NATIONAL Assessment Cen	tre Services - par	8791811 ANN 190'MEL 1 1	91		
Date In: 20 10 18 - 17:56	Jeb description	Date &T	ime Completed	Don	e by
Rei No: HA) INC 8022879 24	SAS e-filing	i			
Veh No. GLD 2631A	E-mail (within Shrs	, AIC 2hrs)		**= 0)28=**0,Y=	
D.O.A: 19/11/18-18:30	i-Motor Claim I	form Mile	14662-001	81/16	18:N.
	I-Motor W/O (W	ithin: OD 2hrs, TP 4hrs)	400		
OD TP ! Reporting Only	i-Photo Uploade	ed			
TP Insurer:	Assessment/Surve	y Report			
Tr insurer.	Ass't Report by F	ax / Hand to Owner/W	/ksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	x:)
TP Particulars: Veh No: de	434632.	INC()/Non	-INC()	7	
Owner / Driver: (Tel:)	
Policy No: () F	Period: () Cover Ty	ре: ()	
Confirmed by : (1	Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20%; P: 21	-79%. F: 30-10	0%]	10
Year of Registration: ()	Warranty: YES ()	/NO()			100000
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()			
General Remarks;-	iel	1877) F 2 1 77	MASSEL TO SEC		
() Walk-In Customer : Customer's int	formation strictly Confid	AND A PLANT OF PROPERTY AND AND			
	rer URGENTLY.				
	ce: YES() / NO	(); Towing Co:	, , , , , , , , , , , , , , , , , , , 		
277 cm ()7 7 cwed-in (), invol	cc. IES()/ NO), townig co.	4		/
Remarks:- (INC hotline: 6788 6616)	de alle de la	Date&Tir	ns Completed	Don.	s by
Apply for Transport Allowance ()/	Courtesy Car ()			10	
2) QC Check / Post Repair Inspection	()				Decree of the second
3) Upload Resurvey Photo [Repair Cost > 5	[00083				
Injury:					
		•			
Date/Time Actions				PARCOUR PARCOUNT	
				15	- 07
					-076075300
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11-1809361	În	voice Preparation C	hecklist	Anit (\$)	the state of the s
VA1808391	188		30);	Int Bill	Add Bill
Claimant's Particulars :-	2) [A : Damage Assessment (5	100); INC (\$80)		
Priver/Owner:		F: Towing Fee T: Follow-Through Survey	\$40/\$ \$1		
Contact No:	5) 2	T : Follow-Through Survey	(Resurvey) S	30	
		or claiming against INC Onli R: Re-inspection		75	
Damaged Portion:		11 : Idao DA + SMRT Surve			
		TUC Additional Services.			
C Checked by (Engr-In-Charge):		NS: Courtesy Car / Tpt Allov		\$5	
VERTON ORGANIST STREET AND		N6: Repair Co-ordination N7: Fost Repair Inspection		10	
Anditors! Comments :-		N8: DV / Collect Excess Coo	ordination	\$3	
at. 1;		P (N11): TP (Non INC) aga 112: Idae Mobile		30	*.
at. 2/3;		112: Idac Mobile	Pee Chargea		3.地面了四個
	Inva	pice dated	Fee Charged	经生化水	

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,
- Information provided must be as <u>truthful and accurate</u> 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.
- 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.
- By the ladgement 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 PARTY O	ACCIDENT STATEMENT
Date Of Report	20/12/2018 17:56
Date Of Accident	19/12/2018 18:30
Exact Location Of Accident	CTE (AYE) AFTER BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
A state of the sta	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD2632A
Insured/Policyholder	
Name Of Registered Owner	JL AUTOMOTIVE SOLUTION
Co Reg No	53330094X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91450074
Alternative Phone No	OFFICE-91450074
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
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
f 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	5095010580-01
Cover Note Number	
Driver	
Name of Driver	LIEW WEN GIO (LIU WENJIE)
NRIC No	S8039616C
Date Of Birth	16/12/1980

 Date Of Birth
 16/12/1980

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/10/2002

Driving Experience 16 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91450074

Fax Number

Contact Number OFFICE-91450074

EMail Address NOEMAIL

Address BLK 435C FERNVALE ROAD

#09-230 793435

MANUS PROGRAM TO THE PROPERTY AND PROPERTY AND PROPERTY AS TO A STREET AND A TOTAL PROPERTY AS TO A STREET AS T

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

3

Insurance Company of Driver's Own Vehicle

S

General Information of the Accident

COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface WET

Other Information

Type Of Accident

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

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.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: CINDY CHENG

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS VEHICLE IN FRONT WAS IN STATIONARY POSITION. SUDDENLY I FELT AN IMPACT OF MY VEHICLE, I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR 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

SLG3463Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

CHIA KAI'EN, JONATHAN

NRIC/Passport Number

S8925725E

Contact Number

Contact Num

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIEW WEN GIO (LIU WENJIE)

Approximate Age

Injuries Sustain NECK, BACK & HAND

Injured person in which vehicle? SLD2632A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name CINDY CHENG

Approximate Age

Injuries Sustain NECK & BACK Injured person in which vehicle? SLD2632A 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 <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.
- 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:

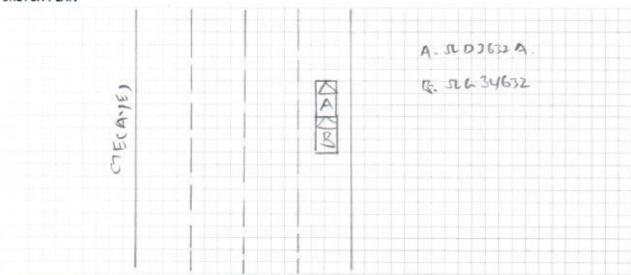
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

ANOUNTON WAR

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

elps to statement.		
230		

DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: DENTITY CARD NO. \$8039616C



LIEW WEN GIO (LIU WENJIE)

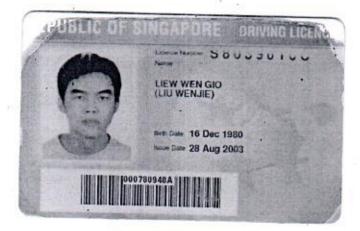
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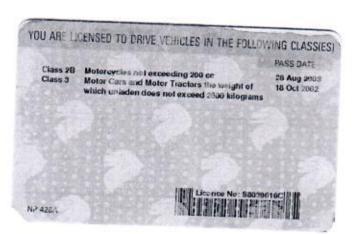
16-12-1980 Country of birth

SINGAPORE

CHINESE







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					+ Change	Language	Chang	ge Password	+ Log Ou
Policy Query									
licy No.				Date	of Accident	-	19/12/2018 1	18 20	
hicle No.(For Motor)	SLD263	32A		Certi	ficate Number	[
				Search					
elect Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
5095010580- 01		JL AUTOMOTIVE SOLUTION	53330094x	GPC	drivo CLASSIC	SLD2632A	SLD2632A	10/12/2018	09/12/2019
	5095010580-	elect Policy No. Certificate Number	elect Policy No. Certificate Policyholder Name 5095010580- 01 AUTOMOTIVE	elect Policy No. Certificate Policyholder Policyholder NRIC SUD2632A Discrete Policyholder Policyholder NRIC SUD2632A Discrete Policyholder NRIC AUTOMOTIVE 53330094X	elect Policy No. Certificate Policyholder Name NRIC Product Suppose Name NRIC Policyholder Name NRIC Policyholder NRIC Policyholder NRIC Policyholder NRIC Policyholder NRIC Product AUTOMOTIVE 53330094X GPC	Policy Query Policy No. Date of Accident Certificate Number Search Search Policy No. Certificate Policyholder Name NRIC Soponioseo- Dia Automotive Sassandayax GPC Classic	Policy Query Policy No. Date of Accident Certificate Number Search Search Search Policy No. Certificate Policyholder Name NRIC Source NRIC Source NRIC AUTOMOTIVE 53330094X GPC CLASSES SLD2632A	Policy Query Policy No. Date of Accident 19/12/2018 1 Policy No. Sub2632A Certificate Number Search Policy No. Certificate Policyholder Name NRIC Product Cover Type Vehicle No. Object AUTOMOTIVE 53330094X GPC CLASSIC SLD2632A SLD2632A	Policy Query Policy No. Date of Accident 19/12/2018 18:20 Policy No. (For Motor) SLD2632A Certificate Number Search Search Policy No. Certificate Policyholder Name NRIC Number Name NRIC S095010580- D1 AUTOMOTIVE 53330094X GPC CLASSIC SLD2632A SLD2632A 10/12/2018



ocident MT/1024662					
and the					
100	5095010580-01	Vehicle No.	SLD2632A	GST Registration No.	
tificate No.					
cyfiolder Name	JL AUTOMOTIVE SOLUTION			Palicyholder NRIC	53330094X
SUCT CORE	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	û
ract No (Mobile)	91450074	Contact No. (Office)	0	Contact No.(Home)	0
ii Address		Speciar Remark		eCode	The X
	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	1.00
Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details		100000000000000000000000000000000000000		20,000,000	0.198
ort Date	20/12/2018 i8:12		- 222	140534898AD1498	LERON STREET
of Academ		Accident Report Within 24 hrs		Acodem Type	Collision - Head to Rear
	19/12/2018	Time of Accident notimin	18:30	Country of Accident	Singapore
arting Centre		Grange Force		ICM No.	
dem Location	CTE (AVE) AFTER BRADDELL ND EXIT				
Excuss					
damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
arried Driver Excess		Outside Singapore OD Excess	2,000.00		
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	No	
incation History			Charles and State of	707	
Policyholder Halling Ad	dress				
russ 1	BUK 435C #09-230	Address 2	FERNVALE ROAD	Address 3	FERNVALE RESIDENCE
tress 4	51NGAPORE 793435	Address Type	Singapore address	Post Code	793435
t 140	09-230	Related Policy Number	5095010580-01	NAME OF TAXABLE PARTY.	VICTOR (1977)
OI Driver Info			2 100002 11/10		
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	LIEW WEN GIO (LIU WENDE)	Driver NRIC	58039616C	Driver DOB	16/12/1980
ster Date of Oniver License					
		Driver Age	38	Driving Expenence	16
ract No.(Mobile)	91450074	Contact No. (Office)	0	Contact No. (Home)	0
ress 1	BUC 435C	Address Z	FERNVALE ROAD	Address 3	FERNVALE RESIDENCE
ress 4	SINGAPORE 793435	Address Type	Singapore address	Post Code	793435
No.	09-230				
e he own a Singapore istared car?	○ Yes (g) No	Driver Vehicle No.		Driver Insurer Company	
lanwition					
athalyser or Blood Test illing?	0 mg	Any injury?	® Yes ○ No		
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n Type * act No (Mobile) if Address nont Type Calmant Type * nant Name * nant Address in Description cros Workshop Contact sere Finalization Registered	90290029 Please Select >>> SLD2632A / SLG2463Z GN 19 Gec 2018 Yes	Contact No.(Home) OI Vehicle Number Type of Senete * Claimant NRTC * Insured Liability * Preference Repair Option	SLD2632A Please Select V Mot at Fault V	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop GJA report	SLG34632
n Type * act No (Mobile) I Address nort Type Calmant Type * nant Name * nant Address I Description errod Workshop Contact cree Fundament Registered et Taken By	90290029 Please Select >>> SLD2632A / SLG3463Z GN 19 Gec 2018 Yes 20/12/2018 18:14	Contact No.(Home) OI Vehicle Number Type of Senete * Claimant NRTC * Insured Liability * Preference Repair Option	SLD2632A Please Select V Mot at Fault V	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop GJA report	SLG34632
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w Type * act No (Mobile) if Address mont Type Calmant Type * mant Name * mant Address in Description bried Workshop Contact with Finalization Registered int Taken By from AK letter	90290029 Please Select >>> SLD2632A / SLG3463Z GN 19 Gec 2018 Yes 20/12/2018 18:14	Contact No.(Home) Of Vehicle Number Type of Senetic * Claimant NRTC * Insured Liability * Preferend Repair Option Claim Close Date	St.D2632A Please Select V Mot at Fault V Preferred Workshop, Name unknown V	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop GJA report	SLG34632
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	90290029	Contact No.(Home) OI Vehicle Number Type of Sonetic * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	Sub2632A Please Select Not at Fault Preferred Workshop, Name unknown Out 20/12/2018 18 15 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	Sci G34632 Received 20/12/2018 00:00

