NATIONAL Assessment Centre .	Services. wel James	MNA 119 607322		
Date In: 16/1/19-13:55	Jeb description	Date &Time Completed	Done	by
Res No: NA INICIPODIOSO HY	SAS e-filing			
Veh No: ALNTSVIT	E-mail (within Shrs, AIC 2hrs)			4
D.O.A : 3/1/19-03:70	i-Motor Claim Form	MT/1078167-001	16/1/19 18	119.
	i-Motor W/O (Within: OD 2)	irs, TP 4brs)		20-2-15 Oct.
OD : TP : Reporting Only	i-Photo Uploaded			Ψ.
TDI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	Fax:	
TP Particulars: Veh No: 502 197	. INC	()/Non-INC().	61 A	
Owner / Driver: (Tel:)	
Policy No: () Period	d: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0-:	20%; P: 21-79%. P: 80-	100%]	5/
Year of Registration: () Wa	rranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000	()/\$2,000()			
General Remarks:-			14. 2	
() Walk-In Customer : Customer's informa		dictiy NO Islet of repailer.		
() Total Loss Case : to e-mail Insurer I				
Drive-In ()/ Towed-In (); Invoice: Y	'ES()/NO();	Towing Co: (
Remarks:- (INC hotline: 6788 6616)		Date& Time Completed	Done	by
	rtesy Car ()		Section 1	
2) QC Check / Post Repair Inspection	()	*	-	
3) Upload Resurvey Photo [Repair Cost > \$300	01 ()	 		
	-1 \ \ / /			
Injury:				
Date/Time Actions		Cart Cart Cart Cart	ROAL OF THE	
		1		-11271-10
3				
,			W - 131	
. 844		Ch. July	Anit (S)	Amt (3)
NA 1900478		eparation Checklist	TA BILL	Add Bill
laimant's Particulars :-	1) AR : Accider	at Reporting (\$30); Assessment (\$100); INC (\$8	30)	
river/Owner:	3) TF : Towing	Fee S40	0/\$45	
Hive/Owner:	4) FT : Follow-	Through Survey Through Survey (Resurvey)	\$120	
ontact No:	For claiming	against INC Only (wef 10 Jan 2005	6)	
amaged Portion:	6) TR : Re-inspe		\$75	-
	8) NTUC Addit	. Dr. rest out		
C Checked by (Engr-In-Charge):	OD.		• •	
Control of (bigi-xii-chaige).	*NS: Courtes	y Car / Tpt Allowanse	510	
uditors! Comments :-	•N7: Fost Re	pair Inspection	\$25	
SAN		P (N::n INC) against INC	\$20	
<u>f. 1:</u>	9) N12: Idac M		30	
t. 2/3:	Invoice dated	Fee Charged		artin fra
ACHIOCOLOGY.	Invaice dated	Fee Charged	5210	Constant

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.	g
	ACCIDENT STATEMENT
Date Of Report	16/01/2019 13:55
Date Of Accident	03/01/2019 03:30
Exact Location Of Accident	ALONG HOUGANG AVE 10
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN7323T
Insured/Policyholder	
Name Of Registered Owner	CHONG JIA WEI SAMUEL
NRIC No	S9039787G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91123919
Alternative Phone No	OFFICE-91123919
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
Exact Purpose for which vehicle was being used at time of accident	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	5099361622
Cover Note Number	

C	ov	er	No	le	N	шπ

EMail Address

Cover Note Number	
Driver	
Name of Driver	LIM KWAN HUI
NRIC No	S9213487C
Date Of Birth	25/04/1992
Occupation	INDOOR
Date Of Driving Pass	16/03/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82186917
Fax Number	
Contact Number	OFFICE-82186917

NOEMAIL

Address BLK 205 TOA PAYOH NORTH

#11-1167

Postcode 310205

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

/ehicle

Insurance Company of Driver's Own Vehicle

nsurance Company of Driver's Own Venicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

2

NO

2

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

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.

Number of Passengers (Including Driver)

Passenger 1 NAME: : -

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, I WAS TRAVELLING ALONG THE STATED VENUE. MY VEHICLE ROLLED BACK AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B FRONT 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 SLZ19T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver HO BAO QIANG
NRIC/Passport Number S9224157B

Contact Number

Address Postcode

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9213487C



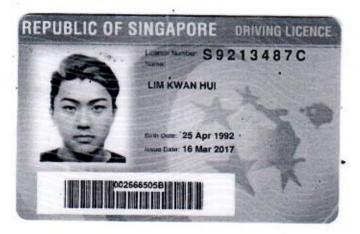


LIM KWAN HUI

CHINESE

25-04-1992 SINGAPORE





4034995



NUMBER 100 S9213487C

26-04-2007

APT BLK 205 TOA PAYOH NORTH #11-1167 SINGAPORE 310205

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

Motor cars with unladen weight =< 3000kg with =< 7 16 Mar 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



		Policyholder	evene m	WET CANADE	Policyholder	S9039787G	
olicy No.	5099361622	Name	CHONG JIA	WEI SAMUEL	NRIC	S9039787G	
ertificate o.							
ddress	BLK 534 #06-32 HOUGANG STR	EET 52 SING	APORE 530534				
roduct ame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy sue 02/04/2018 ate		Effective Date	03/04/2018	00:00	Expiry Date	04/07/2019 2	3:59
xcess ype		All Claims Excess					
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
dditional xcess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y	
lo- nsurance lag	No						
olicy nfo Certificate nfo							
olicy nfo Certificate nfo Policy	holder Mailing Address			VALUE AND STREET		Address 3	CINCADORE 520524
olicy nfo certificate nfo Policy ddress 1	holder Mailing Address BLK 534 #06-32		ess 2	HOUGANG STREET	52	Address 3	SINGAPORE 530534
Open Policy Info Certificate Info Policy Address 1 Address 4		Addr	ess Type	Singapore address	52	Address 3 Post Code	SINGAPORE 530534 530534
olicy onfo Certificate onfo Policy address 1 address 4		Addr	ess Type ted Policy		52		
olicy onfo certificate onfo Policyt address 1 address 4 Juit No.		Addr Relat	ess Type ted Policy	Singapore address	52		
olicy onfo Certificate onfo Policyt Address 1 Address 4 Unit No.	BLK 534 #06-32	Addr Relat	ess Type ted Policy	Singapore address	52		
olicy of a certificate of a Policyl ddress 1 ddress 4 Init No. Insure	BLK 534 #06-32 ad Object: SKN7323T	Addr Rela Num	ess Type ted Policy	Singapore address 5099361622	52 Endorsemen	Post Code	

Claim Handling Accident MT/1028167						
Policy No.	5099361622		Vehicle No.	SKN7323T	GST Registration No.	
Certificate No.	10.00.00.00.00.00.00.00.00.00.00.00.00.0		A COUNTY OF THE PARTY OF THE PA	36473231	GS1 Registration No.	
Policyholder Name	CHONG JIA WELSA	MUEL			Policyholder NR3C	59039787G
Product Code	PRIVATE CAR INSU		Cover Type	STNO CLASSIC	Loading	0
Contact No.(Mobile)	91123919	125-726	Contact No.(Office)	0	Contact No.(Home)	0
Email Address			Special Remark :		eCode	N. V
KFK	® No ○Yes		TCA	® No ○Yes	eCode Reason	W. 13-12-12-1
NCD Protection	No		NCD Entitlement(%)	0	Private Hire	No
→ Accident Details						100
Report Date	16/01/2019 18:17		Acodent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/01/2019		Time of Accident hhumm	03:30	Country of Accident	Singapore
Reporting Centre			Orange Force		ICM No.	-
Acodem Location	ALONG HOUGANG	AVE 10	8			
W Excess						
Own damage Excess		600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		2,500.00	Outside Singapore OD Excess	600.00		(7.00 m)
Third Party Excess		0.00	Outside Singapore TP Excess	0.00		
▽ Benefits			30.00000003077#ZFW-0014FE0074			
GST Registered Inform	ation					
GST Registered	No	Ē.		GST Registration Date		
GST Registration No.				GST Status Verified	Yes	
Modification History						
□ Policyholder Mailing Ad Address 1			4400	CONTRACTOR STREET, THE	200.000	
Address 1 Address 4	BLK 534 #06-32		Address 2	HOUGANG STREET 52	Address 3	SINGAPORE 530534
Unit No.			Address Type	Singapore address	Post Code	530534
OI Driver Info			Related Policy Number	5099361622		
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
unnamed driver Name	LIM KWAN HUI		Driver NRIC	59213487C	Driver DOB	25/04/1992
Register Date of Driver License			Driver Age	26	Driving Experience	1
Contact No. (Mobile)	82186917		Centact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 205		Address 2	TOA PAYOH NORTH	Address 3	TOA PAYOH NORTH
Address 4	SINGAPORE 310205	4	Address Type	Singapore address	Post Code	
Unit No	11-1167	<u> </u>		angipa e autress	Fusi Lode	310205
Does he own a Singapore	○ Yes ® No		Driver Vehicle No.		#GEOGRAPHIC NACOS CONTO	
Registered car?	D resident		Differ verice No.		Driver Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	○ Yes ® No		
558						
Modification History						
Claim 001 New						
Dam Type *	ор-мх		Insured Name	CHONG JIA WEI SAMUEL	Insured NR3C	S9039787G
Contact No.(Mobile)	91123919		Contact No.(Home)	63870664	Contact No.(Office)	33337676
Email Address	heavenboil@hotmail	1.com	Of Vehicle Number	SKN7323T	TP Vehicle Number	SL219T
Demant Type Claimant Type *		¥	Type of Benefit *	Please Select	The state of the s	JAMES P.
Claimant Name *		22	Claimant NR3C *			
Cleimant Address						
Cleim Description	SKN7323T / SLZ19T	ON 3 Jan 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.			Insured Liability *	Fully at Fault		
Require Finalisation	Yes	V	Preferend Repair Option		GIA report	Received
Date Registered	16/01/2019 18:19		Claim Close Date		Date Received	16/01/2019 00:00
Report Taken By	Deckson			1/2		
Print AK letter						
ILL PHILE PROJECTOR						
				Save Submit		
Attachment						
9						
Accident No.	MT/1028167		Claim No.	100		
Last Doc. Received	● Yes ○ No		Upload Date	16/01/2019 18:20		
		Path *		Category *	Confidential Urgen	cy * Description *
			Browse.	Clear Please Select	▼ Normal	V
			Browse.	Clear Please Select	V Normal	V
			Browse.	Clear Please Select	V Normal	▼
			Browse	Cear Please Select	W Normal	

