NATIONAL Assessment Cen		met 1 774,021 Wr		D-	ne by
Date In: 11/19-16-70	Jeb description		Date & Time Completed	Dei	ue o'i
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Veh No: St Ny 6882	E-mail (within 8	ihrs, AIC 2hrs)			
D.O.A: 25/~/19-19:30	i-Motor Clair	n Form	M7 1637608 - 201	Khig	19:24
OD TP ! Reporting Only	i-Motor W/O		(TP 4hrs)		
	i-Photo Uplo:		-		
TP Insurer:	Assessment/Su			ļ	
		y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 5	ugum.	. INC(
Owner / Driver: (Tel:		
Policy No: (Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
		100000000000000000000000000000000000000	0%; P: 21-79%. P: 90	-100%]	
Year of Registration: ()	Warranty: YES ()		*** **********************************
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General Remarks;-			Tax Proposition Co.	13 MON 15	- 4
() Walk-In Customer: Customer's	nformation strictly Co	nfidential & St	rictly NO refer of repaire	r.	
() Total Loss Case : to e-mail Ins				,	
	oice: YES () / N	T;()O	'owing Co: ()
				新工艺艺术的思想	tarial to
Remarks:- (INC hotline: 6788 6616			Date&Time Completed	De	nepy
1) Apply for Transport Allowance ()	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	())	<u> </u>	-	
3) Upload Resurvey Photo [Repair Cost >	>\$3000] ()			
Injury:					
	To the state of th	10.000	5 394		t-garrie tra Pate
Date/Time Actions				PROPERTY INC. PERSON	3.5
	· ·		TAKEN		
	4				THE R. P. LEWIS CO., LANSING, MICH.
	400000000000000000000000000000000000000				
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		Total Control (Control	CONTRACTOR OF STATE	Anit (S) Amt (3)
Margalysy :	12	Invoice Pre	paration Checklist	fit B	XXX
		1) AR : Acciden			
laimant's Particulars :-		2) DA : Damage 3) TF : Towing		(\$80) \$40/\$45	-
river/Owner:		4) FT : Follow-T	Through Survey	\$120	
ontact No:	25	5) FT : Follow-T	Through Survey (Resurvey) against INC Only (wef 10 Jan 2	\$30	
		6) TR : Re-inspe	ection	\$75	
arnaged Portion:			+ SMRT Survey	\$160	
		OD*	ional Solvices.		
C Checked by (Engr-In-Charge):	24 _{E2}	*N5: Courtes	y Car / Tpt Allowanse	\$5 510	
Diving the 22 William L. C. of their matters of the skiller	The second second second second	*N6: Repair (Co-ordination pair Inspection	\$25	
uditors' Comments :-		+N8: DV / Co	ollect Excess Coordination	\$5	
it, 1:		TP (N11): T	P (Non INC) against INC	30	
. 2/2		9) N12: Idac Me Invoice dated	Pee Charg	ed	2500
at. 2/3:		Invoice dated	Fee Charg	Mark Water	

Figure of 1 de

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	25/02/2019 16:32
Date Of Accident	25/02/2019 13:30
Exact Location Of Accident	AMK AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN4688Z
Insured/Policyholder	
Name Of Registered Owner	AW JIN SHENG
NRIC No	S9234600E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96556892
Alternative Phone No	OFFICE-96556892
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being use time of accident	d at PRIVATE USE
Are you claiming under your own insurance pol for repair to your vehicle?	icy 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	5093618935-01
Cover Note Number	
Driver	
Name of Driver	AW JIN SHENG (HU JINSHENG)
NRIC No	S9234600E
Date Of Birth	25/09/1992
Occupation	INDOOR
Date Of Driving Pass	28/11/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96556892
Fax Number	
Contact Number	OFFICE-96556892
EMail Address	NOEMAIL

Address

BLK 347 WOODLANDS AVENUE 3

#11-109

Postcode

730347

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

•

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

4

Passenger 1

....

NAME:

2000

GENDER: : MALE

Passenger 2

NAME:

. -

: -

GENDER:

: MALE

Passenger 3

NAME:

: -

rassenger 3

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

NO

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. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR 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

SJU921M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

LAU SOY GEK (LIU XIAOYU)

Name of Driver

Page 2 of 15

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

S7918165Z

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.
- 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.:

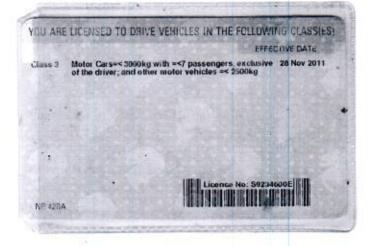
Policyholder's Signature Date & Time:

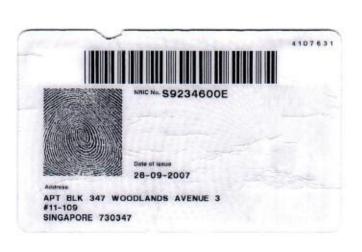
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









eBao Tech						Genera	neralClaim			
Hello, NAC_PAYA_UBI_80 My Desktop	Policy Query			HUMA - LE		• Change	Language	• Chang	e Password	• Log Out
Notice of Loss	Policy No. Vehicle No.(For Motor)	SLN468	88Z		Certif	of Accident icate Number	2	5/02/2019 1	3:30	
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5093618935- 01		AW JIN SHENG	S9234600E	GPC	drivo CLASSIC	SLN4688Z	SLN4688Z	30/11/2018	29/11/2019
					Continue	J				

Sequence

Date of Endorsement

Endorsement Content

Policy Information Policyholder Policyholder 5093618935-01 AW JIN SHENG S9234600E Name NRIC Certificate No. BLK 347 #11-109 WOODLANDS AVENUE 3 WOODLANDS VIBES SINGAPORE 730347 Address Product PRIVATE CAR INSURANCE Name Policy Flag Policy Effective issue 22/11/2018 30/11/2018 00:00 Expiry Date 29/11/2019 23:59 Date Excess All Claims Туре Excess Third Own Windscreen Party 0 damage 100 Excess Excess Excess Additional os Excess Premium Outside Outside Singapore OD Singapore TP Excess 600 Young/Inexperience Driver Excess Excess Agent B.A.S. INSURANCE AGENCY Agent Tel. insurance Flag Open Policy Info Certificate Info Policyholder Mailing Address BLK 347 #11-109 Address 2 WOODLANDS AVENUE 3 Address 3 WOODLANDS VIBES Address 4 SINGAPORE 730347 Singapore address Address Type Post Code 730347 Related Policy Unit No. 11-109 5093618935-01 Number D Insured Object: SLN4688Z Endorsements

Endorsement Status

Endorsement Type

		Browse.		Normal ✓ Normal	
		Browse.	Clear Please Select	ND Y Normal	v
	Path *	Bourse	Category *	Confidential Urgen	The second secon
er and received	● Yes ○ No	Upload Date	25/02/2019 19:35		
cident No. st Doc. Received	MT/1033608	Claim No.	001		
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Attachment			Save Submit		
*C 100 A. C.			real rank		
Print AK letter	Access to the second se				
eport Taken By	Jackson Jackson	Annual State		Pare Mereland	F 3-25 E 2 4 00 00
ate Registered	25/02/2019 19:34	Claim Close Date	The res workshop, waite unknown	Date Received	25/02/2019 00 00
o. equire Finalisation	Yes V	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Optaved 177
referred Workshop Contact		Insured Liability *	Fully at Fault	and or -reserved workshop	
aim Description	SLN4688Z / SJU921M ON 25 Feb 2019			Name of Preferred Workshop	
aimant Address	22	Common REUC *		ī	
arment Type Claimant Type * armant Name *		Type of Benefit * Claimare NRIC *	Please Select		
neil Address Amant Tune Claiment Tune t	Please Scient	Of Vehicle Number	SUN4686Z	TP Vehicle Number	SJU921M
mtact No.(Mobile)	96556892	Contact No. (Home)		Contact No.(Office)	
aim Type •	ОВ-МК	Insured Name	AW JIN SHENG	Insured NRIC	59234600E
	0.0000				
Claim 001 New					
odification History					
reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
eclaration					
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
nt No. ses he own a Singapore	11-109	120000000000000000000000000000000000000			
Myess 4	SINGAPORE 730347	Address Type	Singapore address	Post Code	730347
idrets 1	BLX 347	Address 2	WOODLANDS AVENUE 3	Address 3	WOODLANDS VIBES
ntact No.(Mobile)	96556892	Contact No.(Office)	0	Contact No.(Home)	0
gister Date of Driver License	28/11/2011	Driver Age	26	Driving Experience	7
named driver Name		Driver NRIC	\$9234600E	Driver DOB	25/09/1992
iver Name	AW 30N SHENG	Driver Type	Main Driver		
of Driver Info	11-109	Related Policy Number	5093618935-01		
iaress 4	SINGAPORE 730347	Address Type	Singapore address	Post Code	730347
doress 1	BLK 347 #11-109	Address 2	WOODLANDS AVENUE 3	Address 3	WOODLANDS VIBES
Policyholder Mailing Ad		7 10 2 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10			
dification History				163	
ST Registration No.			GST Status Venified	Yes	
ST Registered	Na		GST Registration Date		
♥ GST Registered Inform	ation				
hird Party Excess	0.00	Outside Singapore TP Excess	0.00		
Innamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
wn damage Excess	600,00	Additional Excess	0	Windscreen Excess	100.00
♥ Excess					
codem Location	AMK AVE 5				
eporting Centre		Orange Force		JCM No.	
ate of Accident	25/02/2019	Time of Accident nh:mm	13:30	Country of Accident	Singapore
eport Date	25/02/2019 19:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Accident Details					
D Protection	No-	NCD Entitlement(%)	10	Private Hire	No
FK	® No ○ Yes	TCA	No ○ Yes	eCode Reason	
nati Address		Special Remark		eCode	12. Y
intact No. (Mobile)	96556892	Contact No.(Office)	0	Contact No.(Home)	0
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
olicyholder Name	AW 33N SHENG			Policyholder NR3C	\$9234600E
ertificate No.	Commence described in	7 4 3 5 4 5	and the same	war regeration no.	
ertificate No.	5093618935-01	Vehicle No.	ELN4658Z	GST Registration No.	10000000

