NATIONAL Assessment Cer	ntre Services.	wef Jan'05 M	P41907093~	<u></u>	
Date In: 3111/19 - 11:00	Jcb descripti		Date & Time Completed	Dei	ne by
Ref No: NA [INC19 30 9668/24	SAS e-filin	g			
Veh No: SJ2A	E-mail (with	ia Shrs, AIC 2hrs)	1	İ	
D.O.A : 20/1/4- 1: 05	i-Motor Cl		1 00- PEOF YOI 1 TM.	3/1/19/19	12
OD (TP) ! Reporting Only	i-Motor W	O (Within: OD 2hrs		77719	13.4
	i-Photo Up	loaded			
TP Insurer:	Assessment/	Survey Report			
	Ass't Repor	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Ye	12000	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	97.77.66
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 (
Excess: (\$) Loading: \$	1,000 ()/\$2,00	0()			
General Remarks:-		(NEXT YST)	200 200 00 00 00 00 00 00 00 00 00 00 00	POSSET OF THE	
() Walk-In Customer : Customer's in	nformation strictly C	onfidential & Stri	ctly NO refer of repairer	355000 014	
() Total Loss Case : to e-mail Ins	urer URGENTLY		outy 110 Taler of repairer		-
			wing Co: (
		110 (),10	wing co. (
Remarks; (INC hotline: 6788 6616)		and site	Date&Time Completed	Don	by
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()	-		
Injury:					
Date/Time Actions	04.000		and the second		
A CONTRACTOR OF THE CONTRACTOR	1			8.45 weet 124, 345, 3.5	-
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COS at N. C. State Commission and the Commission of the Commission	-		ration Checklist	fuBill	Add Bil
aimant's Particulars :-	42.5	1) AR : Accident Re 2) DA : Damage As	The same of the sa	900	
iver/Owner:		3) TF : Towing Fee	. 54	0/\$45	
ntact No:		4) FT : Follow-Thro	ugh Survey ugh Survey (Resurvey)	\$120	
	#	For claiming agai	ugh Survey (Resurvey) astINC Only (wef 10 Jan 2005	\$30	
maged Portion:		6) TR : Re-inspectio	n .	\$75	
		MINTS 44	MRI Survey	\$160	-
Checked by (Engr-In-Charge):	-1	7) N1 : Idao DA + S 8) NTUC Additional			
B IIII ELI.		7) N1 : Idao DA + S 8) NTUC Additional OD.*			
200	1	8) NTUC Additional OID* *N5: Courtesy Ca	Services:-	\$5	
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ditors' Comments :-		8) NTUC Additional OD.* *N5: Courlesy Ca *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collect	Services:- r/Tpl Allowance rdination nspection Excess Coordination	\$10; \$25 \$3	
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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.
- 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.
- 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

ACC	HDEK	T CTA	TEME	
ACC	JUEN	IT STA	O E IVIIE	

Date Of Report 31/05/2019 11:52 Date Of Accident 30/05/2019 11:05

Exact Location Of Accident JUNC MACPHERSON RD TWDS PIE (TUAS)

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SS52A

Insured/Policyholder

Name Of Registered Owner TAN KENG HUAT

NRIC No S1006026E Email Address NOEMAIL

Mobile Phone No. (LOCAL) +65-96310023 Alternative Phone No. OFFICE-96310023

Vehicle Particulars

Manufacturer BMW

Model 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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 5096883596-01

Cover Note Number

Driver

Name of Driver TAN KENG HUAT

NRIC No S1006026E Date Of Birth 23/10/1947 Occupation INDOOR Date Of Driving Pass 12/03/1968

Driving Experience 51 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LUCAL) +65-96310023

Fax Number

Contact Number OFFICE-96310023

EMail Address NOEMAIL Address

BLK 73 LORONG 40 GEYLANG

#06-55

Postcode

398089

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OWNER

NO

Vehicle Registration Number of Driver's Own

Vehicle

100

Insurance Company of Driver's Own Vehicle

1

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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

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)

NO

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

YP1200C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

- 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)

Lunderstand, 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

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I wa	IS THENING OUT FROM MACPHERSON ROAD ONTO THIS
MNKNON	UN ROAD NAME) SLIP TOWARD, "CTR (CITY), PIR (THAS)".
I wa	S ON THE EXCREME LEFT LANG WHEN THE ACCIDENT
HAZPE	ned.
AFTER	I THRNED OUT FROM MORPHERSON ROAD, AND I WAS
STILL	IN MY LANE, SUPPENCY A VEHICLE EMERUED INTO
20	come and this one that still one my usering
AND	THE LAM SIDE OF MY VAHICUE WAS INTERPLEY MIT
ONTO	THE CURB ON . THE LEFT , AND WENT UP ONTO THIR.
paven	IENT.
ALICH	TED STOM MY VALLETE AND ISABLIZED IT WAS A VEHICUE
(7b	1200 C) THAT HIT ONTO THE RIGHT SIDE OF MY UPHICLE
THIR	WHOLE ACCIDENT FOOTAGE WAS CAPENDED BY MY IN-CAP
	LA .
CHAMER	
	MR A - 'SS 52 A

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)

andre gluca

Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

ehicle No.	SS SZA Model/Make BMW 5231
ate of Accident	30/05/2019
me of Accident	11 05 HRS
ocation of Accident	UNKNOWN SLIP AUGO THANGO OUT FROM MACPHAGOON TOWARD
kact purpose use during accid	dent Paware use ((TE (CITY), (PIECT-05)
ame of Owner	TAN KENN HUGT
elephone No.	H/P: 9631 0023 Home: 98350227 Office:
RIC	\$ 10060268
ddress	BUK 73 WRONG UN CABBLANA \$106-55 5 (394089)
laim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTMC
ype of Coverage	Comprehensive Third Party Third Party / Fire /Theft
olicy No.	509688 3596-01
oney ito.	
Name of Driver	As Above If No,
VRIC	Any Passengers: NIL
Date of birth	
Occupation	Outdoor / Indoor
Driving License Pass Date	12 man 1964
Gender	Mate / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SP 1200 C 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	RICHT SIDE OF VEHICLE, LEFT (HIT ON CLUB)
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	N-51 and motive priz coo
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IOU
	6741 0510

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1006026E





TAN KENG HUAT



CHINESE

23-10-1947

SINGAPORE



DRIVING LICENCE

Licence Number: S1006026E

TAN KENG HUAT

Birth Dale 23 Oct 1947 Issue Date: 06 Jun 2003



For LKK NAC Use Only



BLK 73 LORONG 40 GEYLANG #06 - 55 SINGAPORE 398089

NRIC No: \$1006026E

Date: 23-08-2006

No: 5473805

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

12 Mar 1968

NP 428A





Certificate of Insurance

5552A

W6AFP32070C545094

TAN KENG HUAT 30 Jan 2019

29 Jan 2020

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5095883596-01

1. Index mark and Registration Number of Vehicle

Chassis Number Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5 Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

8. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for him or reward,
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

4 Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation). Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| SSECTION 1 | SSECTION 2 | SSE

REPAIR AT OWNER'S PREFERRED WORKSHOP NO INSURE WITH COE YES

INSURE WITH COE YES
NCD PROTECTION YES
TRANSPORT ALLOWANCE NO
EXCESS WAIVER NO
PRIMARY DRIVER TAN

 PRIMARY DRIVER
 : TAN KENG HUAT

 NAMED DRIVER (1)
 N/A

 NAMED DRIVER (2)
 N/A

HIRE PURCHASE COMPANY

UNITED OVERSEAS BANK LIMITED

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part (V of the Road Transport Act, 1987 (Malaysia)

Agency DING FENG PTE, LTD. (00000615356)

Date of Issue = 04 Jan 2019 11:08 hrs

Countersigned By:

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601				-	Change	Languag	e + Char	nge Password	• Log Ou
My Desktop	Policy Query									,
Notice of Loss	Policy No.				Date	of Accident		30/05/2019	11:05	
	Vehicle No. (For Motor)	SS52A			Certif	icate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5096883596-		TAN KENG HUAT	S1006026E	GPC	drivo CLASSIC	SS52A	SS52A	30/01/2019	29/01/2020
					Continue	J				

No. Address	73 LORONG 40 GEYLANG #06	-55 THE WATER	INA SINGAR	ORF 398089			
Product Name	PRIVATE CAR INSURANCE	-55 THE WATER Plan	INA SINGAF	ORE 398089	Group	N	
Policy issue Date	04/01/2019	Effective Date	30/01/201	9 00:00	Policy Flag Expiry Date	29/01/2020 2:	3:59
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	DING FENG PTE. LTD.	Agent Tel.	67499699		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policy!	holder Mailing Address						
	73 LORONG 40 GEYLAI	NG Addre	ss 2	#06-55 THE WATE	RINA	Address 3	SINGAPORE 398089
Address 1		Addre	ss Type	Singapore address		Post Code	398089
monocka o skula			W. Park				
Address 4 Unit No.		Relati		5096883596-01			
Address 4 Unit No.	ed Object: SS52A			5096883596-01			
Address 4 Unit No.				5096883596-01			

cident MT/1047029					
step No.	Charles Trag. At	Vehicle No.	1112		
stry No.	5096883596-01	Vehicle No.	5552A	GST Registration No.	
ertificate No.					
oficyholder Name	TAN KENG HUAT	*********	100000000000000000000000000000000000000	Policyholder NR1C	\$1006026E
educt Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	96310023	Contact No.(Office)	0	Contact No.(Home)	0
nail Address	VIA (12)	Special Remark	200200	eCode	(AC. W.)
×	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	ves	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
port Date	31/05/2019 13:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
te of Acodent	30/05/2019	Time of Accident hhomm	11:06	Country of Academt	Singapore
porting Centre		Orange Force		ICM No.	20.20.00
ident Location	JUNC MACPHERSON RD TWDS PIE (TUAS)				
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00	Wilderson Carena	200.00
ing Party Excess	0.00	Outside Singapore TP Excess			
Benefits	0.00	Curaide Singapore IP excess	0.00		
	*155				
GST Registered Informa					
l'Registerad l'Registration No.	No.		GST Registration Date	Case	
			GST Status Venfied	Yes	
dification History					
. Bullion bullion by min	the same of the sa				
Policyholder Halling Ad					CCC 5 CC5 CC5 CCC
dress 1	73 LORONG 40 GEYLANG	Address 2	#06-55 THE WATERINA	Address 3	SINGAPORE 398089
dress 4		Address Type	Singapore address	Post Code	399089
it No.		Related Policy Number	5096883596-01		
OI Driver Info					
ver Name	TAN KENG HUAT	Driver Type	Main Driver		
named driver Name		Driver NRIC	S1006026E	Driver 008	23/10/1947
gister Date of Driver License	12/03/1968	Driver Age	71	Driving Experience	5;
ntact, No. (Mobile)	96316023	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	73 LORONG 40 GEYLANG	Address 2	THE WATERINA	Address 3	SINGAPORE 398089
dress 4		Address Type	Singapore address	Post Code	398089
of No.	06-55	ALEXALISTICS.	No. Section Control Control	Allow Allows	3,000
oes he own a Singapore					
		Section Company of the Company of		Augustion from process community and control of	
	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?	O TES (9) NO	Driver Vehicle No.		Driver Insurer Company	
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claration eatheryser or Blood Test	Dang.	Driver Vehicle No. Any Injury?	○ Yes ⊕ No.	Driver Insurer Company	
claration			○ Yes ® No	Driver Insurer Company	
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clered car? cleretion northelper or Blood Test ading? If cation History Claim 001 New	D mg	Any Injury? Insured Name	TAN KENG HUAT	Insured NRIC	\$1006026E
clered car? cleration northelyser or Blood Test ading? In cation History Claim 001 New Introduction New Introducti	0 mg	Any Injury? Insured Name Consact No.(Home)	TAN KENG HJAT	Insured NRIC Contact No. (Office)	64493888
claration claration claration claration claration claration claim	D mg Ор-мк 96310022 мкап_77\$-yahoq.com	Any injury? Insured Name Contact No.(trome) Of Vericle Number	TAN KENG HJAT NIL S552A	Insured NRIC	And the second s
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