NATIONAL Assessment Centre	Services.	[wef 1 Jamos] Mb	NS KOIPILAL		
Date In: 6 8 19 - 14:57	Jeb descripti		Date &Time Compl	cted	Done by
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Veh No: Ska Juysu	E-mail (with	hia Shrs, AIC 2hrs)			
D.O.A : 0/8/14-14:15		aim Form	m71056728-0	1 68/9	1016
OD TP Reporting Only	i-Motor W	O (Within: OD 2hrs		7019	16:31
OD A Try Reporting Only	i-Photo Up				
TP Insurer:	Assessment/	Survey Report			
The state of the s	Ass't Repor	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tol:	Fax:	
TP Particulars: Veh Noim FVN	8k .	INC(	)/Non-INC(	).	
Owner / Driver: (			Tel:	,	-
Policy No: ( ) Period	d: (	)	Cover Type: (		)
Confirmed by : (	MAN EXPENSE NO.	Date:	Time:		
Insured/Driver Liability: ( %) [Not	te-Est. Status	(WO): N: 0-20	%; P: 21-79%. F:	30-100%]	Same Switcher
	rranty: YES (	The same of the sa			
Excess: (\$ ) Loading: \$1,000	( )/\$2,00	0()			
General Remarks			WESTERNAMEN CO	\$5.50ps; 12:	
( ) Walk-In Customer: Customer's information	etine etaleth. C	- Edward Company N	Acres 24 dela Decimination del Meter	WASSEL ST.	
( ) Total Lyce Core	adon strictly C	omidential & Stric	tily NO rater of repai	rer.	
( ) Total Loss Case : to e-mail Insurer L				151	
Drive-In ( ) / Towed-In ( ); Invoice: Y	ES ( ) /	NO(); To	wing Co: (		)
Remarks:- (INC hotline: 6788 6616)			Date&Time Complets	400230235	one by
	rtesy Car (	)		W. S. W. S. W. S. P. S.	ORGAN
2) QC Check / Post Repair Inspection	(	)			
3) Upload Resurvey Photo [Repair Cost > \$3000	)] (	,		-	
Injury:	1 (				
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Date/Time Actions	Zimir.	7			toportra mistro
				69 38 45000 DA. 755.	243
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NAIGOS8VI		Invoice Press	ration Checklist	Anit (S	Amt (\$
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aimant's Particulars :-		1) AR : Accident Rep 2) DA : Damage Ass		(580)	-
iver/Owner:		3) TF : Towing Fee		\$40/\$45	
ntact No:		4) FT : Follow-Throu	igh Survey igh Survey (Resurvey)	\$120 \$30	
nact No.	* 1		st JNC Only (wef 10 Jan 2		<del> </del>
maged Portion:		6) TR : Re-inspection		\$75	
		7) N1 : Idae DA + SN 8) NTUC Additional	The second secon	\$160	
Checked by (Engr-In-Charge):		OD.			
53775		*N5: Courtesy Car *N6: Repair Co-or		\$10	+
ditors' Comments :-		*N7: Fost Repair I:	rspection	\$25	1
1:	45. MOVERNIE	The second secon	Excess Coordination n INC) against INC	\$5	
	15 g	9) N12: Idac Mobile	n 1140) against 1140	30	7.
2/3:		Invoice dated	Fee Charge	WAR THE PARTY NAMED IN	and the first
4 may	1	Invoice dated	Fee Charge	d San D	M

#### 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 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

altresald.	
THE PROPERTY OF THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	06/08/2019 14:57
Date Of Accident	05/08/2019 12:15
Exact Location Of Accident	SIMS AVE TWDS VICTORIA ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ7245U
Insured/Policyholder	
Name Of Registered Owner	LI QINGRU SHARON
NRIC No	S8118744D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97764248
Alternative Phone No	OFFICE-97764248
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.5 CVT ABS D/AB HID 2WD 4DR
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	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	5069299695-03
Cover Note Number	
Driver	

Driver

Name of Driver LEE AH KOW NRIC No S1331644I Date Of Birth 16/03/1942 Occupation INDOOR Date Of Driving Pass 22/09/1980

Driving Experience 38 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98287834

Fax Number

Contact Number OFFICE-98287834

EMail Address NOEMAIL Address BLK 107 JALAN BUKIT MERAH

#11-1814

Postcode 160107

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

.....

-

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SMF2318K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

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.
- 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:
  - 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.

72/

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: SKETCH PLAN

Sims DIE CLIMANO VICTORIA ST.

4 2

Vehicle A - Ska Francia 3

Vehicle B - SMF 2318 K

2 B

( ) Grigland Loans

Living Loans

Are with my intention of thoming into LOR 15 Ceyfing.

I was in the let lane when the secretary Engeneed.

While =pprosehin intersection vehicle make am bre 10m 2/10 2318 K collided that mede The secretart 1n-car Camera. SK Q 7245 U SMF 2318 K

#### DECLARATION

. T

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

李多九

Driver's Signature (If driver is not the policyholder) Reporting Centre Persophel's Signature Name:

Policyholder's Signature Date & Time:

Vehicle No.	SKE TEUR Model/Make NISSAN TEANO
Date of Accident	05/08/19
Time of Accident	/2 /5 HRS
ocation of Accident	TURNING INTO LORIS CRESIANG From Sims Ave.
Exact purpose use during acci	
Name of Owner	Li Gingni, Sharm
Telephone No.	H/P: 9776 4248 Home: Office:
NRIC	58487440
Address	454 FDjar Road #12-570 5 (670454)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	compensate time. a.c,
rolley No.	
Name of Driver	As Above If No, Cee Ah Kow
NRIC	5/331 644I Any Passengers: ().
Date of birth	16 Mar 1942
Occupation	Outdoor / Indoor
Driving License Pass Date	22 Sep 1980
Gender	Male / Female
Contact No.	H/P: 9828 7834 Home: Office:
	BUK 107 JALAN BUKIT MORAH #11-1814 5(160107)
Address	
Driver have any own vehicle	No, If yes, Reg No.  Employee. If no. state Fother
Relationship	
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	-6 10 UII 2
Police Report	No. If Yes, Where?
Vehicle B No.	SMF 2318K Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact:
Accident Portion	LEFT FRONT.
Camera Recorder	Yes/ No
Email Address	
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE CTP
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$13316441



Name

LEE AH KOW

CHINESE

16-03-1942

SINGAPORE

For LKK/NAC

REPUBLIC OF SINGAPORE **DRIVING LICENCE** 

LEE AH KOW

Birth Date: 16 Mar 1942 Issue Date: 09 Sep 2003



NRCN: \$1331644I

Blood Group Date of value 20-04-1993 For LKK/NAC Use Only

APT BLK 107 JALAN BUKIT MERAH #11-1814 SINGAPORE 0316

Motor Cars and Motor Tractors the weight of

which unlader does not exceed 2500 kilograms

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

22 Sep 1980







<b>eBao</b> Tech									Genera	GeneralClaim	
Hello, NAC_PAYA_UBI_80					+ Change	e Language	e + Chan	ge Password	Log Out		
My Desktop	<b>Policy Query</b>										
Natice of Lass	Policy No.				Date	of Accident		05/08/2019	12:15		
	Vehicle No.(For Motor)		SKQ7245U		Certificate Number						
					Search						
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date	
	O 5069299695- 03		LI QINGRU SHARON	S8118744D	GPC	drivo CLASSIC	SKQ72450	J SKQ7245U	05/09/2018	04/09/2019	
				- 1	Continue						

Policy No.	5069299695-03	Policyholder Name	LI QINGRU S	SHARON	Policyholder NRIC	S8118744D	
Certificate No.							
Address	BLK 261 #10-543 BOON LAY D	RIVE SINGAPO	RE 640261				
roduct Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	01/08/2018	Effective Date	05/09/2018	00:00	Expiry Date	04/09/2019	23:59
xcess		All Claims Excess					
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	BIZFOLIO MOTOR TRADING	Agent Tel.	62444464		GST Flag	Υ	
co- nsurance lag Open Policy	No						
nfo							
nfo	holder Mailing Address						
nfo Policyl	holder Mailing Address BLK 261 #10-543	Addre	ess 2	BOON LAY DRIVE		Address 3	SINGAPORE 640261
nfo Policyl Address 1			ess 2 ess Type	BOON LAY DRIVE Singapore address	2010	Address 3	SINGAPORE 640261 640261
nfo Policyt Address 1 Address 4		Addre	ess Type ed Policy			COMMENSATION OF	
nfo Policyt Address 1 Address 4 Unit No.	BLK 261 #10-543	Addr Relat	ess Type ed Policy	Singapore address		COMMENSATION OF	
nfo Policyl Address 1 Address 4 Jnit No. Insure	BLK 261 #10-543 10-543 ad Object: SKQ7245U	Addr Relat	ess Type ed Policy	Singapore address		COMMENSATION OF	
Address 1 Address 4 Unit No.	BLK 261 #10-543 10-543 ad Object: SKQ7245U sements	Addre Relat Numl	ess Type ed Policy	Singapore address 5069299695-03	Endorsement	Post Code	

Claim Handling					- E
Accident MT/1056728					
Policy No:	5069299695-03	Vehicle No.	SKQ7245U	GST Registration No.	
Certificate No.					
Policyholder Name	LI QINGRU SHARON			Policyholder NR1C	S8116744D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97764248	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	Tru V
KEK	No ○ Yes	TCA	® No ○ Yes	eCode Reason	
					No.
ACD Protection	No	NCD Entitlement(%)	0	Private Hire	No.
Accident Details					
Report Date	06/08/2019 16:46	Academ Report Watrin 24 his	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	05/08/2019	Time of Accident hhumm	12:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS AVE TWOS VICTORIA ST				
₩ Excess					
Own demage Excess	600.00	Additional Excess	0	Windstreen Excess	100.00
mnamed Driver Excess	0.00	Dutside Singapore OD Excess	600.00		9217173.X
hird Party Excess	0.00	Outside Singapore TP Excess	0.00		
17 Benefits					
GST Registered Information	ation				
ST Registered	No		GST Registration Date		
SST Registration No.			GST Status Verified	Yes	
Hodification History					
□ Policyholder Halling Ad	dress				
Address I	BLK 261 #10-543	Address 2	BOON LAY DRIVE	Address 3	SINGAPORE 640261
Address-4		Address Type	Singapore address	Post Code	640261
unit No.	10-543	Related Policy Number	5069299695-03		
OI Driver Info					
Onver Name	LEE AH KOW	Driver Type	Main Driver		
Jonamed driver Name	0.000.000.00	Driver NRIC	\$13316441	Driver DOB	16/03/1942
tegister Date of Driver License	22/09/1990	Driver Age	77	Driving Experience	38
	98287834	Contact No.(Office)	0	Contact No.(Home)	0
Contact No. (Mobile)					
Address 1	BLK-107	Address 2	JALAN BUKIT MERAH	Address 3	TIONG BAHRU OROHID
Address 4	SINGAPORE 160107	Address Type	Singapore address	Post Code	160107
Unit No.	11-1814				
Does he own a Singapore	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?					
peciaration					
Breathalyser or Blood Test	2000	120223	○ Yes ® No		
teading?	0 mg	Any injury?	() Yes (g) No		
Hodification History					
AND DESCRIPTION OF THE PARTY OF					
Claim 001 New					
and the same	ор-их 🔻	400.000.000	V CORPORIO PLANTON	Insured NRIC	561167440
Daim Type •		Insured Name	LI QINGRU SHARON		- I
Contact No. (Mobile)	97764248	Contact No.(Home)	NIL	Contact No.(Office)	
mail Address	shezzeli@hotmeli.com	Of Vehicle Number	SKQ7245U	TP Vehicle Number	SMF2318K
Demant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Dalmant Name *	22	Claimant NR3C *			
Daimant Address				1	
Daim Description	SKQ7245U / SMF2318K ON 5 Aug 2019			Name of Preferred Workshop	
Inderned Workshop Contact		Insured Dability *	Not at Fault		49.
44.	(Page 1997)			Gtt moor	Received
Require Finalisation	Yes 💌	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	06/08/2019 00:00
Date Registered	06/08/2019 16:51	Claim Close Date		Date Received	00/06/2019 00:00
Report Taken By	Jackson				
Print AK letter					
			Section represent		
			Save Submit		
Attachment					
w					
190					
Academ No.	MT/1056728	Claim No.	001		
att Doc. Received	Yes. ○ No	Upload Date	06/08/2019 16:52		
	Path *		Category *	Confidential Urgen	cy * Description *
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