NATIONAL Assessment Ce	ntre Services	we! 1 Jan'05 M	The state of the s	T	J. 41999 V. Br 8-	****
Date In: 71/19-19:58	Jcb description		Date & Time Comp	pleted	Done	pì.
Ref No: NA) INC 1900771/14	SAS e-filing					
Veh No: Shx 7988E	E-mail (within !	ihrs, AIC 2hrs)		-200	at a di Casali	
D.O.A : 18/1/9 - 09:15	i-Motor Clair	n Form	m1 1028663-00	z. a	11/19 9	v: 47
	I-Motor W/O	(Within: OD 2hrs	TP 4brs)			
OD / TP / Reporting Only	i-Photo Uploa	aded				-
TP Insurer:	Assessment/Su	rvey Report		- The second		
IP Insurer.	Ass't Report by	Y Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW	: (Tel:	Fax:		
TP Particulars: Veh No: J	invitat .	, INC(.)/Non-INC().		
Owner / Driver: (Tel:)	-
Policy No: ()	Period: ()	Cover Type: ()_	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	/O): N: 0-20)%; P: 21-79%. 1	P: 80-100%	6]	
Year of Registration: () Warranty: YES ()/NO()			
Excess: (\$) Loading:	\$1,000 ()/\$2,000	()				
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SINGAPORE ACCIDENT STATEMENT

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 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.
- 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.

ACCII	JENI	CTA	TEM	ENT
ACCI	JEN	SIA		

Date Of Report 21/01/2019 19:58
Date Of Accident 18/01/2019 09:15

Exact Location Of Accident SLIP RD TAMPINES AVE 10 TWDS TPE (SLE)

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGX7788E

Insured/Policyholder

Name Of Registered Owner FABIAN HEW WEN GUANG

NRIC No S9443536F Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-92731030

 Alternative Phone No
 OFFICE-92731030

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 5102144897

Cover Note Number

Driver

Name of Driver FABIAN HEW WEN GUANG

 NRIC No
 S9443536F

 Date Of Birth
 25/11/1994

 Occupation
 INDOOR

 Date Of Driving Pass
 02/01/2014

Driving Experience 5 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92731030

Fax Number

Contact Number OFFICE-92731030

EMail Address NOEMAIL

BLK 577 HOUGANG AVENUE 4 Address

#15-660 530577

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

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)

NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

MARINE PARADE NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

YES

1

ROAD: 300 MARINE PARADE ROAD, POSTCODE: 449296, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-4428999 - FAX NO: 62447678 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

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

SBV1368T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

97703298 Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 21

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.:

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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.:

ACCIDENT STATEMENT

ACC	IDENT DATE:	19.)(DD/M	M/YYYY), T	IME:(09	:	M:HH)(_	IM)
LOC	ATION: Slip Rd	Tumpines	Ave	10 to	chy	77E (JUE)
1	. DETAILS OF VEHICLE a) VEHICLE NUMBER:	54x7788E	ı	,		v 8	
	b)INSURANCE COMPA		-				
	c)POLICY NUMBER:						
	d)POLICY TYPE: (COM	PREHENSIVE / TH	IRD PARTY	/ THÍRD PA	RTY FIR	RE &THE	FT)
	e)MAKE & MODEL: f)TYPE:(SALOON / COL	IPE / MPV /V AN	/LORRY /	MOTORCY	CIF/	OTHERS	Ī
	g) VEHICLE CATEGORY	A STREET OF THE PROPERTY OF TH					
	h)PURPOSE OF USING					-	
	I) ARE YOU CLAIMING L						
2.	IF NO, PLEASE STATE (1 INSURED / POLICY HOL		AIM / REPO	KIING ON	LYJ		90
	A)NAME: Falian H		Ana	(M)	KLB / F	EMALE)	
	b) NRIC/FIN/PASSPORT:			CONTACT:		73/03	D.
	CIADDRESS: DIK 577	Honging Ave	nue 4	112-60	(2301	777)	
	* CONTINUE TO 3.d IF D	PIVER ALSO POL	ICY HOLDS			-	-0
* No of passenger	DRIVER	MITER ALBOT OF	LICTHOLDI	-15			
(Including driver)	a)NAME:					EMALE)	
(1)	b)NRIC/FIN/PASSPORT: c)ADDRESS:			CONTACT:			100
	C/ADDICESS		000 = 00° c			1122	
	*d)DATE OF BIRTH: (/YYYY)	9		
	e)OCCUPATION: (INDO	CONTROL OF THE PROPERTY OF THE	4		14		
A	f) YEARS OF DRIVING EX WAS DRIVER AN EMPL		,		N2 (V)	== 1.00	11
4.	IF NO, RELATIONSHIP				24.		y
5.	a) WEATHER CONDITION	: (CLEAR / RATH	NG / OTH				
9	b)ROAD SURFACE: (DRY)
	WAS ANYBODY INJURED a) REPORTED TO POLICE						
5.15	IF YES, PLEASE STATE W		ATION:				10.5
8.	THIRD PARTY VEHICLE						
the of passenger	a) VEHICLE NUMBER:_	33V13687.	N	ODEL:			_
(Including driver)	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT	Ţ:	-	CONTACT:	620	17208	
(1)	THIRD PARTY VEHICLE			ONIACI:	977	0 34-10	
tho of passenger	d) VEHICLE NUMBER:		М	ODEL:			
This of passinger	e) DRIVER'S NAME:						- COM 15
(Induding driver)	f) NRIC/FIN/PASSPORT	:		CONTACT:			
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email =

fax =

VIDEO =



TOURS 1 18/2/201

Report No. 1/2/01/01 18/02/07

Police Station Of Origin Marine Parade N.P.C. 300 Marine Parade Road SINGAPORE Tel No 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 18/01/2019 20:17

Vide Report No.

Station Chary No. Informant's Particulars Name of Informant FABIAN HEW WEN GUANG Address APT BLK 577 HOUGANG AVENUE 4 #15-660 SINGAPORE IO Type / IO No. NRIC NO / S9443536F Contact No. Nationality. Home/Office: Mobile: 92731030 SINGAPORE CITIZEN Sex Age: 24 Date of Birth 25/11/1994 Type of Informant Vehicle Owner Male Race Language: Institution / School Name: English Occupation: Driving Licence Information: Chief operating officer/General Class. 3 Dane of Expiry: Madager

Type of Accident	Non-Injury Others	Drink Drive: No	Date/Time of Accident 18/01/2019 08:15	Type of Location Bend
TAMPINES A	Traveling Toward Ro VENUE 10 XPRESSWAY a entrance of TPE	Road Surface:		Road Speed Limit
PERSONAL PROPERTY AND ADDRESS OF THE PERSONS NAMED IN		Traffic Control:		Traffic Volume:
Traffic Flow One Way		Not Controlled	And the second second second	Moderate

Details of	Vehicle Inve	shrod		CHECK TO SE	THE RESERVE OF THE PROPERTY OF THE PARTY OF
Vehicle No	Туре	Make	Model	Color	Condition No of Passeng
SBV1368T	Car	HONDA	CIVIC	Silver	Slightly 0
SGX7788E	Car	VOLKSWAGO	SCIROCCO	Grey	Damaged Slightly 0
		N	King the state of	10 400	Damaged

Detail	is of	Por	200	inv	baylo
The second second		100.00			

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



Station Of Origin Parade N.P.C one Parade Road SINGAPORE 449796 Fel No. 1500-4428999

CONTINUATION OF REPORT



Report No. 7/20150116/2

Name	Louis			ID No		NIL	
stelated Vehicle	SBV1358T (Car)	SBV1368T (Car)				97903298	
Hospital/Clinic	NIL	N. I			of g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harpe	NII		
	ned Medical Leave	NIL	Degree o	f freury	MIL	THE RESIDENCE OF THE PARTY OF T	
Driver	FINANCE PROPERTY.		WEST TO SELECT			CARL SOLD TO SOLD THE SAME	
Name	FABIAN HEW WEN	GUANG		ID No		S9443536F	
Related Vehicle	SGX7788E (Car)			Contact No.		92731030	
tospital/Clinic		Class of Driving Licence & Expiry Date		Class 3 Date of Expiry: NIL			
THE RESERVE AND PERSONS ASSESSED.	NIL	THE RESERVOIS	Date Disc	naine.	NII		
	d Medical Leave						

Brief Details.

Brief Details.

On 18/01/2019 at 0815hrs, I was traveling along Tampines Ave 10 towards TPE as I was entering TPE the car infront of me just jam the breaks and I didn't manage to stop in time. The front of my car ht the back of his car, both driver alighted and check for damage. He immediately requested me to pay him SGD\$1500/- for the damage but I did not agree. As the rain got heavier, I told him that we exchange contact number and we keep in contact to settle the damage. I told him that he can send his car to my workshop and I will pay for It but he refused. After we left, he called me 3 times and keep asking me to just pay him the amount but I told him is too much for me so he reduce to SGD\$1200/- but I still disagree as the damage does not cost that much. After the third call, I went down his workshop and check with the technician and he mention that the whole bumper is damage and needed to replace the a new bumper. The technician mention that if I am going to claim insurance then I maybe paying more than SGD\$1200/- and my next year insurance is going to be higher, its not worth it. But I still disagreed and at the end he mention that the will do the insurance claim.



Police Station Of Origin: Manne Parade N.P.C. 300 Manne Parade Road SINGAPORE 449296 Tel No. 1800-4428999

Report No. 17001981118000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

G/ Sgt 2 SIA WAN XIN

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP/GIA/ Staff Sol WONG SIEU LUI CordaC No. 65476151

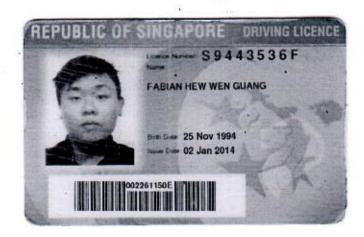
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Signature Of Informant

Date/Time: 18/01/2019 20:17

Classification Of Case:









eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601						• Change	e Language) Chan	ge Password	Log Out
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Notice of Loss	Policy N	No.				Date	of Accident		18/01/2019 (08:15	
	Vehicle	No.(For Motor)	SGX77	788E		Certi	ficate Number	. 1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102144897		FABIAN HEW WEN GUANG	S9443536F	GPC	drivo CLASSIC	5GX77888	SGX7788E	10/07/2018	09/07/2019
					- 1	Continue					



Claim Handling						
Pakcy Np.	5102144897		Vehicle No.	\$GX7788E	GST Registration No.	
ertificate No.						
olicyholder Name	PASIAN HEW WEN	GUANG			Policyholder NRIC	59443536F
oduct Code	PRIVATE CAR INS	URANCE	Cover Type	drive CLASSIC	Loading	d
orract No.(Mobile)	NA		Contact No.(Office)		Contact No.(Home)	
mail Address			Special Remark		eCode	No. O.
FK	® No ○Yes		TCA	® No ○ Yes	eCode Reason	Line To
CD Protection	No		NCD Entitlement(%)	10		Maria Nichabawa
Accident Details	1277		and contained by	4.0	Private rine	Not evaliable
port Date	21/01/2019 10:2	60				
			Accident Report Within 24 hrs	Yes	Accident Type	Unknown
ste of Accident	18/01/2019		Time of Accident hinumin	08:25	Country of Accident	Singapore
gorting Centre			Crange Force		ICM No.	
cident Location	TAMPINES AVE 10					
Excess						
vri damage Excess		600.00	Additional Excess	1500	Windscreen Excess	100.00
named Driver Excess		0.00	Outside Singapore OD Excess	600.00		
ird Party Excess		0.00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Inform	ation					
7 Registered	N	io.		GST Registration Date		
T Registration No.				GST Status Verified	Yes	
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Idreis 4	Man 477 413-000			HOUGANG AVENUE 4	Address 3	SINGAPORE 530577
NT No.	15-660		Address Type	Singapore address	Post Code	530577
or OI Driver Info	19-660		Related Policy Number	5102144897		
ver Name						
named driver Name			Driver Type		garees sure	
	2		Oriver NRIC		Driver DOB	
gitter Date of Driver License			Driver Age		Driving Experience	
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es he own a Singapore gistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
dification History						
Claim 962 OD-MX New	d					
im Type +	ОО-МХ	v	Insured Name	FABIAN HEW WEN GUANG	2000000	
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mant Address						
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lerred Workshop Contact			Insured Liability +	Fully at Fault		
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e Registered	21/01/2019 21:47	12	Claim Close Date		Date Received	21/01/2019 21:48
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