NATIONAL Assessment Centre Services. [wel I Jan'03] . : MMA 1190 8335 Done by Date & Time Completed Jeb description Date In: 2616/19 17:13 Ref No. SAS c-filing MA/INC19011348 144. E-mail (white this, AIC 2hrs) Voli Hos SKN 933 D I-Motor Claim Form DUA MT/1050744-25 16 119 19:00. I-Motor W/O (Within: OD 2hrs, TP 4hrs) P. Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksiz Fax: Proformd Wiesp / INC Assign Wiesp / QW: ( Veh No: INC ( )/Non-INC ( IP Particulars: GBC 85851 Owner/Driver: ( Tcl: Policy No: ( Cover Type: ( Period: ( Confirmed by : ( Dates Time: Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: ( Warranty; YES ( )/NO( Excess: (\$ Loading : \$1,000 ( )/\$2,000( Concold Rollinger & K. C. Marshing ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ( )/Towed-In ( ); Invoice: YES ( ) / NO ( 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost>\$3000] Injury : Hid had th NA190474 Chammads Particulars 1) AR I Accident Reporting (530); 2) DA t Damege Assessment (\$100); 3) Tl' 1 Towing Pee Driver/Owner: \$120 4) PT : Follow-Through Survey 5) PT : Follow-Through Burvey (Resurvey) Contact No: Por glaiming against INC Only (wof 10 Jan 2005) 6) TR: Re-Inspection Damaged Portion: 2160 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services; OU. QC Checked by (Engr-In-Charge): \$3 \*NS; Courtesy Car / Tpt Allowanse 510 \*N6: Repair Co-ordination \$25 \*N7; Post Repole Inspection Auditors Comment \*Nn: DV / Collect Excess Coordination 22 TP (NII) : TP (It'm INC) against INC laf. 1; 9) N17: Idao Mobile Involve dated 34 2 / 3; Fee Charged Invoice dated

i paratea

PERSONAL PROPERTY

#### 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 <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.
- 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.
- 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.

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
THE RESERVE OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	26/06/2019 17:13
Date Of Accident	25/06/2019 19:00
Exact Location Of Accident	53 UBI AVE 1
Country/State of Loss	SINGAPORE
D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN933D
Insured/Policyholder	
Name Of Registered Owner	LIOW MOH KIN (LIAO MUQIN)
NRIC No	S7718741C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97468509
Alternative Phone No	OFFICE-97468509
Vehicle Particulars	
Manufacturer	BMW
Model	5231
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5110231765
Cover Note Number	§
Driver	
Name of Driver	LIOW MOH KIN (LIAO MUQIN)
NRIC No.	S7718741C

 NRIC No
 \$7718741C

 Date Of Birth
 07/07/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 05/07/1996

Driving Experience 22 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97468509

Fax Number

Contact Number OFFICE-97468509

EMail Address NOEMAIL

Address BLK 788 WOODLANDS AVE 6 #12-619

Postcode 730788

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

8

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

MY VEH WAS PARKED AT THE 53 UBI AVE 1, WHILE VEH B (BEARING NO GBC8585L) REVERSING HIS VEH AND HIT ONTO MY PARKED VEH FRONT LEFT PORTION.

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

GBC8585L

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

- 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:
  - (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

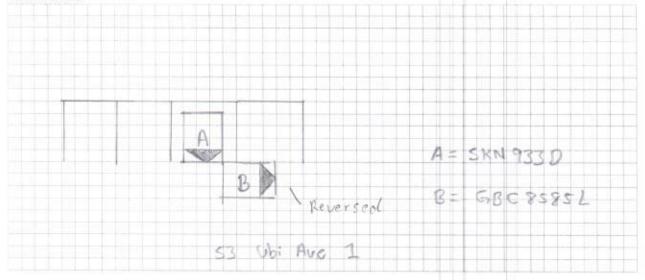
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer to	statement	

# DECLARATION

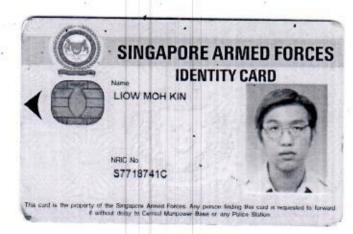
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





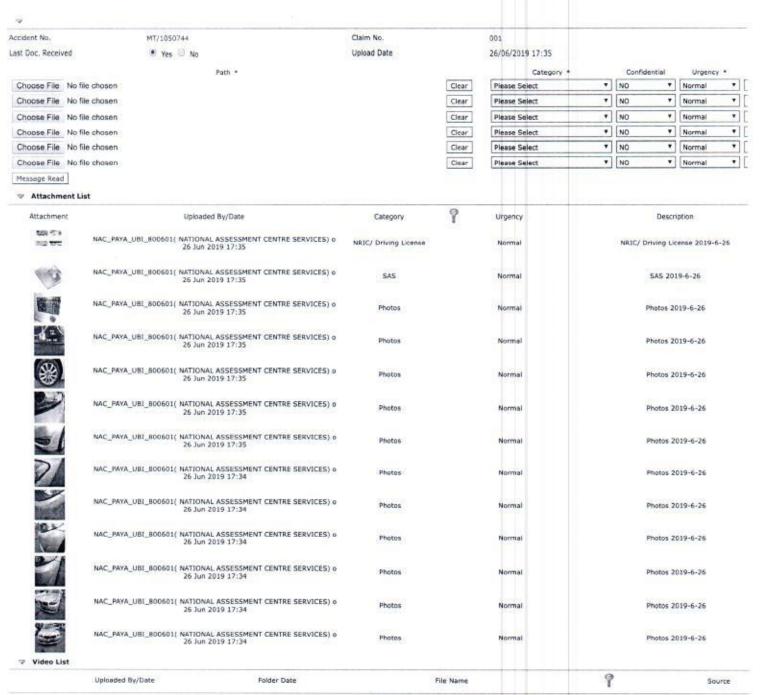




eBaoTech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 Change Language Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 25/06/2019 17:13 Vehicle No.(For Motor) Certificate Number SKN933D Search Policyholder NRIC Certificate Policyholder Vehicle Insured Commence Select Policy No. Product Cover Type Expiry Date Number Name No. Object Date LIOW MOH KIN (LIAO MUQIN) drivo CLASSIC 5110231765 57718741C GPC SKN933D SKN933D 16/06/2019 15/06/2020 Continue

Claim Handling

Accident MT/1050744						
Policy No.	5110231765	Vehicle No.	5KN933D		GST Registration No.	
Certificate No.						
Policyholder Name	LIOW MOH KIN (LIAO MUQIN)				Policyholder NRIC	5771
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile)	97468509	Contact No.(Office)			Contact No.(Home)	
Email Address		Special Remark			eCode	No 1
KFK	No Yes	TCA	No Yes		eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50		Private Hire	No
Accident Details						
Report Date	26/06/2019 17:32	Accident Report Within 24 hrs	Yes		Accident Type	Dame
Date of Accident	25/06/2019	Time of Accident hh:mm	19:00		Country of Accident	Singa
Reporting Centre		Orange Force			ICM No.	
Accident Location	53 UBI AVE 1					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		100.00		
OD Standard Excess	600.00	TP Standard Excess				
YIED OD Excess	0.00	YIED TP Excess		0.00	200000000000000000000000000000000000000	75
Additional Excess	0	TIED IF EXCESS		0.00	Driver is Covered?	Not (
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
<b>▽</b> Benefits						
	tion					
GST Registered	No		GST Registr	ation Date		
GST Registration No.			GST Status	Verified	Yes	
Modification History						
Policyholder Mailing Add	Iress					
Address 1	BLK 788 #12-619	Address 2	WOODLANDS AVENU	16.6	Address 3	SING
Address 4		Address Type	Singapore address		Post Code	7307
Unit No.	12-619	Related Policy Number	5110231765		rum code	2307
♥ OI Driver Info			3110231703			
Driver Name	LIOW MOH KIN	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	57718741C		Driver DOB	07/0
Register Date of Driver License	01/01/1997	Driver Age	41		Driving Experience	22
Contact No.(Mobile)	97468509	Contact No.(Office)			Contact No.(Home)	
Address 1	8LK 788 #12-619	Address 2	WOODLANDS AVENU	JE 6	Address 3	SING
Address 4		Address Type	Singapore address		Post Code	7307
Unit No.	12-619					
Does he own a Singapore Registered car?	Yes * No	Driver Vehicle No.			Driver Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes · No			
Nonung:		SIANT SURFICION				
Modification History						
Claim 001 New						
Claim Type *				OD-MX	Insured LIOW MOH KIN (I	
					Name LIOW MOH KIN (L	IAO MUQIN
Contact No.(Mobile)				97468509	No. (Home)	
Email Address					Vehicle SKN933D Number	
Claim Description				SKN933D / GBC8585L		
Preferred				SKI4933D / GBC6383L	UN 25 JUN 2019	
Workshop p	Preference Liability Not at					
Bontact No. Finalisation Yes	Repair Preferred Workshop	p, Name unknown   GIA  Receive	ed •		Claim	
Date Registered				26/06/2019 17:34	Close	
Report Taken By				LIEW SHAN HUI	Date	
Design to vive Section 2000 at 1						
Print AK letter						
			F			
			Save Submit			
Attachment						



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