NATIONAL Assessment Cer	ntre Services poet 1 Janos M	HA119007887	3	
Date In: 25/14-15:43	Jeb description	Date & Time Completed	Done by	·
Res No: NA MICHOGOGANA LA	SAS e-filing			
Veh No: JJR 4 677	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 8/1/9-14:50	i-Motor Claim Form	M711046053-001	20/3/19 16:	17
OD : TP: Reporting Only	i-Motor W/O (Within: OD 2hr		33191103	
TRI	Assessment/Survey Report			-
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: 50	H3123A . INC(•••	S-1 77
Owner / Driver: (Tel:)	
Policy No: ()	Period: (Cover Type: (-
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2		00%1	-
Year of Registration: ()	Warranty: YES ()/NO ()	3070	- 00%
Excess: (\$) Loading: \$				
General Remarks	(25) 9 No 6 NYN	ANNESSAN ROZ VAN	182517. 17	1
() Walk-In Customer: Customer's in	oformation strictly Confidential & Ou	Telegraphic Co.	19.00 Fr - 5	
() Total Loss Case : to e-mail Ins	urer URGENTLY.	rictly NO refer of repairer.		
D: 1/	•			
7,1110	And the second s	owing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by	J N
Apply for Transport Allowance ()	/ Courtesy Car ()		5-12-1 A	
2) QC Check / Post Repair Inspection	()	***************************************		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()		+	
Injury:				
				
Date/Time Actions			228	**************************************
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25/40				
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1-44	1.3	No. 10	Anit (S) A	mit (3
1810284P ;	Inveice Prep	aration Checklist	Acceptable Secretary	dd Bil
umant's Particulars :-	1) AR : Accident I			
ver/Owner:	2) DA : Darrage A 3) TF : Towing Fe	The state of the s		-
	4) FT : Follow-The	rough Survey S	120	
ntact No:		rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005)	\$30	100
naged Portion:	6) TR : Re-inspect	ion	\$75	alternative and the
	7) N1 : Idac DA + 8) NTUC Addition		160	
Checked by (Engr-In-Charge):	OD.	ial Gervices.		-
Charge of (pugi-th-Charge);	*N5: Courtesy C	Car / Tpt Allowance	\$5	
ditors! Comments :-	*N6: Repair Co- *N7: Fost Repair		\$10 \$25	
**************************************	+N8: DV / Colle	ct Excess Coordination	55	
1:	TP (N11): TP (1 9) N12: Idne Mobil		30	
2./3;	Invoice dated	Fee Charged	Paring.	n je
	Invoice dated	Fee Charged	SEASON STATE	-

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

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 <u>truthful and accurate</u> 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	25/05/2019 15:43
Date Of Accident	25/05/2019 14:50
Exact Location Of Accident	ALONG UPP SERANGOON RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR4687D
Insured/Policyholder	
Name Of Registered Owner	KOH POH KIAT
NRIC No	S7140439J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91061316
Alternative Phone No	OFFICE-91061316
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5104589009
Cover Note Number	
Driver	
Name of Driver	PEH GUAN CHUAN
NRIC No	S8533658D
Date Of Birth	23/10/1985
Occupation	INDOOR
Date Of Driving Pass	27/04/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE

(LOCAL) +65-98351273

OFFICE-98351273

NOEMAIL

Address BLK 104 RIVERVALE WALK

#16-138

Postcode 540104

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 CHAIN COLLISION

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

3

strong in the decident

Sevicion.

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. I AM NOT VERY SURE THAT FRONT VEHICLE WAS STATIONARY. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION. AFTER AN IMPACT, I REALIZE THAT THERE WERE 3 VEHICLES INVOLVED IN THIS ACCIDENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

2

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLH3123A

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)

Passenger 1

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJT1303X

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)

Passenger 1

NAME:

2

NVIC.

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- 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 <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

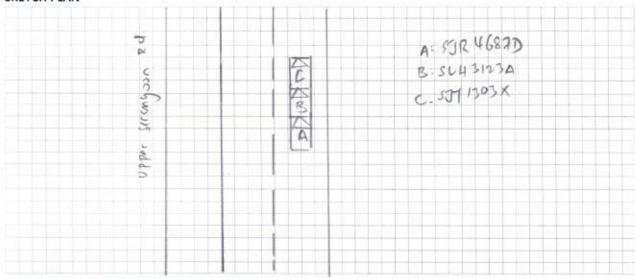
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	

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)

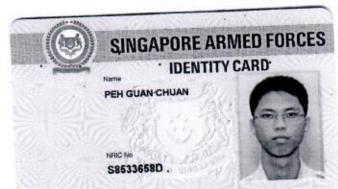
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





This card is the property of the Sergapore Armed Fospes. Any person funcing this card is reques it without delay to Central Manpower Base or any Police Station.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

NP 428A

27 Apr 2005

GEMALTO99PUIDSISIBELLIE 00000050329910 NRIC No/Colour S8533658D/ PINK Blood Group CHINESE 0(+) Country Of Birth SINGAPORE Date Of Birth 23/10/1985 Military Rank Status SPECIALIST REGULAR BIK 104 RIVERVALE WALK #16-138 SINGAPORE 540104

eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		THE CAPTER SOURCE			· Change	Language	• Chang	e Password	· Log Out
My Desktop	Policy Que	ry								
Notice of Loss	Policy No.				Date	of Accident	2	5/05/2019 1	4:50	
	Vehicle No.(For I	Motor) SJR46	87D		Certif	icate Number				
				1	Search					
	Select Policy	No. Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence	Expiry Date
	O 5104589	9009	KOH POH KIAT	571404393	GPC	Third Party	SJR4687D	SJR4687D	11/10/2018	10/07/2019
				100	Continue	J				

Sequer	nce Date of Endorsemen	it.	Endorsemer	nt Type	Endorsement	Status	Endorsement Content
▼ Endors	sements						
D Insure	ed Object: SJR4687D						
Jnit No.	08-203	Relat Numb	ed Policy per	5104589009			
Address 4		Addre	ess Type	Singapore address		Post Code	530642
Address 1	BLK 642 #08-203	Addre	ess 2	HOUGANG AVENUE	8	Address 3	SINGAPORE 530642
Policyl	holder Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Y	
Singapore OD Excess	0	Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Outside		Outside					
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Excess Type		All Claims Excess					
Policy issue Date	11/10/2018	Effective Date	11/10/201	8 00:00	Expiry Date	10/07/2019 23	:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 642 #08-203 HOUGANG AV	ENUE 8 SING	APORE 5306	542			
Certificate No.		, and the			NRIC		
Policy No.	5104589009	Policyholder Name	кон рон	KIAT	Policyholder NRIC	571404393	

OFFEN NO.					
	5104589009	Vehicle No.	SJR4687D	GSY Registration No.	
ertificate No.					
Hcyholder Name	KOH POH KIAT			Policyholder NRJC	571404393
soluct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
ortact No.(Mobile)	91061316	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	No. V
×.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	71-0
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details				000000000000000000000000000000000000000	274.0
port Date	25/05/2019 16:35	Accident Report Within 24 hrs	Yes	Access to the contract of the	020000200000
ste of Accident				Accident Type	Chain Collision
porting Centre	25/05/2019	Time of Accident Norman	14:50	Country of Accident	Singapore
		Orange Force		JCM No.	
cident Location	ALONG UPP SERANGOON RO				
Excess					
vn demage Excess	0.00	Additional Excess	٥	Windscreen Excess	0.00
nnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
and Party Excess	L/500.00	Outside Singapore TP Excess	1,500.00		
7 Benefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
ST Registration No.			GST Status Venfled	Yes	
diffication History			and a second version	369	
Policyholder Mailing Ad	dress				
idress 1	BLK 642 #08-203	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530642
ddress 4		Address Type	Singapore address	Post Code	530642
ne No.	08-203	Related Policy Number	5104589009	Carrie Santa	30007E
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	PEH GUAN CHUAN	Driver NR3C	58533658D	Dec. 10.000	X20303725
gister Date of Driver License		Driver Age		Driver 008	23/10/1985
ontact No.(Mobile)	90351273	No. 11 William Control	33	Driving Experience	14
dress 1		Contact No.(Office)	0	Contact No.(Home)	0
	BLK 104	Address 2	RIVERVALE WALK	Address 3	SINGAPORE 540104
dress 4		Address Type	Singapore address	Post Code	540104
nt No.	16-138				
oes he own a Singapore rgistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
M1111000000000000000000000000000000000				Since Made Company	
claration					
eathatyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
ading?			O res @res		
dification History					
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Claim 001 New					
Claim 001 New	00-мх	Insured Name	КОН РОН КІАТ	Insured NRIC	\$23404393
im Type •	ОО-МК У	Insured Name Contact No.(Home)	КОН РОН КІАТ 53807998	Insured NRIC Contact No.(Office)	\$21404392 NIL
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im Type * ntact No.(Mobile) and Address simant Type Claimant Type * simant Address simant	95451998 Please Select >>> SIR4687D / SLHT123A ON 25 May 2019 Yes 25/05/2019 16:37 2ackson MT/1046053	Contact No.(Home) Of Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Uproad Date	Save Subms Oot 25/05/2019 16:38 Category •	Confidential Urgen	Received 25/05/2019 00:00
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