NATIONAL Assessment Ce	ntre Services   wet 1 Jamos	NHA11910137~	
Date In: 2/8/19-19:08	Jcb description	Date & Time Completed	Done by
Ref No: 44/672 19013593/24	SAS e-filing		
Veh No: Juy 4630C	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 2/8/19-08:00	i-Motor Claim Form	m11056253-001	21 19 19:M
OD TP! Reporting Only	i-Motor W/O (Within: OD 2)	VALUE OF THE PARTY	
OD / IP/. Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
Transurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	:(	Tel: F	ax; )
TP Particulars: Veh No:	KB331im . INC	( )/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]
Year of Registration: (	) Warranty: YES ( )/NO(	)	
	\$1,000()/\$2,000()		
General Remarks:-			Con St.
( ) Walk-In Customer: Customer's	information strictly Confidential & S	Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail In	surer URGENTLY.	* +2 * 3	
Drive-In ( )/ Towed-In ( ); In	voice: YES( ) / NO( );	Towing Co: (	. )
Remarks:- (INC horline: 6788 661	6)	Date&Tirrie Completed "	Done by
	)/Courtesy Car ( )		Mark Control of the C
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )		
Injury:			
			THE RESERVE THE PARTY OF THE PA
Date/Time Actions		en de la companya de	idiselicacus.
MA1905733	Invoice Pr	eparation Checklist	Amt (\$) Amt (\$)
laimant's Particulars:-	1) AR : Acciden		fit Bill Add Bill
	2) DA : Damage 3) TF : Towing		(0) (/\$45
river/Owner:	4) FT : Follow-	Through Survey	\$120
ontact No:		Through Survey (Resurvey) against INC Only (wef 10 Jan 2005	230
amaged Portion:	6) TR : Re-inspe	ection	\$75 \$160
	8) NTUC Addit	The same of the sa	100
C Checked by (Engr-In-Charge):	OD*	Cas / Tot Allowance	\$5
	*N6: Repair (		510
uditors! Comments :-		pair Inspection bleet Excess Coordination	\$25 \$3
1.1:	TP(NII):T	P (Non INC) against INC	30
. 2/3:	9) N12: Idac Mo Invoice dated	obile Fee Charged	Carlotte Facility
Management of the Control of the Con	Involce dated	Fee Charged	SEUM

Copyright to the

#### 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.
- 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.
- 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 STATEMEN
-------------------

 Date Of Report
 02/08/2019 19:08

 Date Of Accident
 02/08/2019 08:20

 Exact Location Of Accident
 BOON LAY WAY

 Country/State of Loss
 SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLU4630C

Insured/Policyholder

 Name Of Registered Owner
 NG LEE TENG

 NRIC No
 \$0687081C

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97387907

 Alternative Phone No
 OFFICE-97387907

Vehicle Particulars

Manufacturer HONDA

Model SHUTTLE 1.5G CVT

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?

35

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

NO

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5096204362-01

Cover Note Number

Driver

 Name of Driver
 CHIAM TER WEI

 NRIC No
 \$7960143H

 Date Of Birth
 08/04/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 02/08/2008

Driving Experience 11 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82008537

Fax Number

Contact Number OFFICE-82008537

EMail Address NOEMAIL

78 CHOA CHU KANG AVENUE 5 Address

#04-36

688200 Postcode

Was driver an employee of the Insured's Company NO

RELATIVE If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: NG SHEE LING WENDY

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKB3321M

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

# **DETAILS OF INJURED PERSON 1**

Name CHIAM TER WEI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLU4630C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 2**

Name NG SHEE LING WENDY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLU4630C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report carrectly 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 insurers(s) who have insured vehicle(s) involved in this accident (all insurers) 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, involces, 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:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.

Policyholder's Signature Date & Time:

Oriver's Signature

(if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

 $10^{100}$  ,  $200^{11}$  and  $300^{12}$  and  $300^{12}$ 

## 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 false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date: 2/	8/19	(D	D/MM/YY) Time: 8'.2-0^	(HH:MM)
Exact location of accident	Along	Roun	Lay	Way	

# Details of vehicle

Vehicle registration number	SLU 4630C
Vehicle make and model	Handh Shultle
Type of vehicle	Saloon
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Perate.
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

# Insurance information

Insurance company	NTOL		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

# Insured / Policy holder

Name	Chart	Ny LL	TIAN				Male o	Female
NRIC / Fin / Passport number	50 65	7081L						
Contact		1907						
Address	383	Bukit	Buble	west	ALL	Ç	#09	-302

#### Driver Same as insured above □ (skip to D.O.B)

Name	chim tar Will Male Female	
NRIC / Fin / Passport number	S7960143H	-
Contact	82008537	
Address	78 chon che kong Are 5 404-36	SCO
Email address		
Date of birth	8/4/1474	
Occupation	Indoor D Outdoor D	
Driving date pass	2(8 100)	

# General information of the accident

Was driven an annularia of	
Was driver an employee of the insured's company?	Yes □ No Ø If no, relationship of the driver and insured: So n - in - In U
Accident captured by camera	Yes No D
Weather condition	Clear Raining Others:
Road surface	Dry d Wet a
No of passenger	
no or passeriger	2 (Inclusive of drive
Passenger 1	
Name	chim set VI;
Gender	Male A Female D
Passenger 2	
Name	Ny shee Ling Wenly
Gender	Male D Female 12
Passenger 3	
Name	
Gender	Male   Female
Passenger 4	
Gender	Male
Passenger 5	
Name	
Gender	Male D Female D
Passenger 6	
Vame	
Gender	Male   Female   Female
Other information	
Vas anybody injured?	Yes a No a
Vas other vehicle damaged?	Yes p No p
Details of police action	
eported to police?	Yes  No.e If yes, please state which police station.
olice station name	11 740, product state which police station.

# Third party vehicle 1

Name	
Contact number	The second secon
NRIC / Fin / Passport number	
Vehicle registration number	SKB 3321 M
Vehicle make model	
Third party vehicle 2	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Territorie Moder	
Third party vehicle 3	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Third party vehicle 4	
Third party vehicle 4	
Third party vehicle 4  Name Contact number	
Name Contact number NRIC / Fin / Passport number	
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Name Contact number Vehicle make model  Name Contact number NRIC / Fin / Passport number Vehicle registration number Vehicle make model  Third party vehicle 5  Name Contact number NRIC / Fin / Passport number Vehicle registration number Vehicle make model  Third party vehicle 6	

#### Witness 1 Name Witness 2 Name Injured person 1 Name chiam. 711 Wil Injuries sustained Boly Which vehicle person in? 46300 SLU Were seat belts worn? Yes @ No a Was injured conveyed to Yes a No @ hospital by ambulance? Injured person 2 Name SHL Ling Wholy 145 Injuries sustained Body Which vehicle person in? SLU 4650C Were seat belts worn? Yes-No 🗆 Was injured conveyed to Yes 🗆 No or hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes 🗆 No o hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in?

Were seat belts worn?

hospital by ambulance?

Was injured conveyed to

Yes 🗆

Yes 🗆

No

No a

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0687081C





NG LEE TENG

For AKK/NAC Use Only

CHINESE
Date of Birth See
09-03-1946 M
Country of Birth
SINGAPORE

104870 F1C

MRC No. S0687081C

Sood Group Date of Stage

9000 Group Date of table

O+ 14-08-1993

T BATON WEST AVENUE S 400, 200

APT BLK 383 BUKIT BATOK WEST AVENUE 5 #09-302 SINGAPORE 850383

NRIC No: \$06870810

Date: 10/04/2016

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7960143H



CHIAM TER WEI



Date of birth Sex 08-04-1979 M





MAKAYSIAN C Use Only 25-10-2007

78 CHOA CHU KANG AVENUE 5 #04-36 SINGAPORE 668200

S7980143H

Date: 09/07/2019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 02 Aug 2008 of the driver; and other motor vehicles =< 2500kg

For LKK/NAC Use Only



<b>eBao</b> Tech						d little				Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	· Log Ou
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	No.				Date	of Accident	-	2/08/2019 0	8:20	
	Vehicle	No.(For Mator)	SLU46	30C		Certif	icate Number	[			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096204362- 01		NG LEE TENG	S0687081C	GPC	drivo CLASSIC	SLU4630	C SLU4630C	30/11/2018	29/11/2019
					16	Continue	]				

Policy No.	5096204362-01	Policyholder Name	NG LEE TE	NG	Policyholder NRIC	S0687081C	
Certificate No.							
Address	BLK 383 #09-302 BUKIT BATO	K WEST AVENU	E 5 GOODVI	EW GARDENS SINGA	PORE 650383	3	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	31/10/2018	Effective Date	30/11/2018	3 00:00	Expiry Date	29/11/2019 2	3:59
Excess Type		All Claims Excess					
Third		Own			Windscreen		
Party Excess	0	damage Excess	600		Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
<ul><li>Policy</li></ul>	holder Mailing Address						
Address 1	BLK 383 #09-302	Addre	ss 2	BUKIT BATOK WES	T AVENUE 5	Address 3	GOODVIEW GARDENS
Address 4	SINGAPORE 650383	Addre	ss Type	Singapore address		Post Code	650383
Unit No.		Relate Numb	ed Policy er	5096204362-01			
D. Tuestee	d Object: SLU4630C						
D Insure							
□ Endors     □ Endors	sements						

ccident MT/1056253						
ticy No.	5096204362-01		Vehicle No.	SLU463DC	GST Registration No.	
minicate No.						
licyholder Name	NG LEE TENG				Policyholder NR3C	50687081C
oduct Code	PRIVATE CAR INSURANCE		Cover Type	nrivo CLASSIC	Loading	0
ntact No.(Mobile)	97387907		Contact No. (Office)	0	Contact No.(Home)	0
iail Address			Special Remark		eCode	N/ V
K.	® No ○ Yes		TCA	® No ○Yes	eCode Reason	
D Protection	Yes		NCD Entitlement(%)	50	Private Hire	No
Accident Details						
port Date	02/08/2019 19:19		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
INADOOA TO BE	02/08/2019		Time of Accident hh:mm	09:20	Country of Accident	Singapore
porting Centre			Orange Force		ICM No.	
ident Location	BOON LAY WAY					
Excuss						
n demage Excess	1	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		500.00	Outside Singapore OD Excess	600.00		
rd Perty Excess		0:00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Informa	stion					
Registered	file			GST Registration Date		
Registration No.				GST Status Verified	Yes	
Officetion History						
Ballon de la company	Manager .					
Policyholder Mailing Ad	BLK 383 #09-302		Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	GDODVIEW GARDENS
iress 4	SINGAPORE 650383		Address Type	Singapore address	Post Code	650383
t No.	-440W OFF 030303		AND THE REST. CO., LANSING			930303
OI Driver Info			Related Policy Number	5096204362-01		
or Name	Unnamed Driver		Driver Type	Unnamed Driver		
arned driver Name	CHGAM TER WELL		Driver NRIC	57960143H	Driver DOB	08/04/1979
exter Date of Driver License			Driver Age	40	Driving Experience	11
fact No.(Mobile)	82008537		Contact No.(Office)	0	Contact No.(Home)	ů.
ivess 1	78 CHOA CHU KWNG AVE	NUE S	Address 2	INZ RESIDENCE	Address 3	SINGAPORE 688200
Iress 4	SINGAPORE 650383	Comment of	Address Type	Singapore address	Post Code	688200
rt No.	04-36			28-02-02-1908-03-03	12/08/2012 N	HISTORY .
es he own a Singapore pistered car?	O Yes ® No		Driver Vehicle No.		Driver Insurer Company	
aration						
athalyser or Blood Test ding?	Omg		Any injury?	® Yes ○ No		
affication History						
0.00						
laim 001 New						
	Гор. му	101	Inniurad Minna	MO LEE YEAR	1900000	2042 VAIC
im Type +	GD-HX	V	Insured Name	NG LEE TENS	Insured NRIC	50687081C
m Type. + tact No.(Mobile)	97387907	¥	Contact No.(Home)	65151401	Contact No.(Office)	
m Type + tact No.(Mobile) if Address	97387907		Contact No.(Home) Of Vehicle Number	65151401 SLU4630C		50687081C
m Type. * natt No.(Mobile) if Address. nant Type Claimant Type *	97387907	~	Contact No.(Home) Of Vehicle Number Type of Benefit *	65151401	Contact No.(Office)	
n Type + act No. (Mobile) if Address nant Type Claimant Type * nant Name *	97387907		Contact No.(Home) Of Vehicle Number	65151401 SLU4630C	Contact No.(Office)	
m Type + tact No.(Mobile) if Address mant Type Claimant Type + mant Name + nant Address	97387907 Please Select	<u>▼</u>	Contact No.(Home) Of Vehicle Number Type of Benefit *	65151401 SLU4630C	Contact No.(Office) TP Vehicle Number	SK83121M
m Type * tact No.(Mobile) il Address mant Type Claimant Type * mant Name * mant Address n Description	97387907	<u>▼</u>	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	65151401 SLLM630C Please Select	Contact No.(Office)	SK83121M
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m Type + tact No.(Mobile) all Address mant Type Claimant Type + mant Address m Description terres Workshop Contact use Finelisation	97387907 Please Select SLU4630C / SKB3321M O	≥≥ 20N 2 Aug 2019	Contact No.[Home) Of Vehicle Number Type of Benefit * Coarmant NRJC *  Insured Liability *	85151401 SLLM650C Please Select  Not at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	SKB3321M
m Type + tact No.(Mobile) il Address nant Type Claimant Type * nant Address nant Address nant Address the Contact were Workshop Contact ware Finalisation Registered	97387907 Please Select SLU4630C / SKB3321M Q	≥≥ 20N 2 Aug 2019	Contact No.[Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option	85151401 SLLM650C Please Select  Not at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	SKB3321M
m Type * test No.(Mobile) if Address mant Type Claimant Type * mant Address mant Address mant Address merres Workshop Contact aure Finelisation Registered out Taken By	97387907 Please Select SLU4630C / SKB3321M Q Yes 02/08/2019 19:21	≥≥ 20N 2 Aug 2019	Contact No.[Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option	85151401 SLLM650C Please Select  Not at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	SKB3321M
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