NATIONAL Assessment Ce.	ntre Services. wet 1 Janios A	NA11907460~		
Date In:8 6 15- 10:35	Jcb description	Date &Time Completed	Done	e by
Ref No: No IN C 192 NO	SAS e-filing			
Veh No: Spy Gos Y	E-mail (widia Shrs, AIC 2hrs)			140
D.O.A : 7/6/19- 18:15	i-Motor Claim Form	MT 1048104-301	8/6/19 11:	35
	i-Motor W/O (Within: OD 2)		1010	/3
OD / TP / Reporting Only	i-Photo Uploaded	1		1 100 00 100
TD	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	 	
Preferred Wksp / INC Assign Wksp / QW:			Fax:	
TP Particulars: Veh No:5	SZOOR L INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ())		
Excess: (\$) Loading: \$	\$1,000()/\$2,000()			
General Remarks:	SUPPLIES HON TOO VEDON' PRINTS VIVE NO	ARREST (XXXX 25)	Mar Carrie	
() Walk-In Customer: Customer's	information strictly Confidential & S	trictly NO refer of receives	5 N. W. 11 1 1 1 1	5 6
() Total Luss Case : to e-mail Ins		thoughto isler of lepailer.		
		F		
		Fowing Co: ()
Remarks: (INC horline: 6788 6616	0	Date&Time Completed "	Done	by
Apply for Transport Allowance ()	/ Courtesy Car ()	**.		
2) QC Check / Post Repair Inspection	()	-		
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()	1		
Injury :				
Date/Time Actions			STATE COLORS	A CONTRACTOR
	W		35	
				34.534 - = -30 -
•				
HA1904371	Invoice Pre	paration Checklist	Anit (\$)	Amt (3)
laimant's Particulars :-	1) AR : Acciden	t Reporting (\$30);	fu Bill	Add Bill
	2) DA : Damege	Assessment (\$100); INC (\$		
river/Owner:	3) TF : Towing I 4) FT : Follow-T		\$120	
ontact No:		hrough Survey (Resurvey) against INC Only (wef 10 Jan 200)	530	
amaged Portion:	6) TR : Re-inspe		\$75	
		+ SMRT Survey	\$160	
C Charled by CR V CI	8) NTUC Additi	onal Services:-		
C Checked by (Engr-In-Charge):	THE RESERVE OF THE PARTY OF THE	Car / Tpt Allowanue	\$5	
NATE OF SAFPRESS SPACE PROPERTY OF THE	*N6: Repair C		\$10 \$25	
uditors' Comments :-	*N8: DV / Co	licet Excess Coordination	\$5	
. 1;	TP (N11) : TP 9) N12: Idea Mo	(Non INC) against INC	30	-
2/3:	Invoice dated	i'ee Chargea		shafer
	Invalce dated	Fee Charged	SE UN	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

And the state of t	ACCIDENT STATEMENT
Date Of Report	08/06/2019 10:35
Date Of Accident	07/06/2019 18:15
Exact Location Of Accident	TERMINAL 3 BASEMENT CARPARK
Country/State of Loss	SINGAPORE
reading a read representation of a reading three D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDJ608Y
Insured/Policyholder	
Name Of Registered Owner	YONG CHEE WAH
NRIC No	S1418842H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97511288
Alternative Phone No	OFFICE-97511288
Vehicle Particulars	
Manufacturer	BMW
Model	730LI AT ABS D/AB 2WD 4DR NAV HID SR
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	5101425884
Cover Note Number	
Driver	
Name of Driver	YONG CHEE WAH
NRIC No	S1418842H
Date Of Birth	20/07/1960
Occupation	INDOOR
Date Of Driving Pass	15/10/1982
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97511288

OFFICE-97511288

NOEMAIL

Address 12 BEDOK RESERVOIR VIEW

#05-32

Postcode 479237

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

20

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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? YES

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

NO.

Number of Passengers (Including Driver)

0

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, MY VEHICLE WAS STATIONARY PARKED ONTO THE CARPARK LOT OF THE STATED VENUE. WHEN I CAME BACK RETRIEVE MY VEHICLE THERE WERE SOME SCRATCHES ON MY VEHICLE LEFT PORTION. THE WITNESS DID TOLD ME THAT VEHICLE B GRAZED ONTO MY VEHICLE LEFT PORTION. I DID NOT GET ANY WITNESS PARTICULARS AS HE IS RUSHING OFF.

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

SJS2098L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LOH BENG CHYE

NRIC/Passport Number

S0211512C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

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.
- 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.
- 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 Person Name:

NRIC/FIN No.:

s Signature

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Refer to	Hatement .			
		/		
	50			

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 Signature

Name:

NRIC/FIN No.:



For LKK/NAC Use Only



eBao Tech								GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident	0	7/06/2019	18:15	
	Vehicle	No.(For Motor)	SD3608	Y		Certif	cate Number				9
					I	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101425884		YONG CHEE WAH	51418842H	GPC	drivo CLASSIC	SD3608Y	SD3608Y	14/06/2018	25/08/2019
						Continue					

☑ Policy Information

Policy No.	5101425884	Policyholder Name	YONG CHEE	WAH	Policyholder NRIC	S1418842H	
Certificate No.							
Address	12 BEDOK RESERVOIR VIEW #0	05-32 THE CLI	EARWATER S	INGAPORE 479237			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/06/2018	Effective Date	14/06/2018	00:00	Expiry Date	25/08/2019	23:59
Excess Type		All Claims Excess					
Third Party	0	Own damage	600		Windscreen	100	
Excess		Excess			Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	GRANDE INSURANCE AGENCY	Agent Tel.	63650065		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy							
Policy Info Certificate Info	nolder Mailing Address						
Policy Info Certificate Info Policyh	nolder Mailing Address 12 BEDOK RESERVOIR V	/IEW Addr	ess 2	#05-32 THE CLEA	ARWATER	Address 3	SINGAPORE 479237
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Policy Info Certificate Info Policy Address 1 Address 4 Juit No. Insured	12 BEDOK RESERVOIR V	Addr Relat	ess Type ed Policy	Singapore address			
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	12 BEDOK RESERVOIR V d Object: SDJ608Y ements	Addro Relat Numl	ess Type ed Policy	Singapore address		Post Code	

licy No.					
	F101425884	Vehicle No.	S03608Y	GST Registration No.	
entificate No.					
olicyholder Name	YONG CHEE WAH			Peticyholder NR3C	S1418842H
roduct Code	PRIVATE CAR INSURANCE	Cover Type	Orivo CLASSIC	Loading	0
Ontact No.(Mobile)	97511288	Contact No.(Office)	0.	Contact No.(Home)	0
mail Address		Special Remark		eCode	[N. V
OFF.	® No ○ Yes	TCA	® to ○Yes		13.3
ICD Protection			® No ○ Yes	eCode Reason	
	No.	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
eport Date	08/06/2019 11:33	Accident Report Within 24 hrs.	Yes	Accident Type	Damaged whilst parked
ate of Accident	07/06/2019	Time of Accident Nhomm	18:15	Country of Academ	Singapore
eporting Centre		Orange Force		ICM No.	Singapore
ccident Location	TERMINAL 3 BASEMENT CARPARK	7 5 85 0 75 NASS (CT)		AND THE .	
♥ Excess					
wn damage Excess	10000				
	600.00	Additional Excess	0	Windscreen Excess	100.00
rinamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
hird Party Excess	0.00	Outside Singapore TP Excess	0.00		
⇒ Benefits					
GST Registered Informa	ition				
ST Registered	No		GST Beautygen Service		
ST Registration No.			GST Registration Date	10000	
odification History			GST Status Verified	Yes	
The second secon					
Policyholder Mailing Ad	dresa				
diress 1	12 BEDOK RESERVOIR VIEW	Address 2	AND TO THE PERSON NAMED IN	1000000	
cidress 4	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		#05-32 THE CLEARWATER	Address 3	SINGAPORE 479237
		Address Type	Singapore address	Post Code	479237
nt No.		Related Policy Number	5101425884		
♥ OI Driver Info					
nver Name	YONG CHEE WAH	Driver Type	Main Driver		
nnamed driver Name		Oriver NRIC	S1418842H	Driver DOB	20/07/1960
egister Date of Driver License	15/10/1982	Driver Age	58	Oriving Experience	36
ontact No.(Mobile)	97511288	Contact No. (Office)	0	5.5	
ddress 1	12 BEDOK RESERVDIR VIEW	Address 2	B	Contact No. (Home)	0
	TE DEDON RESERVOIR VIEW		THE CLEARWATER	Address 3	5INGAPORE 479237
Idress 4		Address Type	Singapore address	Post Code	479237
nit No.	05-32				
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Datase Secure Francis	
oganie eu car	C5-111/03/03-0			Driver Insurer Company	
claration					
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estinalyser or blood Test	o mg	Any injury?	○ Yes No		
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