NATIONAL Assessment Centre	Services.	wet i Janosj .	MNA 1190	9986.		
Date In: 21/1/19 16:42	Jeb description		Date &Time		Done	by
	SAS c-filling	7/				
NATING 14 8 87 32 8 1 M	E-mail (within 8	hrs, AIC 2hrs)				
SKIT TTTT	i-Motor Clain		MT/10289	13- 2	2/1/19	09:32.
2111114 .14.10:	I-Motor W/O	(Within: OD 2hr	s, TP (brs)			:
(D) TP ' Reporting Only	i-Photo Uplos	ded				
The second secon	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (g.	s Automotiv	THE RESERVE THE PERSON NAMED IN COLUMN TWO	THE REAL PROPERTY.	5089 Fax:)
	Pillar.	INC(:().		
Owner / Driver: (mur.		Tel:)	
	od: ()	Cover Type:)	
Confirmed by : (Date:	Tim)	
Insured/Driver Liability: (%) [N	ote-Est. Status (W	O): N: 0-2	0%; P: 21-79%	6. P: 80-1009	/ 6]	
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	0()/\$2,000(()	are the filter	**********	-	-
General Remarks 5 128 121 121				Second States	M. M	
() Walk-In Customer : Customer's Inform	nation strictly Con	fidential & St	rictly NO refer of	f repairer.		
() Total Loss Case : to e-mail Insurer				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Drive-In ()/ Towed-In (); Invoice:	YES()/N	O();T	owing Co: (· ·	T. 1900 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) Highia
Remarks;- (186 hoome: 67886616)			Dicklands	of tiple at the	Done	by
1) Apply for Transport Allowance ()/Co	urtesy Car ()			W		
2) QC Check / Post Repair Inspection	(·)				, , , , , , , , , , , , , , , , , , , 	
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()					
Injury:						
Date/Fime / Actions		STATE OF THE STATE OF	(majarjeden) sa		MICHELLE THE	erected pro-
Date/Cine / Actions:	((CA) ARIHAN (A MANAKARA)	Mark delay work	MFCMCManeration	STATE OF STA		
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N/A	1900581	Invoice Pre	in ation Chris	Ulif Arthur	CITALITY	Mad bin
Lummus Particulars:		1) AR : Accident		; INC (550)	30.00	
The state of the s	CONTRACTOR AND ADDRESS	3) TI' : Towing I	Pee .	\$40/\$4 \$12	-	
Driver/Owner: .		4) FT : Follow-T	brough Survey (Rea	urvey) 53	-	
Contact No:		For claiming s 6) TR : Re-inspe	regina UNC Only (w	of 10 Jan 2003) 57:	5	
amaged Portion:		7) N1 : Idao DA	+ SMRT Survey	316	0	
		8) NTUC Addis				
C Checked by (Engr-In-Charge):	1	*N5; Courlesy *N6; Repair C	Car / Tpt Allowant	e 51		
S. V.D. S. SHALLER BOOK AND SERVICE OF BOOK AND SERVICE OF THE SER	PROPERTY.	*N7: Post Rep	mir Inspection	52	3	
aditors Comments	特別等。	*N8: DV / Co	lleet Excess Coordi P (Non INC) against	INC 52	0 -	
al1:		9) N12: Idao Me Involve dated	obile	Fee Charged		STATE THE
11. 2 / 3:		Involce dated		Fee Charged	MANUS	l

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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.
- Information provided must be as <u>truthful and accurate</u> 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

Contract to the second	ACCIDENT STATEMENT
Date Of Report	21/01/2019 16:42
Date Of Accident	21/01/2019 14:10
Exact Location Of Accident	37A CAMBRIDGE ROAD HDB MSCP
Country/State of Loss	SINGAPORE
Comments of the Comments of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM4477H
Insured/Policyholder	
Name Of Registered Owner	TANG WILSON
NRIC No	S7729711A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98753055
Alternative Phone No	OFFICE-98753055
Vehicle Particulars	
Manufacturer	AUDI
Model	A6
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?	YES
If No, Please state action to be taken	
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	5076842884-02
Cover Note Number	-
Driver	
Name of Driver	TANG WILSON
NRIC No	S7729711A

 Name of Driver
 TANG WILSON

 NRIC No
 S7729711A

 Date Of Birth
 01/11/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 05/05/2015

Driving Experience 3 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98753055

Fax Number

Contact Number OFFICE-98753055

EMail Address NOEMAIL

Address

167 POH HUAT RD WEST #05-18

Postcode

546695

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

COLLIDED INTO PROPERTY

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?

YES

Was any other material or property damaged? 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

WHILE MAKING REVERSING INSIDE THE 37A CAMBRIDGE ROAD HDB MSCP, MY VEH REAR RIGHT MISJUDGED HIT ONTO THE CARPARK PILLAR

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

Vehicle Make/Model/Colour

PILLAR

Details Of Properties

Vehicle Category

NA/UNKNOWN

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

- 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.
- 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)

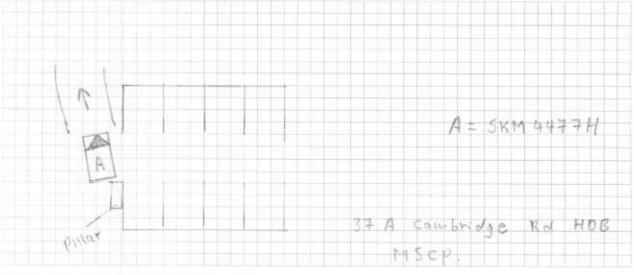
I understand, acknowledge, agree and consent that:

- (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:
 - (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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	+•	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.:





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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 05 May 2015 of the driver; and other motor vehicles =< 2500kg

4262680 12-08-2008 167 POH HUAT ROAD WEST #05 - 18 SINGAPORE 546695 16/12/2013 S7729711A

NP 428A

eBaoTech

GeneralClaim

ello, NAC_PAYA_UBI_	800601						• Chang	ge Language	· Chang	e Password	· Log Out	
My Desktop Notice of Loss	Poli	Policy Query										
	Policy N	10.	77.1			Date	e of Accident		21/01/2019 1	6:40		
	Vehicle	No.(For Motor)	SKM44	77H		Cert	ificate Numbe	er				
						Search	ľ					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
		5076842884- 02		TANG WILSON	S7729711A	GPC	drivo PREMIUM	5KM4477H	SKM4477H	28/02/2018	27/02/2019	

Continue

Policy No.

Certificate No.

▽ Excess

Own damage Excess

Third Party Excess

Excess Type

Unnamed Driver Excess

SKM4477H

GST Registration No.

Vehicle No.

Claim Handling

Accident	MT/1028913	

5076842884-02

Certificate No.						
Policyholder Name	TANG WILSON				Policyholder NRIC	\$772
Product Code	PRIVATE CAR INSURA	ANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No. (Mobile)	98753055		Contact No.(Office)		Contact No. (Home)	
Email Address			Special Remark		eCode	No 7
KFK	» No Yes		TCA	* No Yes	eCode Reason	
NCD Protection	Yes		NCD Entitlement(%)	50	Private Hire	No
→ Accident Details	2000			***		1000
Report Date	22/01/2019 09:28		Accident Report Within 24 hrs	Yes	Accident Type	Collid
Date of Accident	21/01/2019		Time of Accident hh:mm	14:10	Country of Accident	Singa
Reporting Centre			Orange Force		ICM No.	1000
Accident Location	37A CAMBRIDGE ROA	AD HDB MSCP				
♥ Excess						
Own damage Excess		600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess		0.00	Outside Singapore OD Excess	600.00		
Third Party Excess		0.00	Outside Singapore TP Excess	0.00		
→ Benefits						
	tion					
GST Registered	No	1		GST Registration Date		
GST Registration No.				GST Status Verified	Yes	
Modification History						
→ Policyholder Mailing Add		V2335		2002 CASSOCIATION	48.00	
Address 1	167 POH HUAT ROAD	WEST	Address 2	#05-18 THE WATER LINE	Address 3	SING
Address 4			Address Type	Singapore address	Post Code	5466
Unit No.			Related Policy Number	5076842884-02		
OI Driver Info						
Driver Name	TANG WILSON		Driver Type	Main Driver		
Unnamed driver Name			Driver NRIC	S7729711A	Driver DOB	01/11
Register Date of Driver License	05/05/2015		Driver Age	41	Driving Experience	3
Contact No.(Mobile)	98753055		Contact No.(Office)		Contact No.(Home)	
Address 1	167 POH HUAT ROAD	WEST	Address 2	#05-18 THE WATER LINE	Address 3	SING
Address 4			Address Type	Singapore address	Post Code	5466
Unit No.						
Does he own a Singapore Registered car?	Yes - No		Driver Vehicle No.		Driver Insurer Company	
Declaration						
Breathalyser or Blood Test	0 mg		Any injury?	Le Yes ⊯ No		
Reading?			cut udality	er tes a no		
Modification History						
and the same of the same						
Claim 001 New						
Claim Handling						
Accident MT/1028913						
110000 N			200840-97.80	Set of Market State Control of the C	w8.00.000000000000000000000000000000000	
Policy No.	5076842884-02		Vehicle No.	SKM4477H	GST Registration No.	
Certificate No.						
Policyholder Name	TANG WILSON				Policyholder NRIC	\$772
Product Code	PRIVATE CAR INSURA	INCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	98753055		Contact No.(Office)		Contact No.(Home)	_
Email Address	0.700 7079		Special Remark	16412000000	eCode	No
KFK	- No Yes		TCA	No Yes Yes	eCode Reason	
NCD Protection	Yes		NCD Entitlement(%)	50	Private Hire	No
Accident Details						
			DANGER AND DESCRIPTION OF THE PROPERTY OF THE	110000	CONTRACTOR OF THE PARTY OF THE	
Report Date	22/01/2019 09:28		Accident Report Within 24 hrs	Yes	Accident Type	Collid
Report Date Date of Accident	22/01/2019 09:28 21/01/2019		Accident Report Within 24 hrs Time of Accident hh:mm	Yes 14:10	Accident Type Country of Accident	Collid Singa
Shirt and the same						

Outside Singapore OD Excess

Outside Singapore TP Excess

Windscreen Excess

600.00

0.00

0.00

Total Excess Applicable

600.00

100.00

0.00

100,0

Windscreen Excess

1/22/2019			Claim H	landling(accident r	eporting CI	aim Task)					
All Claims Excess											
YIED All Claim Excess			Driver is	Covered?							
Total All Claim Excess Applicable											
OD Standard Excess			TP Stand	lard Excess							
VIED OD Excess			YIED TP	Excess			D	river is C	lovered?		
Additional Excess		0.00									
Total OD Excess Applicable			Total TP E	Excess Applicable							
▽ Benefits											
	tion										
Policyholder Mailing Add	ress										
Address 1	167 POH HUA	T ROAD WEST	Address 2	2	#05-18 THE W	ATER LINE	A	ddress 3			SING
Address 4			Address 1	Type	Singapore addr	ess	Pe	ost Code			546
Unit No.			Related P	Policy Number	5076842884-02	2					
OI Driver Info											
Driver Name	TANG WILSON	4	Driver Ty		Main Driver						
Unnamed driver Name	the law and the la		Driver NR		57729711A			river DO			01/1
Register Date of Driver License Contact No.(Mobile)	05/05/2015 98753055		Driver Ag	ge No.(Office)	41				perience		3
Address 1		T ROAD WEST	Address 2		#05-10 THE W/	TED I INC			o.(Home)		eres in
Address 4		A STATE OF THE STA	Address 1		#05-18 THE W/ Singapore addre			ddress 3 ost Code			5466
Unit No.				With Co	WASTONEY E-WINDS		0.5				2400
Does he own a Singapore Registered car?	Yes + No		Driver Ve	hicle No.			Dr	iver Inst	urer Compa	any	
Declaration											
Declaration Breathalyser or Blood Test	0 mg		12.00		302 024						
Reading?	o mg		Any injury	yr.	Yes * No						
Modification History											
	3										
Claim 001 OD-MD New											
Claim Type *						OD-MD	▼ In Na	sured ame	TANG WI	LSON	
Contact No.(Mobile)						98753055	- CO	ontact o.	NIL		
								lome)			
Email Address						wilsontang77@gmail.com	Ve	ehicle umber	SKM4477	'H	
Claim Description						SKM4477H / PILLAR ON 21 3	an 201	19			
Preferred Workshop 91826089		Insured Liability Eathers 5	- de	-							
Workshop 91826089 Renuet No. Yes	* Kep	erered Preferred Workshop (THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	GIA Received		•					
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Report Taken By						LIEW SHAN HUI		orkshop spairer			
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Attachment											
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iccident No.	MT/1028	913		Claim No.		001					
ast Doc. Received	● Yes			Upload Date							
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Choose File No file chosen					Clear	Please Select	*	NO	•	Normal	•
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Choose File No file chosen					Clear	Please Select	*	NO	*	Normal	7
Choose File No file chosen					Clear	Please Select	*	NO		Normal	•
Message Read					Clear	Please Select	•	NO	•	Normal	•
Attachment List											
Attachment		Uploaded By/Date		Catanan	P	Umana					
	A_UBI_800601/ N	NATIONAL ASSESSMENT CENTR	RE SERVICES) on	Category NRIC/ Driving License	1	Urgency Normal		NPIC/	Descrip		1-22
		22 Jan 2019 09:32	activities of the	miner briving Deense		NOT THE		HKIC/	Driving Lici	ense 2019-1	-41

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Uploaded By/Date

Folder Date

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NAC_PAYA_UBI_80	0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 09:31	Photos	Normal	Photos 2019-1-22

Display in New Window Scan and uploading

File Name

Source

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Tuesday, 22 January 2019 9:37 AM

To: 'ODsupport'

Subject: FW: SKM 4477H MT/1028913-001 OD-DRIVO PREMIUM

Attachments: SKM4477H_21012019.PDF

Hi

Dear All,

Name of Registered : TANG WILSON

NRIC No : \$7729711A

Name of Driver : TANG WILSON NRIC : \$7729711A

Mobile No : 98753055

Own Damage Excess : \$600 Unnamed Driver Excess : N/A

Name of Workshop : RS AUTOMOTIVE PTE LTD

Contact No : 91826089

Remarks : N/A

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)