NATIONAL Assessment Ce.	ntre Services. [wet 1 Janios] M	N4118161859		
Date In: (7)10 18-10:45	Jcb description	Date & Time Completed	Don	ie by
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Veh No: JKZ77044	E-mail (within 5hrs, AIC 2hrs)			4
D.O.A : 5/12/16-16:00	i-Motor Claim Form	M7/1024117-201	17/11/18	חומ
	i-Motor W/O (Within: OD 2h)			
OD TP Reporting Only	i-Photo Uploaded			20727
TD I	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:	
TP Particulars: Veh No:	11687A - INC ()/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% P-80-1	00%1	
Year of Registration: ())	3070]	
Excess: (\$) Loading: \$		/		-
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			15.00 Miles	
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() Total Loss Case : to e-mail Ins	surer URGENTLY.	og [™] ner i d	X2	
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO(); T	owing Co: (ACCIDENCE OF THE PARTY OF THE P)
Remarks;- (INC hotline: 6788 6616		3	NS ASSESSMENT TO	
	THE PERSON NAMED IN COLUMN 2 I	Date&Time Completed	Done	by
Apply for Transport Allowance ()	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
Injury:				
Date/Time Actions			emploars	
	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	rascilloscos de la contrario de la companya de la contrario de	***************************************	
	3			
In long		aration Checklist	Anit (S)	Amt (3)
A1808256	1) AR : Accident	MARKET AND	fit Bill	Add Bill
aimant's Particulars :-		Assessment (\$100); INC (\$8)	0)	
river/Owner:	3) TF : Towing Fo 4) FT : Follow-Th		/\$45 120	
entact No:			\$30	
		ajnst INC Only (wef 10 Jan 2005)	CO	200
maged Portion:	6) TR: Re-inspec 7) N1: Idac DA+		\$75	
	8) NTUC Addition			
Checked by (Engr-In-Charge):	QD*			
. ,	*N5: Courtesy *N6: Repair Co	Car / Tpt Allowence	510	
ulitors! Comments::	*N7: Fost Repa	ir Inspection	\$25	
1.		eet Excess Coordination (Non INC) against INC	\$20	CV
	9) N12: Idne Mob	The second secon	30	
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	Involce dated	Fee Charged	经产业的	

to provide the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 5. 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.

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- 41		DEN	I STA	1 - IV	
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Date Of Report 17/12/2018 10:45 Date Of Accident 15/12/2018 16:00

Exact Location Of Accident IMM MULTISTORY CARPARK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ2704Y

Insured/Policyholder

Name Of Registered Owner LOW SOO HENG NRIC No S1166458Z **Email Address** NOEMAIL

Mobile Phone No (LOCAL) +65-98178115 Alternative Phone No. OFFICE-98178115

Vehicle Particulars

Manufacturer HONDA Model VEZEL 1.5X A Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

PRIVATE USE

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

Policy Number 5077148072-02

Cover Note Number

Driver

Name of Driver LOW SOO HENG NRIC No S1166458Z Date Of Birth 23/03/1956 Occupation **INDOOR** Date Of Driving Pass 11/01/1980

Driving Experience 38 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98178115

Fax Number

Contact Number OFFICE-98178115

EMail Address NOEMAIL Address 9 RIVERVALE CRESCENT

#08-27

Postcode 545086

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

i

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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

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) 3

Passenger 1 NAME: : -

GENDER: : FEMALE

Passenger 2

NAME: :

8.00

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 STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B COMING OUT FROM CARPARK LOT WITHOUT CHECKING HIS BLINDSPOT. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDJ1682A

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)

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.
- 3. 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.
- 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. 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.
- 7. 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.

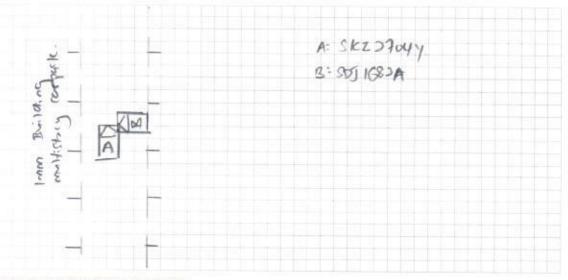
Policyholder's Signature Date & Time:

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

Name:

NRIC/FIN No.:

Reporting Centre Personne s Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

redn f	stutement		
	[6		

DECLARATION

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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1166458Z





LOW SOO HENG

刘素兴

CHINESE

23-03-1956 F

SINGAPORE







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

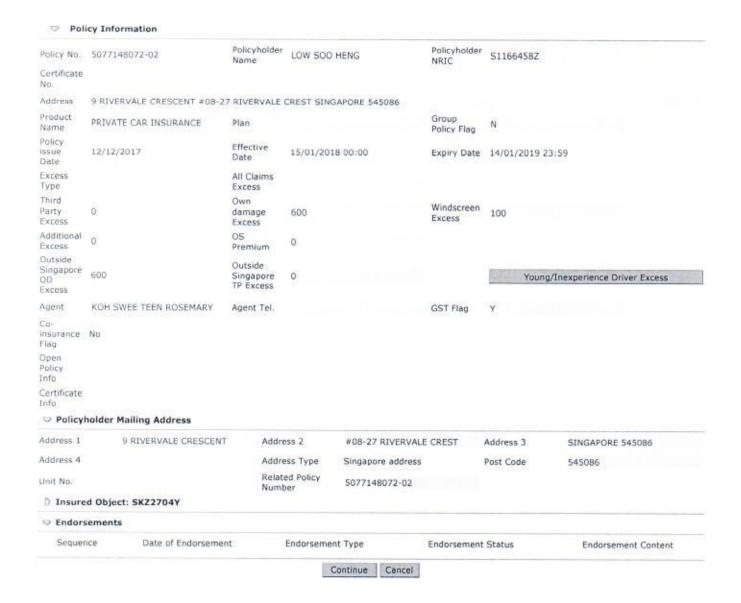
PASS DATE

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

JOYears

NP 428A

eBaoTech	h Genera						lClaim			
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	• Chang	e Password	· Log Out
My Desistop Notice of Loss	Policy Query									
	Policy No.				Date	of Accident	[1	5/12/2018 1	6:00	
	Vehicle No.(For Motor)	hicle No.(For Motor) SKZ2704Y			Certificate Number					
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5077148072- 02		LOW SOO HENG	S1166458Z	GPC	drivo. CLASSIC	SKZ2704Y	SKZ2704Y	15/01/2018	14/01/2019
					Continue	1				



Hoy No.					
CV NO.	5077148072-02	Vehicle No.	SKZ2704Y	GST Registration No.	
tificate No.					
licyholder Name	LOW SOD HENG			Policyholder NR3C	S1166458Z
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loeding	0
react No.(Mobile)	98178115	Contact No. (Office)	0	Contact No. (Home)	0
nati Address		Special Remark		#Code	[N-V
K	® No ⊜Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	30	Private Hire	No
Accident Details					
port Oake	17/12/2018 20:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
te of Academ	15/12/2018	Time of Accident hhomm	16:00	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	253102
odent Lucation	IMM MULTISTORY CARPARK	50			
Excess					
in damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
FE Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
Registration No.	11000		GST Status Ventied	Yes	
Shcation History					
Policyholder Mailing Ad	dress				
dress 1	9 RIVERVALE CRESCENT	Address 2	#08-27 RIVERVALE CREST	Address 3	SINGAPORE \$45086
dress 4		Address Type	Singapore address	Post Code	545086
it Na		Related Policy Number	5077148072-02		
OI Driver Info					
iver Name	LOW SOO HENG	Onver Type	Main Driver		
named driver Name		Driver NR3C	S1166458Z	Oriver DOB	23/03/1956
gister Date of Driver License	11/01/1900	Driver Age	62	Driving Expenence	38
ntact No.(Mobile)	98178115	Contact No. (Office)	0	Contact No. (Home)	0
dress 1	9 RIVERVALE CRESCENT	Address 2	RIVERVALE CREST	Address 3	SINGAPORE \$45086
dress 4		Address Type	Singapore address	Post Code	545086
it No	08-27				
ies he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gistered car?		ACTURE SECTION CONT.		Silver States Stripping	
Starrattion					
eathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
dification History					
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Claim 001 New	[00-MX	Insured Name	LOW SOO HENG	Insured NRIC	\$11664582
Italim 001 New	00-MK V 86178115				\$11664582
m Type * Kact No.(Mobile)	98178115	Contact No:(Home)	68178115	Contact No.(Office)	
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