NATIONAL Assessment Centi	re Services	Fil Jan'og			
Date In: 08/05/19	Jeb description		Date & Tune Completed	Done	by:
Res No NA/INC19008091/13	SAS e-filing	, , , , , , , , , , , , , , , , , , , ,			
Veh No SJE7011C	E-mail (within 8hrs	. AIC 2hrs)	•		
DOA 08/05/19 1230	i-Motor Claim I	orm	M7/1043592-0	201	A Company of the Comp
OD (IP) Reporting Only	i-Motor W/O (W	ithin: OD 2hrs			
OD (1P)' Reporting Only	i-Photo Uploade	ed			
TP Insurer:	Assessment/Surve	y Report	1.		
	Ass't Report by F	ax / Hand t	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:	5KP5592K	INC()/Non-INC()		
Owner / Driver: (Tel:)	
	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
11): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
		/NO()		
Excess: (\$) Loading: \$1,0	000 () / \$2,000 ()			
General Remarks:-	Contract Con	Tradition !		and the	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3	()				
Injury:		HELD			
Date/Time Actions	- 740	45.44	September 2000 Septem		
NA 1903388	In	voice Prep	paration Checklist	Anit (S)	Amt (\$) Add Bill
laimant's Particulars :-	COLD COMMON CONTRACTOR & \$100 PK (100)	AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$	80)	
river/Owner:	3)	TF : Towing F	ce S4	0/\$45	
ontact No:	The state of the s	FT : Follow-Ti FT : Follow-Ti	rough Survey (Resurvey)	\$120 \$30	
amaged Portion:	6)	TR : Re-inspec		\$75 \$160	
C Checked by (Engr-In-Charge):		CONTRACTOR OF THE PARTY.	Car / Tpt Allowance	\$5	
uditors' Comments :-		N6: Repair Co N7: Post Repa	ir Inspection	\$10 \$25	
it 1:			ect Excess Coordination (Non INC) against INC	\$5 \$20	
1. 2 / 3:	9)	N12: Idae Mob	ile	30	
4. 67.4	Inv	oice dated	Fee Charged		ATTENDED BY

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	08/05/2019 14:05
Date Of Accident	08/05/2019 12:30
Exact Location Of Accident	TAMPINES HUB BASEMENT 2 CARPARK
Country/State of Loss	SINGAPORE
1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJE7011C
Insured/Policyholder	
Name Of Registered Owner	NG HOCK TIONG
NRIC No	S6872474J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97458336
Alternative Phone No	OTHERS-92719318
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	STATIONARY(PARKED)
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	5028385805-11
Cover Note Number	
Driver	
Name of Driver	TENG SEOH MUI
NRIC No	S1821899B
Date Of Birth	30/09/1967
Occupation	INDOOR
Date Of Driving Pass	22/02/1994
Driving Experience	25 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92719318
ax Number	**************************************
Contact Number	

MAYTENGSM@HOTMAIL.COM

BLK 863B TAMPINES ST 83 Address

#03-466

Postcode 522863

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

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) 2 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? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 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?

If Yes, against whom?

NO

Circumstances of Accident

MY VEH WAS STATIONARY(PARKED) AT TAMPINES HUB BASEMENT 2 CARPARK.SUDDENLY I FELT THE IMPACT FROM MY REAR, VEH B REVERSING HER VEH AND HIT ONTO MY REAR RIGHT SIDE PORTION OF MY VEH.

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 SKP5592K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver ZHOU LAN NRIC/Passport Number S7963908G Contact Number 82016693

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:
 - 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.:

SKETCH PLAN	TAMPINE'S HUB BASEMENT 2 CARPARK					
	A-SSE7011C B-SKP5592K -		CARPARK			
	MSTANCES OF THE ACCIDENT	towert.				
DECLARATION /We declare the for	egoing particulars are true in every respect.					
	Jour	- Low	08/05/19			

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 .:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1821899B





TENG SEOH MUI

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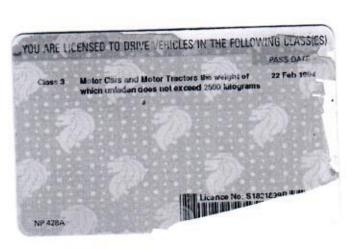
CHINESE

30-09-1967 F County of Birth SINGAPORE









eBao Tech								Genera	alClaim
Hello, NAC_PAYA_UBI_800 My Desktop Notice of Loss	Policy Query				• Chang	e Languag	e • Chan	ge Password	' Log Ou
	Policy No. Vehicle No.(For Motor)	SJE7011C			of Accident	ır	08/05/2019	12:30	
	Select Policy No.		cyholder Policyho Iame NRIC	lder Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5028385805- 11		HOCK IONG 568724	743 GPC	drivo CLASSIC	SJE7011C	SJE7011C	02/05/2019	01/05/2020
				Continue	1				

Claim Handling Accident MT/1043592

Certificate No. Person-basin No. Mot FIGUR Facility Code Patrol Cade Patro	Accident MT/1043592				
Policy Note	Policy No.	5028385805-11	Vehicle No.	SJE7011C	GST Registration N
Product Code	Certificate No.				
Product Code	Policyholder Name	NG HOCK TIONG			Policyholder NRIC
Contact No, Methodic 9 - 95-93-93-95 Contact No, Office 9 - 95-93-93-95 Contact No, Office 9 - 95-93-93-95 Contact No, Office No. 9 - 95-93-93-95 Contact No, Office No. 9 - 95-93-93-95 Private International Address Special Remarks Special R	Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	
Separation Sep	Contact No.(Mobile)	97458336	Contact No.(Office)		Contact No.(Home
TCA	Email Address		Special Remark		
NCD Printersorn	KFK	• No Yes	TCA	No Yes	eCode Reason
Record Date	NCD Protection	Yes	NCD Entitlement(%)	50	
Date of Academic Body Windows Report Windows 12:00 Country Reporting Cereire Country Cereire	 Accident Details 		Serve Cook (Anna Cook (Anna Co		rivate tine
Date of Accident Delify	Report Date	08/05/2019 18:19	Accident Report Within 24 hrs	Yes	Arrident Tyre
Reporting Contre Accident Location TAMPTHES HUB BASEMENT 2 CABPAIX Total Excess Applicable Excess Type Per Accident Mindocreen Excess 100.00 Standard Stocess 100.00 Standard Stocess 100.00 Total TP Excess Applicable TWISTO OD Excess 100.00 Total TP Excess Applicable TWISTO OD Excess Applicable TWISTO	Date of Accident	08/05/2019			Country of Accident
Accident Castallon	Reporting Centre			22.30	250470755400554005
Excess Type Per Accident Windscreen Excess 100.00	Accident Location	TAMPINES HUB BASEMENT 2 CARPARK			ICM No.
Description Per Accident Windscreen Excess 100.00	▼ Total Excess Applicable				
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Beltiset No. Preference 1900 St. Fabric	/orkshop	Prof. Insured Liability Not at South	•		
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ROSLINDA Workshop

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