NATIONAL Assessment Centre		Date &Time Complete	al I	Done by	_
Date In: 3/1/19 - 17:48	Jeb description	Date & Time Complete	-	-	
ROINO: NA INC19000193/24	SAS e-filing		<u> </u>		-
Veh No: 58 W98092	E-mail (within Shrs, AIC 2	thrs)			
D.O.A: 71/19-17:4	i-Motor Claim Form	100-5629201 LW	31.1	9 18:	24,
-2	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)			
OD TP ! Reporting Only	i-Photo Uploaded				
	Assessment/Survey Re	port			
TP Insurer:	Ass't Report by Fax / I	Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (10.	Tel:	Fax:		
TP Particulars: Veh No: 650	244 . I	NC()/Non-INC()			
Owner / Driver: (12	Tcl:)	
	riod: () Cover Type: ()	
Confirmed by : (Date:	The second secon)	
Insured/Driver Liability: (%) [1	Note-Est. Status (WO): 1	N: 0-20%; P: 21-79%. P: 9	0-100%]		
Year of Registration: () V	Warranty: YES () / NO	0()			
Excess: (\$) Loading: \$1,00	00()/\$2,000()		- CHCOO - 179		
General Remarks:-		A Proposition	3.00	16.5	7
() Walk-In Customer: Customer's infor	mation strictly Confidentia	al & Strictly NO refer of repair	er.		
() Total Loss Case : to e-mail Insure		The state of the s			
Drive-In ()/ Towed-In (); Invoice); Towing Co: ()
		Date&Time Complets	4	Done by	,
			8.18.12.10		
1) Apply for Transport Allowance ()/C	ouriesy Car ()				
2) QC Check / Post Repair Inspection	0001 ()				
3) Upload Resurvey Photo [Repair Cost > \$3	()				
Injury:		A CONTRACTOR OF THE PARTY OF TH			- P.
Date/Time Actions				SANS.	-
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*			ALCAC NE.S	unit (S)	Amt (\$
lle 10	Invei	ce Preparation Checklist	Charles Control of the	8 8 × 1.1	Add Bil
HA 1906103. 'L	1) AR:	Assident Reporting (\$30);	in crem		
aimant's Particulars :-	2) DA :	Damage Assessment (\$100); IN Towing Fee	(C (\$80) \$40/\$45		
river/Owner:	4) FT:	Follow-Through Survey	\$120 \$30		-
ontact No:	5) FT: Fore	Follow-Through Survey (Resurvey) leiming against INC Only (wef 10 Jan	2005)		
	6) TR:	Re-inspection	\$75	-	
maged Portion:	7) N1 :	Idao DA + SMRT Survey C Additional Services:-	3130		
	OD:		-		
Checked by (Engr-In-Charge):		Courlesy Car / Tpt Allowance Repair Co-ordination	\$5 510		
	STORTER OF SHEET INT	Post Repair Inspection	\$25		
nditors' Comments :-	*N8:	DV / Collect Excess Coordination N11): TP (N::n INC) against INC	\$20	1,	
(d)	9) N12	: Idae Mobile	30	0	about 7
1. 2/3;	Invaice	ti at			

I special representation

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.

- 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 independent of this report to the insurers, you hereby copient to the archiving of this report at the control.

	ACCIDENT STATEMENT	
	ACCIDENT STATEMENT	
Date Of Report	03/01/2019 13:48	
Date Of Accident	02/01/2019 17:45	
Exact Location Of Accident	51 PAYA UBI IND PARK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBW7807Z	
Insured/Policyholder		
Name Of Registered Owner	TEO KEK SENG	
NRIC No	S1671829G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-90917120	
Alternative Phone No	OFFICE-90917120	
Vehicle Particulars		

Manufacturer HONDA Model CIVIC VTI 3M Exact Purpose for which vehicle was being used at PRIVATE USE time of accident Are you claiming under your own insurance policy NO for repair to your vehicle?

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 THIRD PARTY

Fleet Policy NO

Policy Number 5096271783

Cover Note Number

Driver

Name of Driver TEO KAI JUN KENNETH

NRIC No S9621641F Date Of Birth 16/06/1996 Occupation OUTDOOR Date Of Driving Pass 13/01/2017

Driving Experience 1 YEAR AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81003505

Fax Number

Contact Number OFFICE-81003505

EMail Address NOEMAIL Address

BLK 310 CANBERRA ROAD

#06-127

Postcode

750310

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

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)

2

involved in the accident

YES

Was any body injured in the Accident?

IEO

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)

enance.

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: AARON

GENDER:

: MALE

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 QUEUE UP TO EXIT. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT 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

GBA124Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name TEO KAI JUN KENNETH

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SBW7807Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name AARON

Approximate Age

Injuries Sustain

NECK & BACK
Injured person in which vehicle?

SBW7807Z

Were seat belts worn?

Was this injured conveyed to hospital by

SBW7807Z

YES

NO

ambulance? Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)

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.

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 .:

SKETCH PLAN	o .		
	TA PLANTS		
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	E Daners		
	(5)	A: JBW78072.	
	34	76 4874 763 723	
	STATE OF THE STATE	B: 63A1241.	
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DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT		
			_
DECLARATION			
	articulars are true in every respect.	Son and the	
	6.	Jan Jan	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyhol	Reporting Centre Personnel's Signature	
DUNC OF THINE,	in arriver is not the policyhol	der) Name:	

Date & Time:

NRIC/FIN No.:







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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 30,00kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

13 Jan 2017

NP 428A



eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						· Chang	e Language	Chang	e Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	vo.				Date	of Accident		02/01/2019 1	7:45	
	Vehicle	No.(For Motor)	SBW7	807Z		Cert	ificate Number				
						Search	l				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096271783		TEO KEK SENG	S1671829G	GPC	Third Party	SBW78072	SBW7807Z	30/11/2017	16/02/2019
					Į.	Continue					

Policy No.	5096271783	Policyholder Name	TEO KEK S	SENG	Policyholder NRIC	S1671829G	
ertificate lo.					10308		
ddress	BLK 310 #06-127 CANBERRA R	OAD SINGAPO	RE 750310				
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N.	
olicy ssue ate	29/11/2017	Effective Date	30/11/201	7 00:00	Expiry Date	16/02/2019	23:59
xcess		All Claims Excess					
hird arty xcess	0	Own damage Excess	0		Windscreen Excess	0	
Additional excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
gent	KINETIC INSURANCE AGENCY	Agent Tel.	66946128		GST Flag	Υ	
nsurance Flag Open Policy	No						
Co- nsurance Flag Open Policy nfo Certificate	No						
nsurance lag Open olicy nfo Certificate	No older Mailing Address						
isurance lag open olicy info ertificate info Policyh		Addre	ess 2	CANBERRA ROAD		Address 3	SINGAPORE 750310
isurance lag open olicy info certificate info Policyh ddress 1	older Mailing Address	2010	ess 2	CANBERRA ROAD Singapore address		Address 3	SINGAPORE 750310 750310
nsurance lag Open rolicy nfo Certificate nfo	older Mailing Address	Addre	ess Type ed Policy				
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isurance lag ipen olicy info ertificate info Policy ddress 1 ddress 4 nit No. Insured	BLK 310 #06-127 d Object: SBW7807Z	Addre Relati Numb	ess Type ed Policy	Singapore address 5096271783		Post Code	

Accident MT/1036279					
Policy No.	5096271783	Vehicle No.	56W7807Z	GST Registration No.	
Certificate No.					
Policyholder Name	TEO KEK SENG			Policyholder NRIC	S1671829G
roduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	ŭ .
ontact No.(Mobile)	90917120	Contact No.(DMice)	0	Contact No.(Home)	0
meil Address		Special Remark		eCode	11. V
rx.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	03/01/2019 18:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
he of Accident	02/01/2019	Time of Accident hh:/mm	17:45	Country of Accident	Singepore
parting Centre		Orange Force		ICM No.	
cident Location	51 PAYA UBI IND PARK				
Excess					
in damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
named Driver Excess	0.00	Outside Singapore OD Excess	0.00		
rd Party Excess	8,00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa					
F Registered	No		GST Registration Date	12	
Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Ad	dress				
dress 1	BLK 310 #06-127	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 750310
Oreso 4		Address Type	Singapore address	Post Code	750310
ort No.		Related Policy Number	5096271783	Pull Code	730310
OI Driver Info		Health Folia Hallow	3/302/1/03		
ver Name	KENNETH TEO KAS JUN	Driver Type	Named Driver		
named driver Name		Driver NRIC	\$9621641F	Driver DOB	16/06/1996
pater Date of Driver License.	13/01/2017	Driver Age	22	Driving Experience	1
tact No.(Mobile)	81003505	Contact No.(Office)	0	Contact No.(Home)	0
Iress 1	BLK 310	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 750310
fress 4		Address Type	Singapore address	Post Code	750310
t No.	06-127	September 1994	angegore access.	Post Long	/20310
es he own a Singapore	○ Yes ® No	Driver Vehicle No.			
				Driver Insurer Company	
gistered car?	330 (20)	820 MANAGE 800 (VC)		Designative programme	
	S(S(S(S))	ALUMANI PROP		N. Skessell was the Toy Boots	
laration			five Obs		
claration	0 mg	Any injuny?	® Yes ○ No		
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