NATIONAL Assessment Centre	Services - ;-	et i Janton 🗡	MAYLYC	96010		
Date In: 22/07/2019 20:55/	Job description		Date & Time Co	mpteted	Done by	
Res No: MRA/ INC/90/293/14	SAS e-filing					
Veh No. SWM 11666	E-muil (within the	s, AIC Zhrsj				,
DOA 28/07/2019 08:50	I-Motor Claim	Form .	m 1050	1520-001	22/0	1/201
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OD Reporting Only	i-Photo Upload	*****************			/.·) ·	
	Assessment/Surv				-	
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wkap			
Preferred Wksp /HNC Assign Wksp / QW: [Tol:	Fax:)
TP Particulars: Veh No: Sale	1086L.	INC ()/Non-INC	()	25-11-11	F-021/
Owner / Driver: (T'el;)	escalation
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Dates	Time	;)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WC	O): N: 0-20	%; P: 21-79%	F: 80-100%]		
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Londing: \$1,00	0()/\$2,000()			-	-
General Remarks	· a · · · · · · · · · · · · · · · · · ·		的是特殊的证券	ALL Alleni	<u>:</u>	
() Walk-In Contonur : Customer's inform		idential & Str	ictly NO refer o	repairer.		
() Total Loss Case : to e-mail Insurer						
Drive-In () / Towed-In (); Invoice:	YES()/NO) () ; To	owing Co: ()
Remarks: "P. (INC horling: 6788 (616)			Date&Time Co	implosed F	Done by	
	ourtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()					
Injury:						
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luimant's Particulars ⊱ 💮	新疆路		Assessment (\$100); INC (\$80) \$40/\$45		
Oriver/Owner:		4) FT : Fallowil	Through Survey	\$120		
Contact No:		For claiming	Through Survey (Re	mrvey) 530 vef 10 Jan 1995)		
Damaged Portion:		6) TR : Re-lasp	ection	575 5160		
	3	6) NTUC Addit	+ SMRT Survey			
C Checked by (Engr-In-Charge):	10 No.	DIE.	y Cor / Tpi Allowan			Vigor)
		*N6: Repair	Co-ordination	\$10		
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or Alt. Ma				8:38	14-2018 1	AM-YO

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 truthful and accurate as possible. Any wiful 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.
- 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.

ACCIDE	KIT CTA	
ACCIDE	NISIA	TEMENT.
Contract to the Contract Contr		

Date Of Report

22/07/2019 20:55

Date Of Accident

22/07/2019 08:50

Exact Location Of Accident

ALONG FORT CANNING RD TOWARDS CLEMENCEAU RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMM1144P

Insured/Policyholder

Name Of Registered Owner

CHONG TIAN SOON (ZHANG TIANSHUN)

NRIC No

S7527639G

Email Address

TIANSOON381@GMAIL.COM

Mobile Phone No

(LOCAL) +65-90602202

Alternative Phone No

OTHERS-90602202

Vehicle Particulars

Manufacturer

TOYOTA

Model

NOAH

Exact Purpose for which vehicle was being used at

time of accident

WORKING PURPOSES

Are you claiming under your own insurance policy

for repair to your vehicle?

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

5110103604

Cover Note Number

Driver

Name of Driver

CHONG TIAN SOON (ZHANG TIANSHUN)

NRIC No

S7527639G

Date Of Birth Occupation 19/09/1975

Date Of Driving Pass

OUTDOOR 09/06/2000

Driving Experience

19 YEARS AND 1 MONTH

Gender

19 TEARS AND T

A NEW YORK THAT A TOTAL TOTAL

MALE

Mobile Number

(LOCAL) +65-90602202

Fax Number

Contact Number

OTHERS-90602202

EMail Address

TIANSOON381@GMAIL.COM

Address

BLK 58 LORONG 4 TOA PAYOH

#09-33

Postcode

310058

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

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)

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?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJG286L

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ANG KENG SIANG, TERENCE

NRIC/Passport Number

S7525471G

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.
- 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.
- 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.

Policyholder's Signature

Date & Time: 22/07 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	CLAMANCHAY
	AVANEUR
A) SMM1144P B) SJG 286L	FORT CARRENCES ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

en 22/07/2019 AT ABOUT OF: 50HB] WAS FOR CHARLES
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and other sone of the state of
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STON O CALE SOURCE 170 POP ON ON THE PORTOC OF THE
CAR SMM 1144P.

DECLARATION

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

Policyholder's Signature

Date & Time: 22

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

Reporting Centre Personnel's Signature
Name: NRIC/FIN No.:

Accident MT/1054530									
Policy No.	\$110:03604	Vehicle No.	Manager start		1200 2700	P. A. Call Company			
artificate No.		venem NO.	SMM1144P		GSY Regis	tration No.			
slicyholder Name	CHONG TIAN SOON (ZHANG TIANSHUN)				1972/1971	- Suns			
rolluct Code	PRIVATE CAR INSURANCE	Cover Type	de la companie		Policyhatti	er SIRIC	\$7527	16.194	
ontact No.(Mobile)	P0602302	Contact No.(Office)	#144 CLASSIC		Loading	ASSEST TO SECURE	. 0		
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Admin 4	SINGAPORE SURDSR	Address Type	Singapore address		Post Code		31705		
SIE No.	08-33	Related Policy Number	5110103604		16.770 47.05		261100	90(7)	
♥ OI Driver Info			100 00-00-00-0						
Tive Name	CHONG TIAN SOON (ZHANG TIANSHUN)	Driver Type	Main Driver						
mamad priver Name	50	Driver NAIC	57527639G		Driver DO		19/00	January .	
egister Date of Orlean License	09/09/2000	Driver Age	43		Driving Ex			/19/3	
more No. (Material)	90402202	Contact, No.(Office)	88		Contact No		78		
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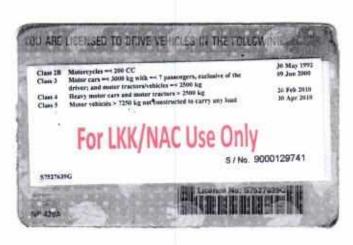
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Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

Certificate Number: 5110103604 1. Index mark and Registration Number of Vehicle Chassis Number 2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to drive# (a) The Policyholder. (b) Any other person who is driving on the Policyholder.	(MALAYSIA) Cover : drivo CLASSIC To Be Advised : ZWR800377663 : CHONG TIAN SIGN : 18 Jun 2019 : 17 Jun 2020
the Motor Vehicle or has been so permitted a enactment or regulation in that behalf from di 5. Limitations as to Use#	in accordance with the licensing or other laws or regulations to drive
(a) Use for racing, pace-making, reliability that or s (b) Use for the carriage of goods (other than samp (c) Use for any purpose in connection with the Mo # Limitations rendered inoperative by Service 8.	speed-testing
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VINCAR PTE LTD (00000614250)

Date of Issue

: 14 Jun 2019 17:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive