NATIONAL Assessment Centre Services. [well Jamos] MLD 19 03784. Date In: 1 /19 - 19:35 Jeb description Date & Time Completed Done by Rei No: Nalinic 1900492/2 SAS e-filing Veh No: VLM 30647. E-mail (within Shrs, AIC 2hrs) D.O.A: 10/3/19-1:30 i-Motor Claim Form W7 1035423-031 i-Motor W/O (Within: OD 2hrs, TP 4brs) 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: ( TP Particulars: Veh No: 44 2975 K. 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: 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 ( ) / NO ( ); Towing Co: ( Remarks: (INC horline: 6788 6616) Date&Time Completed Done by 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection ) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Ant (S) Amt (1) Invoice Preparation Checklist NA 1901834. " Add Bill 1) AR : Accident Reporting (\$30); Claimant's Particulars :-2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 Driver/Owner: 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 \* N5: Courtesy Car / Tpt Allowance \*N6; Repair Co-ordination \$10 \*N7: Fost Repair Inspection \$25 Auditors' Comments :-\*N8: DV / Collect Excess Coordination \$5 Cat. 1: TP (N11): TP (Non INC) against INC 9) N12: Idac Mobile lat 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.
- 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.

- 6. 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

A (*)	СІВ	-	C T A T	
AC	UID		STAT	ENI

Date Of Report 11/03/2019 19:35
Date Of Accident 10/03/2019 12:30

Exact Location Of Accident TAMPINES ST 11 BEFORE JUNC TAMPINES AVE 2

Country/State of Loss SINGAPORE

DET	AHC	OF	CHARLE	VELI	CIE
DET	AILO	OF 1		VEH	CLE

Vehicle Registration Number SLN7064D

Insured/Policyholder

Name Of Registered Owner PANG CHOK KUANG

NRIC No S8477839G Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97986893

 Alternative Phone No
 OFFICE-97986893

**Vehicle Particulars** 

Manufacturer TOYOTA

Model LEXUS IS250 AUTO LUXURY

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 5090998427-01

Cover Note Number

Driver

Name of Driver PANG CHOK KUANG

 NRIC No
 \$8477839G

 Date Of Birth
 24/05/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 17/08/2009

Driving Experience 9 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97986893

Fax Number

Contact Number OFFICE-97986893

EMail Address NOEMAIL

Address BLK 780E WOODLANDSCRESCENT

#13-79

Postcode 735780

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

3

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES

4

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER: : FEMALE

Passenger 2

NAME:

. -

GENDER: : FEMALE

Passenger 3

NAME:

2 +

GENDER: : MALE

**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?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GY2735K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Page 2 of 14

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

- 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)

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.

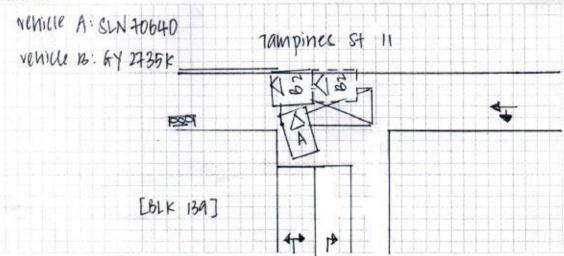
Policyholder's Signer Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DV	the stated date & time, I, vehicle 'A',
SLN 7064D	, was stationary on the stated venue. I
was ctar	tionary for 20 seconds when vehicle 16,
ay 2735k,	tried to overtake and squeeze through
the lane.	In the midst, he grazed across my
vehicle's f	iont portion, despite me having hont at him
He then	continued to drive away until he Gopped
at along	Tampines Avenue J.
	T <sup>2</sup>

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the collected der) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACC	CIDENT DATE: 10 / 03	120191100	/MM/YYYY),	TIME:(_12	<u>(Мн:мм)</u>
LOC	ATION: Tampines	street 1	1 , before	e tampine	AVE J.
	DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPA  c) POLICY NUMBER:	ANY: N7U		(TUID) DADIY	EIDE & THEFT)
	d)POLICY TYPE: (COM e)MAKE & MODEL: f)TYPE:(SALDON / COL g)VEHICLE CATEGORY h)PURPOSE OF USING / i) ARE YOU CLAIMING L IF NO, PLEASE STATE (	LEXM  JPE / MPV /V  JPE / MPV	AN / LORRY / COMMERCIAL TIME: OWN INSURA	MOTORCYCLE / MOTORCYCL PHYDT! NCE (YES/NO)	/OTHERS)
2.	A)NAME: POLICY HOL A)NAME: PAND b)NRIC/FIN/PASSPORT: C)ADDRESS: 700	CHOF F	178386	CONTACT: CENT #13	7798 6893 -79 573578
14 No of passengal (Including driver)	* CONTINUE TO 3.d IF D DRIVER a) NAME: b) NRIC/FIN/PASSPORT:				FEMALE)
wergers - CDY) 2 female, 2 1 male	e)OCCUPATION: (INDO	OR / OUTDO	gyears		
	WAS DRIVER AN EMPL IF NO, RELATIONSHIP DIWEATHER CONDITION	OF THE DRI	VER WITH IN	NSURED:	WHLY
	b)ROAD SURFACE: (DRY WAS ANYBODY INJURED	/WET / OTHE	ERS		
	a) REPORTED TO POLICE IF YES, PLEASE STATE W		STATION:		1
4 No of passenger	THIRD PARTY VEHICLE  a) VEHICLE NUMBER:  b) DRIVER'S NAME:	GY 273	5KM	ODEL:	
(UNENOWE)	c) NRIC/FIN/PASSPORT	<u> </u>		CONTACT:	
4 No of passenger	d) VEHICLE NUMBER:			ODEL:	*
(Including, driver)	f) NRIC/FIN/PASSPORT:		c	ONTACT:	<del></del> ,

email =

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8477839G





Name

# PANG CHOK KUANG

彭作广

Race

CHINESE

Date of birth

Sex

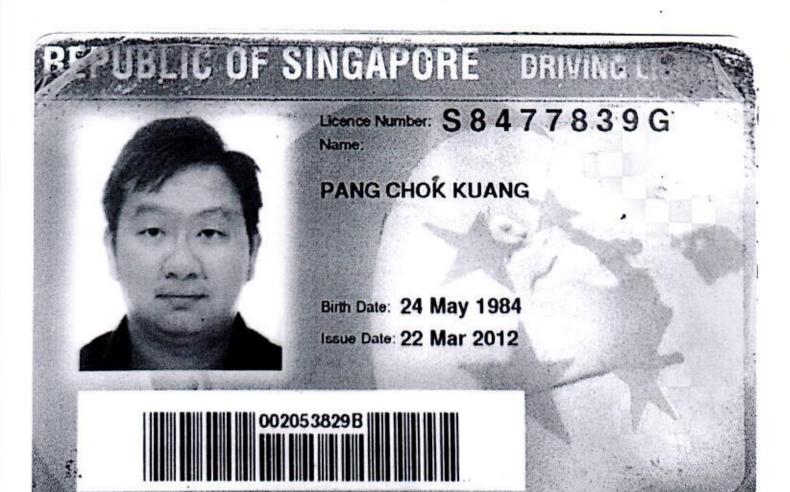
24-05-1984

M

Country/Place of birth

MALAYSIA







NRIC No. S8477839G



Date of issue

07-06-2018

Address

APT BLK 780E WOODLANDS CRESCENT #13-79 SINGAPORE 735780

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

EFFECTIVE DATE

17 Aug 2009 Class 2B Motorcycles =< 200 cc Motor Cars=< 3000kg with =<7 passengers, exclusive 17 Aug 2009 of the driver; and other motor vehicles =< 2500kg Class 3

**NP 428A** 



								Genera	alClaim
					> Change	e Language	· Chan	ge Password	· Log Ou
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cy No.				Date	of Accident	E	10/03/2019	12:30	
icle No.(For Motor)	SLN70	64D		Certi	ficate Number	. [			
				Search					
ect Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5090998427- 01		PANG CHOK KUANG	58477839G	GPC	drivo CLASSIC	SLN7064D	SLN7064D	15/05/2018	14/05/2019
1	ect Policy No. 5090998427-	ect Policy No. Certificate Number 5090998427-	ect Policy No. Certificate Policyholder Number Name PANG CHOK	ect Policy No. Certificate Policyholder Name NRIC  5090998427- PANG CHOK 504378300	cy No. Date  Search  Search  Certificate Number Name NRIC Product  Source Name NRIC Product  Search  PANG CHOK SALTANAGO OFFI	colicy Query  Icy No. Date of Accident  Certificate No.(For Motor)  SEARCH  Search  Certificate Policyholder Name NRIC Product Cover Type  5090998427- PANG CHOK S84778393 CPC drivo	colicy Query  Icy No. Date of Accident [ Icy No. Certificate Number [ Icy No. Search  Search  Certificate Policy No. Certificate Number Name NRIC Product Cover Type No. No. Name NRIC No. Search  D 5090998427- PANG CHOK S84778396 GPC drive FLATORIO	colicy Query  Icy No. Date of Accident 10/03/2019 1  Certificate No.(For Motor) SLN7064D Certificate Number  Search  ect Policy No. Certificate Policyholder Number Name NRIC Product Cover Type No. Object No. Object No. Sea778393 Certificate Policyholder No. Sea778393 Certificate No. Sea778393 Certificat	colicy Query  Icy No. Date of Accident 10/03/2019 12:30 incide No.(For Motor) SLN7064D Certificate Number  Search  Certificate PolicyNo. Certificate Number Name NRIC Product Cover Type Vehicle Insured Commence Name NRIC Product Cover Type No. Object Date Date PANG CHOK Seat77839G Certificate Original Pane Name NRIC Product Cover Type No. Object Date Date Name NRIC PANG CHOK Seat77839G Certificate Name NRIC PANG CHOK Seat77839G CHOK Seat77839G CHOK Seat77839G CHOK Seat77839G CHOK Seat77839G CHO

Policy No.	5090998427-01	Policyholder Name	PANG CHO	K KUANG	Policyholder NRIC	S8477839G	
Certificate No.		ivalile			NKIC		
Address	BLK 780E #13-79 WOODLAN	DS CRESCENT W	OODLANDS	DEW SINGAPOR	E 735780		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	04/04/2018	Effective Date	15/05/2018	3 00:00	Expiry Date	14/05/2019 2	23:59
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 Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policy	holder Mailing Address						
Address 1	BLK 780E #13-79	Addre	ss 2	WOODLANDS	CRESCENT	Address 3	WOODLANDS DEW
Address 4	SINGAPORE 735780	Addre	ss Type	Singapore add	ress	Post Code	735780
	06-02A	Relate Numb	ed Policy er	5090998427-0	1		
Jnit No.							
Unit No.  D Insure	ed Object: SLN7064D						

ORCY No.					
	5090998427-01	Vehicle No.	SLN7064D	GST Registration No.	
rtificate No.					
Acyholder Name	PANG CHOK KUANO			Policyholder NR3C	58477839G
educt Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
intact No.(Mobile)	97986893	Contact No. (Office)	0	Contact No. (Home)	0
mail Address		Special Remark		eCode	Nr V
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	No. of the last of
D Protection	No	NCD Entitlement(%)	50	Private Hire	No.
Accident Details		The second second	200	Private rate	No
port Date	11/03/2019 19:47	\$20,500 AND STREET OF STREET			
		Accident Report Within 24 hrs.		Accident Type	Collision - Major Minor Road
te of Accident	10/03/2019	Time of Acodem hh:mm	12:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
Sident Location	TAMPINES ST 11 BEFORE JUNE	CTAMPINES AVE 2			
Excess					
n damage Excess	600.0	0 Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.0	Outside Singapore OD Excess	600.00		200000
ind Party Excess	0.0		0.00		
Benefits			(2.00		
GST Registered Informs	ation				
Registered	No				
T Registration No.			GST Registration Date		
dification History			GST Status Ventled	THE	
The second secon					
Policyholder Mailing Ad	dress				
ress 1	BLK 780E #13-79	Address 2	WOOD ANDS CREECENS	Address &	1007101110000000
drass 4	SINGAPORE 735780		WOODLANDS CRESCENT	Address 3	WOODLANDS DEW
rt No.		Address Type	Singapore address	Post Code	735780
	06-02A	Related Policy Number	5090998427-01		
OI Driver Info					
ver Name	PANG CHOK KUANG	Driver Type	Main Driver		
named driver Name		Driver NRIC	58477839G	Driver DOB	24/05/1984
pister Date of Driver License	17/08/2009	Driver Age	34	Onlying Experience	9
ntact No.(Mobile)	97986893	Contact No.(Office)	0	Contact No.(Home)	0
tress 1	BLK 780E	Address 2	WOODLANDS CRESCENT	Address 3	WOODLANDS DEW
iress 4	SINGAPORE 735780	Address Type	Singapore address	Post Code	735780
t No.	13-79				
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		2012	
gistered car?	Ordens	Driver Venicle No.		Driver Insurer Company	
Saration					
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nathalyser or Blood Test	0 mg	Any injury?	○ Yet ® No		
claration wathalyser or Blood Test lading?	0 mg	Any injury?	○ Yes <b>②</b> No		
eathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
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