NATIONAL Assessment Centre	Services and	1 January /	1/1114/110			
Date In: 1906 7009 1119	Jeb description	engare on a	Date & Time Con	ipleted	Done by	
REINO: NON INC 190/082/14	SAS e-filing					
Veh No. VA 596G	E-mail (within Mirs	, AIC Shop	1			111
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The state of the s	I-Motor W/O (w	/ithin: OD 2hra.	'rp 4hrs)		17:36	
OD . TP ? Peporting Only	i-Photo Uploade	ed				
	Assessment/Surve	ey Report			922=== SHUKO	
TP Insurer:	Ass't Report by	ax/Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Faxt		
TP Particulars: Veh No: 🕥	B 6060H	INC ()/Non-INC ().		
Owner / Driver: (Tel:	N. Mar)	
Policy No: () Per	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:		j	
Insured/Driver Liability: (%) [N	lote-Est Status (WC): N: 0-20	%; P: 21-79%.	F: 80-100%]	
Year of Registration: () W	Varranty; YES ()/NO()			
Excess: (\$) Londing: \$1,00	00()/\$2,000()				
General Remarks:-	。1970年 李明		是不特殊的社会人	411-41	4 1	
() Walk-In Customer: Customers infor	mation strictly Confli	dential & Str	ictly NO refer of	epairer.		
() Total Loss Case : to e-mail Insure	r URGENTLY.					
Drive-In () / Towed-In (); Invoice	YES () / NO) () ; T	owing Co: (10 mg (1 mg))
Remarks: (INC horline: 6788 6616)	Figure School of Street		Date&Time Con	nuloud	Done by	,
	Courtesy Car ()	12000 D 10 3000)	*2 7 th rid wit 25 th who 27 th	-		u -
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3	0001 ()		 			
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Date/Time / Actions			学生的	west strid at	Marie	-
331.0						
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1/01904377	101	Invaice Pre	paration Check	list	in Bill	Med 131
Journant's Particulars :-		1) AR : Acciden	Reporting (\$30); Assessment (\$100);	INC (580)		
P. C. Personal Street, Control of Printers and Street Street on		3) TF : Towing	Fee	\$40/54		
Priver/Owner:		4) FT : Fallow-	Through Survey Through Survey (Resu	\$124 recy) \$30		
Contact No:		For claiming	anainst INC Only (we	T 10 2nd 2003)		
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	1	6) NYUC A446	tional Servinos:			
C Checked by (Engr-In-Charge):	**************************************	*N3: Course	y Car / Tpt Allowings		5	
		*No Repair	Co-ordination	510 52		
Auditors Comments:		. N8: DV / C	ollees Excess Coordina	stion \$	5	
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int. 2 / 3.		5) N12: Idnu N Invoice dated		Pan Charged		3570)
1 /1 1		f zus detad		For Charged	SHIP!	

SINGAPORE ACCIDENT STATEMENT

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 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 indgement 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.

The second secon	ACCIDENT STATEMENT
Date Of Report	12/06/2019 17:10
Date Of Accident	12/06/2019 13:20
Exact Location Of Accident	CHAI CHEE DRIVE CARPARK NO:BDCC8
Country/State of Loss	SINGAPORE
the second of th	DETAILS OF CHARLYELIGLE

The Carlot of the Control of the Con		
	DETAILS OF OWN VEHICLE	A THE
Vehicle Registration Number	SLN596G	
Insured/Policyholder		
Name Of Registered Owner	AU CHEE FUN	
NRIC No	S0028692C	
Email Address	FRANKIE.NG38@YAHOO.COM	
Mobile Phone No	(LOCAL) +65-97241088	
Alternative Phone No	OTHERS-97241088	
Vehicle Particulars		
	3264 R266 R	

Manufacturer	MAZDA
Model	6
Exact Purpose for which vehicle was being used at	PRIVATE USE

time of accident

Are you claiming under your own insurance policy

NO

for repair to your vehicle?

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 FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5090819681-02

Cover Note Number

Driver

 Name of Driver
 NG PUCK NANG

 NRIC No
 \$0366112A

 Date Of Birth
 03/06/1947

 Occupation
 INDOOR

 Date Of Driving Pass
 14/05/1975

Driving Experience 44 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97241088

Fax Number

Contact Number OTHERS-97241088

EMail Address FRANKIE.NG38@YAHOO.COM

Address

BLK 278 BISHAN STREET 24

#06-72

Postcode

570278

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

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

PLEASE REFER TO SKETCH PLAN(TYPE OF COLLISION IS INSURED REVERSE AND HIT TP)

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

SJB6060H

Vehicle Make/Model/Colour

MERCEDES BENZ

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

- 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 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.
- 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)
 - (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
- (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.:

(If driver is not the policyholder) Date & Time:

- View assemblanteur, VS

Claim Handling							
Accident MT/1048778	tosokowski lož	Uptriols: No.	SERVICE T		1922 LWT W PAT		
Cartificate No.	3090810981142	Dathwilk two	BLNSWILL		GET Regunation No.		
Policytissier Name	ALI CHEE FUN				PolicyPolider NAUC		
Promet Cede		Cont Type	Story Factor, Fore &	Tise!	LOAding	500296920	
Contest No.(Mobile)	97741388	Contact Wo.(Cittica)			Contact No.(mone)		
Emplifications		Special Remark			eCisie	110 *	
RPH.		TCA	- No. 160		eCode Reason		
NCD Protection	No	NAZO Entitlementi/Nc)	No.		Provate Yere	Nu	
Facilient Details	SV-WARRED CORPORATION CO.						
Date of Accident		Accelerat Report, within 24 him Tyrus of Accelerat Instrumen	THE		Accord Type	Omers.	
Reporting Centre		Orange Films	12:21		Chartre of Apparet.	Simpapare	
Accident sincation	CHALCHEE DRIVE CANVANA NO ECCCH	S/11195/05/15			ICH No.		
Total Excuss Applicable							
Evens Type	Per Accident	Windocreton Excess		0.00			
				14000			
DD Standard Excess	8.00	TP Randers Excess		8.00			
VICTI OD EACHER	600.00	VIED IF Excess		0.00	Drivet is Coverest?	Some	
Additional Excess							
Total DD Excess Augmorbie Benefits	\$30.00	Total TV Excess Applicable		10.00			
SST Registered Informa	ting S						
GST Registered	766		227.5600	tration Date			
GST Registration (V)			UST Statu		790		
Medication Harry							
Pulicyholder Mailing Ad	Bress.						
Autoritis 3		Address 2	BISHAN ETRIJET 24		Address 3	SINGWIGHT STO	278
Hidress # imt No.		Aparess Type	Singapore address		Post Clubs	211114	
OI Driver Into	Q10.72	Related Folkly Number	PRODUCTORS OF				
Driver Name	Unramed Driver	Detver Train	anniened Driver				
Ultramed diliver Name		Driver NRSC	minanter proper		Street CON	03/06/1947	
Register Date of Driver License	14(95/1879	Driver Age	0.000		Driving Expension	44	
Contact No.: Hobbits	9734ste8	Certaiz Ne-JOHiod			Current No. (Horse)		
Atdress I	6L5-276 #06-72	Atmress 3.	MISHAN STREET DA	63	Antress 3	STROKEGES STR	1276
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Unit for. Diver he over a Broganise	04/72						
Registered CALT	Tes Pex	Description (Section 1990)	31N396G		Driver Intoner Company	White	
Destaration							
Medicine Habity Claim 001 from							
Claim Type: *				ар-ми	. Insured	Insured	De Danistones
				OD-ME.	Injured Jeu CHES run Comact	NRIC Sortani	Schillends
Contact No. (Malife)				96394327	No. (Norte)	No.	
Email address.				ЗАМИИОМ ФУАНОО COM	of	TF.	
				peaning requestion	NUMBER SERVICE	Vehicle	
Claim Description				\$1N5946 / \$194060+ ON 1	2 Jun 2019	Plante d Prefere	0.
Preferred	Impared Lighting (see a comp					Worken	OH-
Workshop Sames An Yes	Preference Preference Workshop, Name on	Notion GIA Received					
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Report Taken by				Will De Assenia e in	Date	Relative	# 14/00/01/9 90/00
200				KDSLI WAHAB			
Fritt AA letter							
			Save Summi				
			Save J. Salimit J.				
Attachment							
:36							
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			1.0	ingency	Description		(00)
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NAC BU	HUT_MERAIT_RODUTS(NATIONAL ASSESSMENT CENTRE S	SERVICE Protos		Normal	Photos 2019 6-12		
	5 (BURIT WERANI) on 12 Jun 2019 17:32	1200		LIDWSS.	A 100	P. C.	

7 1000 1701	Upleaded By/Date	Fulder Date	(trial)	Natrie	Sugror	Action
Video List						
Appl c	NAC BUNTT MERAH BURGTER N	IATIONAL ASSESSMENT CENTRE SERVICE HIJ ON 12 JUN 2019 17:31	NRICY Driving License	Monthal	satist/ Driving License 2019 + 17	
1	NAC_BUKIT_MERAH_B00676 N B_BUKIT_MERA	ATIONAL ASSESSMENT CENTER SERVICE HI) be 12 Jun 2019 17:51	Photoe	bormel	Phase 2019-6-12	
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验的	NAC_BURIT_MERAN_RODSYN_N \$ (BLACT MERAN	ATIGNAL ASSESSMENT CENTRE SERVICE (I) on 12 San 2019 17:31	Philippi	Surmel	Photos 2019-6-42	
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3	S CBURTT MERAH	KTIOMAL ASSESSMENT CRICITIES SERVICE)) on 12 Jun 2019 17 31	Profess	taurmal	Physics 2019-6-13	
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	S CBURT MIRAM	TIONAL RESENSMENT CHATRE SERVICE () on 12 Jun 2016 17:32	Protect	Normil	Huston 2019-0-18	
130	NAC_BURIT_HERAN_BUDE2N(NA S (BURIT MERAN)	FIGURE ASSESSMENT CENTRE SERVICE. () on 12 Jun 2019 (7:33	Philos	Normal	HPATTON 2019-6-12	
20	NAC_BURTY_MERCH_9006761 NAT 8 (BLACT MERCH)	NUMAL ARSESSMENT CONTRE SERVICE 1 on 17 for 2019 17:32	Photos	Nummil	Priores 2018-5-12	
4	WAC BINST MENAN BOOKTNE NAT	TIONAL ASSESSMENT CENTRE SERVICE 1 to Le Jun 2019 17:32	Photos	tacmal	Heatin 2019-6-12	
6	NAC_SUMIT_MERAH_RIDGTE/ NAT S (SUMIT MERAH)	TONAL ASSESSMENT CENTRE SERVICE on 12 Jun 2019 17:32	Protos	Normal	Photos 2019/6-13	
	WAC_BURTT_MERAH_BODG/TA/WAT \$ (MURTT MERAH))	IDNAL ASSESSMENT CENTRE SERVICE on 12 July 2019 (7:32	Photos	Normik	Printer 2019-8-12	
1						

Display in New Window | Scan and sprinning

Time of Accident: Vehicle Make/Model: Vehicle No: Exact Location of Accident: Owner's Name/NRIC: Driver's Name/NRIC: 97241088 Insurance Co & Policy No: Driver's Email Address: Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: What do you wish to claim (Please circle one only) 1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes) Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only) Private Use // Work Purpose Weather Condition & Road Conditions? Clear & Dry // Raining & Wet / After-Rain & Wet / Drizzling & Wet Occupation Indoor / Outdoor Any Injuries? (MC of 3 Days or more, police report is required) If Yes, which police station? Yes / No The Other Party (Vehicle B) Details Vehicle No: SJB 6060H Driver's Name/IC: Driver's Contact: Insurance Company: (If more than 2 vehicles involved, please indicate the other party vehicle numbers below) Other Vehicle (Vehicle C) : Independent Witness (If Any): Contact:

Contact:

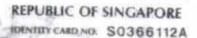
PERSONAL PARTICULARS

Preferred Workshop (If Any): ___

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.







NG PUCK NANG

黄柏南

CHINESE 03-06-1947 M

Country of Borts. SINGAPORE



For LKK NAC Use Only

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

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

NP 428A

14 May 1975

S0366112A

22-08-1991

APT BLK 278 BISHAN STREET 24 #06~72

SINGAPORE 570278 NRIC No: S03661174

Date: 14/03/2011

No: 0780442

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0028692C



Name



AU CHEE FUN

区志芬

Race

CHINESE

Date of Birth

19-01-1951

Country of Birth

SINGAPORE



For LKK/NAC Use Only

Sex



NEC No. S0028692C



Blood Group

Date of issue

22-08-1991

APT BLK 278 BISHAN STREET 24 #06-72

SINGAPORE 570278

NRIC No: S0028692C

Date:

21/03/2011

No: 6786400

FUI LING WAL USE UMY



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) A	ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) F	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES STUDE PARTY DEVELOPED A FACE SALE	

CB	tificate Number: 5090819681-02	Cover : Third Party, Fire & Theft
1.	Index mark and Registration Number of Vehicle	: SLN596G
	Chassis Number	± JM6GG10F270539651
2.	Name of Policyholder	AU CHEE FUN
3.	Effective Date of Insurance	: 10 May 2019
4.	Expiry Date of Insurance	: 09 May 2020
6.	the Motor Vehicle or has been so permitted and enactment or regulation in that behalf from dri- Limitations as to Use#	accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any
	 (b) Use for racing, pace-making, reliability trial or s (c) Use for the carriage of goods (other than sample) 	es) in connection with any trade or business.
	 (b) Use for racing, pace-making, reliability trial or s (c) Use for the carriage of goods (other than sampled) (d) Use for any purpose in connection with the Mo # Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Tribeadings. 	es) in connection with any trade or business.
	(b) Use for racing, pace-making, reliability trial or s (c) Use for the carriage of goods (other than sampl (d) Use for any purpose in connection with the Mo # Limitations rendered inoperative by Section 8 o Act (Chapter 189) and Section 95 of the Road Tr headings. CESS (SECTION 1)	les) in connection with any trade or business. stor Trade. If the Motor Vehicle (Third Party Risks and Compensation)
EX	(b) Use for racing, pace-making, reliability trial or s (c) Use for the carriage of goods (other than sampl (d) Use for any purpose in connection with the Mo # Limitations rendered inoperative by Section 8 o Act (Chapter 189) and Section 95 of the Road Tr headings. CESS (SECTION 1) CESS (SECTION 2)	les) in connection with any trade or business. stor Trade. If the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these : N/A : N/A
EX AD	(b) Use for racing, pace-making, reliability trial or s (c) Use for the carriage of goods (other than sample) (d) Use for any purpose in connection with the Mo # Limitations rendered inoperative by Section 8 o Act (Chapter 189) and Section 95 of the Road Tribeadings. CESS (SECTION 1) CESS (SECTION 2) DITIONAL EXCESS	les) in connection with any trade or business. stor Trade. If the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these N/A N/A N/A N/A
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EX AD UN RE	(b) Use for racing, pace-making, reliability trial or s (c) Use for the carriage of goods (other than sampl (d) Use for any purpose in connection with the Mo # Limitations rendered inoperative by Section 8 o Act (Chapter 189) and Section 95 of the Road Tr headings. CESS (SECTION 1) CESS (SECTION 2) DITIONAL EXCESS NAMED DRIVER EXCESS PAIR AT OWNER'S PREFERRED WORKSHOP GURE WITH COE	les) in connection with any trade or business. Intor Trade. If the Motor Vehicle (Third Party Risks and Compensation) Into ansport Act, 1987 (Malaysia), are not to be included under these In N/A
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Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661) Date of Issue : 08 Apr 2019 21:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive