NATIONAL Assessment Centre	Services (and) January	MMA 41908680	
Date In: 192/07 700 11:17	Job description	Date & Time Completed	Done by
Rei No: NON JAIC 1901 1855/4	SAS e-filing		
Veh No. SKX / 69807	E-mail (within 8hrs, AIC 2hrs)		
DOA 19 04 2019 0255	i-Motor Claim Form	M1/105/905-00	1 00001200
	i-Motor W/O (Within: OD 2)	ura (TP 4lirs)	15:00.
OD (TP.) Reporting Only	i-Photo Uploaded		
TRI	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp //INC Assign Wksp / QW: (ax:)
TP Particulars: Veh No: C	1226R INC	()/Non-INC().	W STEERSON
Owner / Driver: (1-0	Tel:)
Policy No: () Peri	od: ()	Cover Type: (
Confirmed by : (Dates	Timer)
Insured/Driver Liability: (%) [N	lote-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	00%]
Year of Registration: () W	/attanty: YES ()/NO ()	
Excess: (\$) Londing: \$1,00	00()/\$2,000()		
General Remarks:	10年15年14年14日 (1972年)	A ARTO Taplace A Lat.	
() Walk-In Customer's infor	mation strictly Confidential &	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insure	r URGENTLY.		
Drive-In () / Towed-In (); Invoice:	YES()/NO();	Towing Co: ()
Remarks:- (INC horling: 6788 (616)		Date&Time Completed	Done by
	ourtesy Car ()	and Danage Company	
2) QC Check / Post Repair Inspection	outlesy Car ()		
3) Upload Resurvey Photo [Repair Cost > \$3	0001 ()		
Injury:			The ball
Date/Time Actions		recount relation with the Arriver	Marination of the state of the
		s, seems to really and its state of	Anit(s) Ami (s)
NA1904990 "	Invaice F	reparation Checklist	Từ Bill Add Bill
Chumant's Particulars :-		dept Reporting (\$30); inge Assessment (\$100); INC ((SKII)
The Control of the Co	2) DA ; Dum 3) TF : Towi	Control of the last of the las	40/\$45
Driver/Owner:	4) FT : Fello	w-Through Survey w-Through Survey (Resurvey)	5120
Contact No:	Eggsleim	us against INC Only (wel 10 Jan 20	ולעו
Damaged Portion:	6) TR: Re-in	DA + SMRT Survey	\$160
	6) NTUC A	Iditional Servines:	
QC Checked by (Engr-In-Charge):	* NS: Cou	ricky Car / Tpt Allowance	
	* N6; Rep	air Co-ordination	\$10
Auditors Comments :	•N/: Fost	Repair Inspection / Collect Excess Coordination	\$25 \$5
Cat, Ja	DE (NII)	: TP (Nota INC) against INC	\$20
The same of the sa	9) N12: Idis		30 30 30 72 de 72
Cnt. 2 / 3:	I water date	100	M. MARCHANICO

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

	ACCIDENT STATEMENT
Date Of Report	03/07/2019 17:17
Date Of Accident	29/06/2019 02:55
Exact Location Of Accident	ALONG UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX6986J
Insured/Policyholder	
Name Of Registered Owner	CHEW THIAM SENG @ LEE SOO KWEE
NRIC No	S1232230E
Email Address	ALLANTEO1500@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98580183
Alternative Phone No	OTHERS-83171919
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
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	REPORTING ONLY
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	5101259728-01
Cover Note Number	
Driver	
Name of Driver	CHEW THIAM SENG @ LEE SOO KWEE
NRIC No	S1232230E
Date Of Birth	11/00/1057

Date Of Birth 11/06/1957 Occupation INDOOR Date Of Driving Pass 25/09/1978

Driving Experience 40 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98580183

Fax Number

Contact Number OTHERS-83171919

EMail Address ALLANTEO1500@GMAIL.COM Address

BLK 5 JALAN MINYAK

#02-348

Postcode

1610005

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

Type Of Accident Weather Conditions

SIDE SWIPE

Road Surface

CLEAR DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

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

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

SH8326R

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

88583113

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signa

Name:

NRIC/FIN No.:

	Alous UPPAR SURBOUG	MAN ROAD
-		BP
\rightarrow		J) A-13
P.) SKX 6986J	
	18H 83X6R	
DESCRIBE CIRCUMSTAN		
MY LAFA SKX 6988	MOVER LANGUAL THE BEST OF SHOPE SWIPE	Howrong fust ELT THE IMPACT ON ELT STOK & SOW AGAINTS MY CAR
ECLARATION We declare the foregoing p	articulars are true in every respect.	
Oher Sings		per 03/07/2019
olicyholder's Signature late & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

Claim Handling									
Policy No.	5101259728-01	Vehicle No.	FUHCADA		200025				
Certificate No.		- Terrical Has	SKX69B6J		GST Regi	stration No.			
Policyholder Name	CHEW THIAM SENG @ LEE 500 KWEE								
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Policyholo	er NRIC	5123223	0E	
Contact No.(Mobile)	98580183/83171919	Contact No.(Office)	and country		Contact N	a (Home)	a.		
Email Address		Special Remark			eCode .	o.(nome)	[m. +1		
KFK	« No Yes	TCA	* No Yes		eCode Re	*****	No *		
NCD Protection	No	NCD Entitlement(%)	50		Private H		Maco		
P Accident Details							No		
Report Date	04/07/2019 15:45	Accident Report Within 24 hrs	Yes		Accident	nee"	Territoria de la compansión de la compan		
Date of Accident	29/06/2019	Time of Accident hhomm	92:55				Side Swip		
Reporting Centre		Orange Force			ICM No.	f Accident	Singapor	e	
Accident Location	ALONG UPPER SERANGOON ROAD				Dark red,				
▼ Total Excess Applicable									
fixcess Type	Per Accident	Windscreen Excess		100.00					
				100.00					
OD Standard Excess		TP Standard Excess		0.00					
YIED OD Excess		VIED TP Excess		0.00	Oriver is	Covered?	Covered		
Additional Excess									
Total OO Excess Applicable 7 Benefits		Total TP Excess Applicable		0.00					
→ GST Registered Informal SST Registered									
GST Registration No.	No			tration Date					
Modification History			GST Status	s Verified		Yes			
Contract Contract									
Policyholder Mailing Add	ress								
Address 1	BLK 5 #62-248	Address 9							
Address 4		Address 2 Address Type	JALAN MINYAK		Address 3		SINGAPO	RE 16100	5
Unit No.			Singapore address		Post Code		151005		
▽ OI Driver Info		Related Policy Number	5101259728-01						
Oriver Name .	OHEW THIAM SENG GLEE SOO KWEE	Driver Type	Main Driver						
Unnamed driver Name		Driver NRIC	51232230E		04				
Register Date of Driver License	25/09/1978	Driver Age	62		Driver DO		11/06/19	57	
Contact No.(Mobile)	98580183/83171919	Contact No.(Office)			Driving Ex		40		
Address 1	BLK 5 #02-348	Address 2	JALAN MINYAK		Contact N Address 3	x(name)	21.2233		26
Address 4		Address Type	Singapore address		Post Code		SINGAPO 161005	RE 16100	5
Unit No.			and driven me				161002		
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	5KX69863		Driver Ins	urer Company	NTUC		
Declaration									
Breathalyser or Blood Test									
Reading?	0 mg	Any injury?	Yes - No						
Modification History									
Process of the same									
Claim 001 OD-MX New	A.								
Claim Type +									
				ор-мх	Insured Name	CHEW THEAM SENG	9 LEE 500	Insured NRIC	≤1232230E
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528u/g/(999)				98580183	Contact No. (Home)	CHEW THEAM SENG		Contact No. (Office)	<u>≤1232230E</u>
528u/g/(999)				pionetricity and an arrangement of the second	Contact No. (Home)	Particular Control of the Control of		Contact No.	
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Claim Handling(accident reporting Claim Task 001 OD-MX)

S (BUKIY MERAH)) on 04 Jul 2019 15:50

Uploaded By/Date	Folder Date	File Nam	ne.	9	Spurce
NAC_BUKIT_MERAH_800676(NATIONAL AS S (BUKIT MERAH)) on 04 Ju	SESSMENT CENTRE SERVICE 2019 15:49	SAS	Normal	SA	AS 2019-7-4
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Display in New Window Scan and uploading

Action

ACCIDENT STATEMENT

ACCIDENT DATE: 29 06 2019 (DD/MM/YYY), TIME: 02:55 (HH:MM)
LOCATION: UPPER SERANGOON ROAD
DETAILS OF VEHICLE SKX 6986 J DINSURANCE COMPANY: NTUC CIPOLICY NUMBER:
DIMAKE & MODEL: (OWNER EHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT)
9) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE, OTHERS) h) PURPOSE OF USING AT A CORP. (PRIVATE)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) IF NO, PLEASE STATE PHIRD PARTY CLAIM, Y REPORTING ONLY) 2. INSURED / POLICY HOTTER
DINRIC/FIN/PASSPORT: S133230E CONTACT: 98580183/8317 1916
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER Cincluding driver) and MAME: AS ABOVE
(
*d) DATE OF BIRTH: (
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER DIROAD SURFACE (DR) / WET / OTHERS WAS AND TO THE DRIVERS
7. a) REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE
Including driver) b) DRIVER'S NAME: MODEL: #YUMPN!
No of passenge d) VEHICLE NUMBER:
nduding driver of DRIVER'S NAME: MODEL:
email = allanteo 1500 @ gmail: com

VIDEO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1232230E





Nami

CHEW THIAM SENG @LEE SOO KWEE

用 添Fo水LKK/NAC Use Only

Date of birth 11-06-1957 Country of birth SINGAPORE /NAC use unity

4681187



NRIC No. C 1232230E

For LKK/NAC Use Only

0ste of issue 15-02-2011

APT BLK 5 JALAN MINYAK #02-348 SINGAPORE 161005 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 25 Sep 1978 of the driver; and other motor vehicles =< 2500kg

For LKK/NAC Use Only

NP 428A



Hello, NAC_BUKIT_ME	RAH_800676				- HOUSE COLLEGE	and the same of	, Chann	e Languag	Char	THE RESERVE AND ADDRESS.	alClaim
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