	18/01/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85181858
Fax Number	15 to 2020 ms & 100000 100000 1000000000000000000000
Contact Number	OFFICE-85181858

NOEMAIL

BLK 339 WOODLANDS AVENUE 1 Address

#07-553

Postcode 730339

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 SIDE SWIPE Weather Conditions DRIZZLING

Road Surface WET

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

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1

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, MY VEHICLE WAS STATIONARY STOPPED ALONG STATED VENUE AS IT WAS CONGESTED. VEHICLE B WAS TOO CLOSE TO MY VEHICLE AND SIDE SWIPED ONTO MY VEHICLE LEFT 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 SLX918J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHONG JIT LEONG

NRIC/Passport Number S7274849B

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>.
- 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.
- 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:
 - 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:

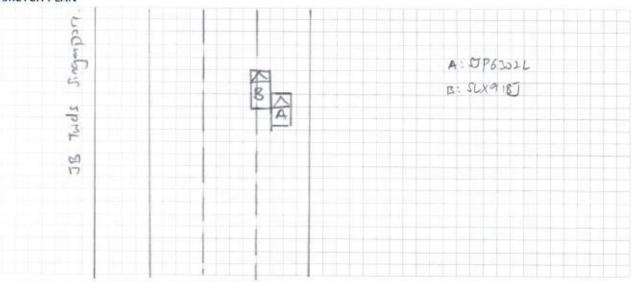
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pelar to Statement.			
	/		

I/We declare the foregoing particulars are true in every respect.

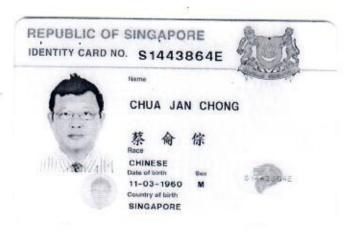
Policyholder's Signature Date & Time:

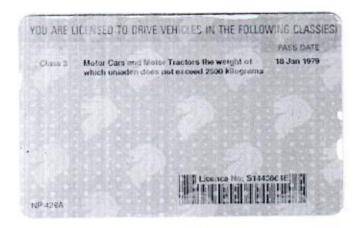
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

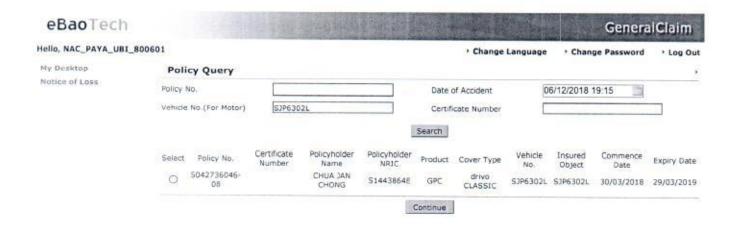
NRIC/FIN No.:











Sequer	nce Date of Endorsemen	ti ii	Endorsemen	t Type	Endorsement	Status	Endorsement Content
	sements						
Insure	d Object: SJP6302L						
Init No.		Relate Numb	ed Policy er	5042736046-08			
Address 4			ss Type	Singapore address	S	Post Code	730339
Address 1	BLK 339 #07-553	Addre	ss 2	WOODLANDS AVE	ENUE 1	Address 3	SINGAPORE 730339
□ Policyl	holder Mailing Address						
Certificate Info							
Policy Info							
Open							
insurance Flag	No						
Co-	SOUTHERN CROSS ASSOCIATES	Agent Fel.	91399497		GST Flag	Y	
Excess Agent	CONTRED CROCCACCOCATE	11/20010	0				
Singapore DD	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Excess Outside	1000	Premium	0				
Excess Additional	1000	Excess OS			Excess		
Third Party	0	Own damage	600		Windscreen Excess	100	
Excess Type		All Claims Excess					
Policy ssue Date	27/03/2018	Effective Date	30/03/2018	3 00:00	Expiry Date	29/03/2019 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 339 #07-553 WOODLANDS	AVENUE 1 SI	NGAPORE 73	0339			
Certificate No.							
Policy No.	5042736046-08	Policyholder Name	CHUA JAN	CHONG	Policyholder NRIC	S1443864E	

ccident MT/1022963						
Ney No.	5042736046-08		Vehicle No.	\$1P6302L	GST Registration No.	
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olicyholder Name	CHUA: JAN CHONG				Policyholder NRIC	erionerio
oduct Code	PRIVATE CAR INSURA	duce.	Cover Type	drivo CLASSIC		514438648
Incact No.(Mobile)	85161858	301			Loading	0
nov Address	03101030		Contact No. (Office)	0	Contact No (Home)	0
40	⊗ No ○ Yes		Special Remark	2-0-	eCode	To V
			TCA	No ○ Yes	eCode Reason	
D Protection	No		NCD Entitlement(%)	10	Private Hire	No
Accident Details						
port Date	07/12/2018 15:27		Accident Report Within 24 hrs	Yes	Acodem Type	Side Swipe
te of Accident	06/12/2018		Time of Accident friumm	19:15	Country of Accident	Outside Singapore
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Excess						
n damage Excess		600.00	Additional Excess	1000	Wednesday Europe	Transport.
named Driver Excess					Windscreen Excess	100.00
ril Party Excess		0.00	Outside Singapore OD Excess	600.00		
Benefita		0.00	Outside Singapore TP Excess	0.00		
	Separate Separate					
GST Registered Inform						
Registered Registration No.	No			GST Registration Date	9900	
Sfication History				GST Status Verified	Yes	
-10.10.10.50.50.50						
Policyholder Mailing Ad	doress					
ress 1	BLK 339 #07-553		*****			
	aun 339 #U/1553		Address 2	WOODLAND'S AVENUE 1	Address 3	SINGAPORE 730339
press 4			Address Type	Singapore address	Past Code	730339
t No.			Related Policy Number	5042736046-08		
OI Driver Info						
ver Name	CHUA JAN CHONG		Driver Type	Main Driver		
named driver Name			Driver NRIC	\$14438648	Driver 008	11/03/1960
ister Date of Driver License	18/01/1979		Onver Age	58	Driving Experience	39
rtact No.(Mobile)	85181858		Contact No. (Office)	0	Contact No. (Home)	0
fress 1	BUK 339		Address 2	WOODLANDS AVENUE 1	Address 3	SINGAPORE 730339
tress 4			Address Type	Singapore address	Post Code	730339
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