NATIONAL Assessment C	Centre Services	· Janos MILA 1190025	52 -	
Date In: 3/1/19 -14:00	Jeb description	Date &Tir	ne Completed	Done by
Res No: HA   INC 19000393 /y	SAS e-filing	i		
Vel No: 9198432.	E-mail (within Shrs,	AIC 2hrs)		
D.O.A :41, 1,9-16,10	i-Motor Claim F	orm	6743-001 1	11/19-14:45.
OD / FP Reporting Only	i-Motor W/O (wi	thin: OD 2hrs, TP 4hrs)		
OB : (17) reporting Only	i-Photo Uploaded	d j		
TP Insurer:	Assessment/Survey	Report		
11 1134101.	Ass't Report by Fa	x / Hand to Owner/WI	ksp	
Preferred Wksp / INC Assign Wksp / QV	W: (	Tel:	F	ax: )
TP Particulars: Veh No:	LOEZZGIL.	NC( )/Non-l	NC()	
Owner / Driver: (		Tel:		)
Policy No: ( )	Period: (	) Cover Typ	ic: (	)
Confirmed by : (			Time:	)
Insured/Driver Liability: (	%) [Note-Est. Status (WO):		79%. P: 80-10	00%]
Year of Registration: (		'NO( )		
Excess: (\$ ) Loading General Remarks;-	g:\$1,000( )/\$2,000(	)	g (17 g), 5, 6 ; 5 ;	977.19
Remarks:- (INC hotline: 6788 66  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection	)/Courtesy Car ( )		s Completed.	Done by
3) Upload Resurvey Photo [Repair Cos	st>\$3000] ( )			
Injury:		-, ', '		
Date/Time Actions				
NA 1900 195 -:	Inv	oice Preparation Ch	ecklist	And (5) Amil (5)
Claimant's Particulars :-	TO NO.		0);	
		A: Damage Assessment (\$1 7: Towing Fee	00); INC (\$80) \$40/3	
Driver/Owner:	4) FT	: Follow-Through Survey	Si	120
Contact No:		: Follow-Through Survey (I		530
Damaged Portion:	6) TI	R: Re-inspection L: Idao DA + SMRT Survey		160
		TUC Additional Services.		
C Checked by (Engr-In-Charge):	QI •N	15: Courtesy Car / Tpt Allows	0000	\$5
	•N	6: Repair Co-ordination	5	510
uditors' Comments :-	·N	17: Fost Repair Inspection 18: DV / Collect Excess Coor	dination	55
<u>u. 1:</u>		(N11): TP (Non INC) again 12: Idae Mobile		30
t. 2 / 3;		ce dated	Fee Charged	arter feet
	Invoi	ce dated	Fee Charged	COMMY.

#### 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.
- 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.
- 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.

aloresaid,		
	ACCIDENT STATEMENT	
Date Of Report	07/01/2019 14:00	
Date Of Accident	04/01/2019 16:10	
Exact Location Of Accident	BLK 7 EXPRESS RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV9843R	
Insured/Policyholder		
Name Of Registered Owner	NG KIE HENG	
NRIC No	S8104769C	

 Mobile Phone No
 (LOCAL) +65-98718122

 Alternative Phone No
 OFFICE-98718122

Vehicle Particulars

Email Address

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

NOEMAIL

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 5106093408

Cover Note Number

Driver

Name of Driver NG KIE HENG (HUANG JIXING)

 NRIC No
 S8104769C

 Date Of Birth
 14/02/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/02/2006

Driving Experience 12 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98718122

Fax Number

Contact Number OFFICE-98718122

EMail Address NOEMAIL

**BLK 8 EMPRESS ROAD** Address

#11-31

260008 Postcode

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

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

#### Other Information

Was any foreign vehicle involved in this accident? NO

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

1

#### **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

REFER TO STATEMENT.

### 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?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBE2791L

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

- 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 Oriver.
- Information provided must be as <u>trustiful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repredicte policy liability</u>.
- 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 re-se 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 aforesald.
- 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 ("@A") 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")
- 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.

Policyholder's Signature

Date & Time:

Driver's Signature

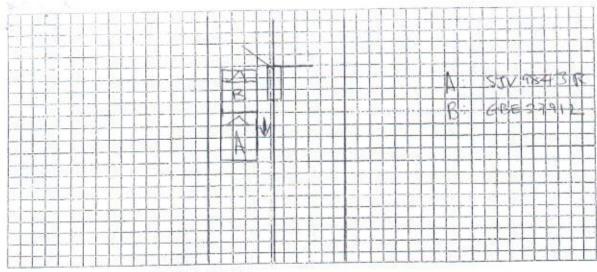
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



INFOCULAR CIRCUMISTANCES OF THE ACCIDENT

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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.:

- \* & Complete and submit this form to the inclividual insurance authorised reporting centra.

IN TARLES

- Please report correctly on the details of the addicant to speed up the claim process.
   This form most be filled up by the policy holder and/or authorised driver,
   Information provided must be as fruitful 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.

  Any false reporting may be referred to the traffic police department for investigation.

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Policy number			
Type of policy	Comprehensive D	Third party fire & theft o	TP only [

Name	No tie Hingl Hung Tixing ) Male o Female
NRIC / Fin / Passport number	581047696
Contact	98718122
Address	DIK Express Road \$11-31 5(260008)

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Name	Male D	Female D
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	14/02/1981	
Occupation	Indoor D Outdoor D	
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REPUBLIC OF SINGAPORE DESTITY CARD NO. \$8104769C





NG KIE HENG (HUANG JIXING) 黄 模 兴

CHINESE O'tea of block

14-02-1981 M SINGAPORE

5E 1097590

DU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIC AS

Class III Motorcycles = 200 CC Class 3 Motorcars == 200 kg with = < 7 passengers, exclusive of the delivers and make engineer/schicks = 2500 kg

4091254

59104709C

S/No. 9000046377

nce No: \$8104769C



BB104769C



these of trase 09-03-2011

APT BLK 8 EMPRESS ROAD #11-31 SINGAPORE 260008

NRIC No: \$81047690

Date: 01/07/2014

<b>eBao</b> Tech					Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			· Change Language	Change Password	Log Out
My Desktop	<b>Policy Query</b>					
Notice of Loss Policy No.		5106093408	Date o	of Accident	04/01/2019 16:10	
	Vehicle No.(For Motor)	SJV9843R	Certifi	cate Number		
		Certificate Policyholder	Search Policyholder Product	Vehicle	Insured Commence	2000002000
	Select Policy No.	Number Name	NRIC Product	Cover Type No.	Object Date	Expiry Date
	O 5106093408	NG KIE HENG	S8104769C GPC	drivo SJV9843	R SJV9843R 05/12/2018	04/12/2019
			Continue			

Policy No.	5106093408	Policyholder Name	NG KIE HEN	NG .	Policyholder NRIC	S8104769C					
Certificate No.		Nome									
Address	BLK 8 #11-31 EMPRESS RD SINGAPORE 260008										
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N					
Policy ssue Date	05/12/2018	Effective Date	05/12/2018	00:00	Expiry Date	04/12/2019 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	nexperience Driver Excess				
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Υ					
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Claim Handling						
Accident MT/1026743						
Policy No.	5106093408		Vehicle No.	57v9043R	GST Registration No.	
Certificate No.						
Poscyholder Name	NG KIE HENG				Policyholder NRIC	S8104769C
Product Code	PRIVATE CAR INSURANCE		Cover Type	drive CLASSIC	Loading	0.5
Contact No. (Mobile)	98718122		Contact No. (Office)	ů .	Contact No.(Home)	0
Email Address			Special Remark		eCode	N: Y
CFK	® No ○ Yes		TCA	® No ○ Yes	eCode Reason	
VCD Protection	No		NCD Emblement(%)	40	Private Hire	Yes
Accident Details						
Report Date	07/01/2019 19:44		Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Pate of Accident	04/01/2019		Time of Accident hhomm	16:10	Country of Accident	Singapore
Reporting Centre			Orange Force		ICM No.	
Accident Location	BUK 7 EXPRESS RD					
· Excess						
Own damage Excess	2,000		Additional Excess	0	Windscreen Excess	100.00
Jinnamed Driver Excess		.00	Dutside Singapore CD Excess	2,000.00		
Third Party Excess	1,500	00	Dutside Singapore TP Excess	1,500.00		
♥ Benefits						
GST Registered Informa						
SST Registered SST Registration No.	No			GST Registration Date GST Status Verified	Yes	
fodification History				day states veries	100	
▽ Policyholder Mailing Ad	dress					
Address 1	BLK 0 #11-31		Address 2	EMPRESS RD	Address 3	SINGAPORE 26000B
Address 4			Address Type	Singapore address	Post Code	260008
Unit No.			Related Policy Number	5106093408		
OI Oriver Info						
Driver Name	Ng Kis Heng		Driver Type	Main Driver		
Innamed driver Name			Driver NRIC	58104769C	Driver DOB	14/02/1981
Register Date of Driver License	15/02/2006		Driver Age	37	Driving Experience	12
Consact No.(Mobile)	98718122		Contact No.(Office)	0	Contact No.(Home)	0
Address t	BLK 8		Address 2	EMPRESS RD	Address 3	SINGAPORE 260008
Address 4			Address Type	Singapore address	Post Code	260008
Unit No.	11-31					
Does he own a Singapore Registered car?	O Yes ⊕ No		Driver Vehicle No.		Driver Insurer Company	
CONTRACTOR OF T						
Seclaration Breathalyser or Blood Test						
Reading?	Qmg		Any injury?	○ Yes ® No		
Modification History						
Claim 001 New						
7.50						
	7	_			D2007000000	
Daim Type •	DD-MX	~	Insured Name	NG KIE HENG	Insured NRIC	S8104769C
Contact No. (Mobile)	98718122		Contact No.(Home)	64792621	Contact No.(Office)	
Email Address			OI Vehicle Number	SJV9843R	TP Vehicle Number	GBE2791L
Daimant Type Claimant Type *	Please Select	<u> </u>	Type of Benefit *	Please Select		
Sarmant Name *		22	Claimant NRIC *			
Daimant Address						
Daim Description	S7v9843R / G8E2791L ON 4	Jan 2019	DHOMPAN ON ON HARDON		Name of Preferred Workshop	
Preferred Workshop Contact No.			Insured Liebility *	Not at Fault		
lequire Finalisation	Yes	Ÿ	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/01/2019 19:45		Claim Close Date		Date Received	07/01/2019 00:00
Report Taxen By	Jackson					
Print AK letter						
				Save   Submit		
Attachment						
Attachment						
~						
Accident No.	MT/1026743		Claim No.	001		
ast Doc. Received	● Yes ○ No		Upload Date	07/01/2019 19:46		
	Path •			Category *	Confidential Urger	ncy * Description *
	P401 *		Browse	I continue executations	V Normal	V
			Browse	I make a second	V NO V Normal	V
						E-136
			Browse	Clear Please Select	Normal V Normal	

