NATIONAL Assessment Centre Services. | Well Jan'05| MUAL 1902 1902 Date &Time Completed Done by Date In: 25/19-15:32 Jcb description Res No: WALING 1940 35 18/2 SAS e-filing Veh No: Strganan E-mail (within Shrs, AIC 2hrs) D.O.A: 13/ 6-73:43 i-Motor Claim Form 25/2/19 19:39 m 1077604-201 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP/ Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Fax: TP Particulars: Veh No: SHE VIGOM. INC ()/Non-INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: () Confirmed by: (Date: Time: Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: \$0-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Ant (S) Invoice Preparation Checklist MAIGOLY53. Add Bill 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA: Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): * NS: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination 510 *N7: Fost Repair Inspection \$25 Auditors' Comments :-*N8: DV / Collect Excess Coordination 55 Cat. 1: TP (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile Fee Charged at 2/3: Invoice dated Fee Charged Invoice dated

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 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 15:32
Date Of Accident	23/02/2019 23:40
Exact Location Of Accident	JUNC TAN QUEE LAN ST & NORTH BRIDGE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR9707Z
Insured/Policyholder	
Name Of Registered Owner	KUEK JIAN HONG
NRIC No	S9031009G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97289786
Alternative Phone No	OFFICE-97289786
Vehicle Particulars	
Manufacturer	AUDI
Model	A6 2.0 TFSI MU
Exact Purpose for which vehicle was being u time of accident	sed at PRIVATE USE
Are you claiming under your own insurance p for repair to your vehicle?	policy NO
f 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	5101933167
Cover Note Number	
Driver	
Name of Driver	KUEK JIAN HONG
NRIC No	S9031009G
Date Of Birth	28/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2018
Driving Experience	0 YEAR AND 8 MONTH
Sender	MALE
Mobile Number	(LOCAL) +65-97289786
ax Number	
Contact Number	OFFICE-97289786
Mail Address	NOEMAIL

Address

BLK 128A PUNGGOL FIELD WALK

#07-337

Postcode

821128

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 - 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)

2

involved in the accident
Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

Sec.

ambulance?

NO

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)

2

Passenger 1

NAME:

: TIAN YE

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS THERE WAS INCOMING VEHICLES TRAVELLING ALONG MAIN RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B FROM RIGHT MOST LANE CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons: Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC4150M

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

ANDREW NGANASEGARAN KARUPPAN

NRIC/Passport Number

S0159308J

Contact Number

Address

Postcode

Page 2 of 24

Insurance Company Name

Nature Of Damage

Postcode

Postcode

No. Of Passenger (Including Driver)

1

	DETAILS OF INJURED PERSON 1
Name	KUEK JIAN HONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLR9707Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

	DETAILS OF INJURED PERSON 2				
Name	TIAN YE				
Approximate Age					
Injuries Sustain	BODY				
Injured person in which vehicle?	SLR9707Z				
Were seat belts worn?	YES				
Was this injured conveyed to hospital by ambulance?	NO				
Address					

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.:

North Bridge Rd.	A: 52.897572.
	A: SLRG7572.
* TO A	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

heter to statement.	
1) opriement	
CLARATION	

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.:

UNIHEALTH 24-HR CLINIC (TOA PAYOH)

Blk 178 Toa Payoh Central #01-218 Singapore 310178

Tel: 62031639 Fax: 62549938

Medical Certificate

Date

: 24 Feb 2019

MC No.

: 0000046339

This is to certify that:

Name : TIAN YE

NRIC : G1873864W

is Unfit for work for 2 days

from 24/02/2019 to 25/02/2019 inclusive.

LOCUM

^{*}This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

UNIHEALTH 24-HR CLINIC (TOA PAYOH)

Blk 178 Toa Payoh Central #01-218 Singapore 310178

Tel: 62031639 Fax: 62549938

Medical Certificate

Date

: 24 Feb 2019

MC No.

: 0000046338

This is to certify that:

Name : KUEK JIAN HONG

NRIC : S9031009G

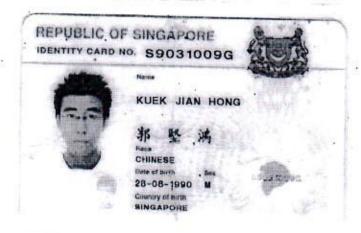
is Unfit for work for 2 days

from 24/02/2019 to 25/02/2019 inclusive.

LOCUM

*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.







- APT BLK 128A PUNGGOL FIELD WALK #07-337 SINGAPORE 821128 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

FFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passangers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 428A



eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80 My Desktop		cy Query					• Change	Language	• Chang	e Password	• Log Ou
Notice of Loss	Policy !	No.(For Motor)	SLR97	07Z			of Accident icate Number	2	3/02/2019 2	23:40	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5101933167		KUEK JIAN HONG	S9031009G	GPC	drivo CLASSIC	SLR9707Z	SLR9707Z	11/07/2018	10/07/2019
						Continue	J				

		150000000000000000000000000000000000000					
Policy No.	5101933167	Policyholder Name	KUEK JIAN	HONG	Policyholder NRIC	S9031009G	
Certificate No.							
Address	BLK 128A #07-337 PUNGGOL	FIELD WALK SI	NGAPORE 8	21128			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	11/07/2018	Effective Date	11/07/201	8 00:00	Expiry Date	10/07/2019 2	3:59
Excess Type		All Claims Excess					
Third		Own			VIII V		
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore		Outside					
OD	600	Singapore	0			Young	/Inexperience Driver Excess
Excess		TP Excess					
Agent	DQ INSURE	Agent Tel.	64522788		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 128A #07-337	Addre	ss 2	PUNGGOL FIELD W	/ALK	Address 3	SINGAPORE 821128
Address 4		Addre	ss Type	Singapore address		Post Code	821128
		Relate	ed Policy	5101933167			
		Numb	er				
Jnit No.	d Object: SLR9707Z		er	7 (1) (2) (2) (3)			
Jnit No.			er	1005005820			

cident MT/1033609					
Hey No.	5101933167	Vehicle No.	SLR9707Z	GST Registration No.	
rtificate No.					
ocynology Name	KUEK JIAN HONG			Policyholder NRIC	89031009G
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Leading	0
ntact No.(Mobile)	97289786	Contact No.(Office)	0	Contact No.(Home)	0
neil Address	37202700	Special Remark	-	eCode	THE V
K	® No ○ Yes	TCA	® No ⊜Yes		[10. *)
D Protection	No.		Contract of the	eCode Reason	03/17
Accident Details	190	NCD Emitlement(%)	0	Private Hire	No
port Date	25/02/2019 19:38	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Change / Cross lane
e of Accident	23/02/2019	Time of Accident Inhomm	23:40	Country of Accident	Singapore
orting Centre		Crange Force		ICM No.	
ident Location	JUNC TAN QUEE LAN ST & NORTH BRIDGE R	0			
Excuss					
n demage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
rd Perty Excess	0.00	Outside \$ingapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
ification History					
Policyholder Mailing Ad	dress				
dress 3	BLK 128A #07-337	Address 2	PUNGGOL FIELD WALK	Address 3	SINGAPORE 821128
dress 4		Address Type	Singapore address	Post Code	51NGAPORE 921129 821128
it No.		Related Policy Number	5101933167	A STATE OF THE STA	
OI Driver Info		Number	2494933101		
var Name	KUEK JIAN HONG	Driver Type	Main Driver		
named driver Name	Product State Process.	Driver NRIC	S9031009G	Driver DOB	28/28/1905
					28/08/1990
gister Date of Oriver License		Driver Age	26	Driving Experience	0
nfact No.(Mobile)	97289786	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BUK 128A	Address 2	PUNGGOL FIELD WALK	Address 3	SINGAPORE 821128
dress 4		Address Type	Singapore address	Post Code	821128
it No.	07-337				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
9000100 0011					
daration					
sathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
ading?			0.00		
dification History					
Claim 001 New					
Man dor					
in Type *	OD-MX 🔻	Insured Name	KUEK JIAN HONG	Insured NRIC	59031009G
	00-MX ☑ 81233086	Insured Name Contact No.(Home)	KUEK JIAN HONG 65735074	Insured NRIC Contact No. (Office)	\$9031009G
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stact No.(Mobile) all Address	81233088	Contact No. (Home)	65735074	Contact No.(Office)	
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