NATIONAL Assessment Cent	re Services. 🔀	() Jan'03 P	MA 11900 23 20	I De	ne by
Date In 7 11/19 13:42	Job description		Date &Time Completed	100	ile oy
AND THE RESIDENCE OF THE PARTY	SAS c-filing		i		
Veh No: 8JS 5254H	E-mail (within 8ho	s, AIC 2his)			4
	I-Motor Claim	Form	MT/1026715 00	7/11/19	17:45.
D.O.A.: 511119 14:25.	I-Motor W/O (v	Vithin; OD 2hts			
OD Peporting Only	I-Photo Upload				
	Assessment/Surv				
TP Insurer:	Ass't Report by I	A A STATE OF THE PARTY OF THE P	Owner/Wksn	-	DESCRIPTION OF THE
AWC As In When I OW: I		THE OWNER WHEN PERSON	Tol:	Fax:	
Proformed Wksp / INC Assign Wksp / GW: (PP Particulars: Yeh No:	SHB 4095.U	INC ()/Non-INC()		
The state of the s	300 4013.0		Tel:)	
Owner / Driver: (eriod: ()	Cover Type: (, ,	
C. C. at Land		Date:	Time:)	
Confirmed by : ((Note-Est Status (WC	D): N: 0-2	0%; P: 21-79%. P: 80	0-100%]	
The state of the s)		
Year of Registration: ()	,000 ()/\$2,000 ()			·
AND THE PROPERTY OF THE PROPER	TENERAL TRESPORTAÇÃO	SW.SYASIAN	电影影响和图1	27.004 ST.	
Seucon Reinhritian () Walk-In Customer : Customer's in	formation strictly Confi	idential & Si	AND DESCRIPTION AND DESCRIPTION OF THE PERSON NAMED OF THE PERSON		
() Walk-In Customar ; Customers in	ung TIP CENTLY		N		
() Total Loss Case : to e-mail Insu)():'	owing Co: (' ')
Drive-In ()/Towed-In (); Invoi	ce: YES () / NO	1 //	St.	CONTRACT TOWN	Charles and the Control of the Contr
	COMPANY OF THE PARTY OF THE PAR	THE PERSON NAMED IN COLUMN	HILL THE PARTY OF	diele Alberta die	mathy .
temperists (1872 northics 6789 6616)	SERVINGSER		Eliste Chine a	量等等於如	one by
At a street of the street of t	Courtesy Car ()		y islose umilicoliyae a	10000000000000000000000000000000000000	one by
1) Apply for Transfort Allowance ()	Courtesy Car ()		Mister Division in the second	(A) 2 (A) 2 (A)	one by
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection	()		Sicalini Columbia		one by
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>	()		Dicarimaticality of		one by
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection	()				one by
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury:	()				one by
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()				one by
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury:	()				one by
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury:	()				one by
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury:	()				one by
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury: Ourezume (Action)	()				
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Dute/Cline Actions	\$3000] ()				Mad bit
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Pare Time Action)	() \$3000] ()	In vol.	in a (10) (5) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(SAB) 30-	Mad bit
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Cime Actions (Actions ()) Itiminates Particulars ()	() \$3000] () WA 1900184	2) DA : Damag	nt Reporting (330); c Assessment (\$100); IN		Mad bit
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Dufe/Cine Actions Actio	() \$3000] ()	2) DA ! Dames 3) TF : Towing 4) FT : Follow-	in a (10th Glic (11)) at Reporting (330); • Assussment (5100); in Through Survey Through Survey (Resurvey)	C (\$80) \$40/\$45 \$120 \$30	Mad bit
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Fine Actions Actions in a second	() \$3000] () WA 1900184	2) DA ! Damag 3) TF ! Towing 4) FF : Pollow- 5) FF : Pollow- Por elaindur	at Reporting (530); o Assussment (5100); Through Survey Through Survey (Resurvey) against INC Only (Nof 10 Jan	\$120 \$100 \$200 \$200 \$75	SA SA STAN
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Pare Time Action Enumer Cost Proceeding Action Enumer Cost Proced Cost	() \$3000] ()	2) DA: Damey 3) TV: Towing 4) FT: Follow 5) PT: Follow For claiming 6) TR: Re-ins 7) N1: Idea D.	at Reporting (330); **Assussment (5100); IN: **Pee** Through Survey Through Survey (Resurvey) **assust INC Only (wof 10 Jan **assust INC Only (wof 10 J	\$120 \$200 \$300 \$300	SA SA STAN
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Party Pine Action Extinant is Particular / 2- river/Owner: ontact No:	() \$3000] ()	2) DA : Dameg 3) TF : Towing 4) FF : Follow 5) FF : Fullow Por claiming 6) TR : Re-ins 7) Mt : Idae D. 8) NTUC Add	at Reporting (530); o Assussment (5100); Through Survey Through Survey (Resurvey) against INC Only (Nof 10 Jan	\$120 \$300 \$100 \$300 \$200 \$300 \$75 \$160	Mad bit
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Parez Phase Action Strumman Se Particulary Tiver/Owner: ontact No: arnaged Portion:	() \$3000] ()	2) DA : Dameg 3) TF : Tewing 4) FF : Follow 5) IFF : Follow For claimint 6) TR : Re-inj 7) H1 : Idee D. 8) NTUC Add OD: *N5: Courte	at Reporting (330); Assussment (5100); IN Pee Through Survey Through Survey (Resurvey) assinat INC Only (wof 10 Jan bestion A + SMRT Survey Honel Services:	C (\$5.00) \$40/\$45 \$120 \$300 \$200 \$75 \$75 \$160	Mad bit
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	() \$3000] ()	2) DA : Dameg 3) TF : Tewing 4) FF : Follow 5) FF : Fullow For claiming 6) TR : Re-lay 7) M1 : Idee D. 8) NTUC Add QD: *N5: Courte	Through Survey Throug	\$120 \$300 \$100 \$300 \$200 \$300 \$75 \$160	SA SA STAN
1) Apply for Transfort Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	() \$3000] ()	2) DA : Dameg 3) TF : Tewing 4) FF : Follow- 5) FF : Follow- For elainding 6) TR : Re-last 7) N1 : idea D. 8) NTUC Add OD!* *N5: Courle *N6: Repair *N7: Fost R	In A (1011 Gire 1131 121 122 123	C (\$5.0) \$40/\$45 \$120 \$30 2990) \$75 \$160 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	SANGED III
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Oute/Cime Action	() \$3000] ()	2) DA : Dameg 3) TF : Tewing 4) FF : Follow- 5) FF : Follow- For elainding 6) TR : Re-last 7) N1 : idea D. 8) NTUC Add OD!* *N5: Courle *N6: Repair *N7: Fost R	The Action (\$100); Its (\$100);	C (\$5.00) \$40/543 \$120 \$330 2990) \$75 \$160 \$35 \$510 \$25	(S) Crain(s)

1 - pa at + 250

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.

5. 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.
- 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

ACCIDENT STATEMENT
07/01/2019 13:42
05/01/2019 14:25
CARPARK EXIT FROM KUKOH 21 FOOD CENTRE
SINGAPORE
DETAILS OF OWN VEHICLE
SJS5254H
TRANS FOREVER
53339570D
NOEMAIL
OFFICE-92279271
ТОУОТА
VIOS
at COMMERCIAL
[/] NO
THIRD PARTY
PRIVATE HIRE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5103075748
5
KOH TAT MENG
S7031930F
10/09/1970
OUTDOOR
08/09/1995
23 YEARS AND 3 MONTHS
MALE
-

NOEMAIL

Address

BLK 313A SUMANG LINK #13-117

Postcode

821313

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

COLLISION - HEAD TO REAR

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

2

NO

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)

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

I WAS QUEUING EXITING AT THE CARPARK FROM KUKOH 21 FOOD CENTRE TO THE MAIN ROAD (JLN KUKOH). ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SHB4095U) FROM BEHIND COLLIDED ONTO MY VEH REAR RIGHT PORTION. AFTER THE IMPACT, I FELL UNWELL.

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

SHB4095U

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)

DETAILS OF INJURED PERSON 1

Name

KOH TAT MENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJS5254H

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.
- 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.

Date & Time:

W. S. H.

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

Please	Refer	to	statement
		/	
		/	

DECLARATION

I/We declar to view ing particulars are true in every respect

Policyholder's Sigh: Date & Time:

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

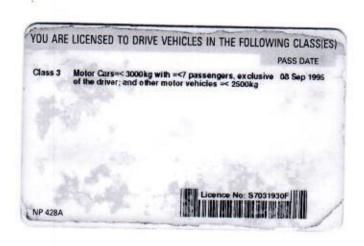
Name:

NRIC/FIN No.:









eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	Languag	e • Chan	ge Password	• Log Ou
My Desktop	Policy Query									
Notice of Loss Policy No.					Date of Accident			05/01/2019 13:33		
	Vehicle No.(For Motor)		SJS5254H		Certificate Number					
				1 19	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5103075748		TRANS FOREVER	53339570D	GPC	drivo CLASSIC	SJ\$5254H	Virtual Insured	24/08/2018	23/08/2019
					Continue					

Claim Handling

Accident MT/1026715						
Policy No.	5103075748	Vehicle No.	SJS5254H		GST Registration No.	
Certificate No.					2003102494500000	
Policyholder Name	TRANS FOREVER				Policyholder NRIC	5333
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile)	92279271	Contact No.(Office)			Contact No.(Home)	
Email Address		Special Remark			eCode	No
KFK	= No Yes	TCA	» No Yes		eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		Private Hire	Yes
Report Date	07/01/2019 17:42	Accident Report Within 24 hrs	Yes -		Accident Type	Collis
Date of Accident	05/01/2019	Time of Accident hh:mm	14:25		Country of Accident	Singa
Reporting Centre		Orange Force			ICM No.	35.50
Accident Location	CARPARK EXIT FROM KUKOH 21 FOOD CENTRE				CATACONOTON	
✓ Excess ✓ Excess						
Own damage Excess	2,000.00	Additional Excess	0		Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess		2,000.00		
Third Party Excess	1,500,00	Outside Singapore TP Excess		1,500.00		
♥ GST Registered Inform	mation					
GST Registered	No		GST Regis	tration Date		
GST Registration No.			GST Statu	s Verified	No	
Modification History						
Policyholder Mailing A	44					
Address 1						
Address 4	BLK 313A #13-117	Address 2	SUMANG LINK		Address 3	PUNC
Unit No.	SINGAPORE 821313 13-117	Address Type	Singapore address		Post Code	8213
OI Driver Info	13-117	Related Policy Number	5103075748			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	KOH TAT MENG	Driver NRIC	\$7031930F		Driver DOB	10.00
Register Date of Driver License		Driver Age	48		Driving Experience	10/09
Contact No.(Mobile)	92279271	Contact No.(Office)	2.380		Contact No.(Home)	23
Address I	BLK 313A #13-117	Address 2	SUMANG LINK		Address 3	PUNG
Address 4	SINGAPORE 821313	Address Type	Singapore address		Post Code	8213
Unit No.	13-117	Wastern Aws			1 331 2332	0213
Does he own a Singapore	Yes a No	Driver Vehicle No.			Driver Insurer Company	
Registered car?		L. C.			briver insurer company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	(a) Yes () No			
Modification History						
Claim 001 New						
Claim Type +				00 100	▼ Insured TRANS FORE	and the second
22				OD-MX	Name IRANS PORE	/ER
Contact No.(Mobile)				92279271	Contact No.	
DISMOSTINI					(Home)	
Email Address					Vehicle SJS5254H Number	
Claim Description						
				SJS5254H / SHB4095U O	N 5 Jan 2019	
Preferred Workshop 0	Preference Not at Fault	•				
Benuert No. Finalisation	Repair Preferred Workshop, Name	unknown GIA Received	•		Photo:	
Date Registered	Option	792 (773)		07/01/2019 17:44	Claim	
Report Taken By				LIEW SHAN HUI	Date	
				LIEW SHAN HUI		
* Print AK letter						
			Save Submit			
Attachment						
▽						
Accident No.	MT/1026715	Claim No.	0	101		

Last Doc. Received * Yes U No Upload Date 07/01/2019 17:45 Path * Category * Confidential Urgency * Choose File No file chosen ▼ NO Clear Please Select ▼ Normal Choose File No file chosen * NO Clear ▼ Normal Please Select Choose File No file chosen Clear * NO Please Select ۲ Normal Choose File No file chosen Clear Please Select * NO Normal Choose File No file chosen Clear Please Select ▼ NO ▼ Normal Choose File No file chosen Clear * NO Please Select * Normal

				clear	Please Select	: T	NO *	Normal
sage Read				24				-
Attachment L	List							
Attachment	Up	loaded By/Date	Category	9	Urgency	Description		ption
5-1368 #** **	NAC_PAYA_UBI_B00601(NATI 07	IONAL ASSESSMENT CENTRE SERVICES) o Jan 2019 17:45	NRIC/ Driving License		Normal		NRIC/ Driving Li	cense 2019-1
10	NAC_PAYA_UBI_800601(NAT)	IONAL ASSESSMENT CENTRE SERVICES) o Jan 2019 17:45	SAS		Normal	SAS 2019-1-7		
200	NAC_PAYA_UB1_800601(NAT) 07	IONAL ASSESSMENT CENTRE SERVICES) a Jan 2019 17:45	Photos		Normal	Photos 2019-1-7		019-1-7
-	NAC_PAYA_UBI_800601(NAT) 07	IONAL ASSESSMENT CENTRE SERVICES) o Jan 2019 17:45	Photos		Normal		Photos 20	019-1-7
		IONAL ASSESSMENT CENTRE SERVICES) o Jan 2019 17:45	Photos		Normal	Photos 2019-1-7)19-1-7
	NAC_PAYA_UBI_B00601(NATI 07	ONAL ASSESSMENT CENTRE SERVICES) 0 Jan 2019 17:45	Photos		Normal		Photos 20	119-1-7
	NAC_PAYA_UBI_800601(NATI 07:	ONAL ASSESSMENT CENTRE SERVICES) o Jan 2019 17:45	Photos		Normal		Photos 20	019-1-7
	NAC_PAYA_UBI_800601(NAT) 07 ;	ONAL ASSESSMENT CENTRE SERVICES) o Jan 2019 17:44	Photos		Normal	Photos 2019-1-7		
	NAC_PAYA_UBI_800601(NATE 07.	ONAL ASSESSMENT CENTRE SERVICES) o Jan 2019 17:44	Photos		Normal		Photos 20	19-1-7
	NAC_PAYA_UBI_800601(NATI 07.1	ONAL ASSESSMENT CENTRE SERVICES) o lan 2019 17:44	Photos		Normal	Photos 2019-1-7		
7		ONAL ASSESSMENT CENTRE SERVICES) o lan 2019 17:44	Photos		Normal		Photos 20	19-1-7
8	NAC_PAYA_UBI_800601(NAT) 07.)	ONAL ASSESSMENT CENTRE SERVICES) o lan 2019 17:44	Photos		Normal		Photos 20	19-1-7
	NAC_PAYA_UBI_800601(NATH 07)	ONAL ASSESSMENT CENTRE SERVICES) o lan 2019 17:44	Photos		Normal		Photos 20	19-1-7
/ideo List								

Display in New Window Scan and uploading