NATIONAL Assessment Centre Services | West 1 Janos M NA 119028799 Date In: 1/3/19-16:06 Date & Time Completed Done by Jeb description Res No: NA/ MC 190039 11/24 SAS e-filing Veh No: smagsisg7. E-mail (within Shrs, AIC 2hrs) D.O.A : i-Motor Claim Form MM 1034321-001 2/3/19 16:52 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: hon 34175)/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%. F: 80-100%] 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 (); Towing Co: (Remarks:- (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance () / Courtesy Car (QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Anit (S) Amt (3) Invoice Preparation Checklist NA 19016K. fit Bill Add Bill Claimant's Particulars :-1) AR : Accident Reporting (530); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF : Towing Fee \$40/\$45 Driver/Owner: 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) 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): *N5: Courtesy Car / Tpt Allowance \$5 510 *N6: Repair Co-ordination *N7: Post Repair Inspection \$25 Auditors! Comments :-*N8: DV / Collect Excess Coordination 55 Cat. 1: TP (N11): TP (Non INC) against INC 9) N12: Idac Mobile Zat. 2/3: Invoice dated Fee Charged Invoice dated Fee Charged

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</u> and <u>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.
- 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	02/03/2019 16:06
Date Of Accident	01/03/2019 09:00
Exact Location Of Accident	JELLICOE RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG9589T
Insured/Policyholder	
Name Of Registered Owner	LOW WEE KANG
NRIC No	S9116477I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91833068
Alternative Phone No	OFFICE-91833068
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A180 (R17)
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	5107296350
Cover Note Number	
Driver	
Name of Driver	LOW WEE KANG
NRIC No	S9116477I
Date Of Birth	07/05/1991
Occupation	INDOOR
Date Of Driving Pass	02/04/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91833068
Fax Number	
Contact Number	OFFICE-91833068
EMail Address	NOEMAIL

Address

BLK 316C YISHUN AVENUE 9

#08-172

Postcode

763316

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

NO OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

3

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190301/2154.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBD3417S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 22

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC5212L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

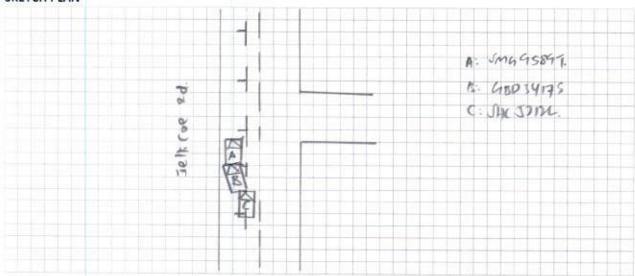
- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
 - (i) 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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Dalla .	area without the compact results and a substitution of	
refer to	police report 1/2/19 osal 2004	
_		

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: 1 /3 /19.)(DD/M	M/YYYY), TIME:(09 : 00.)(HH:MM)
	LOCATION: Jellicoe Rd.	
	1. DETAILS OF VEHICLE	
	b)INSURANCE COMPANY: NTUC	
	d)POLICY TYPE: (COMPREHENSIVE / TH	IDD DARTY (THÍOD DARTY FIRE & THEET)
	e)MAKE & MODEL:	IRD PARTY / THIRD PARTY FIRE & THEFT)
	f)TYPE:(SALOON / COUPE / MPV /VAN g) VEHICLE CATEGORY: (PRIVATE / CON h) PURPOSE OF USING AT ACCIDENT TIME	MERCIAL / MOTORCYCLE) ME: 1504/12 Mad.
	I) ARE YOU CLAIMING UNDER YOUR OV IF NO, PLEASE STATE (THIRD PARTY CLA	
	2. INSURED / POLICY HOLDER	3
	DINRIC/FIN/PASSPORT: S 91164	(MA)E / FEMALE)
	CIADDRESS: BIK 36c Yishon Avegue	0011171011
		t end to
Who of near	* CONTINUE TO 3.d IF DRIVER ALSO POI	LICY HOLDER
Clincluding of	a)NAME:	(MALE / FEMALE)
c Including a	b)NRIC/FIN/PASSPORT:	CONTACT:
(0.)	c)ADDRESS:	
	*d)DATE OF BIRTH: (5 / 199 e)OCCUPATION: (INDOOR / OUTDOOR f)YEARS OF DRIVING EXPRERIENCE:)	1) 12 h
	 WAS DRIVER AN EMPLOYEE OF THE : IF NO, RELATIONSHIP OF THE DRIVE 	
	5. a) WEATHER CONDITION: (CLEAR / RAIN	
	b) ROAD SURFACE: (DRY / WET / OTHER	
	6. WAS ANYBODY INJURED (YES / NO)	
	7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE ST	ATION:
the of passen	8. THIRD PARTY VEHICLE	MODEL
Clinduding di	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE	
()	c) NRIC/FIN/PASSPORT:	CONTACT:
	d) VEHICLE NUMBER (ACTOLVE	MODEL:
The of passe	el DRIVER'S NAME:	MODEL
(Including d	d) VEHICLE NUMBER: 4 CTO INL. Priver f) NRIC/FIN/PASSPORT:	CONTACT:
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email = mycer.
fax =





Date of Expiry:

1 of 3

Report No. T/20190301/2154

Station Diary No.:

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

REPORT OF A TRAFFIC ACCIDENT

Tel No: 65470000

Occupation:

BANKER

Date/Time Report Made: 01/03/2019 18:48	Vide Report No.:	Station Diary No
Informant's Particulars		Manager of the Millians
Name of Informant:	Address:	UE 9 #08-172 YISHUN

LOW WEE KANG GREENWALK SINGAPORE 763316 Contact No .: ID Type / ID No .: Mobile: 91833068 Home/Office: NRIC NO / S91164771 Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex: Vehicle Owner 27 07/05/1991 Male Institution / School Name: Language: Race: Chinese

Driving Licence Information:

Class: 3

General Information of the Accident Type of Location: Date/Time of Drink Non-Injury Straight Road Accident: Type of Drive: 01/03/2019 09:00 Accident: No Location: Along Road 1 JELLICOE ROAD Road Speed Limit: Road Surface: Weather: Dry Clear Traffic Volume: Traffic Control: Traffic Flow: Light Not Controlled Two Way Anyone conveyed by Type of Collision: Moving Vehicle Against - Parked Vehicle ambulance: No

Details of V	THE SHAREST STREET	Make	Model	Color	Condition	No of Passenger
Vehicle No.	Туре			Silver	Slightly	0
GBD3417S	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO	Ollvel	Damaged	
SHC5212L	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0



T/20190301/2154

2 of 3

Report No. T/20190301/2154

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Vehicle No. Type Make Model Color Condition No of Pass SMG9589T Car MERCEDES A180 (R17) Black Slightly O	The state of the s
WERCEDES A180 (R17) Black	
	senge
BENZ Slightly O	

Brief Details.

On the above mentioned date time and location

I parked my vehicle at the designated lot along Jellicoe Road. When the accident unfolded, i wasn't at the scene. However, i have a witness by the name 'Jeremy', contact number 9270 5882. He gave me a better insight on the matter. This involves a taxi and a lorry at first. The Taxi driver alighted the passenger at the said location. He exited his vehicle to assist his passenger in unloading their stuff. For some unapparent reason, the vehicle surged forward and collided onto the rear portion of a parked lorry. This caused the lorry to thrust forward involuntarily and subsequently collided onto my vehicle. By the time i arrived at the scene, everyone was already gone. They were unable to reach me as i was in a meeting during the incident. However, i noticed note which was given by an officer to inform me of such events. Eventually the officer also gave me a call to remind me once again of this accident.

The extent of the damages are as follows; Right rear bumper was damage, rear left rim.

That's all.





3 of 3

Report No. T/20190301/2154

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

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Informant is	mot	abla	to	provide	eketch	nlan
intormanias	E 9 C 3 L	ame	w	DIOVIGE	SNOW	piui

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / NG JIN SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2019 18:48
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SINGAPORE FILICE FORCE
Authentication Stamp NP168 Signat	ure:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$91164771





刘

LOW WEE KANG









Race CHINESE Date of birth 07-05-1991 SINGAPORE





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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 02 Apr 2013 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





31-03-2018

APT BLK 316C YISHUN AVENUE 9 #08-172 SINGAPORE 763316

5917128

eBao Tech									GeneralClaim			
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	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date		
	O 5107296350		KANG	59116477	GPC	drivo CLASSIC	SMG95891	SMG9589T	31/01/2019	30/01/2020		
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ccident MT/1034321					
folicy No.	5107296350	Vehicle No.	SMC9589T	GST Registration No.	
ertificate No.	337 1032 2000	PROTECTION.	artanagat	do i Registración No.	
olicyholder Name	LOW WEE KANG			Policyholder NRIC	591164771
raduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
intact No.(Mobile)	91833068	Contact No.(Office)	Ô	Contact No.(Home)	0
nel Address		Special Remark		eCode	N. V
×	® No ⊜ Yes	TCA	® No ○Yes	eCode Reason	(december)
CD Protection	No	NCO Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	02/03/2019 16:49	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
ite of Accident	01/03/2019	Time of Accident hh:mm	09:00	Country of Acodent	Singapore
porting Centre		Orange Force		ICM No.	857635564
cident Location	JELLICOE RD				
7 Total Excess Applicable	•				
cess Type	Per-Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D CD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Applicable
ditional Excess	1,500.00				
tal CO Excess Applicable	2,100.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Inform					
T Registered T Registration No.	No		GST Registration Date	200	
diffication History			GST Status Verified	Yes	
Policyholder Hailing Ad	dress				
dress 1	BUK 316C #08-172	Address 2	YISHUN AVENUE 9	Address 3	SINGAPORE 763316
fress 4		Address Type	Singapore address	Post Code	763316
t.No.		Related Policy Number	5107296350		
OI Driver Info					
ver Name	LOW WEE KANG	Driver Type	Main Driver		
named driver Name		Driver NRIC	59116477[Driver DOB	07/05/1991
gister Date of Oriver License	02/04/2013	Driver Age.	zo .	Driving Experience	5
ntact No.(Mobile)	91833068	Contact No.(Office)	0	Contact No. (Home)	a
iress 1	BLK 316C	Address 2	YISHUN AVENUE 9	Address 3	SINGAPORE 763316
dress 4		Address Type	Singapore address	Post Code	763316
it No.	08-172				
es he own a Singapore. gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
teration					
athalyser or Blood Test iding?	0 mg	Any injury?	☐ Yes ® No		
afication History					
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laim 001 New					
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m Type •	ОО-МХ	Insured Name	LOW WEE KANG	Insured NATC	\$91164771
	The state of the s		LOW WEE KANG	Insured NRIC	\$9116477[
tact No.(Mobile)	91833068	Contact No.(Home)	NIL	Contact No.(Office)	
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Altachment		Uploaded By/Date	Category	9	Urgency		D	escripti	ion		Msg Sent? (CO)	Action		
SER!	NAC_PAYA_LIBI	.80060)(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:53	NRIC/ Driving License		Normal		NR3C/ Drivin	ng Licer	nse 2019-3	-2		Edit		
63	NAC_PAYA_UBQ	800803(NATIONAL ASSESSMENT CENTRE SERVI CES) on 92 Mar 2019 L6:53	SAS		Normal		SAS	9 2019	3-2			Edit		
曹	NAC_PAYA_UBI	800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:53	Photos		Normal		Phot	os 201	9-3-2			Edit		
0	NAC_PAYA_UBI	800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:53	Photos		Normal		Phot	os 201	9-3-2			Edit		
9	NAC PAYA URD	800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 18:53	Photos		Normal		Phob	os 201	9-3-2			Edit		
6	NAC_PAYA_UBI	800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:53	Photos		Normal		Photo	os 2019	9-3-2			Edit		
(C	NAC_PAYA_UBL	800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:53	Photos		Normal		Photo	os 2019	9-3-2			Edit		
	NAC_PAYA_UBI	800601 NATJONAL ASSESSMENT CENTRE SERV) CES) on 02 Mar 2019 16:53	2/		Normal		Photos 201		1019-3-2			Edit		
	NAC_PAYA_UBI	800801(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:53			Normal	Photos 2019-3-2						Edit		
-	NAC_PAYA_UBI	800801(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:53	Photos		Normal	Photos 2019-3-2				Edit				
7	NAC_PAYA_LIBI	,800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 16:52	Photos		Normal		Photo	os 2019	3-3-2			Edit		
		800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 16:52	Photos		Normal		Photo	os 2019	1-3-2			Edit		
1		800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:52	Photos		Normal		Photo	e 2019	3-3-2			Edit		
		B00601[NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:52	Photos		Photos Normal		Normal	Photos 2019-3-2						Edit
		800601[NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:52	Photos		Normal		Photo	os 2019	P-3-2			Edit		
rideo List	NAC_PAYA_UBL	800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:52	Photos		Normal		Photo	os 2019	2-3-2			Edis		
	Uploaded By/Dat	e Folder Date	,	ile Name		9			Sour	roe:	A	Action		

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