NATIONAL Assessment Cer					
Date In: 17/8/19-15:42	Jeb description	1	Date & Time Complete	d Don	e py
ROS NO: NAJILICIONINAS /W	SAS e-filing		İ		
Veh No: LICX YOZIL	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 12/8/19-16:30	i-Motor Clai	im Form	Wy 1027412-001	13/8/19 20	04
OD : P Reporting Only	i-Motor W/C) (Within: OD 2hi			
OD / It of reporting Only	i-Photo Uplo	paded	1		
TP Insurer:	Assessment/Si	urvey Report			
IP insurer:	Ass't Report b	by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: ((Tel:	Fax:	
TP Particulars: Veh No: &	1585070	. INC ()/Non-INC()	record temperature	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80	0-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$		The second secon			
General Remarks				1	s , ² 7,
() Walk-In Customer : Customers i	named and the second state	1711 H		ır.	
() Total Loss Case : to e-mail Ins					
Drive-In ()/ Towed-In (); Invo	pice: YES () / N	NO();T	owing Co: ()_
Remarks: (INC hadine: 6788 6616	1.00		Date& Time Completed	Don.	e by
		`	Date&Time Completed	Don	e by
Apply for Transport Allowance ())	Date&Time Completed	* Don	t by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ())	Date& Timb Completed	Don	e by
Remarks: (INC hotline: 6788 6616 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ()))	Date&Time Completed	Don.	e by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date& Timb Completed	Don.	s by
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions iver/Owner: intact No: maged Portion:	/ Courtesy Car (Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Addition	paration Checklist Reporting (\$30); Assessment (\$100); INC ee hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2) tion + SMRT Survey onal Services:-	S80) 540/545 5120 530 105) 575 5160	Amil
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions MA 1905970 aimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	/ Courtesy Car (Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idae DA 8) NTUC Addition OD NS: Courtesy N6: Repeir C N7: Fost Rep *N8: DV / Col	paration Checklist. Reporting (\$30); Assessment (\$100); INC ee hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2) stion + SMRT Survey onal Services:- Car / Tpt Allowance o-ordination air Inspection lect Excess Coordination (Non INC) against INC	\$30 \$105) \$75 \$10 \$20 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	Añi (i

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

By the lodgement of this report to the insurers, you hereby cons aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/08/2019 15:42
Date Of Accident	12/08/2019 16:30
Exact Location Of Accident	EDL TWDS WOODLANDS CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX4071L
Insured/Policyholder	
Name Of Registered Owner	TANG KWOK FAI
NRIC No	S6972386A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97357233
Alternative Phone No	OFFICE-97357233
Vehicle Particulars	
Manufacturer	тоуота
Model	HARRIER 2.0 AT PREMIUM STYLE MAUVE 2WD
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 5111368234

Cover Note Number

Driver

Name of Driver TANG KWOK FAI NRIC No S6972386A Date Of Birth 25/04/1969 Occupation INDOOR Date Of Driving Pass 05/05/1997

Driving Experience 22 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97357233

Fax Number

Contact Number OFFICE-97357233

EMail Address NOEMAIL

83 ANCHORVALE CRESCENT Address

#08-26

Postcode 544626

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 4

Number of Passengers (Including Driver)

Passenger 1

NAME:

: FEMALE GENDER:

Passenger 2

NAME:

GENDER: : FEMALE

Passenger 3

NAME: . -

GENDER: : FEMALE

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS IT WAS CONGESTED. VEHICLE B WAS ON 1ST LANE CUT ONTO MY LANE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

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

SGS8507U

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)

Passenger 1

1 200 2 200 2

3

NAME:

GENDER:

Passenger 2

NAME:

.

GENDER:

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 <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 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:

Driver's Signature

(If driver is not the policyholder)

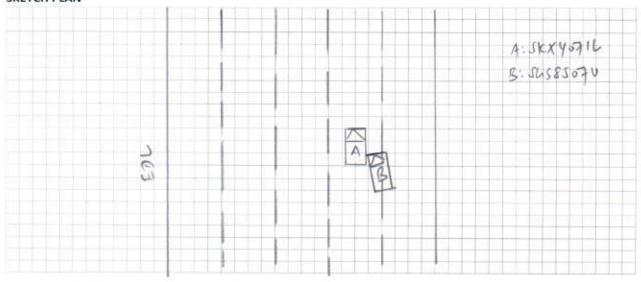
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	Hutement.	
	49.55 - 30.5 - 30.	

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

Policyholder's Signature Date & Time:

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

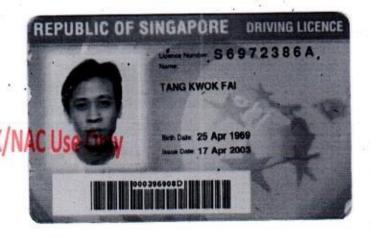
Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

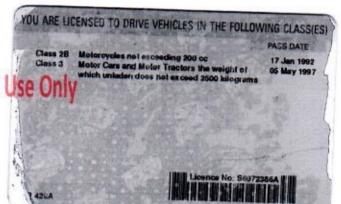


25-04-1969

For LKK/NAC U









issue Date	24/07/2019	Effective Date	25/07/2019	00:00	Expiry Date	24/07/2020 23	1:59
Address Product Name	83 ANCHORVALE CRESCENT : PRIVATE CAR INSURANCE	#08-26 THE VAL	ES SINGAPO	RE 544626	Group Policy Flag	N	
	Per Accident	Date All Claims	25/07/2019	9.00:00	Expiry Date	24/07/2020 23	1:59
Third		Excess Own					
Party Excess	0	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	IMOTOR INSURE	Agent Tel.	68411279		GST Flag	Y	
Co- Insurance Flag	No				os mag		
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	83 ANCHORVALE CRES	SCENT Addre	ess 2	#08-26 THE VALES		Address 3	SINGAPORE 544626
Address 4		Addre	ss Type	Singapore address		Post Code	544626
Jnit No.		Relate Numb	ed Policy er	5111368234			
	d Object: SKX4071L						
) Insure							
D Insure	sements						

Claim Handling					
Policy No.	5111368234	Vehicle No.	SKX4071L	GST Registration No.	
Certificate No:					
Policyholder Name	TANS KWOK FAI			Policyholder NRJC	S6972386A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97357233	Contact No.(Office)	D	Contact No. (Home)	0
Email Address		Special Remark	20,	eCode	
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	1
NCD Protection	Yes	NCD Entitlement(%)	50		
Accident Details		were entitlement of	24	Private Hire	No
Report Date	13/08/2019 20:08	Acadent Report Within 24 hrs	Vac		
		100000000000000000000000000000000000000	Yes	Accident Type	Collision - Change / Cross lane
Date of Acodem	13/08/2019	Time of Accident thomm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EDL TWOS WOODLANDS CHECKPOINT				
▼ Total Excess Applicable	NEW PROPERTY AND SECURE OF THE PROPERTY AND SECU				
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED DO Excess	0.00	YIED TP Excess	0.00	Oriver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▽ Benefits					
□ GST Registered Inform			100V-100V-100V-100V-100V-100V-100V-100V		
SST Registered	No		GST Registration Date		
35T Registration No.			GST Status Venfied	Yes	
Modification History					
	12003				
Policyholder Mailing Ad					
Address 1	83 ANCHORVALE CRESCENT	Address 2	#08-26 THE VALES	Address 3	SINGAPORE 544626
Address 4		Address Type	Singapore address	Post Code	544626
Unit No.		Related Policy Number	5111368234		
♥ OI Driver Info					
Driver Name	TANG KWOK FAI	Driver Type	Main Driver		
Innamed driver Name		Driver NRIC	56972386A	Driver DOB	25/04/1969
Register Date of Driver License	05/05/1997	Driver Age	50	Driving Experience	22
Contact No.(Mobile)	97357233	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	83 ANCHORVALE CRESCENT	Address 2	THE VALES	Address 3	SINGAPORE 544626
Address 4		Address Type	Singapore address	Post Code	544626
Unit No.	08-26				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
and the second second				and a second	
reclaration					
Breathalyser or Blood Test	0 mg	Any injury?	() Yes ® No		
(eading?		ant edate:	O res @ res		
odification History					
Claim 001 New					
Claim out New					
laim Type *	00-MX	Insured Name	TANG KWOK FAI	Insured NRIC	56972385A
oreact No.(Mobile)	97357233	Contact No.(Home)	64489032	Contact No. (Office)	
mail Address		OI Vehicle Number	SKX4071L	TP Vehicle Number	SGS8507U
laimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		1200000
laimont Name +	22	Claimant NRIC +			
aimant Address	Marie Company of the				
arm Description	SKX4071L / SGSB507U ON 12 Aug 2019			Name of Preferred Workshop	
referred Workshop Contact	12.104.2017	Name and the same of		_ name or presented workshop	
C was a way to war a way		Insured Liability *	Not at Fault		953 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received 💟
		Claim Close Date	Control of the Contro	Date Received	13/08/2019 00:00
ate Registered	13/08/2019 20:09				
ate Registered	13/08/2019 20:09 Jackson				
eport Taken By					
eport Taken By					
ate Registereb éport Takan By ☑ Prins AK letter			Save Submit		
eport Taken By		1	Save Submit		
sie Registered eport Takan By Print AK letter Attachment		1	Save Submit		
ste Registered eport Takan By Prins AK letter Attachment	Jackson	51W1596			
ate Registered sport Takan By Prins As letter Attachment sp ccident Ne.	NT/1057463	Claim No.	100		
Attachment ser Doc. Received	Jackson	51W159			

