NATIONAL Assessment Centre	Services. were	19 0 119 Payer 119 0			
Date In: 2/1/19 15:51	Jeb description	Date & Time	Completed	Don	c by
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()D Reporting Only	i-Photo Uploaded	1			
	Assessment/Survey I	Report			
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Professed Wksp / INC Assign Wksp / QW: (Tol:	Fax:)
	53 K 9659.P.	INC()/Non-IN	IC()		
Owner / Driver: (224 16314	Tcl:)	
	od: () Cover Type	:()	
Confirmed by : (Da		me:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WO):	N: 0-20%; P: 21-79	9%. P: 80-100	%]	
Year of Registration: () W	/arranty: YES ()/	NO()		<u>:</u>	
Excess: (\$) Loading: \$1,00	0()/\$2,000(4.79. 3. 4. 00. 5.4.00		
General Remarks Section 1985	CALCOUNTED		128 A.	A	>
() Walk-In Customer : Customer's inform	mation strictly Confiden	tial & Strictly NO refer	r of repairer.		
() Total Loss Case : to e-mall Insurer	URGENTLY.	, , , , , , ,		<u> </u>	
Drive-In ()/ Towed-In (); Invoice:	YES () / NO () ; Towing Co: (1)
Remarks: (INC hounce 6798 6616)		Stayer Ditestand	Columbe add	* Allion	bby ·
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2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()	-	<u> </u>		
Injury:					
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Claimant's Particulars is	2) DA	: Damage Assessment (510 : Towing Pee	240/54		
Priver/Owner:	4) 171	: Follow-Through Survey : Follow-Through Survey (F	S12 (caurvey) 53		
Contact No:	. For	claiming against INC Only		175.00	
amaged Portion:	7) 711	: Re-inspection : Idea DA + SMRT Survey			
	8) NI	UC Additional Services:-			
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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.
- 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	02/01/2019 15:51
Date Of Accident	02/01/2019 11:00
Exact Location Of Accident	TPE TWDS CHANGI AT THE SLIP RD LOR HALUS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ5321E
Insured/Policyholder	
Name Of Registered Owner	ANJ
	53331649M
Email Address	NOEMAIL
Mobile Phone No	AAD-5003-971
	OFFICE-90627377
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5078386503-02
Cover Note Number	
Driver	
Name of Driver	CHUA TECK HIN
NRIC No	S0130214J
Date Of Birth	03/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1977
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
a constant of the constant	// OCAL \ - CE 00007077
Mobile Number	(LOCAL) +65-90627377

NOEMAIL

Address

BLK 143 LOR AH SOO #06-221

Postcode

530143

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

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?

Number of vehicles (including own vehicle) involved in the accident

NO 3

YES

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

NO 2

Passenger 1

NAME:

: JESSICA

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

PLEASE REFER TO ATTACHED 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

SJK9659P

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFN3636B

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)

DETAILS OF INJURED PERSON 1

Name CHUA TECK HIN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGJ5321E
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name JESSICA

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGJ5321E

Were seat belts worm? YES

Was this injured conveyed to hospital by

ambulance? Address

Postcode

NO

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
 - (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.

Blk 143, Lorong Ah Soo

#06-221, Singapore 530143

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

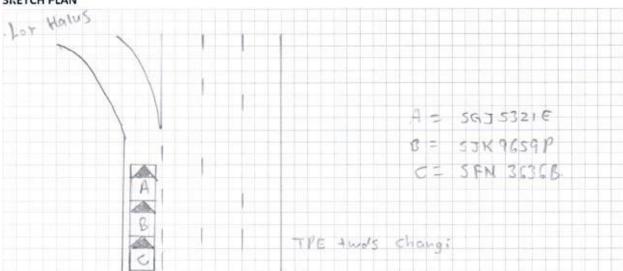
Date & Time:

Reporting Centre Personnel's Signature Name:

ivairie.

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Reder	to	statemen t	
		_/		

DECLARATION

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

Blk 143, Lorong Ah Soo #06-221, Singapore 530143

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.:

I WAS TRAVELLING ALONG TPE TWDS CHANGI, WHILE QUEUING AT THE SLIP RD EXIT TO LOR HALUS, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT. VEH B (BEARING NO SJK9659P) FROM BEHIND HIT ONTO MY VEH REAR PORTION.

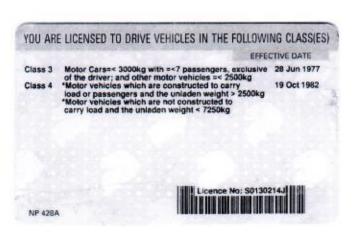
ACCIDENT STATEMENT

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eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 02/01/2019 14:38 Certificate Number Vehicle No.(For Motor) SGJ5321E Search Certificate Number Policyholder Name Policyholder NRIC Vehicle Insured Commence Date Select Policy No. Product Cover Type Expiry Date No. Object 5078386503drivo CLASSIC ANJ 53331649M GPC SGJ5321E SGJ5321E 13/07/2018 12/07/2019

02

Claim Handling

Accident MT/1026084							
Pelicy No.	5078386503-02	Vehicle No.	SGJ53216		GST Regis	stration No.	533316
Certificate No.							
Policyholder Name	ANJ				Policyhold	er NRIC	53331(
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading		0
Contact No.(Mobile)	90627377	Contact No.(Office)			Contact N	o.(Home)	
Email Address		Special Remark			eCode		No T
KFK	+ No Yes	TCA	» No Yes		eCode Re		
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hi	re	Yes
Accident Details			10000			A 400.00	Terrorio de
Report Date	02/01/2019 19:12	Accident Report Within 24 hrs	Yes		Accident 1	lype	Chain (
Date of Accident	02/01/2019	Time of Accident hh:mm	11:00			f Accident	Singap
Reporting Centre		Orange Force			ICM No.		
Accident Location	TPE TWDS CHANGE AT THE SLIP RD LOR HALUS						
▽ Excess							e to thousand
Own damage Excess	2,000.00	Additional Excess	0		Windscree	n Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess		2,000.00			
Third Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00			
→ Benefits							
	tion						
GST Registered	Yes		100000000000000000000000000000000000000	tration Date		14/03/2016	
GST Registration No.	53331649M		GST Statu	s Verified		No	
Modification History							
Policyholder Mailing Add	ress						
Address 1	BLK 143 #06-221	Address 2	LORONG AH SOO		Address 3	EN .	SINGA
Address 4		Address Type	Singapore address		Post Code	51	530140
Unit No.	06-221	Related Policy Number	5078386503-02				
OI Driver Info							
Driver Name	CHUA TECK HIN	Driver Type	Main Driver				
Unnamed driver Name		Driver NRIC	50130214)		Driver DO	8	03/03/
Register Date of Driver License	28/06/1977	Driver Age	64		Driving Ex	perience	41
Contact No.(Mobile)	90627377	Contact No.(Office)			Contact N	o.(Home)	
Address 1	BLK 143 #06-221	Address 2	LORONG AH SOO		Address 3		SINGA)
Address 4		Address Type	Singapore address		Post Code	90.	53014.
Unit No.	06-221						
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			Driver Ins	urer Company	
Declaration							
Breathalyser or Blood Test	0 mg	Any injury?	w Yes No				
Reading?		,,	W. 255. W. 155.				
Modification History							
Claim 001 New							
Claim Type *				OD-MX	Insured Name	ANI	
					Contact		
Contact No.(Mobile)				NIL	No. (Home)		
Email Address					OI Vehicle	SGJ5321E	
NOTICE CHANGE AND A					Number	PURITURE	
Claim Description				SGJ5321E / SJK9659P OF	V 2 Jan 2019		
Preferred	Insured Liability Not at Fault						
Workshop 0 Benuert No. Yes	Preferred Preferred Workshop, Name	unknown V GIA Received		1			
Filldisación -	Option Preferred Workshop, Name	report Received		-	Claim		
Date Registered				02/01/2019 19:19	Date		
Report Taken By				LIEW SHAN HUI			
Print AK letter							
neckations and Territoria							
			Save Submit				
Attachment							
Passacrinis/III.							
₩							
Accident No.	MT/1026084	Claim No.		001			

Upload Date Last Doc. Received ● Yes □ No Category * Confidential Urgency * Path * Y NO * Normal Choose File No file chosen Clear. Please Select v NO Normal Clear Please Select Choose File No file chosen * NO Choose File No file chosen Clear Please Select Normal Please Select Y NO ▼ Normal Choose File No file chosen Clear Normal · NO Choose File No file chosen Please Select Clear * NO Choose File No file chosen Please Select Normal Clear

Message Read							
→ Attachment L	ist						
Attachment		Uploaded By/Date	Category	?	Urgency	D	escription
400 TOTAL	NAC_PAYA_UBI_B00601	[NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:20	NRIC/ Driving License		Normal	NRIC/ Drivin	ng License 2019-1-2
6.63	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:20	SAS		Normal	SA	S 2019-1-2
China -	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:20	Photos		Normal	Phot	os 2019-1-2
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	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos		Normal	Phot	os 2019-1-2
命	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos		Normal	Phot	os 2019-1-2
-	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos		Normal	Phot	os 2019-1-2
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TO D	NAC_PAYA_UBI_S00601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos		Normal	Phot	os 2019-1-2
	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos		Normal	Phot	tos 2019-1-2
6	NAC_PAYA_UBI_800601	[NATJONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos		Normal	Phot	os 2019-1-2
3	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos		Normal	Phot	ns 2019-1-2
3	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos		Normal	Phot	os 2019-1-2
	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos		Normal	Phot	os 2019-1-2
	NAC_PAYA_UB1_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos		Normal	Phot	os 2019-1-2
▽ Video List							
	Uploaded By/Date	Folder Date		File Name		P	Source

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