NATIONAL Assessment Centre	Services were	STALL COUNTY ISOUR		D 1.
Date In: 19 v 9 - 18:11	Jeb description	Date &Time	Completed	Done py.
Ref No: NA INCIGOOSIN 124	SAS e-filing			
Veh No: 179 6665	E-mail (within Shrs, A	IC 2hrs)		
D.O.A: 19/19-08:15	i-Motor Claim Fo	rm 103280	2-001 19	1V/19 18:24
	i-Motor W/O (with	The second secon		
OD : TP P Reporting Only	i-Photo Uploaded			
	Assessment/Survey	Report		
TP Insurer:		/ Hand to Owner/Wksi	2	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: JM 830	614	INC( )/Non-IN	C( )	
Owner / Driver: (		Tel:		)
	iod: (	) Cover Type:	(	)
Confirmed by : (	Da	te: Tir	ne:	)
Insured/Driver Liability: ( %) [N	Note-Est. Status (WO):	N: 0-20%; P: 21-79	%. F: 30-100%	j
	Varranty: YES ( )/	NO( )		
Excess: (\$ ) Loading: \$1,00	00()/\$2,000(	)		
General Remarks:		NACH STANKS		Service
( ) Walk-In Customer: Customer's infor	mation strictly Confide	ntial & Strictly NO refer	of repairer.	
( ) Total Loss Case : to e-mail Insure			.7	
Drive-In ( )/ Towed-In ( ); Invoice		); Towing Co: (		)
		Date& Timb	Completed	Done by
Remarks:- (INC horline: 6788 6616)		Diam'r.	* **	14-1-1-
-7-4F3	ourtesy Car ( )		-7	
2) QC Check / Post Repair Inspection	( )		·	
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$3</li> </ol>	000] ( )			1
Injury:			UMON HIS TON	
Date/Time Actions		enal species	r 5 1941 914	floatie -
Date time Actions	to the second second second second			
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	Ins	oice Preparation Ch	cklist	Anif (5) Amil
MAI901707.	2002	R : Accident Reporting (53)	WORLDS AS A STATE OF THE PARTY	(Hebite)
laimant's Particulars :-	2) D	A : Damage Assessment (\$10		
river/Owner:	4) F	F : Towing Fee T : Follow-Through Survey	\$120	
	5) 27	T · Follow-Through Survey (F	(mar 10 Jan 2005)	
ontact No:	6) T	or claiming against INC Only R: Re-inspection	\$75	
armaged Portion:	7) N	1 : Idac DA + SMRT Survey	· . \$160	
		TUC Additional Services:-		
C Checked by (Engr-In-Charge):	• 1	NS: Courtesy Car / Tpt Allows	nos \$1	
	wystrato (with a sound)	N6: Repair Co-ordination N7: Fost Repair Inspection	\$10 \$25	
uditors' Comments ::	for the second second second second	N8: DV / Collect Excess Coor	dination 5:	3
<u>t. 1:</u>	T	P (N11) : TP (Non INC) again 112: Idae Mobile	ist INC 320	oi i
1. 2/3:	Invo	pice dated	Fee Charged	Parket Parkety
the state of the s	Inve	sice dated	Fee Charged	PERSONAL

1 , 301 41 1 27

#### 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 <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.
- 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	19/02/2019 18:11
Date Of Accident	19/02/2019 08:15
Exact Location Of Accident	HUME AVE OUTSIDE HUME PARK 1
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP666B
Insured/Policyholder	
Name Of Registered Owner	TOH CHU HIANG
NRIC No	S7216666C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93666080
Alternative Phone No	OFFICE-93666080
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER ELEGANCE 2.0 CVT
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	THIRD PARTY
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	5086821539-02
Cover Note Number	
Driver	
Name of Driver	MEMBRANE ZUANO

Name of Driver MEYRIANE ZHANG NRIC No S7679700E Date Of Birth 18/05/1976 INDOOR Occupation Date Of Driving Pass 03/08/2001 17 YEARS AND 6 MONTHS Driving Experience Gender FEMALE Mobile Number (LOCAL) +65-93666080 Fax Number Contact Number OFFICE-93666080

EMail Address NOEMAIL

50 HUME AVENUE Address

#02-10 596229

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

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

Postcode

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?

Was any injured conveyed to hospital by

ambulance? Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

YES NO

2

2

NO

NAME:

: . GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

BUS

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB3062L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

### 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>repudlate 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")
- 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

NRIC/FIN No.:

nel's Signature

Venicle A: SJP6668

Venicle B: SM830621

The state of the

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

· · · · · · · · · · · · · · · · · · ·	on the stated date & time, I, vehicle h',
SJP 666	6, was travelling chaight within my land on the
stated	venue. Venicu -B, SmB 3062L, suddenly came into
my laus	e, I immediately brate. However, vehicle 18, SMB3062L
(ONTINN)	ed the turn and collided anto my vehicle's right
portion.	The great supact caused my vehicle to mount su
terb ov	my left.

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

ACCIDENT DATE: 19/03/8019 1(DD	)/MM/YYYY), TIME:(_U/D_:12)(HH:MM
LOCATION: Along Hume Avenue	e, outside tlume Park 1,
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SJP 6	66B
	M16 821539-02
dipolicy type: [COMPREHENSIVE /	THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: TONOTO	Harrier.
I) TYPE: (SALOON / COUPE / MPV /VA	AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CI	
h) PURPOSE OF USING AT ACCIDENT	
I) ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY)	CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER AINAME: TON CHU HI	and (MADE / FEMALE)
b)NRIC/FIN/PASSPORT: S72166 c)ADDRESS: 50 HUME	
CIADDRESS. 70 Junie	THE TAX SECTION SECTIO
* CONTINUE TO 3.d IF DRIVER ALSO P	OLICY HOLDER
The of pesson gas DRIVER MENTIONE MAN	
CINAME: Meyriane man	(MALE / FENQLE)
CINCICALING SPILEY HINDICKEIN/PASSPORT (7679)	
	u Ave #02-10 S(596229)
half traccologne	
WALE DEPASSENARY  ADDATE OF BIRTH: (16) 05/197	6_J(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOO	OR)
f) YEARS OF DRIVING EXPRERIENCE:	18 years
4. WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIV	ER WITH INSURED:
5. a) WEATHER CONDITION: [CLEAR / RAI	NING / OTHERS
bjROAD SURFACE: (DRY / WET / OTHER	25
6. WAS ANYBODY INJURED (YES / NO)	* * *
7. a)REPORTED TO POLICE (YES / NO)	TATION
IF YES, PLEASE STATE WHICH POLICE S	SIAIION:
8. THIRD PARTY VEHICLE SM & 30	162 L
- 1 1 350 9	MODEL:
Induding driver) b) DRIVER'S NAME:	CONTACT:
CUNTRALIMA THIRD PARTY VEHICLE	CONTACT
	MODEL:
No of passenger el DRIVER'S NAME:	
nduding driver) f) NRIC/FIN/PASSPORT:	CONTACT::-
NKIC/FIN/PASSPORT.	,
(_)	20)
8 9	

email =

## REPUBLIC OF SINGAPORE

# IDENTITY CARD NO. S7679700E





Name

### MEYRIANE ZHANG



Race CHINESE

Date of birth

18-05-1976

Country/Place of birth INDONESIA \$76**7970**0E

Licence Number S 7 6 7 9 7 0 0 E
Name:

MEYRIANE

Birth Date: 18 May 1976
Issue Date: 08 Oct 2018

Sex

F



NRIC No. S7679700E



Date of issue

21-02-2018

Address

50 HUME AVENUE #02-10 SINGAPORE 596229

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

**EFFECTIVE DATE** 

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

03 Aug 2001

**NP 428A** 



<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						+ Change	Languag	e • Char	ge Password	· Log Out
My Desktop	Policy Query										
Notice of Loss	Policy M	No.				Date	of Accident		19/02/2019	08:15	
	Vehicle	No.(For Mator)	SJP666	В		Certif	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5086821539- 02		TOH CHU HIANG	S7216666C	GPC	drivo CLASSIC	SJP666B	SJP666B	14/12/2018	13/12/2019
						Continue	100-105041				

Policy No.	5086821539-02	Policyholder Name	тон сни н	HIANG	Policyholder NRIC	S7216666C	
Certificate No.					ac		
Address	50 HUME AVENUE #02-10 SU	MMERHILL SING	APORE 5962	29			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	30/10/2018	Effective Date	14/12/201	3 00:00	- 1455 J. 155	13/12/2019 23	:59
Excess Type		All Claims Excess					
Third	Y28	Own			Windsames		
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD Excess	600	Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Υ	
Co- insurance Flag	No						
-							
Policy							
Policy Info Certificate							
Policy Info Certificate Info	holder Mailing Address						
Policy Info Certificate Info Policy	holder Mailing Address 50 HUME AVENUE	Addre	ss 2	#02-10 SUMMERH	ILL .	Address 3	SINGAPORE 596229
Policy Info Certificate Info Policy Address 1	tenan anatomorphica and knowledge		ss 2 ss Type	#02-10 SUMMERH Singapore address	122	Address 3	SINGAPORE 596229 596229
Open Policy Info Certificate Info  Policy Address 1 Address 4 Unit No.	tenan anatomorphica and knowledge	Addre	ss Type d Policy		122		
Policy Info Certificate Info Policyl Address 1 Address 4 Unit No.	tenan anatomorphica and knowledge	Addre Relate	ss Type d Policy	Singapore address	122		
Policy Info Certificate Info Policyl Address 1 Address 4 Unit No.	50 HUME AVENUE  d Object: SJP666B	Addre Relate	ss Type d Policy	Singapore address	122		

or cident No.	MT/3032808 ● Yes ○ No	Path *	Claim No. Upload Date Browse	001 19/02/2019 18:26 Category •	Confidential Urge	ncy * Description *
Attachment  Cident No. St Doc. Received	⊕ Yes ○ No			19/02/2019 18:26		
p cident No.						
•	(0000000000000000000000000000000000000					
Attachment						
				Save Submit		
Print AK letter						
port Taken By	žackson –					
te Registered	19/02/2019 18:24		Claim Close Date		Date Received	19/02/2019 00:00
quire Finalisation	Yes	V	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ferred Workshop Contact			Insured Liability +	Not at Fault		
im Description	S3P6668 / SMB3062L	ON 19 Feb 2019			Name of Preferred Workshop	
kmant Address						
simant Name +		24	Claimant NRIC +	License perect		
	Please Select	[V]	OI Vehicle Number  Type of Benefit +	SIP666B Please Select	TP Vehicle Number	SMB3062L
	DAVIDTOHCH@GMAI	L COM	Contact No.(Home)	62195843	Contact No.(Office)	
	97646468	v	Insured Name	TOH OHU HIANG	Insured NRIC	87216666C
Nm Type *	00-MX	747	1	and a second		
Claim 001 New						
odification History						
reathalyser or Blood Test eading?	0 mg		Any injury?	○ Yes ® No		
eclaration						
HITLES .						
oes he own a Singapore egistered car?	○ Yes  No		Driver Vehicle No.		Driver Insurer Company	
vt No.	02-10		305	THE CONTRACTOR	STATE OF THE PARTY	
idress 4			Address Type	Singapore address	Post Code	SINGAPORE 596229 596229
idress 1	SO HUME AVENUE		Address 2	SUMMERHILL	Contact No.(Home) Address 3	O CINICADORE EDESTO
ontact No.(Mobile)	93666080		Contact No. (Office)	0	Driving Experience	17
ogister Date of Driver License	03/08/2001		Driver NRJC Driver Age	\$7679700E	Driver DOB	16/05/1976
nver Name nnamed driver Name	MEYRIANE		Oriver Type Oriver NRIC	Named Driver	2/20/52/57	
OI Driver Info	MENDIANE		The state of the s			
net No.			Related Policy Number	5086821539-02		
tdress 4			Address Type	Singapore address	Post Code	596229
ddress 1	50 HUME AVENUE		Address 2	#02-10 SUMMERHALL	Address 3	SINGAPORE 596229
Policyholder Mailing Ad	dress					
fodification History				A per a resultant a delicant	765	
25T Registration No.	100			GST Registration Date GST Status Verified	Yes	
SST Registered	No.			GST Registration Date		
GST Registered Informa	ation					
<b>⇔</b> Benefits		57.76.17	Success any appete in Excess	0.00		
Third Party Excess		0.00	Outside Singapore TP Excess	600.00		
Unnamed Driver Excess		0.00	Outside Singapore OD Excess	0	Windscreen Excess	100.00
Dwn damage Excess		600.00	Additional Excess	TWY	1234 Ye 800 2000 C	
W Excess	HUME AVE DUTSID	E HUME PARK 1				
Reporting Centre Accident Location	Mark Co.	00000000000000000000000000000000000000	Orange Force		ICM No.	
Date of Accident	19/02/2019		Time of Accident hh:mm	08:15	Country of Academ	Singapore
Report Date	19/02/2019 18:23		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Accident Details						
VCD Protection	Yes		NCD Emillement(%)	50	Private Hire	No
CFK .	® No ○ Yes		TCA	® No ○Yes	eCode Reason	
Email Address			Special Remark		eCode	Nr V
Contact No.(Mobile)	93566080		Contact No.(Office)	0	Contact No.(Home)	0
	PRIVATE CAR INSU	RANCE	Cover Type	drivo CLASSIC	Loading	0
Product Code	TOH OHU HEAVE				Policyholder NRIC	\$7216666C
Yoduct Code	5086821539-02		Vehicle No.	SJP6668	GST Registration No.	

