NATIONAL Assessment Cen	tre Services   well Janos A	44A119657094	77 // <b>t</b> s	
Date In: 3/1/19 _ /3: 39	Job description	Date &Time Completed	Don	ie by
Rei No: 419/14/1900779874	SAS e-filing			
Veh No: 1/2 72450	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 3/4/19 - 17:00	i-Motor Claim Form	M711042779-001	3/1/19 17	Lra
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2			31
OB 7 17 Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No: 114	INC INC	( )/Non-INC( )	al— •	Water and the same
Owner / Driver: (	A STATE OF THE STA	Tel:	)	25
Policy No: ( )	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ( )		)		
	,000 ( )/\$2,000 ( )	AND DOUGHOUS AND THE STREET		
General Remarks:		Data da	Sect 1	e uju
( ) Walk-In Customer : Customer's in		Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu				
Drive-In ( )/ Towed-In ( ); Invoi	ce: YES( ) / NO( );	Towing Co: (		)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Don	s by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; 5</li> </ol>	3000] ( )			
Injury:				
Date/Time Actions			10070007577 3 to	
Date/Time Actions			SECTION SECTIO	
	4			
			STORY OF STREET	
•				
No to 3 day	Invoice Pro	paration Checklist	Anit (S)	Amt (1)
MA 190) YW.	l) AR : Acciden		in Bill	Add Bill
laimant's Particulars :-	2) DA : Damage	Assessment (\$100); INC (\$8	0)	
river/Owner:	3) TF: Towing : 4) FT: Follow-1		/\$45 \$120	
ontact No:	5) FT : Follow-I	Through Survey (Resurvey)	\$30	
amaged Portion:	6) TR : Re-inspe	against INC Only (wef 10 Jan 3005 ection	\$75	
	7) N1 : Idao DA 8) NTUC Additi		160	
C Checked by (Engr-In-Charge):	OD.			
	*N5: Courtes; *N6: Repair C	y Car / Tpt Allowance Co-ordination	\$10	
nditors! Comments :-	*N7: Fost Rep	onit Inspection	\$25 \$5	
<u> </u>	TP (N11) : TI	(Non INC) against INC	\$20	· ·
2/3:	9) N12: Idea Ma	bile Fee Charged	30	ara Jak
AND AND ADDRESS OF THE PARTY OF	Invoice dated	Fee Charged	SECTION .	

## 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.
- 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 aforesaid.

aloresaid,	
	ACCIDENT STATEMENT
Date Of Report	03/05/2019 13:39
Date Of Accident	30/04/2019 15:00
Exact Location Of Accident	LOR 21 GEYLANG OUTSIDE UK FISH VILLAGE PTE LTD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ7245U
Insured/Policyholder	
Name Of Registered Owner	LI QINGRU SHARON
NRIC No	S8118744D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97764248
Alternative Phone No	OFFICE-97764248
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.5 CVT ABS D/AB HID 2WD 4DR
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	REPORTING ONLY
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	5069299695-03
Cover Note Number	
Driver	
Name of Driver	LEE ALLKOW

 Name of Driver
 LEE AH KOW

 NRIC No
 \$1331644I

 Date Of Birth
 16/03/1942

 Occupation
 INDOOR

 Date Of Driving Pass
 22/09/1980

Driving Experience 38 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98297834

Fax Number

Contact Number OFFICE-98297834

EMail Address NOEMAIL

BLK 107 JALAN BUKIT MERAH Address

#11-1814

160107

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE 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? NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

YES

NO 1

**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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE AND ACCIDENTALLY GRAZED ONTO VEHICLE B RIGHT PORTION.

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

SKA10K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

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

- 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.
- 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)

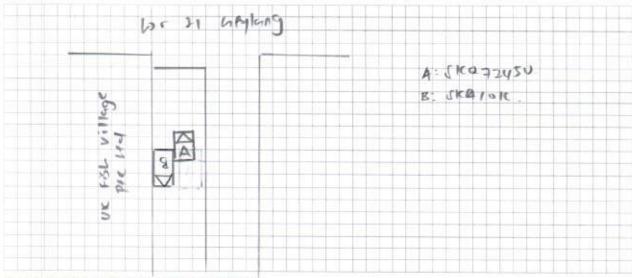
I understand, acknowledge, agree and consent that:

- (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:
  - 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.

李弘

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

ENV WAS	10+0 10 m	
Refer to 0	statement.	
- 10		

### DECLARATION

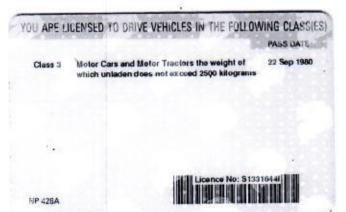
I/We declare the foregoing particulars are true in every respect.

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.:









<b>eBao</b> Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					Chang	e Language	Chan	ge Password	, Log Out
My Desktop	<b>Policy Query</b>						ALTONIA (INT.)		nayi il remedabayan i	,
Notice of Loss	Policy No.				Date	of Accident	F	30/04/2019	15:00	
	Vehicle No.(For Motor)	SKQ72	45U		Cert	ficate Number	į			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5069299695-		LI QINGRU SHARON	S8118744D	GPC	drivo CLASSIC	SKQ7245U	5KQ7245U	05/09/2018	04/09/2019
				1	Continue					

Policy No.	5069299695-03	Policyholder Name	LI QINGRU	SHARON	Policyholder	S8118744D	
Certificate No.		Name		7.0.50700	NRIC	332307742	
Address	BLK 261 #10-543 BOON LAY D	RIVE SINGAPO	RE 640261				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	01/08/2018	Effective Date	05/09/2018	3 00:00	Expiry Date	04/09/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
dditional xcess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ing/Inexperience Driver Excess
Agent	BIZFOLIO MOTOR TRADING	Agent Tel.	62444464		GST Flag	Y	
nsurance lag	No						
Co- nsurance Flag Open Policy Info Certificate Info							
nsurance Flag Open Policy nfo Certificate nfo Policy	nolder Mailing Address	Addis		BOOM AV DANIE			
nsurance lag Open olicy nfo Certificate nfo Policyh ddress 1		Addre		BOON LAY DRIVE		Address 3	SINGAPORE 640261
nsurance rlag Open Policy nfo Certificate nfo Policy Address 1	nolder Mailing Address	Addre	ess Type ed Policy	BOON LAY DRIVE Singapore address 5069299695-03		Address 3 Post Code	SINGAPORE 640261 640261
nsurance riag Open officy nfo Certificate nfo  Policy ddress 1 Address 4 Init No.	nolder Mailing Address BLK 261 #10-543	Addre Relate	ess Type ed Policy	Singapore address			
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nsurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Juit No.	BLK 261 #10-543 10-543 d Object: SKQ7245U	Addre Relati Numb	ess Type ed Policy	Singapore address 5069299695-03		Post Code	640261
nsurance lag Open olicy nfo Dertificate nfo Policy ddress 1 ddress 4 Init No. Insure Endors	BLK 261 #10-543 10-543 d Object: SKQ7245U	Addre Relate Numb	ess Type ed Policy eer	Singapore address 5069299695-03		Post Code	

ricy No.					
TUTTERED NO.	5069299695-03	Vehicle No.	SKQ7245U	GST Registration No.	
	that pure abord transport them				
icyholder Name	LI QINGRU SHARON			Policyholder NRIC	S8118744D
sduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo QASSIC	Loeding	0
mact No.(Mobile)	97764248	Contact No.(Office)	0	Contact No.(Home)	0
(	® No ○Yes	Special Remark	and an	eCode	n V
D Protection		TCA	® No ○Yes	eCode Resson	
Accident Details	No	NCD Entitlement(%)	0	Private Hire	No
ort Date	03/05/2019 13:52				
		Accident Report Within 24 hrs		Accident Type	Side Swipe
e of Accident orting Centre	30/04/2019	Time of Accident hhumm	15:00	Country of Accident	Singapore
		Orange Force		JCM No.	
dent Location  Excess	LOR 21 GEYLANG OUTSIDE UK FISH VILLA	GE PTE LTD			
damage Excess					
	600.00	Additional Excess	0	Windscreen Excess	100.00
amed Onver Excess d Party Excess	0.00	Outside Singapore OD Excess	600.00		
Benefits	0.00	Dutside Singapore TP Excess	0.00		
	20				
GST Registered Information Registered					
kegistration No.	No		GST Registration Date GST Status Verified	-	
fication History			ual addus venned	Yes	
Policyholder Mailing Ad	dress				
reas 1	BLK 261 #10-543	Address 2	BOON LAY DRIVE	Andress 3	SINGAPORE 640261
ress 4		Address Type	Singapore address	Post Code	640261
t No.	10-543	Related Policy Number	5069299695-03		
OI Driver Info					
er Name	LEE AH KOW	Driver Type	Main Driver		THE STREET
amed driver Name		Driver NR3C	513316441	Oriver DOB	16/03/1942
ster Date of Driver License		Driver Age	77	Driving Experience	38
act No.(Mobile)	98297834	Contact No. (Office)	0	Contact No.(Home)	0
ress 1	BLK 107	Address 2	TALAN BUKIT MERAH	Address 3	TIONG BAHRU DROHID
reso 4	SINGAPORE 160107	Address Type	Singapore address	Post Code	160107
t Na.	11-1814				
is he own a Singapore outered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
1720.00					
eration thelyser or Blood Test	1277				
ling?	0 mg	Any injury?	○ Yes ® No		
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alm 001 New	О <b>О</b> -МК 💟	Insured Name	LI QINGRU SHARON	Insured NRIC	58118744D
n Type * act No. (Mobile)	97764248	Insured Name Contact No.(Home)	LI QINGRU SHARON	Insured NRIC Contact No.(Office)	58118744D
n Type * act No. (Mobile)	97764248 shazzali@hotmail.com				58118744D SKA30K
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n Type * act No. (Mobile) Il Address nant Type Claimant Type * nant Name * nant Address n Description und Workshop Contact ine Finalisation	97764248  ShazzaN@hotmat.com  Please Select  ≥≥  SKQ7245U / SKA10K ON 30 Apr 2019  Yes	Corriact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	MIL SKQ72450 Please Select  Fully at Fault	Contact No.(Office)  TP Vehicle Number	
n Type * act No. (Mobile) II Address nant Type Claimant Type * nant Name * nant Address n Description ured Workshop Contact ere Finalisation Registered	97764248  ShazzaN@hotmas.com  Please Select  ≥≥  SKQ7245U / SKA10K ON 30 Apr 2019	Corriact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	MIL SKQ72450 Please Select  Fully at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	SKA10K
in Type * act No. (Mobile) Address hant Type Claimant Type * and Name * and Address Description med Workshop Contact ine Finalisation Registered	97764248  ShazzaN@hotmat.com  Please Select  ≥≥  SKQ7245U / SKA10K ON 30 Apr 2019  Yes	Corriact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	MIL SKQ72450 Please Select  Fully at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SKA10K.
in Type * sict No. (Mobile) Address sant Type Claimant Type * sant Name * sant Name * sant Name rice of the type of the type of the type of ty	97764248  Shazzali@hotmail.com  Please Select  ≥≥  SKQ72450 / SKA10K ON 30 Apr 2019  Yes  V03/05/2019 13:59	Corriact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	MIL SKQ72450 Please Select  Fully at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SKA10K.
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n Type * act No. (Mobile)  Address nant Type Clamant Type * nant Address nant Address nant Address n Description timed Workshop Contact ine Finalisation Registered et Taken By Print AK letter tachment	97764248  ShazzaN@hotmat.com  Please Select  ≥≥  SKQ7245U / SKA10K ON 30 Apr 2019  Yes  03/05/2019 13:59  Jackson  MT/1042779	Corriact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	NIL SKQ72450 Please Select  Fully at Fault Preferred Workshop, Name unknown  Salve Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SKA10K.
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in OO1 New  Type *  ict No. (Mobile)  Address  ant Type Claimant Type *  ant Name *  ant Address  Description  mad Workshop Concact  re Finalisation  Registered  1 Taken By  mint AK letter  achment	97764248  ShazzaN@hotmas.com  Please Select  ≥≥  SKQ7245U / SKA10K ON 30 Apr 2019  Yes  V03/05/2019 13:59  Jackson  MT/1042779  • Yes ○ No	Corriact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date	NIL SKQ7245U Please Select  Fully at Fault Preferred Workshop, Name unknown  001 03/05/2019 14:07 Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urgen	Received  03/05/2019 00:00

