NATIONAL Assessment Co	entre Services	wef 1 Jan'06] M	NA19052516	10.7	
Date In: 22/4/19- 14:27	Job descriptio		Date & Time Completed	Don	ne by
Res No: NA INC 1900 7111 124	SAS e-filing				***************************************
Vch No: 04 483 7K	E-mail (within	a Shrs, AIC 2hrs)	T	i -	-
D.O.A: 114/9-10:50	i-Motor Cla		M1 1041367-001	27/11/0	IV-TI
OD (FP) Reporting Only	i-Motor W/	O (Within: OD 2hr		23/4/10	17.46
on the forming only	i-Photo Upl	oaded			
TP Insurer:	Assessment/S	Survey Report		TO SHE AND	
		by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	:(Tel:	Fax:	
TP Particulars: Veh No: 5	W756P	. 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	0%; P: 21-79%. F: 80-	-100%]	
1/ 65 : : :) Warranty: YES (100000000000000000000000000000000000000)		
Excess: (\$) Loading:	\$1,000 ()/\$2,000)()			
General Remarks:-		DECKNIK NEW	BENEFIC AND A CONTROL		
() Walk-In Customer : Customer's	information strictly Co	ofidantial 9 Ct-	destruction of the state of	3 K3 2000 191 5 1 1	
() Total Loss Case : to e-mail Ir		milioential & Str	icuy NO raier or repairer		
			· 44 1 4		
Drive-In ()/ Towed-In (); Inv	voice: YES () / 1	NO(); To	owing Co: ()
Remarks: (INC hotline: 6788 661	6)	100	Date&Time Completed	Don	eby
1) Apply for Transport Allowance () / Courtesy Car ()		2.0.1	-
2) QC Check / Post Repair Inspection	()	-		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
Injury:					
Date/Time Actions				S. James	
				erenegicus) de	
					enne verkere
		The state of the s	7		
3.43		Distance distance of the		Anit (S)	Amt (3)
NAIGOZGEONAN		Invoice Prep	aration Checklist	for Bill	Add Bill
laimant's Particulars :-		1) AR : Accident F			
river/Owner:		2) DA : Damage A 3) TF : Towing Fee	ssessment (\$100); INC (\$	30) 0/ \$ 45	
HVel/Owner:		4) FT : Follow-The		\$120	
ontact No:			ough Survey (Resurvey)	5 30	
arnaged Portion:		6) TR: Re-inspecti	on on	\$75	any - Annual Continues
		7) N1 : Idao DA +	SMRT Survey	\$160	
C Checked by Garage I. Ch.		8) NTUC Addition	al Services:-		
C Checked by (Engr-In-Charge):	95	*N5: Courtesy C	ar / Tpt Allowance	\$5	
ALIZZA ZA SERIA BOLZONIO PROPERTA ALIZADA		*N6: Repair Co- *N7: Fost Repair		\$10 \$25	
antors Comments :-			et Excess Coordination	55	
1. 1;		TP (N11): TP () 9) N12: Idae Mobil	in INC) against INC	\$20	<u> </u>
2/3:		Invoice dated	e Fee Charged	30	Carter France
		Invoice dated	Fee Charged	SACTORY.	

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.
- 5. 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						
23/04/2019 14:27						
23/04/2019 10:50						
JUNC EU TONG SEN ST & UPP CROSS ST						
SINGAPORE						
ETAILS OF OWN VEHICLE						
SJU4832K						
ROBIN ENTERPRISE						
53333816J						
NOEMAIL						
(LOCAL) +65-83390403						
OFFICE-83390403						
ТОУОТА						
WISH 1.8X A						
WORKING						
NO						
THIRD PARTY						
PRIVATE HIRE						
NTUC INCOME INSURANCE CO-OPERATIVE LTD						
COMPREHENSIVE						
NO						
5101141865						

Cover Note Number	
Driver	
Name of Driver	TEOI BUAY KHOON
NRIC No	S1785962E
Date Of Birth	04/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/07/1986
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83390403
Fax Number	
Contact Number	OFFICE-83390403
EMail Address	NOEMAIL

BLK 611 YISHUN STREET 61 Address #10-207

760611 Postcode

NO Was driver an employee of the Insured's Company

OWNER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name

EUNOS NEIGHBOURHOOD POLICE POST

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: Police Station Address

470629, COUNTRY: SINGAPORE

TEL NO: 1800-4439999 - FAX NO: 62444376 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190423/2060.

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

SLW756P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

CHARLOTTE TAN SIOK CHENG

NRIC/Passport Number

S7342046F

Contact Number

98802730

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

TEOI BUAY KHOON

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJU4832K

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.
- 3. 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.
- 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. 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.
- 7. 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:

- 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)
 - (i) 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 Signa

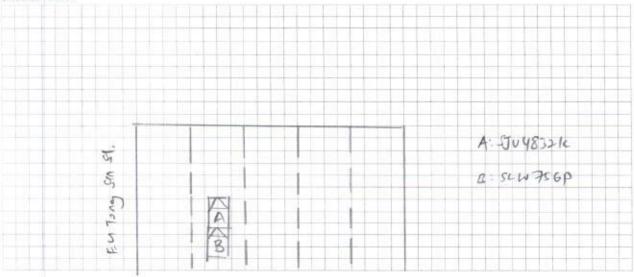
Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Perse s Signature

Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police	ce report-1/2019 0423/2060.	
OBINA		

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

KOBS

Date & Time:

Reporting Centre Person

Name:

NRIC/FIN No.:

s Signature





1 of 3

Report No. T/20190423/2060

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2019 13:23			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Little Heading Chi	Informant: JAY KHOO		Address: APT BLK 611 YISHUN STREET 61 #10-207 SINGAPO 760611			
ID Type / ID No.: NRIC NO / S1785962E			Contact No.: Home/Office:	Mobile: 83390403		
National SINGAP	ity: ORE CITIZ	'EN	Email:			
Sex: Male	Age: 52	Date of Birth: 04/03/1967	: Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Grab Driver			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/04/2019 10:	50	Type of Location: X-Junction	
Location: Along Road 1 EU TONG SE						
Weather: R		Road Surface: Dry		Road Speed Limit: 50 Km/h		
Traffic Flow: Dual Carriage	e Way	Traffic Control: Traffic Light - W	orking		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear					one conveyed by ulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SJU4832K	Car	TOYOTA	Wish	Grey	Slightly Damaged	0	
SLW756P	Car	NISSAN	Qashqai	Red	Slightly Damaged	1	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 Report No. T/20190423/2060

CONTINUATION OF REPORT

Driver					in ist	
Name	TEOI BUAY KHOON	I		ID No.		S1785962E
Related Vehicle	SJU4832K (Car)		Conta	ct No.	83390403	
Hospital/Clinic	MOUNT ALVERNIA	•	Class of Class: 3 Driving Date of B Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	23/04/2019	23/04/2019 Date D			23/04	1/2019
No. of Days granted Medical Leave 05			Degree of	e of Injury NIL		
Driver		PROPERTY AND	PER	BOOK PA	HENDY.	THE RESERVE OF THE PARTY OF
Name	Charlotte Tan Siok C	Cheng		ID No.		S7342046F
Related Vehicle	SLW756P (Car)			Contact No.		98802730
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	ate Discharge NIL		
No. of Days gran	ited Medical Leave	NIL	Degree o	fInjury	NIL	

Brief Details.

On the 23/4/2019 at around 10.50am, I was driving my car bearing registration number SJU4832K Toyota Wish grey in colour along Eu Tong Seng Street heading towards River Valley. At the junction of Cross Street, I intend to make a left turn and stopped at the stop line of the traffic junction as it was red. While I was waiting for the traffic to change, suddenly I felt an impact from the rear. I came out and make a check and discovered a car bearing registration number SLW756P Nissan Qashqai red in colour had collided to the rear of my car. Both car sustained damages. As there was no immediate danger, we exchanged details and left to avoid any traffic obstruction. I went to Mount Alvernia Hospital for consultation and was given a 5 day of medical certificate.





3 of 3

Report No. T/20190423/2060

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

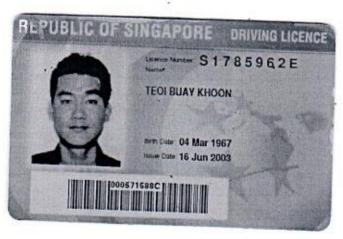
NP168

Informant is not able to provide sketch plan

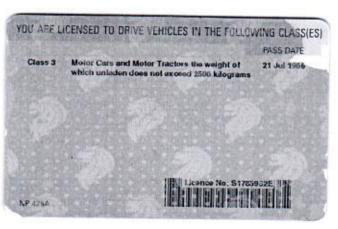
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sr Staff Sgt ANWAR BIN ZAINAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/04/2019 13:23
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:









eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	je Password	· Log Out
My Desktop Notice of Loss	Policy (Query									
	Policy No.	licy No. Date of Accident 2					3/04/2019 10:50				
	Vehicle No.((For Motor)	SJU483	12K		Certifi	cate Number				
					1	Search					
	Select Po	olicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 510	1141865		ROBN ENTERPRISE	533338163	GPC	drivo CLASSIC	SJU4832K	S)U4832K	11/06/2018	10/06/2019
						Continue	1				

Policy No.	5101141865	Policyholder Name	ROBN ENTE	ERPRISE	Policyholder NRIC	533338163	
Certificate No.					NAC		
Address	BLK 611 #10-207 YISHUN STRE	ET 61 NEE SC	ON CENTRA	L MEADOWS SINGAP	ORE 760611		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	07/06/2018	Effective Date	11/06/2018	3 00:00	Expiry Date	10/06/2019 23:	59
Excess Type		All Claims Excess					
Third		Own					
Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD Excess	2000	Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 611 #10-207	Addre	ess 2	YISHUN STREET 61		Address 3	NEE SOON CENTRAL MEADOWS
Address 4	SINGAPORE 760611	Addre	ss Type	Singapore address		Post Code	760611
Unit No.	10-207	Relati	ed Policy er	5101141865			
) Insure	ed Object: SJU4832K						
	91						
	sements						

aim Handling					
ident MT/1041367					
icy No.	5101141865	Vehicle No.	5304832K	GST Registration No.	
rtificate No.					
icyhsider Name	ROBN ENTERPRISE			Policyholder NRIC	53333816)
duct Code	DRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
fact No.(Mobile)	83390403	Contact No.(Office)	0	Contact No.(Home)	0
il Address		Special Remark		eCode	N. V
	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	30	Private Hire	Yes
Accident Details					
ort Date	23/04/2019 14:55	Academt Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
of Accident	23/04/2019	Time of Accident hh:mm	10:50	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	JUNC BU TONG SEN ST & UPP CROSS ST				
Excess					
damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess		Outside Singapore OD Excess	2,000.00		
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits	4,200,00		1,000		
GST Registered Informa	the s				
Registered Informa	No.		GST Registration Date		
Registration No.			GST Status Verified	Yes	
fication History	23/04/2019 14:56:03 System	changed GST Status venfied fro	m No to Yes		
		F2			
Policyholder Hailing Ad	dress				
ress 1	6LK 611 #10-207	Address 2	YISHUN STREET 61	Address 3	NEE SOON CENTRAL HEADOWS
ress 4	SINGAPORE 760611	Address Type	Singapore address	Post Code	760611
No.	10-207	Related Policy Number	5101141865		
OI Driver Info	-		10,000,000,000		
er Name	TEO BUAY KHOON	Driver Type	Main Driver		
amed driver Name	21-3-2-2-2-2-3	Driver NRIC	S1785962E	Oriver DOB	04/03/1967
ster Date of Driver License	21/07/1986	Onver Age	52	Oriving Experience	32
		Contact No. (Office)	0	Contact No.(Home)	0
ract No.(Mobile)	83390403	Address 2	VISHUN STREET 61	Address 3	NEE SOON CENTRAL MEADOWS
ness 3	BLK 611				760611
ress 4	SINGAPORE 760611	Address Type	Singapore address	Post Code	700011
t No.	10-207				
is he own a Singapore istered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
daration		2000 (1155)	\$3000 - 240.00		
athalyser or Blood Test ading?	0 mg	Any injury?	® yes ○ No		
dification History					
5 M 6					
Claim 001 New					
m Type *	ор-их 🔻	Insured Name	ROBN ENTERPRISE	Insured NRIC	533338163
	lop-nx (3)	Contact No.(Home)	NIL	Contact No. (Office)	
rtact No.(Mobile)				TP Vehicle Number	SLW756P
ail Address		OI Vehicle Number	S3U4832K Please Select	TP Venicle reamber	SCW/30F
mant Type Claimant Type •		Type of Benefit *	Presses Select		
mant Name *	22	Claiment NRIC *			
imant Address					
im Description	SJU4832K / SLW756P ON 23 Apr 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Pault V		100
ure Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	23/04/2019 14:56	Claim Close Date	Secretary of the second	Date Received	23/04/2019 00:00
ort Taken By	Jackson				
Print AK letter					
Fina Ak Anter					
			Save Submit		
ttachment					
2					
sident No.	MT/1041367	Claim No.	001		
t Doc. Received	● Yes ○ No	Upload Date	23/04/2019 14:58		
	Path *		Category *	Confidencial Urger	ncy * Description *
		Brows	The second secon	V Normal	
		Brows	STATE OF THE PARTY	V Normal	<u> </u>
		DiOWS	Total Investory		
		Brows	e Clear Please Select	V ND V Normal	V

