NATIONAL Assessment Co.	ntre Services   we	1 1 Janos MHANG O	n 769.	100	
Date In: 78/1/19-19:43	Jeb description	Date	&Time Completed	Done	by
Ref No: MAINC19003761/24	SAS e-filing	i	!		
Veh No: SUR 33097.	E-mail (within Shrs	s, AIC 2hrs)			
D.O.A: 27/2/16:00	i-Motor Claim	Form M	1034051-001	28/2/19	iv:or.
PORTAL ARTON AND AND AND AND AND AND AND AND AND AN	i-Motor W/O (W	Vithin: OD 2hrs, TP 4hrs)			
OD / TP-/ Reporting Only	i-Photo Upload	ed			
TP Insurer:	Assessment/Surve	ey Report			
17 Insurer.	Ass't Report by F	ax / Hand to Owner	r/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	F	ax:	
TP Particulars: Veh No: 50	196374 .	. INC( , )/N	on-INC()		
Owner / Driver: (		Tel:		)	
Policy No: ( )	Period: (	) Cover	Type: (	)	
Confirmed by : (	1	Date:	Time:	)	
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO	): N: 0-20%; P:	21-79%. F: 80-1	00%]	
Year of Registration: ( )	) Warranty: YES ( )	)/NO( )			
Excess: (\$ ) Loading: \$	\$1,000()/\$2,000(	)			-3229
General Remarks:			\$48,654,875.C		1
	roice: YES ( ) / NO				)
Remarks: (INC hotline: 6788 6616	- Andrew Street	Date&	Time Completed	ASS CALION	3 py
The state of the s	)/Courtesy Car ( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > ]	> \$30001 ( )				
	> 33000] ( )				
Injury:		1			
Date/Time Actions	ides successive and an	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	- F 1 14 (1)	SMALCHER !	
					and the second line to
	1		11/	15 DO-10-13	
•	1898		our verbus Such		Amt (\$)
NA190 K71.	În	iveice Preparatio	n Checklist	And (S)	Add Bill
laimant's Particulars :-		AR : Accident Reporting DA : Damage Assessmen		0)	
river/Owner:	3)	TF : Towing Fee	. \$40.	/\$45	
	4) 1	FT : Follow-Through Sur FT : Follow-Through Sur	vey (Resurvey)	\$30 \$30	
ontact No:		For claiming against INC	Only (wef 10 Jan 2005)	\$75	
amaged Portion:		TR : Re-inspection N1 : Idac DA + SMRT S		160	
	3 8)1	NTUC Additional Service			
C Checked by (Engr-In-Charge):		OD* NS: Courtesy Car / Tpt /		\$5	
N. Vara page 11946 a.c. da vira vara cara vasa.		N6: Repair Co-ordinatio N7: Fost Repair Inspecti		\$10 \$25	
uditors' Comments :-		N8: DV / Collect Excess	Coordination	\$5 \$20	
<u></u> :		TP (N11) : TP (Non INC N12: Idao Mobile		30	
. 2/3;	1999	oice dated	Fee Charged		<b>油料用了</b>
	Inv	oice dated	Fee Charged	DES LA	

## 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	28/02/2019 13:47
Date Of Accident	27/02/2019 16:20
Exact Location Of Accident	ALONG CLEMENTI AVE 2
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR3309D
Insured/Policyholder	
Name Of Registered Owner	CHUA TECK HON KEITHS
NRIC No	S8917899A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94578837
Alternative Phone No	OFFICE-94578837
Vehicle Particulars	
Manufacturer	BMW
Model	320I AT ABS D/AB 2WD 4DR GAS/D SR
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	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	5095471609-01
Cover Note Number	
Driver	
Name of Driver	CHUA TECK HON, KEITHS
NRIC No	S8917899A
Date Of Birth	25/05/1989
Occupation	INDOOR
Date Of Driving Pass	05/05/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94578837
Fax Number	
Contact Number	OFFICE-94578837
EMail Address	NOEMAIL

32 JALAN RAJAH Address #21-02

Postcode 329141

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

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

CLEAR

NO

2

NO

YES

NO

2

NAME:

12 E

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?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

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

SLT9637G

PRIVATE CAR

#### 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)

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.

Policyholder's Signature

at 1945 skeeds being

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN				
vehicle	A: CLP 3309D			
vehicle	B: SL796376			clementi Avenue J.
DESCRIBE CIRCUMSTANC			4 PE	
<u>on th</u>	e stated date	time, I	, vehicle y	, SLR3309D ,
was travellin	g along the s	tated venu	ne. vehicle	B', SLT9637
Stop in time	and collided	anto its	rean.	
		/		
CLARATION Projectare the foregoing part	iculars are true in Avery respec	t.		
icyholder's Signature e & Time:	Driver's Signature (If driver is not the police Date & Time:	yholder)	Reporting Centre P Name: NRIC/FIN No.:	ersonnel's Signature

# ACCIDENT STATEMENT

ACCIDENT DATE: ( ) 7 / 0) / 2019 I(DD	/MM/YYYY), TIME:( 16: 20 HHH:MM)
LOCATION: Along (Hementi	Avenue 2.
1. DETAILS OF VEHICLE SLR33	inan.
C) TETRICE TROMBER	TUC
DJINSOKANCE COMPANY.	IVIC
c)POLICY NUMBER:	THE STATE OF THE STHEET
	THIRD PARTY / THIRD PARTY FIRE &THEFT)
GIMAKE & MODEL: BMW 3	OTHERS
FITYPE: (SALOON / COUPE AMPY /VA	AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / C	OMMERCIAL / MOTORCTCLE)
h) PURPOSE OF USING AT ACCIDENT	TIME: PYIVATE
I) ARE YOU CLAIMING UNDER YOUR	DWN INSURANCE TESTING
IF NO, PLEASE STATE (THIRD PARTY C	CLAIM / REPORTING ONLY
2. INSURED / POLICY HOLDER A) NAME: CYUM TECK !!	ONS, FRITTIS IMALE/ FEMALE!
CAA	7899A CONTACT: 9457 8837
	119h #21-02 S (329141)
CIADDRESS: 32 JAIAN 40	1011 1121 12 3 3 3 1 1 1 1 2
A COLUMN TO A JE DENTE ALSO P	OLICY HOLDER
* CONTINUE TO 3.d IF DRIVER ALSO P	OLICI HOLDER
4 Ho of passing DRIVER	(MALE / FEMALE)
(Induding driver) HINDIC/GIN/PASSPORT	CONTACT:
(D) CIADDRESS:	
temale passenaev	
"d)DATE OF BIRTH: (25/05/198	9 J(DD/MM/YYYY)
BJOCCUPATION: (INDOOR / OUTDOO	
f) YEARS OF DRIVING EXPRERIENCE:	avears
4. WAS DRIVER AN EMPLOYEE OF THE	E INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRI	VER WITH INSURED: OW MUCE
5. a) WEATHER CONDITION: (CLEAR / RA	INING / OTHERS
b)ROAD SURFACE: (DR) / WET / OTHE	RS
6. WAS ANYBODY INJURED (YES / HO)	n in the second
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	STATION:
8. THIRD PARTY VEHICLE	MODEL:
THO of passenger of VEHICLE NUMBER: 5/19657	MODEL:
(Induding driver) b) DRIVER'S NAME:	
( 1 ) NRIC/FIN/PASSPORT:	CONTACT:
40~ - 바람이	HODEL
1 100 of passenger	MODEL:
(Induding driver) f) NRIC/FIN/PASSPORT:	
( )	CONTACT::
<u>-</u> !	

email =

fax =

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8917899A





Name

CHUA TECK HON, KEITHS

宏

Race

CHINESE

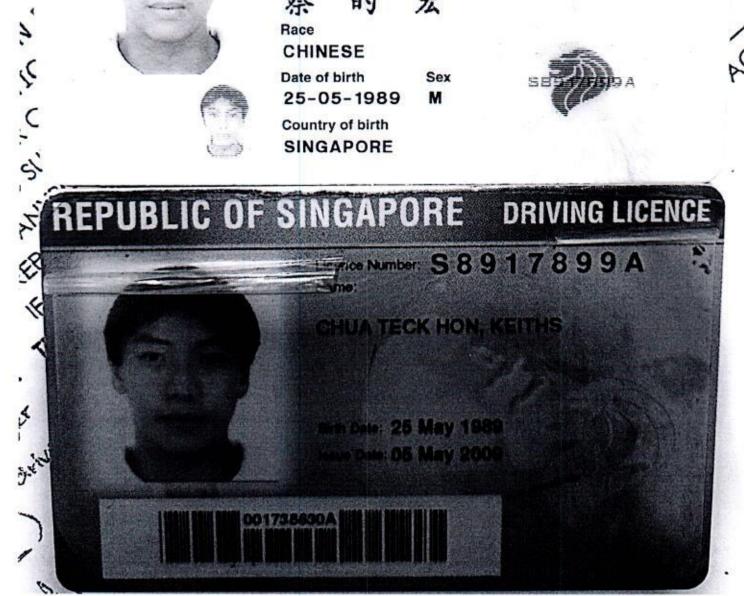
Date of birth

Sex M

25-05-1989

Country of birth SINGAPORE







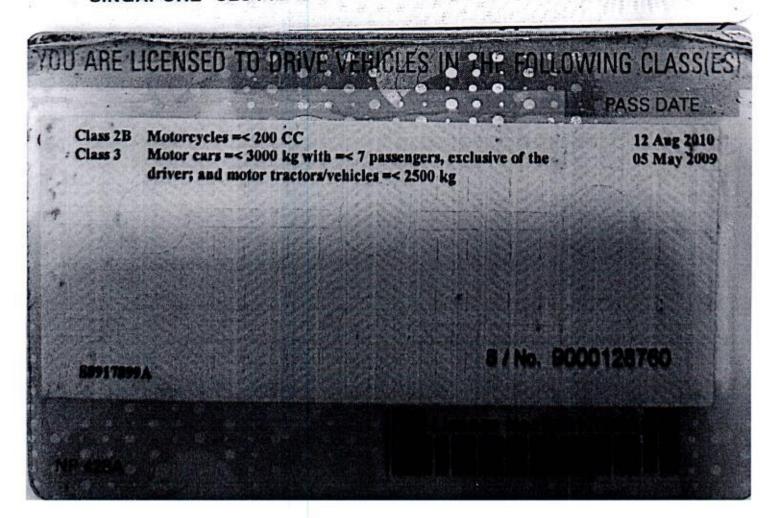
NRIC No. S8917899A

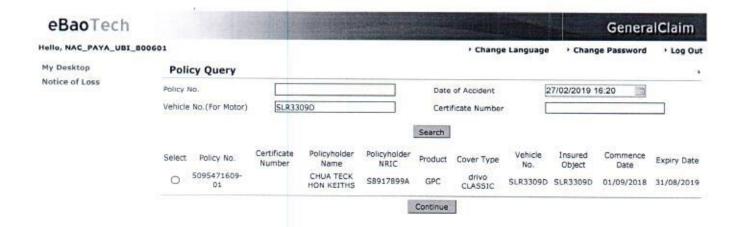


Date of issue 04-06-2004

Address

32 JALAN RAJAH #21-02 SINGAPORE 329141





□ Poli	icy Information						
Policy No.	5095471609-01	Policyholder Name	CHUA TECH	HON KEITHS	Policyholder NRIC	58917899A	
Certificate No.							
Address	32 JALAN RAJAH #21-02 RAJA	AH TOWER SING	APORE 3291	41			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	17/08/2018	Effective Date	01/09/2018	3 00:00	Expiry Date	31/08/2019 2	:3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Oriver Excess
Agent	INTEGRAL PLUS SERVICES	Agent Tel.	68487120		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	32 JALAN RAJAH	Addre	ss 2	#21-02 RAJAH T	OWER	Address 3	SINGAPORE 329141
Address 4		Addre	ss Type	Singapore addre	ss	Post Code	329141
Unit No.	21-02	Relate Numb	ed Policy er	5095471609-01			
D Insure	d Object: SLR3309D						
	sements						
2012/11/19	nce Date of Endorsem	222 5	Endorsemen	0220000	0000055000000000	Status	Endorsement Content

laim Handling					
olicy No.	5095471609-01	Nakista Na	0.033000	CCT 6	
	5095471509-01	Vehicle No.	SLR3309D	GST Registration No.	
ertificate No.					
Acytolder Name	OHUA TECK HON KEITHS			Policyholder NRIC	S0917699A
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntect No.(Mobile)	94578837	Contact No. (Office)	0	Contact No.(Home)	0
nell Address		Special Remark		eCode	ac 🗢
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
port Date	28/02/2019 13:59	Accident Report Within 24 hrs	-		200000000000000000000000000000000000000
				Accident Type	Collision - Head to Rear
e of Accident	27/02/2019	Time of Accident hhomm	16:20	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
ident Location	ALONG CLEMENTI AVE 2				
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
rd Party Excess					
	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Venified	Yes	
Incation History					
Policyholder Hailing Ad	ldress				
iress 1	32 JALAN RAJAH	Address 2	#21-02 RAJAH TOWER	Address 1	SINGAPORE 329141
tress 4		Address Type	Singapore address	Post Code	329141
e No.	21-02	Related Policy Number	5095471609-01		
OI Driver Info	EE/2 ACC	No. of Contract of	3700 (SA) (SA) (SA) (A)		
er Name	CHUÁ TECK HÓN KEITHS	Driver Type	Main Driver		
amed driver Name	Gram Teek Hom Neit Pe				127.5 DESCRIPTION
		Driver NRIC	58917899A	Driver DOB	25/05/1989
ister Date of Driver License	05/05/2009	Driver Age	29	Driving Experience	9
tact No.(Mobile)	94578837	Contact No.(Office)	0	Contact No.(Home)	0
ress 1.	32 JALAN RAJAH	Address 2	RAJAH TOWER	Address 3	SINGAPORE 329141
tress 4		Address Type	Singapore address	Post Code	329141
t No.	21-02				
es he own a Singapore					
gistered car?	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
Saration					
		100000000000000000000000000000000000000	20 m-20		
athelyser or Blood Test iding?	0 mg	Any injury?	O Yes ® No		
diffication History					
the service of the					
laim 001 New					
ALCOHOL SERVICE					
				VIII - VIII INTO	
m Type *	OD-MX	Insured Name	CHUA TECK HON KEITHS	Insured NRIC	\$8917899A
rtact No.(Mobile)	94578837	Contact No. (Home)	NOL	Contact No.(Office)	
all Address		Of Vehicle Number	SLR33090	TP Vehicle Number	SLT9637G
mant Type Claimant Type *	Please Select	Type of Benefit *		or annual number	UCS.:79275
mant Type Claimant Type *	100000000000000000000000000000000000000		Please Select		
	22	Claimant NRIC *			
mant Address	White the second				III.
m Description	SLR33090 / SLT9637G ON 27 Feb 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Fully at Fault		
uire Finelisation	Yes 🔻	Preferend Repair Option		✓ GIA report	Received
e Registered	28/02/2019 14:03	Claim Close Date	, range more environment		28/02/2019 00:00
		Craim Croed Date		Date Received	20/02/2019 00:00
ort Taken By	Jackson				
Print AK letter					
			Save Submit		
tachment					
ident No.	MT/1034051	Claim No.	001		
Doc. Received	® Yes ○ No	Upload Date	28/02/2019 14:03		
SECTION SECTION		Optoed Date			
	Path *		Category •	Confidential Urgen	The state of the s
		Browse	Clear Please Select	V Normal	
		Browse.	Char Please Select	Normal	V
		Browse	Cear Please Select	Normal V Normal	V
				The second secon	190
		Browse	Clear Please Select	NO V Normal	~

