		jon 11	1	
NATIONAL Assessment Ce	ntre Services. wet James M	PEPEFOPIAN	(0) (M	
Date In: 3/1/15 - 11: 24	Jeb description	Date & Time Completed	Don	e by
Rel No: Na INC 19 20 9664/24	SAS e-filing			
Vch No: Surgyozh	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 3/5/19 - 11:35	i-Motor Claim Form	m7 1124 6966- 052	31/3/14 >	VYV
OD : TP : Reporting Only	i-Motor W/O (Within: OD 2hr		<u> </u>	
OD : 17 , Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			io
1F IIIsurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: 5	MUSTE INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (9	6) [Note-Est Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO ()		
Excess: (\$) Loading:	\$1,000()/\$2,000()	· · · · · · · · · · · · · · · · · · ·		
General Remarks:-		STATE OF THE STATE	385 120 17	, hi
() Walk-In Customer : Customer's	information strictly Confidential 8 Cu	Alleria Commission (Commission Commission Co	3.000	-
		ncuy NO refer of repairer.		
() Total Loss Case : to e-mail In				
		owing Co: (1)
Remarks: (INC hotline: 6788 6616	5)*	Date&Time Completed	Done	by
Apply for Transport Allowance () / Courtesy Car ()	-		
2) QC Check / Post Repair Inspection	()			
 Upload Resurvey Photo [Repair Cost 	> \$3000] ()			
Injury :				
Date/Time Actions			Karloau	
		CANADA CA		
•				niisii ka
ALGO YILY	Invoice Prep	paration Checklist	Ant (S)	Amt (3
almant's Particulars :-	1) AR : Accident		the Bill	Add Bi
	2) DA : Damage /	Assessment (\$100); INC (\$8		
iver/Owner:	3) TF : Towing Fe 4) FT : Follow-Th		\$120	
ntact No:	5) FT : Follow-Th	rough Survey (Resurvey)	\$30	
maged Portion:	6) TR: Re-inspec	ainst INC Only (wef 10 Jan 2005	\$75	
	7) N1 : Idac DA +	SMRT Survey	\$160	
Cheeked by 69	8) NTUC Addition	nal Services:-		-
Checked by (Engr-In-Charge):	*N5: Courtesy	Cer / Tpt Allowence	\$5	1-70-0
W. C.	*N6; Repair Co *N7; Fost Repa		\$10 \$25	
ditors' Comments :-	*N8: DV / Coll	ect Excess Coordination	\$5	
1:	TP (N11): TP (9) N12: Idae Mob	Non INC) against INC	\$20 30	
2/3:	Invoice dated	Fee Charged		takin fi
	Invalce dated	Fee Charged	SERVINE.	

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.
 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	31/05/2019 11:29
Date Of Accident	30/05/2019 11:35
Exact Location Of Accident	MERCHANT RD BEFORE JUNC EU TONG SEN ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW6407G
Insured/Policyholder	
Name Of Registered Owner	NG JULIAN
NRIC No	S1677364F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96791611
Alternative Phone No	OFFICE-96791611
Vehicle Particulars	
Manufacturer	тоуота
Model	A YR + HZIM

WISH 1.8X A

Exact Purpose for which vehicle was being used at

time of accident

WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5108698349

Cover Note Number

Driver

Name of Driver SANIAF BIN JASMAN

NRIC No S1720668J Date Of Birth 10/10/1965 Occupation OUTDOOR Date Of Driving Pass 06/09/1986

Driving Experience 32 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96359785

Fax Number

Contact Number OFFICE-96359785

EMail Address NOEMAIL Address BLK 314 SEMBAWANG DRIVE

#11-450

Postcode 750314

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

2

Was any body injured in the Accident?

NO

YES

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.

Number of Passengers (Including Driver)

cooper 1

NO.

2

MANUE.

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY, SUDDENLY MY VEHICLE ROLL TO THE FRONT AND HIT ONTO VEHICLE B REAR PORTION.

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

SLZ9487R

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

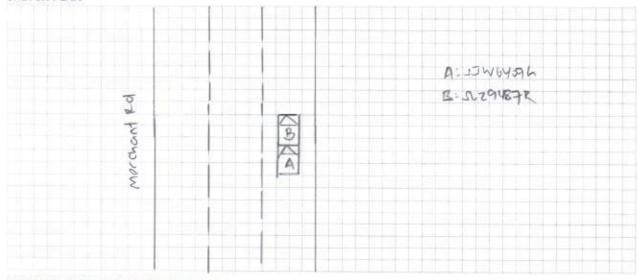
- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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 f	statement.			
			-= 10 22 2	
			-	
		-1100-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
LABATION				

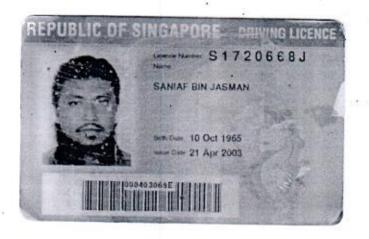
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personne's Signature Name:

NRIC/FIN No.:







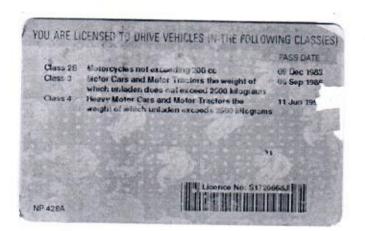
SANIAF BIN JASMAN

MALAY Date of birth 10-10-1965

SINGAPORE







For LKK/NAC Use Only



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	12/07/2018
03	BUS VL	13/11/1991
04	BUS ATTENDANT	23/08/1993



eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			CONTRACTOR AND COLUMN		· Change	e Language	Chang	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		30/05/2019 1	11:35	
	Vehicle No.(For Motor)	SJW64	07G		Cert	ificate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5108698349		NG JULIAN	S1677364F	GPC	drivo CLASSIC	SJW64070	SJW6407G	05/04/2019	05/04/2020
				1	Continue					

laim Handling						
ocident MT/1046966						
stcy No.	510869834	49.	Vehicle No.	S1W6407G	GST Registration No.	
rtrficate No.					0.430,300	
cyholder Name	NG JULIAN	ő.			Policyholder NRIC	51677364F
duct Code	PRIVATE G	AR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
scarct No.(Mobile)	NA		Contact No.(Office)	and coosts	Contact No.(Home)	· W.
ail Address			Special Remark			
	® No ○Y	ine.		0.0	eCode	44 🗡
		es	TCA	® No ○Yes	eCode Reason	
Protection	No		NCD Entitlement(%)	0	Private Hire	Not available
Accident Details						
ort Date	31/05/201	9 09:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
of Accident	30/05/201	9	Time of Accident fricmm	11:35	Country of Accident	Singapore
rting Centre			Orange Force		ICM No.	
Tent Location	ALONG ME	RCHANT ROAD				
Total Excess Applicable						
ss Type	Per Acciden	Nt -	Windscreen Excess	100.00		
tandard Excess		2,000.00	TP Standard Excess	1,500.00		
DO Excess			VIEO TP Excess		Driver is Covered?	Not Applicable
nonal Excess		0.00				
OD Excess Applicable		2,000.00	Total TP Excess Applicable	1,500.00		
Benefits						
GST Registered Inform	sation					
Registered		No.		GST Registration Date		
Registration No.				GST Status Ventiled	Yes	
fication History						
Policyholder Hailing Ad	Idress					
ess 1	BUK 4728 (#15-51	Address 2	PERMALE STREET	Address 3	FERNVALE RIVERGROVE
ess 4	SINGAPOR	E 792472	Address Type	Singapore address	Post Code	792472
No.	15-51		Related Policy Number	5100982328		
Of Driver Info						
er Name			Driver Type			
amed driver Name			Driver NRIC		Driver DOB	
ster Dace of Driver License			Driver Age		Orrving Experience	
tact No.(Mobile)			Contact No. (Office)		Contact No.(Home)	
ress 1			Address 2		Address 3	
ress 4			Address Type	Foreign address	Post Code	
No.					Peak Spice	
s he own a Singapore	○ Yes ⊕ F	No.	Oriver Vehicle No.		22 12 12 12 12 12 12 12 12 12 12 12 12 1	
atered car?	0.00		Onter vende No.		Driver Insurer Company	
fication History						
laim 002 New						
aim ouz New						
Type *	OD-MX	v	Insured Name	NG JULIAN	Insured NRIC	S1677364F
act No.(Mobile)			Contact No.(Home)	NII.	Contact No.(Office)	
ii Address			OI Vehicle Number	53W6407G	TP Vehicle Number	SL29487R
nant Type Claimant Type •	Please Sele	ect 💟	Type of Benefit *	Please Select		08 (2
sant Name *		22	Claimant NRIC *	TOTAL PROPERTY.		
ant Address						
Description	57W6407G	/ SLZ9487R ON 30 May	2019		Name of Preferred Workshop	
rred Workshop Contact			Insured Liability •	Fully at Pault		
re Finalisation	Ves	100				
Registered	part of the same of	0 (2)42	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	31/05/2019	F 12:42	Claim Close Date		Date Received	31/05/2019 00:00
rt Taken By	Jackson					
rim AK letter						
				Save Submit		
achment				The second secon		
tent No.	MT/10	46966	Claim No.	600		
Doc. Received				002		
The state of the s	Te. Ye	s O No	Upload Date	31/05/2019 12:42		
		Path *		Category *	Confidential Urgan	cy • Description •
			Browse	Clear Please Select	▼ NO → Normal	¥
			Browse	Clear Please Select	V Normal	V
			Browse.			
			u-oraș.	Char Please Select	▼ Normal	¥

