NATIONAL Assessment Cen	tre Services	fuer 1 120:05 M	thydropual.		
Date In: 26/2/19-17:56	Jeb description	on	Date & Time Completed	Don	ne by
Res No: 44 1461 900 36 41 /14	SAS e-filing	J			
Veh No: JJC 390 P.	E-mail (with	a Shrs, AIC 2hrs)			-
D.O.A: 26/4/9-17:35	i-Motor Cla	aim Form	M 1637804 001	262/19	18: 06
OD : Reporting Only	i-Motor W/	O (Within: OD 2hr			10.00
OD 7 Ity 7 Reporting Only	i-Photo Upi	oaded			
TP Insurer:	Assessment/S	Survey Report			1000
Thurst.	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 4	13497136.	. 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	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()		
	1,000 ()/\$2,000	0()			
General Remarks;-			Tan Paranana da La	100 T	2
() Walk-In Customer : Customer's in		onfidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	The same of the sa		N		
Drive-In ()/Towed-In (); Invo	ice: YES () /	NO () ; To	owing Co: (-)
n a construction of the co				PO 49: ADERSON TO	Marin
Remarks:- (INC hotline: 6788 6616)	de participat de Carrella de C		Date&Time Completed	Don	e by
1) Apply for Transport Allowance ()	Courtesy Car ()	*		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
Injury:					
Date/Time Actions	war seems a		and the sales of t	STREET COLOR	ATT TO FEE
Actions :		n in the second of the	ereken di de volcien	Mistion !!	
	-1				
		Testing to the second		CTRE 59-50280	DESCRIPTION OF STREET
NA 190 1986		Invoice Prep	aration Checklist	Anit (S)	Amt (3)
laimant's Particulars :-	+	1) AR : Accident I		will appropria	, togijem
		The second name of the second na	assessment (\$100); INC (\$8	80) 0/ \$ 45	
iver/Owner:		3) TF : Towing Fe 4) FT : Follow-Th		\$120	Luga Physical
entact No:	9	5) FT : Follow-Th	rough Survey (Resurvey)	\$30	
maged Portion:		6) TR: Re-inspect	ainst INC Only (wef 10 Jan 2005	\$75	
maged Portion:		7) N1 : Idao DA +	SMRT Survey	\$160	
		8) NTUC Addition	al Services:-		
Checked by (Engr-In-Charge):	8	*N5: Courtesy C	Car / Tpt Allowance	\$5	
C.V.C.T. CORES ASSESSED ST. ASSESSED AND CONTROL AND GARAGE	ma ing pangkan kan pang	*N6: Repair Co- *N7: Fost Repair		\$10 \$25	
iditors' Comments ::		+N8: DV / Colle	et Excess Coordination	55	
1:		TP (N11): TP (9) N12: Idac Mobi	Non INC) against INC	30	24
2/3;		Invoice dated	Fee Charged	A reservation and	ale ja
		Invoice dated	Fee Charged	SACTOM Y	

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	26/02/2019 17:56
Date Of Accident	26/02/2019 13:35
Exact Location Of Accident	JURONG WEST AVE 5
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC390P
Insured/Policyholder	
Name Of Registered Owner	TAY KIM LIANG
NRIC No	S1501503I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97347609
Alternative Phone No	OFFICE-97347609
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5096230835-01
Cover Note Number	
Driver	
Name of Driver	TAY YUN HONG
NRIC No	S9513505F
Date Of Birth	15/04/1995
Occupation	INDOOR
Date Of Driving Pass	13/04/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97115547
Fax Number	
Contact Number	OFFICE-97115547
EMail Address	NOEMAIL

Address

BLK 756 JURONG WEST STREET 74

#04-62

Postcode

640756

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

GBG9723C

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 15

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</u> and <u>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)

Lunderstand, 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.

Driver's Signature (if driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date & Time:

Policyholder's Signature

Date & Time:

SKETCH PLAN

VIGHTURE A

- SSC 390 P

VIENTURE B

- CIBCL 9723C

TOWARD

PROMOTOR ICP WITH

VIENTURE

PROMOTOR ICP WITH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I	was	TRANSLUI	on moven	JURONH	was	NE 5,	roward	>
PIONE	ter po	NORTH	DIRACTION	I we	00	71-1.2	LEFT LA	ME.
			IGHT AHGAN					
mad	Os A	50000N	SWERVED TIME TO	rwo my	LANE L	VITHOUT AN	SIGNAL	. WHICH
			0F MY V					
WIT	in uc	MENOUR F	CUITING I	BER (CBC)	9723()			
Ti-V	e mu	ouiz Acci	DANT FOOTA	Gis was	CAPTURE	0 97 W	14 IN-CAR	CAMERA.
			C 390P					
0.5	m cur	D - de	G 9723C					
								-

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.:

ehicle No.	55 C 390 12 Model/Make MITSURISHI CANCER
ate of Accident	26/02/2019
ime of Accident	13 35 HRS
ocation of Accident	Jurean was AVE 5,
xact purpose use during accid	dent worken Hour
lame of Owner	TAY KIM LIANG
elephone No.	H/P:97347609 Home: Office:
VRIC	51501503I
Address	BUK 756 JURONG WEST ST 74 \$04-62 5(640756)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUE
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5096220135-01
oney No.	30,0240,131
Name of Driver	As Above If No TAY SUN HONG
NRIC	5 9513505 F Any Passengers: NIL
Date of birth	15/04/1995
Occupation	Outdoor / Indoor
Driving License Pass Date	13 APR 2017
Gender	Male / Female
Contact No.	H/P: 9711 5547 Home: Office:
Address	BLK 756 SURONN WEST ST 74 \$04-62 S(640756)
Driver have any own vehicle	NO; If yes, Reg No.
Relationship	Employee, If no, state SON
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	NOD If Yes, Who? montounh.
Name And Contact No.	
Name And Contact No.	
Police Report	No _D If Yes, Where?
Vehicle B No.	GBG 9723 C Any Passengers :
Name of Driver	Contact No. :
	Any Passengers :
Vehicle C No. Vehicle D No.	Any Passengers :
	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Witness Contact :
Witness Name	RIGHT FOUNT PORTION
Accident Portion	
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTR LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	In
FAX NO	6741 0510
	sales @ n51. com. sg

DENTITY CARD NO \$9513505F





TAY YUN HONG

郑 适 鸿

CHINESE

15-04-1995 M

SINGAPORE



REPUBLIC

DRIVING LICENCE Licence Number: S9513505F

TAY YUN HONG

Birth Date: 15 Apr 1995 Issue Date: 13 Apr 2017



4585055



MRIC No. S9513505F

31-05-2010

APT BLK 756 JURONG WEST STREET 74 #04-62 SINGAPORE 640756

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS[ES]

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 13 Apr 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

6009

NP 428A





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5096230835-01

1. Index mark and Registration Number of Vehicle

: SJC390P

Chassis Number

: JMYSTCS3A8U004434

Cover : drivo CLASSIC

2. Name of Policyholder

: TAY KIM LIANG

3. Effective Date of Insurance

; 30 Jan 2019

4. Expiry Date of Insurance

: 29 Jan 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION ± NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : TAY KIM LIANG NAMED DRIVER (1) : TAY YUN HONG

NAMED DRIVER (2)

: HONG LEONG FINANCE LIMITED

HIRE PURCHASE COMPANY SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: N/A

: S & M ALLIANCE PTE LTD (00000614373)

Date of Issue

: 27 Dec 2018 17:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					→ Change	Languag	e + Chan	ge Password	Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date o	of Accident		26/02/2019	13:35	
	Vehicle No. (For Motor)	SJC390	P		Certifi	icate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5096230835- 01		TAY KIM	S15015031	GPC	drivo CLASSIC	SJC390F	SJC390P	30/01/2019	29/01/2020
				1	Continue	I				

Seque	nce Date of Endorseme	ent	Endorseme	nt Type	Endorsement	Status	Endorsement Content
▽ Endor	sements						
) Insure	ed Object: SJC390P						
nit No.		Relat Numb	ed Policy per	5096230835-01			
ddress 4			ess Type	Singapore address		Post Code	640756
ddress 1	BLK 756 #04-62	Addre	ess 2	JURONG WEST ST	REET 74	Address 3	SINGAPORE 640756
□ Policy	holder Mailing Address						
nfo							
olicy nfo Certificate							
pen							
o- nsurance lag	No						
gent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Υ	
)D xcess	300	TP Excess				Toung	// mexperience priver excess
outside Singapore	600	Outside Singapore	0			Vouse	/Inexperience Driver Excess
dditional xcess	0	OS Premium	0				
xcess	15	Excess	95.5032		Excess		
hird arty	0	Own damage	600		Windscreen	100	
xcess ype		All Claims Excess					
olicy ssue ate	27/12/2018	Effective Date	30/01/201	9 00:00	Expiry Date	29/01/2020 2	3:59
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 756 #04-62 JURONG WES	T STREET 74 S	INGAPORE (40756			
ertificate lo.							
	5096230835-01	Name	TAY KIM L	IAIVG	NRIC	S1501503I	

Claim Handling					+ Exi
Accident HT/1033804					
Policy No.	5096230635-01	Vehicle No.	\$1C390P	GST Registration No.	
Certificate No.					
Policyholder Name	TAY KIM LIANS			Policyholder NRIC	\$15015031
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	α
Contact No. (Mobile)	97347609	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No V
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	26/02/2019 18:05	Accident Report Within 24 hrs	Yes	Acadent Type	Collision - Change / Cross lane
and the same of th					
Date of Accident	26/02/2019	Time of Accident hh:mm.	13:35	Country of Accident	Singapore
Reporting Centre	190000000000000000000000000000000000000	Orange Force		3CM No.	
Acodem Location	JURONG WEST AVE 5				
© Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Urnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
⊕ Benefits					
□ GST Registered Informa	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status verified	Yes	
Modification History					
Policyholder Mailing Ad					
Address 1	BLK 756 #04-62	Address 2	JURONG WEST STREET 74	Address 3	SINGAPORE 640756
Address 4		Address Type	Singapore address	Post Code	640756
Link No.		Related Policy Number	5096230835-01		
♥ OI Driver Info					
Driver Name	TAY YUN HONG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	59513505F	Driver DOB	15/04/1995
Register Date of Driver License	13/04/2017	Driver Age	23	Driving Experience	1
Contact No.(Mobile)	97115547	Contact No.(Office)	0	Contact No.(Home)	G .
Address 1	BLK 756	Address 2	JURONG WEST STREET 74	Address 3	SINGAPORE 640756
Address 4		Address Type	Singapore address	Post Code	640756
Unit No.	04-62				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	254-25000				
Declaration					
Breathalyser or Blood Test	0 mg	And the same of	○ Yes ® No		
Reading?		Any injury?	0.000		
Modification History					
Personal Bank					
Claim 001 New					
Claim Type •	00-MX	Insured Name	TAY KIN LIANG	Insured NRIC	\$1501503t
Contact No.(Mobile)	97347609	Contact No.(Home)	ND.	Contact No.(Office)	
Email Address		Of Vehicle Number	SICIPOP	TP Vehicle Number	GBG9723C
Claimant Type Claimant Type *	Please Select V	Type of Benefit *	Please Select		500,00000000000000000000000000000000000
Claiment Name *	22	Claimant NRIC *			
Claiment Address				ii .	
Claim Description	SXC190P / GBG9721C ON 26 Feb 2019			Name of Preferred Workshop	
Preferred Workshop Contact	Marian January Str. Cod Sh. Lan Sorta	V 609035-V 691, 9000Y		_ result of French and Const	
No.		Insured Liability .	Not at Fault		
Require Finalisation	Ves 🗸	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/02/2019 18:06	Claim Close Date		Date Received	26/02/2019 00:00
Report Taken By	Jackson				
Pnnt AK letter					
			Faul Francis		
			Save Submit		
Attachment					
	anni anni anni	750777505	***		
Accident No.	MT/1033804	Claim No.	001		
Last Doc. Received	Yes ○ No	Upload Date	26/02/2019 18:07		
	Pach •		Category *	Confidential Urgen	cy * Description *
		Browse	Clear Please Select	V Normal	<u> </u>
	Carried State of Contract of C	Browse	Clear Please Select	NO V Normal	~
		Browse	Clear Please Select	Normal V	<u> </u>
			I agreem (

