NATIONAL Assessment Centre Services. Wet 1 Jan'051 MUAL 90 60004 Date In: 15/1/14 - 16: 04 Jeb description Date & Time Completed Done by Rel No: MA MC19 208 679/24 SAS e-filing Vch No: SKR8378 4 E-mail (within Shrs, AIC 2hrs) D.O.A: HITIG. 19:40 i-Motor Claim Form 100-80FF 4011FW 17/1/19 17:30 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ( Tel: Fax: TP Particulars: Veh No: 58552 /31 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%; P: 21-79%. P: 80-100%] Year of Registration: ( Warranty: YES ( )/NO( Excess: (\$ Loading: \$1,000 ( )/\$2,000( General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ( )/Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( Remarks: (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection ) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Time Actions Anit (S) Amt (1) NA 140 36~ Invoice Preparation Checklist fit Bill Add Bill Claimant's Particulars :-1) AR : Accident Reporting INC (\$80) 2) DA : Damage Assessment 3) TF : Towing Fee \$40/\$45 Driver/Owner: 4) FT : Follow-Through Survey \$120 Contact No: 5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005) Damaged Portion: 6) TR: Re-inspection \$75 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): OD. \* NS: Courtesy Car / Tpt Allowance \$5 \*N6: Repair Co-ordination 510 \*N7: Post Repair Inspection \$25 Auditors! Comments :-\*N8: DV / Collect Excess Coordination 35 Cat. 1: TP (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile Zat. 2/3; Invoice dated Fee Charged Invoice dated Fee Charged

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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

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.
- 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 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
Date Of Report	15/05/2019 16:04
Date Of Accident	14/05/2019 19:40
Exact Location Of Accident	SLIP RD TOA PAYOH LOR 6 TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR8378H
Insured/Policyholder	
Name Of Registered Owner	CHIA CHEW YUN
NRIC No	S2564923J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91068766
Alternative Phone No	OFFICE-91068766
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.5L CVT
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071525155-04
Cover Note Number	
Driver	
Name of Driver	CHIA CHEW YUN
NRIC No	S2564923J
Date Of Birth	25/08/1952
Occupation	INDOOR
Date Of Driving Pass	19/04/1979
Driving Experience	40 YEARS AND 0 MONTHS

MALE

NOEMAIL

(LOCAL) +65-91068766

OFFICE-91068766

Address 8 MAR THOMA ROAD

#24-02

Postcode 328689

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

.

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

YES

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?

NO

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO.

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SBS5217K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

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

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 complle 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 .:

PIE Changi

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	THR	31	cated	time	and	date,								
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2	1001	ixed	a	SBS	Bus	(Veh	B:	SBS	52171	<b>c</b> )	had	coll	ided	onto
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DECLARATION

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

Policyholder's Signature Date & Time: Driver signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

2716M2 Shet Julia Zoom, V.C.

14 05 2019 Accident Time: 1940 (24-HR-Format)
: TPY Lor 6 Merging onto PZE, Changi
: SK12 8378H
: Vissan Tegna
: NTUC Policy No.
: CHIA (4EW YUN 52564923J
91068766 Owner's Hp Company Tel
i
: 15/08/1952 DRIVER'S License Pass Date 19/04/1979
: Spouse \ Parents \ Children \ Sibling \ Employee\ Others; Owher
: 8 MAR THOMA ROAD #14-02 S(3)8689).
:1)
INDOOR OUTDOOR (e.g. working inside or outside office)
:_ CHIA FASHION@ GMAIL. COM
: CLEAR & DRY \ RAINING & WET AFTER RAIN & WET
: Reporting Only Claim Other Party \ Claim Own Insurance
Driver): 01
car camera: VES NO as being used at the time of accident: Private use \ Work purpose
Party Driver's Particular (if any)
Vehicle Reg. No:
Vehicle Make\Model:
Name Driver:
IC No. Driver:
Driver's Contact & Add:

V 0.000 X









<b>eBao</b> Tech							ES AND			Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			The Part of the Pa		Section 40	• Change	e Language	+ Chang	e Password	• Log Out
My Desktop	Poli	cy Query									55*
Notice of Loss	Policy 1	No.				Date	of Accident	E	14/05/2019 1	9:40	
	Vehicle	No.(For Motor)	SKR83	78H		Certi	ficate Number	. [			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5071525155- 04		CHIA CHEW YUN	\$25649233	GPC	drivo PREMIUM	SKR8378H	SKR8378H	11/03/2019	10/03/2020
				motorii	I	Continue				the sacrati	

Policy No.	5071525155-04	Policyholder Name	CHIA CHEV	V YUN	Policyholder	S2564923J	
Certificate		Name			NRIC		
Address	8 MAR THOMA ROAD #24-02 BE	ACON HEIGH	TS SINGAPO	RE 328689			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	04/02/2019	Effective Date	11/03/201	9 00:00	Expiry Date	10/03/2020 23	1:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETING	Agent Tel.			GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	8 MAR THOMA ROAD	Addre	ess 2	#24-02 BEACON HI	EIGHTS	Address 3	SINGAPORE 328689
Address 4		Addre	ess Type	Singapore address		Post Code	328689
Unit No.		Relati Numb	ed Policy per	5071525155-04			
D Insure	ed Object: SKR8378H						
□ Endors	sements						
	nce Date of Endorsemer	957	Endorsemer	240200 ×	Endorsement	Chin	Endorsement Content

cident MT/1044708					
Hey No.	5071525155-04	Vehicle No.	SKR8378H	GST Registration No.	
rtificate No.				e-sect excessioners	
icyholder Name	CHIA CHEW YUN			Policyholder NR3C	\$25649233
fluct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Hact No.(Mobile)	91068766	Contact No.(Office)	0	Contact No.(Home)	0
ell Address		Special Remark		eCode	DE V
	® No ○ Yes	TCA	® No ○Yes	eCode Reason	The second
Protection	Yes	NCD Entitlement(%)	50	Private Hire	AC.
Accident Details		The state of the	~~	Private Hire	No
ort Date					
	15/05/2019 17:30	Academ Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
of Accident	14/05/2019	Time of Accident hh:mm	19:40	Country of Accident	Singapore
rting Centre		Orange Force		1CM No.	
Sent Location	SLIP RD TOA PAYON LOR 6 TWDS PIE (CHAP	vGt)			
Excess					
damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
med Driver Excess	0.00	Outside Singapore OD Excess	600.00	NOW COMMONS IN COUNTS	355000
Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits	34.02	Consider of Graphic 17 Consider	0.00		
GST Registered Informa	ation				
Registered	No				
Registration No.	1942		GST Registration Date GST Status Verified		
fication History			Mar alance verified	Yes	
0.0000000000000000000000000000000000000					
Policyholder Mailing Ad	dress				
ess 1	B MAR THOMA ROAD	Address 2	474-07 BEACON VENOVES	Address 9	Management
ress 4	11 (150-15.5 / 17.5 12-94/2006)		#24-02 BEACON HEIGHTS	Address 3	SINGAPORE 329689
No.		Address Type	Singapore address	Post Code	328689
		Related Policy Number	5071525155-04		
OI Driver Info	0.410.012.00.0000	Daniel Company			
r Name	CHIA CHEW YUN	Driver Type	Main Driver		
med driver Name		Driver NRIC	\$2564923)	Driver DOB	25/08/1953
ter Date of Driver License	19/04/1979	Driver Age	65	Driving Experience	40
act No.(Mobile)	91068766	Contact No.(Office)	0	Contact No.(Home)	0
ess 1	6 MAR THOMA ROAD	Address 2	BEACON HEIGHTS	Address 3	SINGAPORE 328689
ress 4		Address Type	Singapore address	Post Code	328689
No.	24-02				, see
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