NATIONAL Assessment Ce	ntre Services. wet i Jamos 1	T28821 81141		
Date In: 10/10/18-10:18	Jeb description	Date &Time Completed	Done	e by
Rei No: MA /MC 18022237/24	SAS e-filing			
Vch No: JKM3593M	E-mail (within Shrs, AIC 2hrs)			(+)
D.O.A: 9/14/8-17:00	i-Motor Claim Form	M 1623304.001	10/12/18 77	v. 1a.
	i-Motor W/O (Within: OD 2h		1	
OD : TP'y Reporting Only	i-Photo Uploaded	1		CATE OF THE
TP Insurer:	Assessment/Survey Report			
17 insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tol;	Fax:	)
TP Particulars: Veh No: 41	137822. INC	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	6) [Note-Est. Status (WO): N: 0-2	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 & S	trictly NO refer of repairer.		
( ) Total Luss Case : to e-mail In:		*		
Drive-In ( )/ Towed-In ( ); Inv		Towing Co: (		)
			EVALUE OF THE	<del>dela</del>
Remarks; (INC hotline: 6788 6616		Date&Time Completed	Done	by
Apply for Transport Allowance (     QC Check / Post Repair Inspection	) / Courtesy Car ( )			_
Upload Resurvey Photo [Repair Cost > ]	( )			mary younge
5) Opioad Resulvey Filolib [Repair Cost 2	233000] ( )			
Injury:		<del></del>		_
Date/Time Actions		and the second	CD-86	Property Property
			8.88229627627627 316.	
0	•		-	
7				
160	Invoice Pro	paration Checklist	Anit (S)	Amil (1)
1 508031 4			fit Bill	Add Bill
aimant's Particulars :-	1) AR : Accident 2) DA : Darriege	Reporting (\$30); Assessment (\$100); INC (\$	30)	
iver/Owner:	3) TF : Towing I 4) FT : Follow-T		\$120	
ntact No:	5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
	For claiming a 6) TR: Re-inspe	eainst INC Only (wef 10 Jan 200	575	
maged Portion:	7) N1 : Idao DA	+ SMRT Survey	\$160	
	\$) NTUC Addition	onal Services:-		
Checked by (Engr-In-Charge):	*N5: Courtesy	Car / Tpt Allowanue	\$5	
TO THE SECRET AND ADDRESS OF THE SECRET	• N6: Repair C • N7: Post Rep		\$10 \$25	
iditors' Comments:=		llect Excess Coordination	35	
1:	TP (N11) : TP 9) N12: Idac Mo	(Non INC) against INC	\$20 301	
2/3;	Invoice dated	Fee Charged		arm Jah
7.75 × 3	Invoice dated	Fee Charged	經濟學校	Car Co

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

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.
- 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.

<b>建设设施</b> 经基础的 1000 1000 1000 1000 1000 1000 1000 10	ACCIDENT STATEMENT
Date Of Report	10/12/2018 10:18
Date Of Accident	09/12/2018 13:00
Exact Location Of Accident	PIE (CHANGI), PAYA LEBAR FLYOVER
Country/State of Loss	SINGAPORE
The second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM3093M
Insured/Policyholder	
Name Of Registered Owner	KEE SOON HO
NRIC No	S6846626A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90086432
Alternative Phone No	OFFICE-90086432
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO 1.5L A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5078119753-02
Cover Note Number	
Driver	
Name of Driver	KEE SOON HO
NRIC No	S6846626A
Date Of Birth	20/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1991
Driving Experience	27 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90086432
Fax Number	

OFFICE-90086432

NOEMAIL

BLK 190B RIVERVALE DRIVE Address

#16-974

542190

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

Postcode

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3 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) Passenger 1

NAME:

GENDER: : FEMALE

2

#### **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 STATED VENUE. VEHICLE IN FRONT OF ME BRAKE HIS VEHICLE, SO I BRAKE MY VEHICLE ACCORDINGLY, SUDDENLY I FELT AN IMPACT OF MY VEHICLE, I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION, AFTER AN IMPACT, I REALIZE THAT THE WERE 3 VEHICLES INVOLVED IN THIS ACCIDENT.

#### Attachment(s)

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

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLC3782Z

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver CHIA WAI KIT, NICHOLAS

NRIC/Passport Number S8726994I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER: :

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SGY6586Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

CHUA BOON HOCK, BENEDICT (CAI WENFU)

NRIC/Passport Number

S8901498J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

### 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>.
- 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.
- 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)

l 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.:

Paya le sur Elyover	NA MB NO	A: SKM 3093M. B: SLC 3782. C: Shy6586y.	

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hutemen	
CLARATION	

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.:







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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

'Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg

'Motor vehicles which are not constructed to carry load and the unladen weight > 2250kg

Class 5 Motor vehicles and to constructed to carry any load and the unladen weight > 7250kg

The following the f

NP 420A



eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Chang	e Language	change	e Password	· Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy I	No.				Date	e of Accident		09/12/2018 1	3:00	
	Vehicle	No.(For Motor)	SKM30	93M		Cert	ificate Number	5			
						Search	Í				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5078119753- 02		KEE SOON HO	S6846626A	GPC	Third Party, Fire & Theft	5KM3093N	1 SKM3093M	10/03/2018	09/03/2019
					1	Continue					

olicy No.	5078119753-02	Policyholder Name	KEE SOON	но	Policyholder NRIC	S6846626A	
ertificate lo.					10000		
ddress	BLK 190B #16-974 RIVERVAL	E DRIVE SINGA	PORE 54219	)			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy isue late	07/03/2018	Effective Date	10/03/2010	3 00:00	Expiry Date	09/03/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	1500	Own damage Excess	0		Windscreen Excess	0	
dditional xcess	0	OS Premium	0				
Outside Singapore OD Excess	Ö	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
lgent :	DIRECT BUSINESS DEPT	Agent Tel.	NIL		GST Flag	Υ	
Co- nsurance lag Open Policy nfo	No						
Certificate nfo							
Policy	holder Mailing Address						
ddress 1	BLK 190B #16-974	Addre	ess 2	RIVERVALE DRIVE		Address 3	SINGAPORE 542190
ddress 4		Addre	ess Type	Singapore address		Post Code	542190
nit No.		Relate Numb	ed Policy per	5078119753-02			
Insure	ed Object: SKM3093M						
○ Endors	sements						
Sequen	Date of Endorsem 03/07/2018 00:00	Basic	Endorsemen Information sement	E92.	Endorsement	Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 03 Jul 2018, th following amendment(s) is/are made to this policy: In view of thamendment, an additional premium of \$256.97 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sinc made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also mak payment at any of our branches by cash, credit card or NETS.
		Basic	Information	Endorse	ement Take Eff	fective	Thank you for giving us the opportunity to serve you. We confirm that from 04 Jul 2018, th following amendment(s) is/are made to this policy: 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.

Claim Handling Accident MT/1023304					
rakey No.	5078119783-02	Vehicle No.	SKM3093M	GST Registration No.	
ertificate No.		ACCESSES (1.28)	- Total Control Control	our registration no.	
oli cyfreider Name	KEE SOON HO			949334V799000251	
roduct Code	PRIVATE CAR INSURANCE	Count Time		Policyhalder NR3C	S6846626A
ontact No.(Mobile)	90086432	Cover Type	Third Party, Fire & Theft	Loading	0
mail Address	50000432	Contact No.(Office)	ů .	Contact No.(Home)	0
rk.	St. Com	Special Remark	100.00	eCode	N. V
	® No ○ Yes	TCA	No ○Yes	eCode Reason	
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
port Date	10/12/2018 22:17	Accident Report Within 24 hrs	res	Accident Type	Chain Collision
ite of Accident	09/12/2018	Time of Accident hitumini	13:00	Country of Accident	Singapore
sporting Centre		Orange Force		ICM No.	
cident Location	PTE (CHANGE), PAYA LEBAR FLYOV	ER		(40)	
Excess					
vn damage Excess	0.00	Additional Excess	0	198-44-4-1-1	(was)
named Driver Escens	0.00	Outside Singapore OD Excess		Windscreen Excess	0.00
and Party Excess	1,500.00		0.00		
/ Benefits	1,500.00	Outside Singagore TP Excess	1,500.00		
	ation				
GST Registered Inform					
T Registered T Registration No.	No		GST Registration Date		
edification History			GST Status Verified	Yes	
and a					
Policyholder Mailing Ad	idress				
dress 1	BLK 1908 #16-974	Address 2	RIVERVALE DRIVE	Address 3	20010000000
Jaress 4		Address Type	Singapore address		SINGAPORE 542190
nit No.		Related Policy Number		Post Code	542190
Of Driver Info		Senten Party Number	5078119753-02		
ver Name	KEE SOON HO	Oniver Type	Main Driver		
named driver Name		Driver NRJC	S5846626A	14177440	
guter Date of Driver License	21/06/1991	Driver Age		Driver DOB	20/12/1968
ntact No.(Mobile)	90086432		49	Driving Experience	27
		Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 1908	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 542190
dress 4		Address Type	Singapore address	Post Code	542190
9t No.	16-974				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
daration					
esthalyser or Blood Test	0 mg	20000000	A		
ading?		Any injury?	○ Yes ® No		
diffication History					
Claim 001 New					
im Type *	DD MX	ELCONALIONO)			Province Company of the
rtact No. (Mobile)	90086432	Insured Name	KEE SOON HO	Insured NR3C	56846626A
	N/101/4	Contact No. (Home)	08759184	Contact No. (Office)	
ail Address		Of Vehicle Number	SKM3093M	TP Vehicle Number	SLC3782Z
imant Type Claimant Type •	Please Select 💟	Type of Benefit *	Please Select		
mont Name +	≥2	Claimant NR3C *			
mant Address					
m Description	SKM3093M / SLC3782Z ON 9 Dec 2	018		Name of Preferred Workshop	
erred Workshop Contact		Sisured Labriny *	Not at Fault		
ure Finalisation	Yes 💌	Preferend Repair Option		L energy	- Control of the Cont
e Regultered	10/12/2018 22:19	Claim Close Date	Preferred Workshop, Name unknown		Received 💌
ort Taken By	Nackson	Creek Citizen Credit		Date Received	10/12/2018 00:00
	TANASAH.				
Print AK letter					
ttachment		1	Save Submit		
sient No.	MT/1023304				
		Claim No.	001		
Doc, Received	● Yes ○ No	Upload Date	10/12/2018 22:20		
	Path +		Category +	Confidential Urgen	ry * Description *
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		Browse	Clear Please Select	V Normal	
		Browse		- A	
		D. OHOU	I statement to the stat	✓ Normal	

