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NATIONAL Assessment Co	entre Services poet 1 Jan 2011	NHALIA 087374	
Date In: 17/19-16:39	Jeb description	Date & Time Completed	Done by
Res No: HAJINCIGOIIJGG hy	SAS e-filing		
Veh No: 52 C9507L	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 27/6/15 17:0)	i-Motor Claim Form	M7 1051318 - 30 1	Italia ising
	I-Motor W/O (Within: OD 2		11119 13.07
OD (TP)' Reporting Only	i-Photo Uploaded		** ***
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hans		
Preferred Wksp / INC Assign Wksp / QW			
	KH888 OB INC		ax:
Owner / Driver: (	ENTER OF THE	Tel:	- X
Policy No: (	Period: (	Cover Type: (	
Confirmed by : (	Date:	Time:	
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-	Description:	100063
Year of Registration: (	) Warranty: YES ( )/NO(	)	10078]
Excess: (\$ ) Loading:			
General Remarks:-	No. 2003 Tox Addit record desails and the	ANE HOLDING OF THE PARTY OF THE PARTY	WAR COM THE COME
( ) Walk-In Customer: Customers			See See
Remarks: (UNC hotline: 6788 661	6) >> -	Towing Co: ( Date&Tirrie Completed	Done by
Apply for Transport Allowance (     QC Check / Post Repair Inspection	)/Courtesy Car ( )		
3) Upload Resurvey Photo [Repair Cost	> 520003		
Injury:	> \$3000] ( )		
Date/Time Actions		T 1 1940	SESSION IN
•			
JA190 4895 "	Invoice Pr	eparation Checklist	Anit (S) Amil
aimant's Particulars :-	1) AR : Acciden		
iver/Owner:	2) DA : Damag 3) TF : Towing	the state of the s	0) /\$45
	4) FT : Follow-	Through Survey	5120
ntact No:	For claiming	Through Survey (Resurvey) against INC Only (wef 10 Jan 2005	230
maged Portion:	6) TR: Re-insp		\$75
	3 8) NTUC Addit		,100
Checked by (Engr-In-Charge):	OD*	y Car / Tpt Allowance	55
	*N6: Repair (	Co-ordination	\$5 \$10
ditors' Comments :-	23 S CANOC 281 JUNE 20 11 JUNE 1999 JULY 2	pair Inspection ollect Excess Coordination	\$25 \$5
	TP (N11): T	P (Non INC) against INC	\$20
2/3:	9) N12: Idac Ma Invoice dated	Pee Chargea	30

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. 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 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 fav a fee. he made available upon application by interested parties

	to be made available upon application by interested parties; but hereby consent to the archiving of this report at the centre and to copies of the report being made available
ALCOHOL: NO THE RESIDENCE OF THE RESIDEN	ACCIDENT STATEMENT
Date Of Report	01/07/2019 15:09
Date Of Accident	29/06/2019 17:00
Exact Location Of Accident	LUCKY PLAZA MULTISTORY CARPARK
Country/State of Loss	SINGAPORE
Marie Control of the State of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC9507L
Insured/Policyholder	
Name Of Registered Owner	RHEA B ARELLANO
NRIC No	S2623979F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90042259
Alternative Phone No	OFFICE-90042259
Vehicle Particulars	

Vehic	la	Parti	CIII	lar	
venic	œ	Paru	Cu	ıaı	3

Manufacturer	HONDA
Model	STREAM 1.8 A

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 THIRD PARTY Vehicle Category PRIVATE CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5107506262 Policy Number

Cover Note Number

Driver

Name of Driver NEO AH SAN S1423590F NRIC No Date Of Birth 14/12/1959 **INDOOR** Occupation 18/11/2002 Date Of Driving Pass

**Driving Experience** 16 YEARS AND 7 MONTHS

Gender MALE

(LOCAL) +65-98556473 Mobile Number

Fax Number

Contact Number OFFICE-98556473

**EMail Address** NOEMAIL Address

BLK 127 SERANGOON NORTH AVENUE 1

#04-53

Postcode

550127

Was driver an employee of the Insured's Company

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

COLLISION - HEAD ON COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

involved in the accident

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

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)

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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B MAKE A LEFT TURN FROM MULTISTORY CARPARK AND WHICH HE CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT PORTION.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKH8880B

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

CHEAH BAOHUA

NRIC/Passport Number

S8324480A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

### 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.
- 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

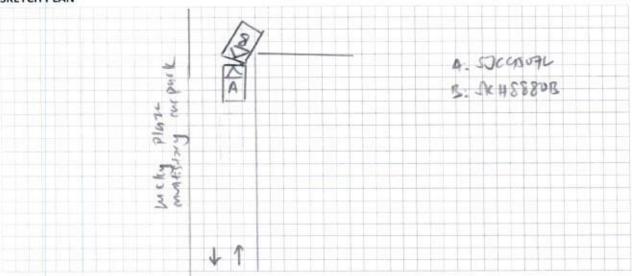
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



eter to statement.		
	THE STATE OF THE S	

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 .:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1423590F





NEO AH SAN

CHINESE

14-12-1959 SINGAPORE

For LKK/NAC Use On

lesus Date 18 Sep 2003

TOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

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



5787503

For LKK/NAC Use Only

21-08-2017 APT BLK 127 SERANGOON NORTH AVENUE 1 804-53 SINGAPORE 550127

NP 426A

eBaoTech							Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			• Change	Language	+ Chang	e Password	• Log Out
My Desktop	<b>Policy Query</b>							
Notice of Loss	Policy No.		Da	te of Accident	2	9/06/2019 1	7:00	
	Vehicle No.(For Motor)	SJC9507L	Ce	rtificate Number				- 20
			Search					
		Certificate Policyholder Number Name	Policyholder Produ	ct Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5107506262	RHEA B ARELLANO	52623979F GPC	drivo CLASSIC	SJC9507L	SJC9507L	05/03/2019	04/03/2020
			Continu	ie ]				

Seque	nce Date of Endorseme	nt	Endorsemen	t Type	Endorsement	t Status	Endorsement Content
	sements				4		
) Insure	ed Object: SJC9507L						
Init No.		Relat Numi	ed Policy ber	5107506262			
ddress 4			ess Type	Singapore address		Post Code	550127
ddress 1	BLK 127 #04-53	Addre	ess 2	SERANGOON NOR	TH AVENUE 1	Address 3	SINGAPORE 550127
Policy	holder Mailing Address				31 <u> </u>		
ertificate nfo							
olicy nfo							
lag Open							
lo- nsurance	No						
gent	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331		GST Flag	Υ	
ingapore D xcess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
dditional xcess Jutside	0	OS Premium	0				
xcess	0	damage Excess	600		Excess	100	
ype hird		Excess Own			Windscreen		
xcess	Per Accident	All Claims					
olicy ssue ate	15/02/2019	Effective Date	05/03/2019	00:00	Expiry Date	04/03/2020 23	:59
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 127 #04-53 SERANGOON N	ORTH AVENU	E 1 SINGAPO	RE 550127			
ertificate lo.		Name			NRIC		
olicy No.	5107506262	Policyholder Name	RHEA B ARE	LLANO	Policyholder NRIC	S2623979F	

					-
Report Date	01/07/2019 15:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	29/06/2019	Time of Accident hh:mm	17:00	Country of Academ	Singapore
Reporting Centre		Drange Force		ICM No.	
Accident Location	LUCKY PLAZA MULTISTORY CARPARE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
00 Standard Excess	600.00	TP Standard Excess	0.00		
VIED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excets Applicable	0.00		
→ Benefits					
□ GST Registered Informa	tion				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
	2002				
Policyholder Mailing Ad-		11051100323		10198930	5000 COOK 5000 TO
Address 1	BLK 127 #04-53	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE SS0127
Address 4		Address Type	Singapore address	Post Code	550127
Unit No.		Related Policy Number	5107506262		
OI Driver Info	transfer and the second	11 £30010 £0024	District Section 10		
Driver Name	NEO AH SAN	Driver Type	Main Driver	Driver DOS	14/12/1959
Unnamed driver Name	150110000	Driver NRIC	S1423590F 59	Driving Experience	16
Register Date of Driver License		Driver Age		Contact No.(Home)	0
Contact No.(Mobile)	98556473	Contact No.(Office)	0 SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 550127
Address 1 Address 4	BLK 127	Address Type	Singapore address	Post Code	550127
	04-53	rousess type	angapore address	Year Code	330221
Unit No. Does he own a Singapore				2000	
Registered car?	○ Yes ( No	Driver Vehicle No.		Driver Insurer Company	
Oedaration :					
Breathalyser or Blood Test			0		
Reading?	0 mg	Any injury?	O Yes   ● No		
Modification History					
Modification History  Cleim 001 History					
Claim 001 Msw	OD-MX V	Insured Name	RHEA B ARELLANO	insured MRIC	\$2623979F
Claim 001 Msw	00-Mx V 98556473	Insured Name Contact No. (Home)	RHEA B ARELLANO 96154637	Insured Mk1C Contact No.(Office)	\$2623979F
Claim 001 Msw	ACAMADO		CONTRACTOR OF STREET		\$2623979F SKH888CB
Claim Type * Contact No.(Mobile)	98556473	Contact No.(Home)	96154637	Contact No.(Office)	
Claim 001 New Claim Type * Centact No. (Mobile) Email Address	98556473	Contact No.(Home) Of Vehicle Number Type of Benefit *	96154637 \$209607L	Contact No.(Office)	
Cleim 901. New Cleim Type * Centact No. (Mobile) Email Address Claimant Type Claimant Type *	96556473 Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	96154637 \$209607L	Contact No.(Office)	
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Cleim 001 Msw  Cleim Type *  Centact No. (Mobile) Email Address Claimant Type Claimant Type *  Claimant Address Claim	98556473  Please Select   22	Cortact No. (Home) Of Vehicle Number Type of Benefit * Clement NR3C *	96184637 SICSS67IL Please Select	Contact No.(Office) TP Vehicle Number	
Claim 001 New  Claim Type *  Centact No. IMobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claim Description  Preferred Workshop Contact No.	98556473  Please Select  S1C9507L / SKH88808 ON 29 Jun 2	Cortact No. (Home) Of Vehicle Number Type of Benefit * Clement NR3C *	96184637 SJCS607L Please Select	Corriact No. (Office) TP Vehicle Number  Name of Preferred Workshop	
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Claim 001. Next  Claim Type *  Centact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered	98556473  Please Select  S1C9507L / SKH88808 ON 29 Jun 2  Tes  U/O7/2019 18:27	Cortact No. (Home) Of Vehicle Number Type of Benefit * Clement NR3C *	96184637 SJCS607L Please Select	Corriact No. (Office) TP Vehicle Number  Name of Preferred Workshop	SICHS88CB
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Cleim 001 New  Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter	98556473  Please Select  S1C9507L / SKH88808 ON 29 Jun 2  Tes  U/O7/2019 18:27	Contact No. (Home) Of Vehicle Number Type of Benefit * Claiment NR3C *  District NR3C *  Insured Liability * Preferend Repair Option	96184637 SJCS607L Please Select	Corriact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	SICHS88CB
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Claim 001 New  Claim Type *  Centact No. [Modie]  Email Address  Claimant Type Claimant Type *  Claimant Address  Preferred Workshop Contact No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	98556473  Please Select  SIC9507L / SKH88808 ON 29 Jun 2  Yes  UL/07/2019 15:27  Jackson	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  D19 Insured Liability * Preferend Repair Option Claim Close Date	96184637 SDCS607L Please Select  Not at Fault Preferred Workshop, Name unknown  Save Submit	Corriact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	SICHS88CB

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