NATIONAL Assessment Centre				
	Dervices well Janos M	WALGO4661.	(b)	
Date In: 6/4/19-11:TI	Jeb description	Date & Time Completed	Don	e by
Res No: Hallucia 056385 try	SAS e-filing			
Veh No: Ja7847	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 10/4/19-10:50	i-Motor Claim Form	M1039654-201	10/4/19	610
	i-Motor W/O (Within: OD 2hr:		13 4 14	0.18
OD TP' Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Tr insurer.	Ass't Report by Fax / Hand t	o Owner/Wksp	, , , , , , , , , , , , , , , , , , , 	
Preferred Wksp / INC Assign Wksp / QW: (ax:	*******
TP Particulars: Veh No: JUL 14	inc (
Owner / Driver: (Tel:	·)	
Policy No: () Perio	od: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-1	00%]	
	arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000	()/\$2,000()	<u> </u>		
General Remarks:		BREENERS (NO. 65 CT TTS)	1985 (2017)	
() Walk-In Customer: Customer's information	ation strictly Confidential & Ct	steak Delegation while in A. A.	15,000	10,50
() Total Loss Case : to e-mail Insurer I	LIDCENTI V	ictly NO rater of repairer.		
Drive-In ()/Towed-In (); Invoice: Y		. 5 / - , -	- 1	
		owing Co: ()
Remarks:- (INC hotline: 6788 6616)	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date&Time Completed	Don	by
	rtesy Car ()	**		
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2) QC Check / Post Repair Inspection	()	-	1	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300]	()			
	()			
Upload Resurvey Photo [Repair Cost > \$3000 Injury : ———————————————————————————————————	()			
3) Upload Resurvey Photo [Repair Cost > \$300	()			
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3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date/Time Actions	Invoice Prep	Reporting (\$30);	faBill	Amt (\$)
3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date/Time Actions NAIODX37 Inimant's Particulars:	Invoice Prep 1) AR: Accident I 2) DA: Damage A	Reporting (\$30); ssessment (\$100); INC (\$8	fát Bill 0)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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 ladgement 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.

Description paint trinsing a linear section of a li-	ACCIDENT STATEMENT
Date Of Report	10/04/2019 11:51
Date Of Accident	10/04/2019 10:50
Exact Location Of Accident	JUNC UPP HOKIEN ST & NEW BRIDGE RD
Country/State of Loss	SINGAPORE
Adjust the parties to see a	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA7842S
Insured/Policyholder	
Name Of Registered Owner	ER CHENG HOCK
NRIC No	\$2575705Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96200398
Alternative Phone No	OFFICE-96200398
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100730411
Cover Note Number	
Driver	
Name of Driver	ER CHENG HOCK
NRIC No	S2575705Z
Date Of Birth	24/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1981
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96200398
Fax Number	nterving versioner in deut anschlichte Verbrichte der Gestellte versioner der
Contact Number	OFFICE-96200398
EMail Address	NOEMAIL

Address BLK 124A RIVERVALE DRIVE

#06-189

Postcode 541124

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

•

2

NO

NO

1

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

ponce:

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION

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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGS143M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver PRIVATE CAR

MAH HOCK TIONG

NRIC/Passport Number Contact Number S1357733A

90095941

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name ER CHENG HOCK

Approximate Age

Injuries Sustain NECK Injured person in which vehicle? SJA7842S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

YES NO

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.
- 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:
 - 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:

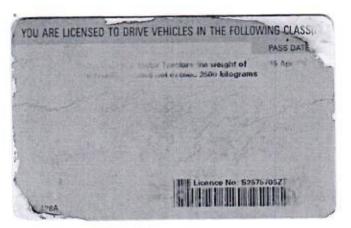
Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:











Policy No.	5100730411	Policyholder Name	ER CHENG	носк	Policyholder	S2575705Z	
Certificate No.		Name			NRIC	000707002	
Address	BLK 124A #06-189 RIVERVAL	E DRIVE SINGA	ORE 541124				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	14/05/2018	Effective Date	15/05/2018	3 00:00	Expiry Date	20/06/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Y	
Co- nsurance Flag Open Policy Info	No						
Certificate							
nfo							
	holder Mailing Address						
Policyl	BLK 124A #06-189	Addre	ss 2	RIVERVALE DRIVE		Address 3	SINGAPORE 541124
Policyl	A SERVERHALISO DE LIBO		ss 2 ss Type	RIVERVALE DRIVE Singapore address		Address 3 Post Code	SINGAPORE 541124 541124
nfo Policyl Address 1 Address 4 Jnit No.	A SERVERHALISO DE LIBO	Addre	ss Type ed Policy	NODANI DAMAMANANA ANA		000000 N. H. T. SANSON TO	
Policyl Address 1 Address 4 Unit No.	A SERVERHALISO DE LIBO	Addre Relate	ss Type ed Policy	Singapore address		000000 N. H. T. SANSON TO	
Policyl Address 1 Address 4 Unit No. Insure	BLK 124A #06-189	Addre Relate	ss Type ed Policy	Singapore address		000000 N. H. T. SANSON TO	
Policyl Address 1 Address 4 Unit No.	BLK 124A #06-189 ad Object: SJA7842S	Addre Relate Numb	ss Type ed Policy	Singapore address 5100730411		Post Code	

cy No.	5100730411	Vehicle No.	5)A7842S	GST Registration No.	
tificate No.					
cyholder Name	ER CHENG HOCK			Policyholder NR3C	\$2575706Z
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No. (Mobile)	96200398	Contact No. (Office)	0	Contact No.(Home)	0
aii Address		Special Remark		eCode	Fire V
×	® No ○ Yes	TCA	No ○Yes	eCode Reason	No. of Contract of
D Protection	Yes	NCD Entitlement(%)	50		. was
Accident Details				Private Hire	Ves
port Date	10/04/2019 16:17	Arridan Bassa William 74 have	1000	Passana and	
te of Accidere		Accident Report Within 24 hrs.		Accident Type	Collision - Head to Rear
	10/04/2019	Time of Accident hh:mm	10.50	Country of Acodent	Singapore
parting Centre		Drange Force		3CM No.	
Excess	JUNC UPP HORIEN ST & NEW BRIDGE RD				
n damage Excess	2,000.00	Additional Excess	0	Windspreen Excess	100.00
named Driver Excess	0.00	Dutaide Singapore OD Excess	2,000.00		
ind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa	ition				
Registered	No		GST Registration Date		
T Registration No. dification History			GST Status Verified	Ven	
A STATE OF THE PARTY					
Policyholder Mailing Ad	dress				
iress 1	BLK 124A #05-189	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 541124
dress 4	The state of the s	Address Type	Singapore address		
t No.				Post Code	541124
OI Driver Info		Related Policy Number	5100730411		
ver Name	ER CHENG HOCK	Driver Type	Main Driver		
named driver Name		Driver NRIC	\$2575705Z		2000000
gister Date of Driver License	15/04/1961	Driver Age		Driver DOB	24/02/1958
ntact No.(Mobile)	96200398		61	Driving Experience	37
divess 1	BLK 1244	Contact No.(Office)	0	Contact No.(Home)	0
dress 4	P/K 1544	Address 2	RIVERVALE DRIVE	Address 3	50NGAPORE 541124
f. No.	06-189	Address Type	Singapore address	Past Code	541124
m mw.	SERVICE STATES				
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listered car?	○Yes ® No		BUSS FOR	Driver Insurer Company	
gistered car? Saration sathalyser or Blood Test		Driver Vehicle No. Any injury?	® Yes ○ No	Driver Insurer Company	
es he own a Singapore gestered car? claration bathalyser or Blood Test ading?	○Yes ® No		® Yes ○ No	Driver Insurer Company	
Jacanion Jaranion Jahaniyaer or Blood Test Jading?	○Yes ® No		® Yes ○ No	Driver Insurer Company	
istered car? Anation sthalyser or Blood Test ding? Scation History	○Yes ® No		∀es ○ No	Driver Insurer Company	
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