NATIONAL Assessment Con	tire Services 1991	Javier MNAY	9072506	)	
Date 10:03/06/2009 1923	Job description		na Completed	Done	by
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TP Insures:		/Huntl to Owner/W)	(5)		
Preferred Wksp /dNC Assign Wksp / QW: (	(PIII	Tel:	Fax		D ==
TP Particulars:   Veh No:	SIN 5283B	INC( )/Non-I	113101		-
Owner / Driver: (	700	T'el:		5	
Policy No: ( )	Period: (	) Cover Typ	e: (		, ,
Confirmed by : (	Dai		imer		
Insured/Driver Liability: ( %)	(Note-Est Status (WO):	150	MAN COMPANY	7	
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		); Towing Co (			/_
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Apply for Transport Allowance ( ).	/ Courtesy Car ( )				
2) QC Check / Post Repair Inspection	( )				
<ol> <li>Upload Resurvey Photo [Repuir Cost &gt;</li> </ol>	\$3000] ( )				
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uditors' Comments :	Sit William Stranger No.	: DV / Collect Excess Cook	dination 5.5		
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Value of the second sec	hivore	e dated	For Charged		and J

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 5. 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.

aforesald.	
	ACCIDENT STATEMENT
Date Of Report	03/06/2019 19:31
Date Of Accident	03/06/2019 14:05
Exact Location Of Accident	QUEENSWAY TOWARDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
THE RESIDENCE OF THE PARTY OF T	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX5991L
Insured/Policyholder	
Name Of Registered Owner	NG KOK KENG
NRIC No	S1655680G
Email Address	QINGHAO97@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90098181
Alternative Phone No	OTHERS-97976779
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101777918
Cover Note Number	
Driver	
Name of Driver	NG QING HAO
NRIC No	S9742130G
Date Of Birth	20/11/1997
Occupation	INDOOR
Date Of Driving Pass	02/11/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	SECTION OF
	MALE
Mobile Number	
Mobile Number Fax Number	MALE (LOCAL) +65-90098181

Address

62 FARRER ROAD

#05-06

Postcode

268847

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

CHILDREN

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

RAINING

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

NO

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)

2

Passenger 1

NAME:

: FATHER

GENDER:

: MALE

#### 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

#### PLEASE REFER TO SKETCH PLAN

#### 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

SLN5283B

Vehicle Make/Model/Colour

MITSUBISHI OUTLANDER

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NG CHER HEONG

NRIC/Passport Number

S7204253J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

97434395

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.
- 3. 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.
- 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. 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.
- 7. 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:
  - (i) 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
- 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.

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  Third porty  STX 5991 C  STX 5991 C  STX 5991 C  DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Third porty  STX 5991 C  STX 5991	KETCH PLAN	Cunnusarry	Romo Townson g	Bus Buken	MERRY
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Third porty vehicle (mitsubishi Outlander) was stopped at in fint of the traffic light at Queensivey road towards Jalon Rit Merch. As I was approaching the traffic light behind his car, due to the haavy rain that was angoing at the point in time, I fasted misjudged the broking			Weat	her (heavy rate	и)
Third party vehicle (mitsubishi Outlander) was stopped et in fint of the traffic light at Queensway rood towards Jalon Rist Merch. As I was approaching the traffic light behind his car, due to the neary rain that was angring at the point in time, I failed misjudged the broking		UMSTANCES OF TH	My vehicle (Missan Tearia)	Third por yehicle (m	ty tsubshi suttorder)
	the traff	fic light at hing the tro	Queensway road tow Pfix light behind I the point in time,	adi Jalon B his car, due I failed m	to the heavy rain
DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature  Driver's Signature  Driver's Signature  Beporting Centre Personnel's Signature			are true in every respect.	a	03/06/2007

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name: Roll Worlds

Claim Handling					
Accident MT/1047443	111000000000				
Policy No.	\$L01777918	Venicle No.	55859914	GST Regustration No.	
Artificate No.	The state of the s				
Milcyholder Name	NG KOK KENG			Policyholow NRIC	\$14550000
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ontact No.(Mobile)	90048181	Contact No.(Office)		Contact No.(Home)	
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leporting Centre			14.05	Country of Accident	Singapore
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wn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100,00
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		Related Policy Number	5103777918		
Of Oriver Info					
river flame	Unnamed Driver	Driver Type	Unnamed Onver		
manud driver Name	vie dove Hino	Driver NRIC	89742130G	Driver DOS	20/11/1997
egister Date of Driver License	92/11/2017	Driver Age	21	Daving Experience	1
inter his (Munic)	97976779	Contact No.(Office)		Corcect No.(Home)	
ddreys II	\$2 FARRER HOAD	Address 2	#05-96 SPANISH VILLAGE	Althress 3	SINGAPORE 268847
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APIC/ Driving Limma 2019-6-3			MAC_BURIT_MERAH_R00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 83 Jun 2019 19:45		Normal	5A6 2019-6-3
9º Video List			NAC_BUKIT_MERAH_SOSCIAL NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT M(RAH)) on 03 Jun 2019 19: 45	NRIC/ Driving License		NRIC/ Driving License 2019-6-3
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## ACCIDENT STATEMENT

ACCIDENT DATE: 03 JOB J 2019 )(DD/A	MM/YYY), TIME:( 14 : 05 )(HH:MM)
LOCATION: Queensnay road towards	Jalan Bukit Mevah
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: STX STRILL	
b)INSURANCE COMPANY: NTWE !	niomi
CIPOLICY NUMBER: 500 791	0
	Δ
MINARE & MODEL: NISSAN TEAN	HIRD PARTY / THIRD PARTY FIRE &THEFT)
FITYPE: (SALOON / COUPE / MPV /VAN	L/LOPPY / MOTORCYCLE / Oxigen
DIPLIPPOSE OF USING AT A COLOR	MATERIAL (MOTORCTELE/OTHERS)
h) PURPOSE OF USING AT ACCIDENT THE	MIMERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OV	ME PEUEGNAI
IF NO. PLEASE STATE (THIRD PARTY CL.	WN INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER	AIM (KEPORTING ONLY)
A)NAME: Ng kok keng	
	(MALE) FEMALE
O IVINIC /	COMMON TO THE PARTY OF THE PART
CINDUNESS. GA TENEN FOOD #05	-06, Spanish Village
CONTINUEZE	
ONTINUE TO 3.d IF DRIVER ALSO POL	UCY HOLDER
T pussenge Driver	
(Including driver) STNAME: No Sing How	(MALE) FEMALE)
( ) ) DINKIC/FIN/PASSPORT: S97421300	CONTACT: 91916119
c)ADDRESS: 62 favrey goad #05	-Ob, spanish Village
*-/\D.12E 0.5	
d)DATE OF BIRTH: ( 20 ) 11 / 1997	J(DD/MM/YYYY) ·
BIOCCUPATION: [INDOOR / OUTDOOR!	)
DOUTE OF DRIVING DACK	Novana .
4. WAS DRIVER AN EMPLOYEE OF THE TO	NEILBEDIC COMPAND OFFERIES
TO THE DRIVE	WITH INCLINED.
CLEAR PAINI	NC Y OTHERS
DIRUAD SURFACE: (DRY AWET) OTHERS	, i
. WAS ANYBODY INJURED IVES (NO)	
7. a) REPORTED TO POLICE (YES (NO)	
IF YES, PLEASE STATE WHICH POLICE STA	TICLE
8. THIRD PARTY VEHICLE	MON:
Of DASCAGOER OF VEHICLES VILLE	8
including driver) b) DRIVER'S NAME: Na Over Henria	MODEL: Mitsubishi Outlone
( ) VEHICLE NUMBER: SIN 5283  OF VEHICLE NUMBER: SIN 5283	1 COULTER 1
THIS PART VEHICLE	CONTACT: 9143 4395
do of passanger d) VEHICLE NUMBER:	
	MODEL:
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nduding driver) fl NEIGGENERASSIDE	0.400 (0.400
nduding driver) fl NRIC/FIN/PASSPORT:	

email = qinghao97@gmail-com

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S9742130G



Nemu

NG QING HAO



CHINESE Date of birth 20-11-1997 Country of birth

SINGAPORE





FUI LANJINAL USE UNIV



NRICHE \$97421300

1000

17-02-2012

62 FARRER ROAD #05-06 SINGAPORE 268847 828276

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< \$300kg with =< 7 02 Nov 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:59742130G

FOR LKK/NAC Use Only

**eBao**Tech

Hello, NAC\_BUKIT\_MERAH\_800676

Change Language

GeneralClaim
Change Password Log Out

My Desktop

Notice of Loss

**Policy Query** 

Policy No.

Vehicle No.(For Motor) SJX5991L

Date of Accident Certificate Number

03/06/2019 17:01

\_

Search

Select Policy No. Certificate Number

Policyholder Name NG KOK KENG Policyholder NRIC Produc \$1655680G GPC

Product Cover Type

GFC drivo CLASSIC S

Vehicle Insured No. Object

Commence Expiry Date

SJX5991L SJX5991L 28/06/2018 27/06/2019

Continue