NATIONAL Assessment Ce	ntre Services	12018 0 11 AMA 150me	
Date In: 1/6/19-13:30	Jeb description	Date & Time Complete	Done by
Ref No: 44/146 19011074/24	SAS e-filing		
Veh No: 52 794M	E-mail (within Shrs, A	IC 2hrs)	
D.O.A: n/6/19-71:0>	i-Motor Claim For	1cc-4c10501 LW ma	20/6/19 14:16
OD / TP / Reporting Only	i-Motor W/O (With		
OB : 11 - National gold y	i-Photo Uploaded		T
TP Insurer:	Assessment/Survey I	Report	
	Ass't Report by Fax	/ Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	Fax:
TP Particulars: Veh No:	FOM6641T	INC( )/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: (	Period: (	) Cover Type: (	)
Confirmed by : (	Dat	e: Time:	)
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO):	N: 0-20%; P: 21-79%. P: 8	0-100%]
1/ 65 1 1		40( )	
Excess: (\$ ) Loading:	\$1,000( )/\$2,000( )	)	
General Remarks:-			
( ) Walk-In Customer: Customer's	information strictly Confident		
( ) Total Loss Case : to e-mail In:			
	oice: YES ( ) / NO (	); Towing Co: (	
		) 1 to 11 mg co. (	
Remarks: (INC hodine: 6788 6616	9):	Date&Time Comple ad	Done by
	) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		A NES TO SE TO SE
<ol> <li>Upload Resurvey Photo [Repair Cost &gt;</li> </ol>	> \$3000] ( )		
Injury:			
Date/Time Actions			works or the contract
Date/Time Actions		Constitution of the Consti	Markone.
		-	
	1		
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NA MOYUS 1	lnvoi	ce Preparation Checklist	Ant (S) Amt (S Int Bill Add Bi
aimant's Particulars :-	2000-000000000000000000000000000000000	Accident Reporting (530);	
iver/Owner:		Damage Assessment (\$100); INC Towing Fee	(\$80) \$40/\$45
iven/Owner:	4) FT :	Follow-Through Survey	\$120
ntact No:		Follow-Through Survey (Resurvey) laiming against INC Only (wef 10 Jan 20	\$30
maged Portion:		Re-inspection	\$75
		Idao DA + SMRT Survey C Additional Services:-	\$160
Checked by (Engr-In-Charge):	OD.		
- J (ongi - In-Charge).		Courtesy Car / Tpt Allowance	\$5
iditors' Comments :-	N7:	Repair Co-ordination  Post Repair Inspection	\$10 \$25
1:		DV / Collect Excess Coordination N11): TP (N-in INC) against INC	\$3 \$20
2/3:		Idao Mobile	30
413			
Total Marie	Invoice		The state of the s

#### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

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 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.

higher the sylvest annual every ser-	ACCIDENT STATEMENT
Date Of Report	22/06/2019 13:50
Date Of Accident	21/06/2019 22:00
Exact Location Of Accident	TANJONG KATONG RD TWDS DUNMAN LANE
Country/State of Loss	SINGAPORE
September 19 Committee of the Committee	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU794M
Insured/Policyholder	
Name Of Registered Owner	HENRY LIGHTING SERVICES
Co Reg No	53370649A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81217966
Alternative Phone No	OFFICE-81217966
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 2.0 AUTO
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	NOT A SECURE OF THE PROPERTY OF THE PROPERTY OF
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094447716-01
Cover Note Number	
Driver	
Name of Driver	LAI HONG HWA
NRIC No.	S0060455J
Date Of Birth	24/05/1949
Occupation	OUTDOOR
Date Of Driving Pass	22/01/1971
Driving Experience	48 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81217966
Fax Number	Control of the Control of Control
Contact Number	OFFICE-81217966

NOEMAIL

BLK 14 BEDOK SOUTH AVENUE 2 Address

#16-576

Postcode 460014

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE

Type Of Accident 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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

5

Passenger 1

NAME:

-

GENDER: : MALE

Passenger 2

NAME:

GENDER:

: MALE

Passenger 3

NAME:

GENDER:

: FEMALE

: FEMALE

Passenger 4

NAME:

. -

GENDER:

## **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?

NO

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBM6641T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## MOTORCYCLE

## 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 <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.

Policyhottler's Signature

Date Time:

Conver's Signature

(If ciriver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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On the stated	date and time		
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suddenly 1 te	elt a accept impact	on my right of	ort and realise
a motorbike ha	ed collided with	me.	
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lag tire for oing parti	iculars are true in every respect.		7/2

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Date of Accident	: > 1 June 2019 Accident Time: 10 pm (24-HR-Format)
Accident Place	: Tanjong katong Rd > Dunman Lane
Vehicle Reg. No. (Car Plate No.	) : SJu 794M
Vehicle Make/Model	: Toyota Wish
Insurance Company	NTUC Policy No.
Owner or Company Name /IC No	o. Henry lighting Services 53370649A
Owner or Company Contact No.	. 8121 7966 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Lui Hong Hwa 50060455J
DRIVER'S Date Of Birth	: 24 May 1949 DRIVER'S License Pass Date 22 Jan 1971
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others Duner
DRIVER'S Address	: 14 Bedox South Ave 2 #16-576 ( (16.46)
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin @ Mycar-sg
Weather & Road Surface	: CLEAR & DRY \RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Doly \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river): 5 2 kmale, 2 male
Was there any video Captured by car Exact purpose for which vehicle was	r camera: FES \ NO s being used at the time of accident: Private use \ Work purpose
Other Pr	arty Driver's Particular (if any)
Vehicle Reg. No: FOM 664 17	Vehicle Reg. No:
Vehicle Make\Model;	
Name Driver:	Name Driver:
IC No. Driver;	
Driver's Contact & Add:	Driver's Contact & Add:









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My Desktop Notice of Loss	Polic	y Query							50 5 38 12.546		
Notice of Loss	Policy N	0.				Date o	of Accident		21/06/2019	22:00	
	Vehicle	No.(For Motor)	SJU794	М		Certifi	cate Number	[			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094447716- 01		HENRY LIGHTING SERVICES	53370649A	GPC	drivo CLASSIC	SJU794M	SJU794M	17/11/2018	16/11/2019

Policy No.	5094447716-01	Policyholder Name	HENRY LIC	SHTING SERVICES	Policyholder	53370649A	
Certificate No.		, warne			NRIC		
Address	BLK 14 #16-576 BEDOK SOU	TH AVENUE 2 SI	NGAPORE 4	60014			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	19/10/2018	Effective Date	17/11/201	8 00:00	Expiry Date	16/11/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Υ	
Co- Insurance Flag	No				i sancalor <u>e</u> i		
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
	BLK 14 #16-576	Addre	ss 2	BEDOK SOUTH AV	ENUE 2	Address 3	SINGAPORE 460014
Address 1				Singapore address		Post Code	460014
		Addre	ss Type	Singapore address			
Address 1 Address 4 Unit No.	16-576	Relate	d Policy	5094447716-01			100021
Address 4 Unit No.	16-576 ed Object: SJU794M		d Policy	0.655624.5608250.00			100021
Address 4 Unit No.	d Object: SJU794M	Relate	d Policy	0.655624.5608250.00	Le la III		100027

cident MT/1050104						
PRY PRO:	21000000000		UNITED AND			
rtificate No.	5094447716-01		Vehicle No.	S3U794M	GST Registration No.	
cyholder Name	HENRY LIGHTING SERVICE				Policyholder NR3C	53370649A
duct Code	PRIVATE CAR INSURANCE		Cover Type	drive CLASSIC	Loading	0
tact No.(Mobile)	81217966		Contact No. (Office)	0	Contact No.(Home)	0
M Address			Special Remark		eCode	N. C
	No ○ Yes		TCA	® No ○ Yes	eCode Reason	Carriedon.
Protection	No		NCD Entitlement(%)	10	Private Hire	Yes
Accident Details						
ort Date	22/06/2019 14:14		Accident Report Within 24 hrs	Yes	225270200	
of Accident	21/06/2019		Time of Accident hhomm		Accident Type	Collision - Change / Cross lane
rting Centre	*********			22:00	Country of Academs	Singapore
dent Location	Takendard parents are not		Orange Force		ICM No.	
	TANJONG KATONG RD TW	US DUNMAN LANE				
Excess						
demage Excess	2,0	00.00	Additional Excess	0	Windscreen Excess	100.00
arried Driver Excess			Outside Singapore OD Excess	2,000,00		
Party Excess	1,9	00.00	Outside Singapore TP Excess	1,500.00		
Benefits						
GST Registered Inform	ation					
Registered	No			GST Registration Date		
Registration No.	65700			GST Status Venfied	W	
fication History				WALL SHEWS ACCUSED	Yes	
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Policyholder Mailing Ad	idress					
ess 1			SALES AND A SALES	THE STATE OF THE S		
ress 1	BLK 14 #16-576		Address 2	BEDOK SOUTH AVENUE 2	Address 3	SINGAPORE 460014
	sanguer		Address Type	Singapore address	Post Code	460014
No.	16-576	- 3	Related Policy Number	5094447716-01		
OI Driver Info			The same of the sa			
er Name	Unnamed Driver	2	Driver Type	Unnamed Driver		
emed driver Name	LAI HONG HWA	- 1	Driver NRIC	900604553	Driver DOB	24/05/1949
ster Date of Driver License	22/01/1971		Oriver Age	70	Driving Experience	48
fact No.(Mobile)	81217966	9	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 14	9	Address 2	BEDOK SOUTH AVENUE 2	Address 3	SINGAPORE 460014
ress 4			Address Type	Singagore address	Post Code	
No.	16-576		350000000000000000000000000000000000000	Constitution of the Consti	Post Code	460014
s he own a Singapore.	Owner					
	Yes ® No	7.1	Driver Vehicle No.		Driver Insurer Company	
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