NATIONAL Assessment Centre S	services.  wel 1 Jan'05	MIAHADOO683		
	Jcb description	Date &Time Completed	Done	py.
Rel No: 44 MC/5227953/24	SAS e-filing			
Veli No: Ump 7979E	E-mail (within Shrs, AIC 2hrs	)		
D.O.A: 23/1/19-18:3.	i-Motor Claim Form	M7 102005 1-001	Hrlig 15	=78°
	i-Motor W/O (Within: OD			
OD TP Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Repor	rt		
TP Insurer:	Ass't Report by Fax / Har	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: 50916	, INC	C( )/Non-INC( ).	2	
Owner / Driver: (		Tel:	)	-
Policy No: ( ) Period	1: (	) Cover Type: (	) _	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Not	e-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]	-
Year of Registration: ( ) Was	rranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000	( )/\$2,000( )			
General Remarks:-				
( ) Walk-In Customer : Customer's informa	ation strictly Confidential &	Strictly NO refer of repairer	EVENEN THE WEB	
( ) Total Loss Case : to e-mail Insurer U		144 3	¥	
Drive-In ( )/ Towed-In ( ); Invoice: Y		; Towing Co: (		)
			E7208383	W
Remarks: (INC horline: 6788 6616)	ger and the state of the	Date& Time Completed	ADORO	ру
1) Apply for Transport Allowance ( )/ Cour	rtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$300	0] ( )			
Injurý:				
	10.37	Section (galle	STEWART OF	N. 10 10 10 10 10 10 10 10 10 10 10 10 10
Date/Time Actions	The second secon		Premior II	*
	·			
			Anit (S)	Ami (\$
IN Inc. 47	Invoice	Preparation Checklist	fit Bill	Add Bi
1AIOPIA	1) AR : Acc	ident Reporting (530);		
aimant's Particulars :-	2) DA : Dan 3) TF : Tow	mage Assessment (\$100); INC	(\$80) (40/ <b>\$4</b> 5	
iver/Owner:	4) FT : Follo	ow-Through Survey	\$120	
ntact No:	5) FT : Follo	ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 20	\$30 05)	
	6) TR : Re-i	nspection	\$75	
maged Portion:		DA + SMRT Survey	\$160	
A .	8) NTUCA	dditional Services:-		
Checked by (Engr-In-Charge):	*N5: Cou	riesy Car / Tpt Allowance	\$5	
In the course where the same and the same an		air Co-ordination I Repair Inspection	\$10 \$25	
aditors' Comments :-	+N8: DV	/ Collect Excess Coordination	\$5	
1:	TP (N11)	: TP (Non INC) against INC	30	94
2/3:	Involce date	d Fee Charge	d water tree	400
1.2/3:	Invoice date	ed Fee Charge	d Mains	

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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 <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.
- 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
Date Of Report	14/02/2019 13:36
Date Of Accident	27/01/2019 18:30
Exact Location Of Accident	JB CUSTOM TWDS WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD7979E
Insured/Policyholder	
Name Of Registered Owner	VENUEFEST SERVICE
Co Reg No	53358071D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93688797
Alternative Phone No	OFFICE-93688797
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALPHARD 2.5SC CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5102205500
Cover Note Number	
Driver	
Name of Driver	CHAN KWAI WENG NICKSON
NRIC No	S7134877F
Date Of Birth	15/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96984699
Fax Number	
Contact Number	OFFICE-96984699

NOEMAIL

BLK 126A KIM TIAN ROAD Address

#36-507 161126

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

4

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : FEMALE

Passenger 2 NAME:

> GENDER: : MALE

Passenger 3 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

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJD9162S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 23

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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.
- 7. 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)
  - (i) 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.
- 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:

UEN

Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No .:

Reporting Centre Person

el's Signature

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

lefor to statement.	
declare the toregoing particulars are true in every respect.	

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE WITH LOW SPEED AS IT WAS CONGESTED. SUDDENLY VEHICLE B CUT ONTO MY LANE FROM LANE 1 AND HIT ONTO MY VEHICLE RIGHT PORTION.

# **ACCIDENT STATEMENT**

	OCATION: JB (W) methor JB (W)	Woodland Checkersim.
	1. DETAILS OF VEHICLE	4
	a) VEHICLE NUMBER: MD7979	
	b)INSURANCE COMPANY: N7	
	C)POLICY NUMBER: 5 10 270550	
		/ THIRD PARTY / THIRD PARTY FIRE &THEFT
	e)MAKE & MODEL:	(44) (1000) (14000000000000000000000000000000000000
	g) VEHICLE CATEGORY: (PRIVATE / ( h) PURPOSE OF USING AT ACCIDEN	
	I) ARE YOU CLAIMING UNDER YOUR	
	IF NO, PLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER	
	A)NAME: VENUELES SELVIC	[1417.66]
		ONTACT: 93688797.
20 20	c)ADDRESS:	
	* CONTINUE TO 3.d IF DRIVER ALSO	BOLICA HOLDER
*Ho of passons	3. DRIVER	POLICI HOLDER
(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	a) NAME: Chan kwai wan N	KKIDA (MAČE / FEMALE)
(Including driv	b) NRIC/FIN/PASSPORT:_ 57	134879F. CONTACT: 9698 4699
(4)		104d 41 \$ 36-507 (161126)
- I temale	- 10-	
- male	*d)DATE OF BIRTH:	A COUNTY OF THE PARTY OF THE PA
	<ul><li>e)OCCUPATION: (INDOOR'/OUTDO</li><li>f)YEARS OF DRIVING EXPRERIENCE:_</li></ul>	ORG 12 211.
		HE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DR	
	5. a) WEATHER CONDITION: (CLEAR / R	AINING / OTHERS
	b) ROAD SURFACE: (DR) / WET / OTH	HERS
	6. WAS ANYBODY INJURED (YES / NO)	
	7. a) REPORTED TO POLICE (YES / NO)	**
		E STATION:
- Mr al more	B. THIRD PARTY VEHICLE	MODEL:
the of passenger	b) DRIVER'S NAME:	MODEL:
- meluding drive	b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:	CONTACT
() ,	7. THIRD PARTY VEHICLE	CONTACT:
A 112 . 0	d) VEHICLE NUMBER:	MODEL:
in of bassenge	e) DRIVER'S NAME:	1 1 0 0 to take 1
. Including drive	f) NRIC/FIN/PASSPORT:	MODEL:CONTACT:
( )	es un de la destala de la companya d	
-	E	

email = nicksonchan1@ hotmail.com

fax =

VIDEO = L





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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 06 Dec 2011 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: \$7134877F

3416559 S7134877F 3063 04-10-2003 APT BLK 126A KIM TIAN ROAD #36 - 507 SINGAPORE 161126 NRIC No: S7134877F Date: 01/1 Date: 01/10/2012 No: 7136193

<b>eBao</b> Tech								4.3	<b>* 32</b>	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	e + Chan	ge Password	+ Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	vo.				Date	of Accident		27/01/2019	18:30	
	Vehicle	No.(For Motor)	SMD79	979E		Cert	ficate Number	sa li			
						Search	Í				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102205500		VENUEFEST SERVICE	53358071D	GPC	drivo CLASSIC	SMD79791	SMD7979E	13/07/2018	12/07/2019
					- 1	Continue					

Policy No.	5102205500	Policyholder Name	VENUEFEST	SERVICE	Policyholder NRIC	53358071D	
Certificate Vo.		Traffic			HAL		
Address	BLK 766 #12-354 WOODLANDS	CIRCLE SING	APORE 7307	66			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	12/07/2018	Effective Date	13/07/2018	3 00:00	Expiry Date	12/07/2019	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			Youn	g/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 766 #12-354	Addre	ess 2	WOODLANDS C	IRCLE	Address 3	SINGAPORE 730766
		Addre	ess Type	Singapore addre	ess	Post Code	730766
address 4			ed Policy per	5103137270			
Address 4 Unit No.		Numi					
Unit No.	ed Object: SMD7979E	Numi					
Unit No.		Numi					

laim Handling					
cident MT/1032051	5102205500	Vehicle No.	SMD7979€	GST Registration No.	
	3506802000	TOTAL TALL	31-32-74-74	1,000 100000000000000000000000000000000	
rificate No.	SERVICE STREET			Notice that the NOTICE	53358071D
cyholder Name	VENUEPEST SERVICE		AND THE SECOND SECOND	Policyholder NRIC	
luct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
tact No. (Mobile)	93688797	Contact No.(Office)	0	Contact No.(Home)	0
il Address		Special Remark		eCode	N Y
	® No ○Yes	TCA	® No ○Yes	eCode Reason	
Protection	No	NCO Entitlement(%)	0	Private Hire	Yes
Accident Details					
ort Date	14/02/2019 15:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
e of Accident	27/01/2019	Time of Accident Inhomis	18:30	Country of Accident	Singapore
orting Centre		Orange Force		JCM No.	
dent Location	38 CUSTOM TWDS WOODLANDS CHECKPOIN	NT.			
Excess					
demage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
	(4,000.00)	Outside Singapore OD Excess	2,000.00	Visionismost Nicorna	NATURE TOO
amed Driver Excess	1000000				
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	No	
fication History					
Policyholder Hailing Ad	dress				
ess 1	BLX 766 #12-354	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730766
ress 4		Address Type	Singapore address	Post Code	730766
			5103137270	1 441 544	
No.		Related Policy Number	5103137270		
OI Briver Info	W-031				
er Name	Unnamed Driver	Driver Type	Unnamed Driver	11-20010012-22	-14-44-0-44-0
arried driver Name	CHAN KWAI WENG NICKSON	Driver NRIC	S7134877F	Driver DOB	15/09/1971
ister Date of Driver License	06/12/2011	Driver Age	47	Driving Experience	7
Eact No.(Mobile)	96984699	Contact No.(Office)	0	Contact No.(Home)	0
iress 1	BLK 126A	Address 2	KIM TIAN ROAD	Address 3	KIM TIAN GREEN
tress 4	SINGAPORE 161126	Address Type	Singapore address	Post Code	161126
t No.	36-507				
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
pistered car?	Check	Diffe Valley III			
Saration					
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
5gniba	2000				
dification History					
Claim 001 New					
iaim out					
		1244010191777		(5) (6) (1) (1)	(Francisco)
m Type *	00-мх	Insured Name	VENUEFEST SERVICE	Insured NRIC	53358071D
nact Ne. (Mobile)		Contact No.(Home)	NOL	Contact No. (Office)	
all Address		Of Vehicle Number	SMD7979E	TP Vehicle Number	SJD9162S
ment Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mant Name *	>>	Claimant NRIC *			
mant Address					
m Description	SMD7979E / SJD91625 ON 27 Jan 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault	Til.	At -
				7	Description (C)
uire Finalisation	ves 🔻	Preferend Repair Option	Preferred Workshop, Name unknown		Received V
e Registered	14/02/2019 15:58	Claim Close Date		Date Received	14/02/2019 00:00
ort Taken By	Dackson				
Print AK letter					
			and and		
2000 VIII			Save Submit		
ttachment					
ė.					
ident No.	MT/1032051	Claim No.	100		
		Upload Date	14/02/2019 16:00		
d Doc. Received	● Yes □ No.	Three ners		02025 EV 7025	20002009
	Path •		Category *	Confidencial Urgen	A 2 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1
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			1 significant Co.		100

