NATIONAL Assessment C	entre Services. puet 1 January M	HA119063075		
Date In: 15/19-11/11	Job description	Date &Time Completed	Done	e by
Res No: NA NCIGORBOTT FLY	SAS e-filing			
Veh No: Sexca 64	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 4K/m. 12:37	i-Motor Claim Form	M7/10 44721-201	17/3/14 18	10
	i-Motor W/O (Within: OD 2)		- Malica	
OD (TD) Reporting Only	i-Photo Uploaded	l l		
TP Insurer:	Assessment/Survey Report		Williams Addison	
11 11134101	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	/: (Tel: Fa	ix:)
TP Particulars: Veh No:	INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
	%) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-10	00%]	
Year of Registration: () Warranty: YES ()/NO()	GAVE AVIDED SIN	
	\$1,000()/\$2,000()			
General Remarks.			35 12 T	
() Walk-In Customer: Customer	s information strictly Confidential & S	trictly NO refer of repairer.		
() Total Loss Case : to e-mail I	nsurer URGENTLY.	N and 1 to		
Drive-In ()/ Towed-in (); In	voice: YES() / NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 66)			FADE ADERSES AT THE	
1) Apply for Transport Allowance (Date&Timis Completed	Done	by
2) QC Check / Post Repair Inspection)/Courtesy Car ()			
3) Upload Resurvey Photo [Repair Cost	()			
7) Opiosa Resulvey Photo [Repair Cost	()			
Injurý:				
Date/Time Actions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	s and harden si	Market Service	11 y 201 P.S. 1 1
	(44)		MARSON IN	<u> </u>
37				
			kenta	
28	100			
	1		-	
1		o or in	Anit (S)	Amt (1)
10001616 ·		paration Checklist	fit Bill	Add Bill
timant's Particulars :-	1) AR : Acciden 2) DA : Damage			
ver/Owner:	3) TF : Towing I	ce . \$40/\$	45	
ntact No:	4) FT : Follow-T 5) FT : Follow-T		30	
	For claiming a	gainst INC Only (wef 10 Jan 2005)		A
maged Portion:	6) TR : Re-inspe 7) N1 : Idao DA		60	
	8) NTUC Addition			
Checked by (Engr-In-Charge):	OD* *N5: Courtesy	Cer / Tpt Allowance	\$5	
Vizzanski Ziste x Additionatoria di Statio	*N6: Repair C	n-ordination 5	10	
ditors! Comments::	*N7: Fost Rep *N8: DV / Col		25 33	
Li Tomania	TP (N11) : TP	(Non INC) against INC S	20 .	
2/3;	9) N12: Idac Mol	Pee Charged	30	aria Terri
	Invoice dated	Fee Charged		

a part of the sec-

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

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.

	ACCIDENT STATEMENT
Date Of Report	15/05/2019 12:12
Date Of Accident	14/05/2019 12:30
Exact Location Of Accident	TPE (PIE) AFTER JLN KAYU FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX9860G
Insured/Policyholder	
Name Of Registered Owner	CHOO KIM HONG
NRIC No	S1639232D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97809493
Alternative Phone No	OFFICE-97809493
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L VTIS AT
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	5101200994
Cover Note Number	
Driver	
Name of Driver	NG SIEW PING, DAVID (WU SHAOPING)
NRIC No	S8605135D
Date Of Birth	28/02/1986
Occupation	INDOOR
Date Of Driving Pass	29/03/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86990090
Fax Number	100 million (100 m
Contact Number	OFFICE-86990090
TAM-II A didente	

NOEMAIL

BLK 469B SENGKANG WEST WAY Address

#22-618

Postcode 792469

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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 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?

NO YES

Was any other material or property damaged?

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

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMD3777Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

NG SIEW PING, DAVID (WU SHAOPING)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLX9860G

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.
- 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 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.

201

Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's

ignature

NRIC/FIN No.:

Policyholder's Signature Date & Time:

-W 45-22

URMICUR - SLX 9860 G

VEI-11 CLE - SMD 3777 Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	was prount much the toward pie direction, I was on
THE	Expression care.
WHI	LE DRIVING STRAIGHT DHOAD, AND SOMEWHERE DEGRE JLN KAYU
	SOVER, I NOTICED THERE WAS A CAT IN THE MIDDLE OF
TH	& EXTERNO RICHT LAND, IST LAND, SO I THENED ON MY HAZARD
ارم	HT, CHECK OF MY SURROUNDING THAN TO PROCEED TO SLOW DOW,
wi	2 varicus. While slowing Down shopeness I feet a GREAT
	PACT FROM THE REAR OF MY VELLICLE.
A	MALLIED FROM MY VEHICUE AND MEACIZED IT WAS A
	BHICUR (SMD 3777 Y) THAT COLLIDED TO THE REAR OF
	my vistal cut, which I was showner down And with my
4	AZARD WAHT ON.
-76	AR WHOLE ACCIDENT FUUTAGE WAS CAPTIED BY MY
	u-cor comean.
	VEHICLIE A - SLX 9860 G
	UZHI CLE B - SMD 3777 Y

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 Person ells Signature Name: NRIC/FIN No :

lehicle No.	SLX 9860 6 Model/Make HONDA QUIC
ate of Accident	14/05/2019
ime of Accident	1230 HRS
ocation of Accident	TPIZ TOWARD PIR AFTER JLN HADE FLYOVER
exact purpose use during accid	dent panara usa
Name of Owner	CHOO KIM HONK
Telephone No.	H/P: 9780 9493 Home: Office:
NRIC	516392320
Address	106 PUNGEOL WACK \$15-14 S(829765)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	vene
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	
	· · · · · · · · · · · · · · · · · · ·
Name of Driver	As Above If NO NL SIEW DINL, DAVID
NRIC	\$ 86051350 Any Passengers: ((No insury) - N
Date of birth	28 FEB 1986
Occupation	Outdoor / Indoor
Driving License Pass Date	29 MAR 2008
Gender	Mate / Female
Contact No.	H/P: 8699 0090 Home: Office:
Address	4968 SENT KANT WAST WAS \$22-618 5(792469)
Driver have any own vehicle	NO If yes, Reg No.
Relationship	Employee, If no, state SON FUEND
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	NG SIEW PING, DAVID 86990000
Name And Contact No.	
Police Report	(F) If Yes, Where?
Vehicle B No.	SMD 3777 Y Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR
Camera Recorder	VES/NO FINNT/REPA
Email Address	
PARTICULAR WORKSHOP	TWINGAR AUTOMOTIVE PTE LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$86051350



NG SIEW PING, DAVID (WU SHAOPING)

吴 绍 Race CHINESE

Date of birth

28-02-1986

Country/Place of birth SINGAPORE



NRIC No. S8605135D

Date of Issue

26-08-2014

APT BLK 469B SENGKANG WEST WAY #22-618 SINGAPORE 792469 NRIC No: S86051350 Date: 05/07/2015

Date: 05/07/2015

DRIVING LICENCE REPUBLIC Licence Number S8605135D NG SIEW PING, DAVID (WU SI IAOPING) om c== 28 Feb 1986 Issue Date: 28 Feb 2008

CY' ARE LICENSED TO DRIVE VEHICLES IN THE POLLOWING CLASSIA

Class 2B Motorcycles = 2300 CC

'Class 2A Motorcycles between 201 CC and 400 CC

Class 3 Motorcars = 3000 kg with = 7 passengers, vaclosing of the drover and motor tractions settled = = 2500 kg.

- PARS DATE

29 Feb 2009 16 Jun 2009 29 Mar 2009

\$86451350

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S (No 9000113323





♥ Pol	icy Information						
olicy No.	5101200994	Policyholder Name	сноо кім	HONG	Policyholder NRIC	S1639232D	
Certificate lo.							
Address	106 PUNGGOL WALK #15-14	TWIN WATERFA	LLS SINGAPO	ORE 828793			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Ssue Date	05/06/2018	Effective Date	05/06/2018	3 00:00	Expiry Date	28/10/2019	23:59
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			Youn	g/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	106 PUNGGOL WALK	Addre	ss 2	#15-14 TWIN	WATERFALLS	Address 3	SINGAPORE 828793
Address 4		Addre	ss Type	Singapore add	ress	Post Code	828793
Jnit No.		Relate	ed Policy er	5101200994			
) Insure	ed Object: SLX9860G						
□ Endors	sements						
							Endorsement Content

okcy No.					
Certificate No.	5101200994	Vehicle No.	\$LX9850G	DST Registration No.	
BITTHICATE NO.				and respondence was	
dicynoider Name	CHOO KIM HONG			Policyholder NRIC	516392320
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	97609493	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	In V
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details				R. A. C.	
tport Date	15/05/2019 18:09	Accident Report Within 24 hrs	Yes	Colora - Co	F125200100000000000000000000000000000000
ete of Accident	14/05/2019	Time of Accident hhumm		Acadent Type	Collision - Head to Rear
porting Centre			12:30	Country of Accident	Singapore
cident Location	THE (FIE) AFTER JUN KAYU PLYOVER	Orange Porce		ICM No.	
Excess	THE THIE AFTER JUN NATU PERCURA				
in damage Excess	600.00	121111111111111	2		
named Driver Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
and Party Excess		Outside Singapore OD Excess	600.00		
Benefits	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa	ation				
Registered					
T Registration No.	No		GST Registration Date	50.0	
diffication History			GST Status Verified	Yes	
Policyholder Hailing Ad	Idress				
dress 1	106 PUNGGOL WALK	Address 2	#15-14 TWIN WATERFALLS	Address 3	COMPARIAN PARAME
Street 4	200 570 GP 200 FF 53	Address Type	Singapore address	Post Code	SINGAPORE 828793 828793
IE No.		Related Policy Number	5101200994	- 100	040/83
OI Driver Info		mental manage	3101200994		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	NG SIEW PING, DAVID (WU SH.	Driver NRIC	\$8605135D	Driver DOS	*********
gister Date of Driver License		Driver Age	13		28/02/1986
ntact No.(Mobile)	96990090	Contact No.(Office)	0	Driving Experience	11
dress 1	BLK 4698	Address 2	SENGKANG WEST WAY	Contact No. (Home)	0
dress 4	SINGAPORE 792469	Address Type		Address 3	FERNVALE LEA
if No.	22-618	Samuel Samuel	Singapore address	Post Code	792469
set he own a Singapore	○ Yes ® No	- Maria Constant In Co.			
gistered car?	Creden	Driver Vehicle No.		Driver Insurer Company	
Slaration					
eathalyser or Blood Test	Name .	DESPRESSION	Paktiona 100 K		
eding?	0 mg	Any injury?	Yes ○ No		
diffication History					
201320 m (1)					
20.012.000m mt 10.1 mc					
201230					
Daim 001 New	Ор-их	Insured Name	СНОО КІМ НОМЗ	Insured NRIC	\$16392320
Daim 001 New	OD-MX V	Insured Name Corract No.(Home)	CHOO KIM HONG	Insured NRIC Contact No.(Office)	\$16392320
m Type * stact No.(Mobile)	TO STATE OF THE ST		CHOO KIM HONG	Contact No.(Office)	64967152
m Type * stact No.(Mobile)	97809493 free4apple⊈yahoo.com	Contact No.(Home)			
m Type * nact No.(Mobile) sil Address mant Type Claimant Type *	97809493 free4apple@yahoo.com	Contact No.(Home) Of Vehicle Number	stxaeeod	Contact No.(Office)	64967152
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m Type * stact No. (Mobile) sil Address mant Type Claimant Type * mant Name * mant Address m Description ferred Workshop Contact	97609493 free1eppie@yahoo.com Please Select >>> SLX9860G / SM03777Y ON 14 May 2019	Corriact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SLX9860G Mease Select V Not at Fault V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	64967152 SM03777Y
em Type * mact No. (Mobile) sil Address imant Type Claimant Type * mant Name * imant Address im Description ferred Workshop Coreact ture Finalisation	97609493 free1eppie@yahoo.com Please Select >>> SLX9860G / SM03777Y DN 14 May 2019 Yes	Corriact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	SLX9860G Mease Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	64967152 SM03777Y
em Type * mact No. (Mobile) sil Address imant Type Claimant Type * mant Name * imant Address im Description ferred Workshop Coreact ture Finalsation e Registered	97809493 free1espie@yahoo.com Please Select >>> SLX9860G / SM03777Y DN 14 May 2019 Yes 15/05/2019 18:11	Corriact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SLX9860G Mease Select V Not at Fault V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	64967152 SM03777Y
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m Type * nact No. (Mobile) nil Address mant Type Claimant Type * mant Name * mant Address m Description erred Workshop Contact ure Finalsation e Registered ort Taken By Print AX letter	97809493 free1espie@yahoo.com Please Select >>> SLX9860G / SM03777Y DN 14 May 2019 Yes 15/05/2019 18:11	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preferered Repair Option Claim: Close Date	SLX9860G Mease Select V Not at Fault V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	64967152 SM03777Y
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