(wet I James) . NATIONAL Assessment Centre Services. MINA 119007096. Done by Date & Time Completed Jeb description Date In: 16/1/19 09:05 SAS c-filling Ref No: MA/ IMC19000938/14 E-mail (within Shis, AIC 2his) Veh No: SKB 8570 I-Motor Claim Form 16/1/19 14/32. D.O.A : 1511119 09:30. I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP / Repetung Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tol Preferred Wissp / INC Assign Wissp / QW: ()/Non-INC (INC (Veh No: TP Particulars: SJE 3825 Y.) Tcl: Owner / Driver: (Cover Type: (Period: (Policy No: (Time: Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Warranty: YBS ()/NO(Year of Registration: (Loading: \$1,000 ()/\$2,000 (Execss: (\$ Coucon Rembelsian & Day Will) Walk-In Cuscomer: Costomer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mall Insurer URGENTLY.) / NO () ; Towing Co: (); Invoice: YES (Drive-In ()/Towed-In (Remarks (1862460ha - 67986616)8) / Courtesy Car (1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date Line / Action 1A1900456 1) AR : Acadent Reporting (530); Claimant's Particulars DA : Damage Assessment (\$100) \$40/\$45 3) TF 1 Towing Pee \$120 Driver/Owner: 4) FT : Follow-Through Survey 5) PT : Follow-Through Survey (Resurvey) 230 For claiming against INC Only (wof 10 Jan 2003) Contact No: 6) TR : Re-Inspection \$160 Damaged Portion: 7) NI : Iday DA + SMRT Survey 8) NTUC Additional Services; \$3 NS: Courtery Cer / Tpt Allowende QC Checked by (Engr-In-Charge): 510 * NG: Repair Caspedination \$25 *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination 22 Anditors Cor TP (N11): TP (Non INC) against INC 520 Cat. 1: 9) N12: Idao Mobile Fee Charges Involce dated 31 2/3: MIGHTY Fee Charged Involce dated

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.
- 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

THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	ACCIDENT STATEMENT
Date Of Report	16/01/2019 09:05
Date Of Accident	15/01/2019 09:30
Exact Location Of Accident	SLE EXIT TO UPPER THOMSON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB857D
Insured/Policyholder	
Name Of Registered Owner	SIM MUI ANN
NRIC No	S1826626A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96733291
Alternative Phone No	OFFICE-96733291
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE
Exact Purpose for which vehicle was being used a time of accident	t PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104806121
Cover Note Number	-
Driver	
Name of Driver	SIM MUI CHOON
NRIC No	S1667537G
Date Of Birth	23/08/1964
Occupation	INDOOR
Date Of Driving Pass	28/07/1982
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96733291
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 355 TAMPINES ST 33 #09-646

Postcode 520355

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

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)

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

I STOP BEHIND VEH B (BEARING NO SJE3825Y) AT THE SLIP RD FROM SLE EXIT TO UPPER THOMSON RD. WHEN I NOTICED VEH B STARTED MOVING OUT TO THE MAIN ROAD, AS SUCH I FOLLOW TO MOVE. SUDDENLY VEH B STOP AFTER THE GIVE WAY LINE. I MANAGE TO STOP BUT FAIL TO STOP IN TIME. AS THE RESULT, MY VEH LIGHTLY TOUCH ONTO THE VEH B REAR PORTION.

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 SJE3825Y

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)

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.

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.:

-	-	-		
CK	ET	CU	DI	AN

Upp thomson Rd	
	A = SKB 857 D B = STE 3825 Y.
SLE	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer to Statement

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

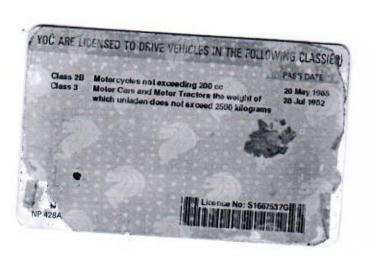
Name: NRIC/FIN No.:

GIAHMG SketchWonForm V3









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 15/01/2019 09:03 Vehicle No.(For Motor) SKB857D Certificate Number Search Policyholder NRIC Certificate Policyholder Insured Object Vehicle No. Select Policy No. Commence Date Product Cover Type Expiry Date Number drivo CLASSIC 5104806121 SIM MUI ANN S1826626A GPC SKB857D SKB857D 27/10/2018 26/10/2019 Continue

1/16/2019 Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1028091 Policy No. 5104806121 Vehicle No. SKB857D GST Registration No. Certificate No. Policyholder Name SIM MUI ANN Policyholder NRIC 51826 Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading 0 Contact No.(Mobile) 96733291 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No * + No Yes TCA · No Yes eCode Reason NCD Protection Yes NCD Entitlement(%) Private Hire No Report Date 16/01/2019 14:14 Accident Report Within 24 hrs Yes Accident Type Collisio Date of Accident 15/01/2019 Time of Accident hh:mm 09:30 Country of Accident Singap Reporting Centre Orange Force ICM No. Accident Location SLE EXIT TO UPPER THOMSON RD ▼ Excess Own damage Excess 600:00 Additional Excess 0 Windscreen Excess 100.00 Unnamed Driver Excess 0:00 Outside Singapore OD Excess 600.00 Third Party Excess 0.00 Outside Singapore TP Excess 0.00 Benefits GST Registered Information GST Registered **GST Registration Date** GST Registration No. GST Status Verified Modification History Policyholder Mailing Address Address 1 BLK 355 #09-646 Address 2 TAMPINES STREET 33 Address 3 SINGA Address 4 Address Type Singapore address Post Code 520355 09-646 Related Policy Number 5104806121 OI Driver Info Driver Name SIM MUI CHOON Driver Type Named Driver Unnamed driver Name Driver NRIC \$1667537G Driver DOB 23/08/ Register Date of Driver License 01/01/2000 Driver Age Driving Experience 19 Contact No.(Mobile) 96733291 Contact No.(Office) Contact No.(Home) Address 1 BLK 355 #09-646 Address 2 TAMPINES STREET 33 Address 3 SINGAL Address 4 Address Type Singapore address Post Code 52035 Unit No. 09-646 Does he own a Singapore Registered car? Yes + No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? 0 mg Any insury? Yes No Modification History Claim 001 New Claim Type * Insured SIM MUI ANN OD-MX Contact No. (Home) Contact No.(Mobile) 98513355 65818057 01 Email Address Vehicle SKB857D Number Claim Description SK8857D / SJE3825Y ON 15 Jan 2019 Preferred

Preference Liability Partially at Fault Workshop Bonues No. Yes Finalisation GIA Received Preferred Workshop, Name unknow Claim Close Date Date Registered 16/01/2019 14:31 Report Taken By LIEW SHAN HUI Print AK letter

Save Submit

Attachment

Accident No.

MT/1028091

Claim No.

001

Last Doc. Received Upload Date • Yes No Category * Confidential Urgency * Choose File No file chosen v No Clear Please Select * 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 T NO Please Select ▼ Normal * Choose File No file chosen Clear Please Select * NO * Normal Choose File No file chosen Clear Please Select * NO * Normal Message Read Attachment List Attachment Uploaded By/Date Category Urgency Description 4.5 125 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jan 2019 14:32 KI MOR NRIC/ Driving License NRIC/ Driving License 2019-1-16 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jan 2019 14:32 SAS Normal SAS 2019-1-16 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jan 2019 14:32 Photos Normal Photos 2019-1-16 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jan 2019 14:32 Photos Normal Photos 2019-1-16 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 Photos Normal Photos 2019-1-16 16 Jan 2019 14:32 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jan 2019 14:32 Photos Normal Photos 2019-1-16 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jan 2019 14:31 Photos Normal Photos 2019-1-16 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o Normal Photos 2019-1-16 16 Jan 2019 14:31 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jan 2019 14:31 Photos Photos 2019-1-16 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Photos 2019-1-16 16 Jan 2019 14:31 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jan 2019 14:31 Photos Photos 2019-1-16 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jan 2019 14:31 Photos Normal Photos 2019-1-16 Video List

File Name

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Uploaded By/Date

Folder Date

Source