NATIONAL Assessment Cen	ntre Services	wel 1 Jan'05 M	4A 119097446		
Date In: 17/19-12:35	Jeb description		Date & Time Completed	Dor	ic py
Rei No: Hallucigorrbor/24	SAS e-filing				
Vch No: JF93991	E-mail (within	Shrs, AIC 2hrs)			•
D.O.A : 16/7/19-8:47	i-Motor Clai	m Form	m 1053791-001	Izhla	N:44
OD TP ! Reporting Only	i-Motor W/C	(Within: OD 2hr		714119	17
OB CITY Reporting Only	i-Photo Uplo	aded			
TP Insurer:	Assessment/St	irvey Report	i		= 15 Mb-1
TI Insurer.	Ass't Report b	y Fax / Hand	to Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: St	m50679	INC ()/Non-INC()		
Owner / Driver: (Tel:)	7.00.00
Policy No: ()	Period: ()	Cover Type: ()	-
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(V) [Note-Est Status (V	WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000	()			
General Remarks:-			ANNE DAN SER TO		
() Walk-In Customer : Customer's	information strictly Cor		rictly NO refer of repairer	Sam Arrive	4
() Total Loss Case : to e-mail Ins		moondar a ou	to raice or reponer.	-	
		10 / N m			
		10 ();1	owing Co: (,
Remarks:- (INC hotline: 6788 6616	0	a de la companya de l	Date&Time Completed	Don	e by
Apply for Transport Allowance ()	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()			
Injury:		33-311-22			
Tryury:					
Date/Time Actions			1 - 1 - 2 - 2 T - 3 3 4 T	220	arrecord, an
				CHANGE SHITTING NO	
•				(6)	
343				Anit (S)	Amt (3
NO1505376 .			paration Checklist	fit Bill	Add Bil
aimant's Particulars :-		1) AR : Accident		960	
river/Owner:		2) DA : Damage A 3) TF : Towing Fe	Assessment (\$100); INC (\$	0/\$45	
TVCI/OW:ICI,		4) FT : Follow-Th	rough Survey	\$120	
ontact No:	*1		rough Survey (Resurvey) ainst INC Only (wef 10 Jan 200)	530	
amaged Portion:		6) TR : Re-inspect		\$75	1
8-19-19-19-19-19-19-19-19-19-19-19-19-19-	The State of the S	7) N1 : Idac DA +	The state of the s	\$160	
Charlest harm at Cl.		8) NTUC Addition	nal Services:-		
Checked by (Engr-In-Charge):		*N5: Courtesy (Car / Tpt Allowance	\$5	
T. VOTE SERVER THE RESERVE THE PROPERTY OF THE	encercal harbeiten bei web.	*N6: Repair Co *N7: Fost Repa		510 \$25	
ititors/Comments::			ect Excess Coordination	55	
1:	14	NAME AND ADDRESS OF TAXABLE PARTY OF TAXABLE PARTY.	Non INC) against INC	\$20	
2/3:		9) N12: Idea Mobi Invoice dated	ile Fee Chargea	30	Astron To
A CONTRACTOR OF THE PARTY OF TH		Invoice dated	Fee Charged	SHAPEN !	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

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 <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.
- 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	17/07/2019 12:30
Date Of Accident	16/07/2019 18:45
Exact Location Of Accident	ATTAP VALLEY RD TWDS ADMIRALTY RD W
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF9399R
Insured/Policyholder	
Name Of Registered Owner	NG SOON HOCK THOMAS
NRIC No	S7226877F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90263084
Alternative Phone No	OFFICE-90263084
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G F A
Exact Purpose for which vehicle was being used time of accident	at PRIVATE USE
Are you claiming under your own insurance polic for repair to your vehicle?	y NO
If 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	5088565945-02
Cover Note Number	
Driver	
Name of Driver	THOMAS NG SOON HOCK (HUANG SHUNFU)
NRIC No	S7226877F
Date Of Birth	01/07/1972
Occupation	INDOOR
Date Of Driving Pass	11/07/1997
Driving Experience	22 YEARS AND 0 MONTHS

MALE

NOEMAIL

(LOCAL) +65-90263084

OFFICE-90263084

Address BLK 21 EUNOS CRESCENT

#12-2987

Postcode 400021

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

3

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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 SLM5067P

Vehicle Make/Model/Colour VOLSWAGEN JETTA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver HIMANSHU

NRIC/Passport Number

Contact Number 91686892

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

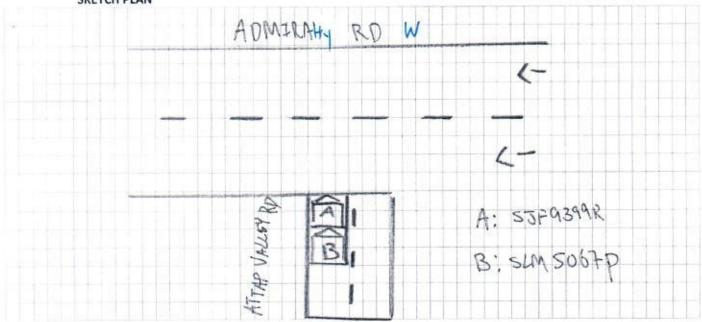
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the	hle	7/19	, 18	45.	I	- Was	tingle.	prii	the tro	nffi c	044	he moin
Riona	to	cheo	Ć.	bus	denby	I	felt	Sun'	impa	19	ma	My-
near.												7
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		120										

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful 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.
 Any faise reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS					
1507/19	(DD/MM/YY)				
1845	(HH:MM)				
ATTAP VOLLEY RO AND ADMIRATLY RD					
	1845				

第一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		DETAILS OF	VEHICLE	1	这个人,但然后是在我的 这种
Vehicle registration number	S26	93991			
Vehicle make and model	Honda	PET			
Type of vehicle	Saloon Lorry □	MPV 🗆 Bus 🗆		Van ycle □	Others:
Vehicle category	Private ø	Comm	ercial 🗆	Motorcyc	ile 🗆
Purpose of using at said time				404	
Are you claiming under your own insurance company?	Yes Third part	No □ claim ø′	if no, pleas Reporting		

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number	50885659	45-02	
Type of policy	Comprehensive 2	Third party fire & theft	TP only

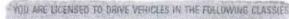
INSURED / POLICY HOLDER						
Name	NG SOON HOCK THOMAS	Male ₽′	Female 🗆			
NRIC / Fin / Passport number	572268775					
Contact	90263084					
Address	APT BLK 21, EUNOS CRESCENT, # S (400021)	15- 7087				

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)							
Name	Male Female							
NRIC / Fin / Passport number								
Contact								
Address								
Email address	Thomasoghock @ hotmail. com							
Date of birth	01/07/1972							
Occupation	Indoor d Outdoor a							
Driving date pass	11 5Wy 1997							

White the will in the street.	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No p
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No B'
Weather condition	Clear Raining Others:
Road surface	Dry & Wet a
No of passenger	∂\ (Inclusive of driver)
	PASSENGER 1
Name	
Gender	Male Female
	7
	PASSENGER 2
Name	
Gender	Male D Female D
14 · · · · · · · · · · · · · · · · · · ·	PASSENGER 3
Name	
Gender	Male Female
MESSES STATE OF THE STATE OF TH	PASSENGER 4
Name	
Gender	Male D Female D
Genaci	marc b / charc b
	PASSENGER 5
Name	PASSENGERS
Gender	Male D Female D
dender	Jiviale D Telliale D
NE DI MARIO SE PROPER SE ANTONIO	PASSENGER 6
Name	PASSENGER O
Gender	Male Female
Gerider	Ividie Li Fellidie Li
West and the design of 2	OTHER INFORMATION
Was anybody injured? Was other vehicle damaged?	Yes D No D
was other venicle damaged?	Yes No
	DETAILS OF POLICE STATION ACTION
Panartad to nolise?	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
學文學學的學科學學學學學學學學學學	WITNESS 1
Name	
动物 医原性性 医肾经 医原性性	WITNESS 2
Name	

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Vehicle registration number	SLM 50679
Vehicle make model	VOIKSwagen Jetta
Name	Himonsha
NRIC / Fin / Passport number	0-11::1863
Contact	91686892
200 0年年代中央大学科的	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A STATE OF THE STA	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD DADTY VEHICLE C
Valida variation number	THIRD PARTY VEHICLE 6
Vehicle registration number	V
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
基础是是是是正常。自然是自己的。	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED PE	PSON 1		
Name	Color of the Lot of the Lot	INJUNED FE	R3ON I		
Injuries sustained					
Which vehicle person in?				-	
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?	163 [110 🗅			
nospital by animaliance.				1	
		INJURED PE	PSON 2	A STATE OF THE PARTY OF THE PAR	
Name		HOOKEDIE	NJON 2	7	
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
THE RESERVE OF THE PARTY OF THE	A THE PARTY	INJURED PE	PSON 3	is taken in every	TO DESCRIPTION OF THE PARTY OF
Name		INDURED PE	The state of the s	Intelligible Control	
Injuries sustained			/		
Which vehicle person in?			/		
Were seat belts worn?	Yes 🗆	No 🗆 /	XX		
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?	1-10-00				
A STATE OF THE STATE OF THE STATE OF	法裁查证	INJURED PE	RSON 4		
Name		/			
Injuries sustained		1			
Which vehicle person in?		/			
Were seat belts worn?	Yes 🗆 /	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?	_ /				
A SANDARDA SANDARDA DE LA CONTRACTOR DE	Telephone Control	INJURED PE	RSON 5	Althoracy Harris	Mar Day V Swall
Name					
Injuries sustained	1				
Which vehicle person in?	1				
Were seat belts worn?	/ Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?	300-03.5110	The second section of			
	# 15 Mary 19 19 19 19 19 19 19 19 19 19 19 19 19	INJURED PE	RSON 6		公 型医疗 热温度
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?	2200				



Class 28 Retercycles =< 200 oc 19 Feb 1990 Class 3 Motor Care =< 3000 kg with =<7 packengers, exclusive 11 Jul 1997 at the driver; and other motor vehicles =< 2500 kg

For LKK/NAC Use Only

NP 428A

£00051



4 S7226877F



KK/NAC Use Only

30-10-2012

APY BLK 21 EUNOS CRESCENT #12-2987 SINGAPORE 400021









THOMAS NG SOON HOCK (HUANG SHUNFU)

黄 濉

Rase CHINESE

01-07-1972

SINGAPORE



Policy No.	5088565945-02	Policyholder Name	NG SOON	HOCK THOMAS	Policyholder NRIC	S7226877F	
Certificate No.		0500000			14199330750		
Address	BLK 21 #12-2987 EUNOS CRESO	ENT SINGAP	ORE 400021				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	29/05/2019	Effective Date	16/06/201	9 00:00	Expiry Date	15/06/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 21 #12-2987	Addr	ess 2	EUNOS CRESCENT		Address 3	SINGAPORE 400021
		Addr	ess Type	Singapore address		Post Code	400021
Address 4			ed Policy	FORDESFOAR OR			
	12-2987	Relat Num		5088565945-02			
Unit No.	12-2987 ed Object: SJF9399R			5088565945-02			
Unit No.	ed Object: SJF9399R			5088565945-02			

cident MY/1053791					
cy No.	5088565945-02	Vehicle No.	53F9399R	GST Registration No.	
tificate No.					
cyholder Name	NG SDON HOCK THOMAS			Policyholder NRIC	57226877F
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
tact No.(Mobile)	90263084	Contact No. (Office)	0	Contact No.(Home)	0
all Address		Special Remark		eCode	(4: V)
	(ii) No ○Yes	TCA :	® No ○ Yes	eCode Reason	
3 Protection	Yes	NCD problement(%)	50	Private Hire	No
Accident Details					
ort Date	17/07/2019 12:42	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
e of Accident	16/07/2019	Time of Accident hitchim	18:45	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	ATTAP VALLEY RD TWOS ADMIRAL	100 TO 10			
Total Excess Applicable					
ess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
O OD Excess	0.00	YIED T₱ Excess	0.00	Driver is Covered?	Covered
tional Excess	.0				
a) OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Informa					
Registered Registration No.	No		GST Registration Date GST Status Verified	Vez	
Registration No. Offication History			men attitue vermed	Vez	
ancation matery					
Policyholder Mailing Ad	dress				
ress 1	BLK 21 #12-2987	Address 2	BUNOS CRESCENT	Address 3	SINGAPORE 400021
iress 4	DEC ST ATS STORY	Address Type	Singapore address	Post Code	400021
				Post Code	400021
No.	12-2987	Related Policy Number	5088565945-02		
OI Driver Info	NG SOON HOCK THOMAS	Driver Type	Hain Oriver		
armed driver Name	NO SOUN HOUR HOUNG	Driver WRIC	57226877F	Driver DOB	01/07/1972
jeter Date of Driver License	11/07/1997	Oriver Age	47	Driving Experience	22
rtact No. (Moorle)	90263084	Contact No. (Office)	0	Contact No.(Home)	0
tress 1	BLK 21	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400021
tress 4	BUT 21	Address Type	Singapore address	Post Code	400021
	10.0000	Address Type	origations address	Posi Code	400021
it No.	12-2987			2000 FE	
es he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
es he own a Singapore gistered car?	○ Yes ® No				
gistered car?	() Yes (@ No				
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patered car? bration othelyser or Blood Test ding? ification History taim 001 New im Type *	9 mg	Insured Name Concast No.(Home)	NG SOON HOOK THOMAS	Contact No.{Office}	
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istered car? Isration athisiser or Blood Test ding? If cation History Islam 001 New Im Type * Isration No. (Mobile) Ist Address mant Type Claimant Type *	0 mg OD-MX 90263084 Please Select V	Insured Name Coneact No. (Home) Of Versice Number Type of Benefit. •	NG SOON HOOK THOMAS	Contact No.{Office}	
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