NATIONAL Assessment Centr	re Services	twee convoci WY	A 18 16434	3					
Date In: 21 M18 - 18:07	Jeb description	_	Date & Time C	Completed	Done	by by			
Ref No: 40 / 40 180229 12/4	SAS e-filing								
Veh No: 048579X	E-mail (within	Shrs, AIC 2hrs)							
D.O.A 7/N/18-10:00	i-Motor Clair	n Form	M1/102481	1-001 2	11418	18:19.			
	i-Motor W/O	(Within: OD 2hrs, "	P 4hrs)						
OD (TP) Reporting Only	i-Photo Uploaded								
TP Insurer:	Assessment/Su	rvey Report							
	Ass't Report b	y Fax / Hand to	Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax					
TP Particulars: Veh No: [HB]	way.	INC(	)/Non-INC	( ).	83				
Owner / Driver: (			Tel:		)				
Policy No: ( ) Po	eriod: (	)	Cover Type: (		)				
Confirmed by : (		Date:	Time	2:	)				
Insured/Driver Liability: ( %) [	[Note-Est. Status (V	VO): N: 0-209	%; P: 21-79%	6. F: 30-100	%]				
Year of Registration: ( )	Warranty: YES (	)/NO( )							
Excess: (\$ ) Loading: \$1,0	000()/\$2,000	( )							
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S:  Injury:  Date/Time Actions	( )					\$ 70, \$,			
Halfosyry.  Etimant's Particulars:-  Priver/Owner:	version and the second second	Invoice Prep:  1) AR: Accident R  2) DA: Damage As  3) TF: Towing Fee  4) FT: Follow-Three	eporting (\$30); sessment (\$100); ough Survey	INC (\$80) \$40/\$4 \$12		Amt (1)			
Contact No:		5) FT : Follow-Three For claiming aga	ough Survey (Resulted INC Only (we	rvey) \$30 :F10 Jan 2005)					
arnaged Portion:		6) TR : Re-inspection 7) N1 : Idao DA + 3	on SMRT Survey	\$16	-				
C Checked by (Engr-In-Charge):		8) NTUC Additions OD*  N5: Courtesy C  N6: Repair Co-	ar/Tpt Allowanus	511					
nditors' Comments :s		*N7: Fost Repair *IN8: DV / Collect TP (N11): TP (N	Inspection at Excess Coordina Ven (NC) against I		5				
1 2/3;		9) N12: Idea Mobil Invaice dated Invoice dated	- I	ee Charged	MENTAL STREET	things a			

#### SINGAPORE ACCIDENT STATEMENT

A ...

#### 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	21/12/2018 18:07
Date Of Accident	21/12/2018 10:00
Exact Location Of Accident	JUNC TAN TOCK SENG LINK & IRRAWADDY RD
Country/State of Loss	SINGAPORE
ı	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA8579X
Insured/Policyholder	
Name Of Registered Owner	CHEW PENG SAN
NRIC No	S1493468E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98269988
Alternative Phone No	OFFICE-98269988
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 COMPREHENSIVE

Fleet Policy NO

Policy Number 5099338954

Cover Note Number

Driver
Name of Driver CHEW PENG SAN

 NRIC No
 \$1493468E

 Date Of Birth
 19/02/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/04/1982

Driving Experience 36 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98269988

Fax Number

Contact Number OFFICE-98269988

EMail Address NOEMAIL

**BLK 816 YISHUN STREET 81** Address

#06-712

Postcode 760816

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

2

NO

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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

SHB3232Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)
Passenger 1

2

NAME: :

GENDER: :

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

200

Policyholder's Signature Date & Time: Driver's Signature

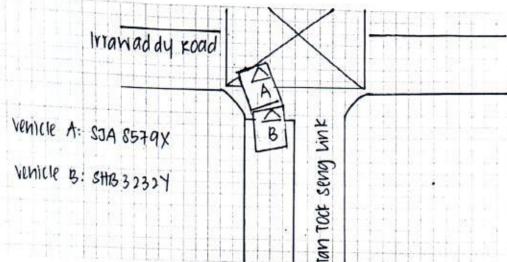
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sign

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on	the	stated	da	16	ð -	time,	I,	venic	le 4	AU2 ,'	8579X	.,
was	trav	elling	along	tu	<b>c</b> s	tate	d v	enue	. I	was	s slow	ly m	oving
													HB3232Y
hit	byto	my	vebicle	1 2	ear	por	tion.	I	wish	to	state	tnat	vehicle
`b',	did	not	obsev	ve	a	Sa	tety	dB	tance				
					THE STREET								
			,										

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.:

## ACCIDENT STATEMENT

ACCIDENT DATE: ( 21 / 12 / 2018)(DD/MM/YYY), TIME: ( 10 : 00 HHH:MM)
LOCATION: TAN TOCK SENG LINK X Irrawaddy Road
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: STA 8579X
GIPOLICY NUMBER: 5099338954
GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WOLK
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/190) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
A) NAME: CHEW PENG SAN (MALE LEEMALE) OF
6)NRIC/FIN/PASSPORT: ST493468E CONTACT: 9826 9988 CIADDRESS: BIG TIBNUM ST 81 406-712 ST460816)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
14 Ho of passange DRIVER
b)NRIC/FIN/PASSPORT:CONTACT:
ejoccupation: (19/02/1961)(DD/MM/YYYY)
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0WILL OF THE DRIVER WITH INSURED WITH WITH INSURED WITH INSURED WITH INSURED WITH INSURED WITH INSURED WITH INSUR
6. WAS ANYBODY INJURED (YES / NO)
7. a)REPORTED TO POLICE (YES / NG)  IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
Including driver) b) DRIVER'S NAME: STB 32327 MODEL:
(0) males third party vehicle Contact:
d) VEHICLE NUMBER:MODEL:
oduding driver) f) DRIVER'S NAME:
(_)

email =

fax =





VOCATIONAL DEENCE

Joense No. 61493468E Name : CHEW RENG SAN

Card Issue Date : 14/03/2018

Please visit www.its.gov.ag to check the status of this vocational licence

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: \$ 1 4 9 3 4 6 8 E

CHEW PENG SAN

Birth Date: 19 Feb 1961

Issue Date: 01 Nov 2016



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1493468E





CHEW PENG SAN

Date of birth

19-02-1961 ountry/Place of birth

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

14/03/2018



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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

07 Apr 1982

NP 42BA



5203265



NRIC No. S1493468E



Outs at leage

A COLUMN

APT BLK 816 YISHUN STREET 81

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Language	• Chan	ge Password	) Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Vo.				Date	of Accident	2	1/12/2018	10:00	
	Vehicle	No.(For Motor)	S)A857	79X		Certif	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5099338954		CHEW PENG SAN	51493468E	GPC	drivo CLASSIC	SJA8579X	SJA8579X	26/03/2018	25/12/2018
						Continue	1				

Policy No.	5099338954	Policyholde Name	CHEW PEN	G SAN	Policyholder NRIC	S1493468E	
Certificate No.					AMMENT		
Address	BLK 816 #06-712 YISHUN ŞT	81 SINGAPOR	E 760816				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/03/2018	Effective Date	26/03/201	3 00:00	Expiry Date	25/12/2018 23	59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/I	Inexperience Driver Excess
Agent	I INSURANCE AGENCY	Agent Tel.	67026779		GST Flag	Υ	
Co- insurance Flag Open	No						
Policy Info							
Certificate Info							
Policy	holder Mailing Address						
	BLK 264 #04-157	Add	ress 2	YISHUN STREET 22		Address 3	SINGAPORE 760264
Address 1						Post Code	760264
		Add	ress Type	Singapore address		rost Code	700204
Address 4	04-157	Rela	ress Type ted Policy ber	Singapore address 5099338954-01		Post Code	760204
Address 4 Jnit No.	04-157 ed Object: SJA8579X	Rela	ted Policy			Post Code	760204
Address 1 Address 4 Unit No.  D Insure  Endors	ed Object: SJA8579X	Rela	ted Policy			rost Code	700204

Claim Handling					
olicy No.	5099338954	Vehicle No.	51A8579X	GST Registration No.	
irtificate No.					
icyholder Name	CHEW PENG SAN			Policyhalder NR3C	S1493468E
duct Code	PRIVATE CAR INSURANCE	Cover Type	orivo CLASSIC	Loading	0
tact No.(Mobile)	98269988	Contact No.(Office)	0	Contact No.(Home)	0
ell Address		Special Remark		eCode	lo. ▼
	® No ○ Yes	TCA	® No ○Yes	eCode Reason	160 4
Protection	Yes	NCD Entitlement(%)	50		222
Accident Details		and control of the	200	Private Hire	Yes
ort Date					
	21/12/2018 18:17	Academ Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	21/12/2018	Time of Accident Inh:mm	10:00	Country of Acodent	Singapore
orting Centre		Grange Force		IOM No.	
dent Excation	JUNC TAN TOCK SENG LINK & IRRAWADDY	RD			
Excess					
n damage Excess	2,000,00	Additional Excess	0	Windscreen Excess	100.00
arried Driver Excess	0.00	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	Yes	
tification History				850.0	
Policyholder Hailing Ad	dress				
ress 1	BLK 264 #04-157	Address 2	YISHUN STREET 22	Address 3	SINGAPORE 760264
ress 4		Address Type	Singapore address	Post Code	760264
t No.	04-157	Related Policy Number	5099338954-01	Market Services	(A. C.
OI Driver Info					
er Name	CHEW PENG SAN	Driver Type	Main Driver		
amed driver Name		Driver NRIC	S1493468E	Driver DOS	19/02/1961
ster Date of Driver License	07/04/1982	Driver Age	57	Driving Experience	36
tact No.(Mobile)	98269988	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 816			32 70	
	BLK 010	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 760816
rest 4		Address Type	Singapore address	Post Code	760816
t No.	06-712				
es he own a Singapore pistered car?	○ Yes  No	Driver Vehicle No.		Driver Insurer Company	
laration					
athalyser or Blood Test iding?	0 mg	Any injury?	○ Yes ® No		
32613					
Idication History					
recently researy					
laim 001 New					
A 100 CO					
	·		7		
m Type. *	00-мх	Insured Name	CHEW PENG SAN	Insured NR3C	51493468E
tact No.(Mobile)	95040595	Contact No.(Home)	Mil	Contact No.(Office)	
iii Address		Of Vehicle Number	\$3A8579X	TP Vehicle Number	SH83232Y
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		10000000
mant Name *	22	Claimant NRIC *			
mant Address					
m Description	SJA8579X / SHB3232Y ON 21 Dec 2018			Name of Preferred Workshop	
erred Workshop Contact	land by a research and a second			Name of Preferred Workshop	
		Insured Liability *	Not at Fault		445
ure Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	21/12/2018 18:19	Claim Close Date		Date Received	21/12/2018 00 00
ors Taken By	Jackson				
Print AK letter					
			Control September 1		
			Save Submit		
tachment					
dent No.	MT/1024813	Claim No.	001		
Doc. Received	⊕ Yes ○ No	Upload Date	21/12/2018 18:21		
	Path *		Category *	Confidential Urgen	cy * Description *
		Browse.		SD V Normal	cy • Description •
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