NATIONAL Assessment Cent				-	
Date In: (9/5) 19-18: 34	Jeb description	n	Date & Time Completed	De De	ne by
Res No: Hallycgoo You fry	SAS e-filing				
Veh No: Jau 7417 1.	E-mail (within	a Shrs, AIC 2hrs)			
D.O.A : 8/3/15-18:35	i-Motor Cla	im Form	M1/1036631-001	19/3/10	19.
OD : TP: Reporting Only	i-Motor W/0	O (Within: OD 2hr		1151.0	
- Insporting Only	i-Photo Uplo	oaded			
TP Insurer:	Assessment/S	urvey Report	1		A 100 100
This area.	Ass't Report b	by Fax / Hand t	o Owner/Wksp	 	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	-
TP Particulars: Veh No: 61007	1091	. INC(rax:	
Owner / Driver: (44 4	· met)/Non-INC()		
Policy No: () Pe	riod: ()	Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%)	Note-Est. Status (V	201201100110	%; P: 21-79%. P: 80-	100%1	
1/	Warranty: YES ()/NO()		
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SINGAPORE ACCIDENT STATEMENT

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.
- 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	19/03/2019 18:09	
Date Of Accident	18/03/2019 18:35	
Exact Location Of Accident	KPE (MCE) TWDS FORT RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBU3917B	
Insured/Policyholder		
Name Of Registered Owner	CHIN ZHI HUI	
NRIC No	S9348918G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-82984910	
Alternative Phone No	OFFICE-82984910	
Vehicle Particulars		VALUE OF THE SECOND

Manufacturer	HONDA
Model	CIVIC ESI 4M
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 webicle?	NO

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Insurance Company

Vehicle Category

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5107915396

Cover Note Number

Driver

Name of Driver CHIN ZHI HUI NRIC No S9348918G Date Of Birth 27/12/1993 Occupation OUTDOOR Date Of Driving Pass 25/10/2017

Driving Experience 1 YEAR AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82984910

Fax Number

Contact Number OFFICE-82984910

EMail Address NOEMAIL Address BLK 360B ADMIRALTY DRIVE

#14-52

Postcode 752360

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

0

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)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO

NO

2

Was any other material or property damaged? YES

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

one ting of entring accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: YOU SIEW CHIN

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?

02-10-20 avo

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 GBD7509J

Vehicle Make/Model/Colour TOYOTA HIACE

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

 Name of Driver
 LIM KAM SUM

 NRIC/Passport Number
 S6885767H

 Contact Number
 98530525

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHIN ZHI HUI

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SBU3917B
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name YOU SIEW CHIN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SBU3917B
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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)

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

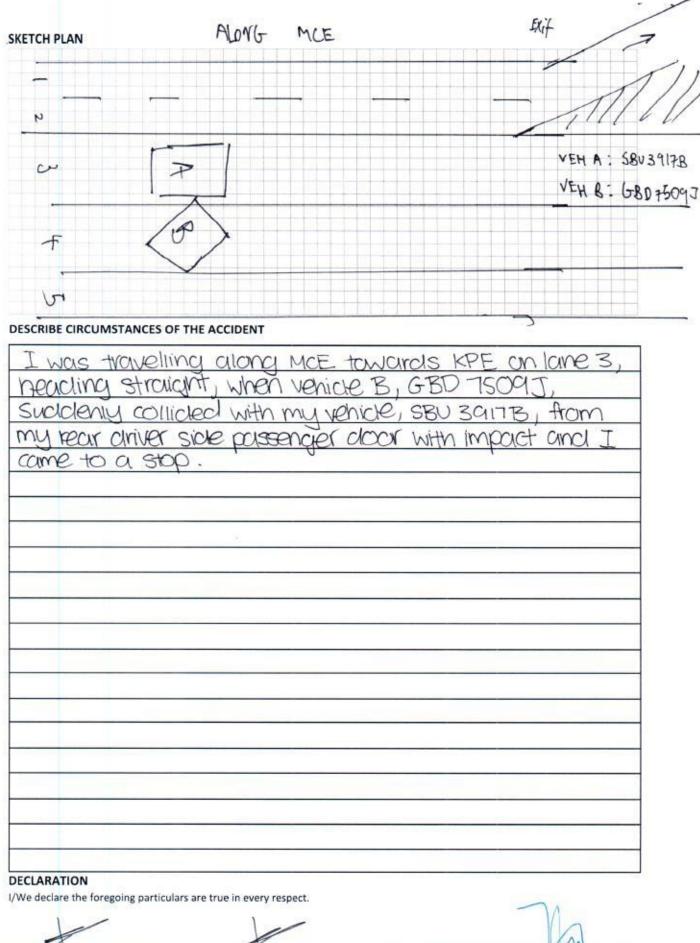
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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 .:

Date of Accident	: 18/03/19 Accident Time: 18:35 (24-HR-Format)
Accident Place	: KPE towards FOR Poad
Vehicle Reg. No. (Car Plate No.)	:_ SBU3917B
Vehicle Make/Model	: Horda Civic ESI 4M
Insurance Company	: NTUC Policy No.
Owner or Company Name /IC No.	: Onin Zhi Hui
Owner or Company Contact No.	:_ 82984910 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Ghin Zhi Hui
DRIVER'S Date Of Birth	27/12/1993 DRIVER'S License Pass Date 25/10/2017
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: ME
DRIVER'S Address	: Admiraty Drive 360B #14-52
DRIVER'S Contact No./ Alt No.	:1) 82984910 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (a.g. working inside or outside office)
Email Address	: Cheneck-chin@Gmail-com
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Pary \ Claim Own Insurance
Number of Passengers (Including D	river): 2 You show thin (Amak)
Was there any video Captured by ca Exact purpose for which vehicle wa	r camera: YES NO s being used at the time of accident: Private use Work purpose
Other !	Party Driver's Particular (if any)
Vehicle Reg. No: GBD 7509	Vehicle Reg. No:
Vehicle Make Wodel: Toyota	
Name Driver: Lim Kam Su	
IC No. Driver: \$6885767H	
Driver's Contact & Add: 4853	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9348918G





Name

CHIN ZHI HUI

陈智

CHINESE Date of birth

27-12-1993 M Country of birth SINGAPORE 393489100





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 25 Oct 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800							• Chang	e Language	· Chan	ge Password	· Log Ou
Notice of Loss	Policy Query Policy No. Vehicle No.(For Motor)		SBU39	SBU3917B			Date of Accident Certificate Number			18/03/2019 18:35	
	*****		Certificate	Policyholder	Policyholder	Search		Verbier.			
	Select	Policy No.	Number	Name	NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107915396		CHIN ZHI HUI	S9348918G	GPC	Third Party	\$BU3917B	SBU3917B	03/03/2019	02/03/2020

	510	7915396	Policyholder Name	CHIN ZHI H	IUI	Policyholder NRIC	S9348918G	
Certificate No.						HALL		
Address	BL	360B #14-52 ADMIRALTY	DRIVE SUN BLI	SS SINGAPO	DRE 752360			
Product Name	PRI	VATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	02/	03/2019	Effective Date	03/03/2019	00:00	Expiry Date	02/03/2020 23:	59
Excess Type	Per	Accident	All Claims Excess					
Third Party Excess	0		Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0		OS Premium	0				
Outside Singapore OD Excess	0		Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
Agent	SH	CHUXIN	Agent Tel.	86668307		GST Flag	Υ	
Co- insurance Flag	No							
Open Policy Info								
Certificate								
Info		er Mailing Address						
nfo	nold	er Mailing Address						
nfo Policyl	hold	BLK 360B #14-52	Addre	ss 2	ADMIRALTY DRIVE		Address 3	SUN BLISS
Info	nold	resident programme to the second second		ss 2 ss Type	ADMIRALTY DRIVE Singapore address		Address 3 Post Code	SUN BLISS 752360
Info Policyl Address 1 Address 4	hold	BLK 360B #14-52	Addre	ss Type				
nfo Policyl Address 1 Address 4 Juit No.		BLK 360B #14-52 SINGAPORE 752360	Addre: Relate	ss Type	Singapore address			
Info Policyl Address 1 Address 4 Unit No.	d Ob	BLK 360B #14-52 SINGAPORE 752360 14-52 Dject: SBU3917B	Addre: Relate	ss Type	Singapore address			

Claim Handling crident MT/1036631					
Noticy No.	5107915396	Vehicle No.	58U39178	GST Registration No.	
ertificate No.					
Sicyholder Name	CHON ZHO HUT			Policyholder NRIC	S9348918G
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	9
intact No.(Mobile)	82984910	Contact No.(Office)	0	Contact No. (Home)	0
neil Address		Special Remark		eCode	N: •
PC	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	19/03/2019 19:35	Accident Report Within 24 hrs	Ves	Acadent Type	Cottsion - Change / Cross lane
te of Accident	18/03/2019	Time of Accident hh:mm	18:35	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	F-18-20-18
Orders Location	KPE (MCE) TWDS PORT RD				
Total Excess Applicable	•				
xess Type	Per Accident	Windscreen Excess	0.00		
December 1					
Standard Excess	0.00	TP Standard Excess	0.00		
D DD Excess	0.00	YIEO TV Excess	0.00	Driver is Covered?	Not Applicable
ditional Excess	0.00				
el DD Excess Applicable Benefits	0.00	Total TP Excess Applicable	0.00		
GST Registered Inform	nation				
T Registered	No		222		
Registration No.			GST Registration Date GST Status Verified	Yes	
dification History			OUT STANDARD WITHOUT	788	
Policyholder Mailing Ac	ddress				
fress I	BLK 360B #14-52	Address 2	ADMIRALTY DRIVE	Address 3	SUN BLISS
iress 4	SINGAPORE 752360	Address Type	Singapore address	Post Code	752360
t No.	14-52	Related Policy Number	\$107915396		
OI Driver Info					
ver Name	CHIN ZHI HUI	Driver Type	Main Driver		
lamed driver Name		Driver NRIC	593409165	Driver DOB	27/12/1993
ster Date of Driver License		Driver Age	25	Driving Experience	1
react No. (Mobile)	82984910	Contact No.(Office)	0	Contact No.(Home)	0
ivess I	BLK 360B	Address 2	ADMIRALTY DRIVE	Address 3	SUN BLISS
iress 4	SINGAPORE 752360	Address Type	Singapore address	Post Code	752360
t No. es he own a Singapore	14-52				
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
daration					
wthalyser or Blood Test	920	ACCOMMONS	TOTAL CONTROL OF		
ding?	0 mg	Any injury?	® Yes ○No		
fication History					
laim 001 New					
and the same of					
n Type *	OD-MX	Insured Name	CHIN ZHI HUI	Insured NRIC	S9348918G
tect No.(Mobile)	82984910	Contact No.(Home)		Contact No.(Office)	Control of the last
il Address		Of Vehicle Number	SBU39178	TP Vehicle Number	G8075093
nant Type Claiment Type *	Please Select	Type of Benefit +	Please Select		
nant Name *	22	Claimant NRJC *		25	
nant Address					
n Description arred Workshop Contact	58U39178 / G807509J ON 18 Mar 2019			Name of Preferred Workshop	
		Insured Liability *	Not at Pault		
	Yes.	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	19/03/2019 19:37	Claim Close Date		Date Received	19/03/2019 00:00
Registered					
Registered	Jackson				
Registered ort Taken By	Jackson				
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