NATIONAL Assessment Centre Services. (wel I Jan'03) . : MWA 119106442 Done by Date &Time Completed Date In: Jeb description 1418119 16:56 Ref Ha: SAS c-filing NA/ INC 190, 14151/64 E-mail (within 8hrs, AIC 2hrs) You Ho SKV 7473 B. MT/1025 685-01 17138. I-Motor Claim Form HULLA 1418/19 1318/19 22:30. I-Motor W/O (Within: OD 2hts, TP 4hrs) Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkan Fax: Proforred Wisp / INC Assign Wksp / QW: (Tol:)/Non-INC (TP Particulars: Veh No: INC (SLF 5290.Y Owner/Driver: (Tcl:) Policy No: (Period: (Cover Type: (Confirmed by: (Time:) Date: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Year of Registration: (Warranty: YBS ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (Concentrombeles in a married) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.)/Towed-In (Drive-In (); Invoice: YES () ; Towing Co: (Combucks: First Cine and the country of the control 1) Apply for Transfort Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Dute Eines STEDLIST Indition MA1905947 Clauronius Paragodassata 1) AR 1 Accident Reporting (530); NC (\$80) 2) DA : Damage Assessment (\$100) \$40/\$45 3) TP : Towing Pee Driver/Owner: \$120 4) PT : Pollow-Through Survey 230 5) PT : Follow-Through Burvey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2003) 6) TR : Re-inspection Damaged Portion: \$160 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge); 22 * NS: Courtesy Car / Tpt Allowande 510 *N6: Repair Co-ordination \$25 * N7; Post Repair Inspection Auditors' Comments *Na: DV / Collect Excess Coordination 22 TP (N11): TP (Non INC) against INC \$20 .'ul. 1: 9) N12: Idao Mobile Fee Charged Involve dated . 3/3: MARKET N Fee Charged Involce dated

Francisco Comment

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 <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.
- 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.

| 200000000 | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 14/08/2019 16:56 |
| Date Of Accident | 13/08/2019 22:30 |
| Exact Location Of Accident | 2 JALAN RAJAWALI |
| Country/State of Loss | SINGAPORE |
| 1 | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKV7473B |
| Insured/Policyholder | |
| Name Of Registered Owner | CHAN YIM WAH (CHEN YANHUA) |
| NRIC No | S7401493C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-84681180 |
| Alternative Phone No | OFFICE-84681180 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | SYLPHY |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| 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 HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| | |

Fleet Policy NO

Policy Number 5092625552-01

Cover Note Number -

Driver

Name of Driver CHAN YIM WAH (CHEN YANHUA)

 NRIC No
 \$7401493C

 Date Of Birth
 04/01/1974

 Occupation
 OUTDOOR

 Date Of Driving Pass
 21/04/1999

Driving Experience 20 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-84681180

Fax Number

Contact Number OFFICE-84681180

EMail Address NOEMAIL

Address 13 JALAN MULIA

Postcode 368628

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

involved in the accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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.

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

I STOP AT THE ROAD SIDE ALONG JALAN RAJAWALI TO ALIGHTED MY PASSENGER, AFTER MY PASSENGER ALIGHTED FROM MY VEH AND I FELT AN IMPACT FROM MY RIGHT HAND SIDE, THEN I REALIZED VEH B WAS REVERSING OUT FROM THE 2 JALAN RAJAWALI AND HIT ONTO MY VEH RIGHT HAND SIDE.

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 Witness 1

Name GRAB PASSENGER(SAF)

Phone Number Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF5290Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver KEE SOON LEONG

NRIC/Passport Number S8523099I

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

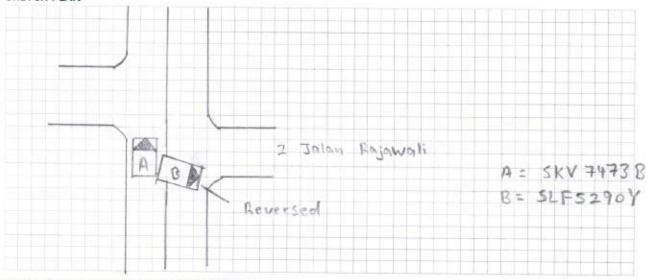
(ii) for complying with requirements under any regulations, laws or court orders.

Policyhologr'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

| Please | Refer | to | statement | |
|--------|-------|----|-----------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | - | | |

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

Policyhelder's Signature

Date Time:

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:



REPUBLIC OF SINGAPORE





CHAN YIM WAH (CHEN YANHUA)

CHINESE Date of birth 04-01-1974 Country/Place of birth SINGAPORE



5902905

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

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

13-03-2018

13 JALAN MULIA SINGAPORE 368628

NF-428A





VOCATIONAL LICENCE Licence No : 87401493C Name : CHAN YIM WAH

Card Issue Date : 18/04/2018

Please visit www.ita.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Tenna Dat

13

PRIVATE HIRE CAR VL

18/04/2018

FOR LKK/NAC Use Only



eBaoTech Hello, NAC_PAYA_UBI_800601

My Desktop

Notice of Loss

GeneralClaim

Log Out

Select

Policy Query

Policy No.

Vehicle No.(For Motor) SKV7473B

Policy No.

5092625552-

Certificate

Number

Date of Accident

Product Cover Type

drivo CLASSIC

· Change Language

Vehicle

No.

Certificate Number

13/08/2019 16:50

Insured Object

· Change Password

Commence Date Expiry Date

SKV7473B SKV7473B 30/09/2018 29/09/2019

Continue

GPC

Search

Policyholder Policyholder Name NRIC

57401493C

CHAN YIM WAH (CHEN YANHUA)

Claim Handling Accident MT/1057685

| Policy No. | 5092625552-01 | Vehicle No. | 5KV74738 | | GST Regis | stration No |
|---------------------------------|--------------------------------------|------------------------------------|---|---------------------|---|-------------|
| Certificate No. | | | | | | |
| Policyholder Name | CHAN YIM WAH (CHEN YANHUA) | | | | Policyholo | der NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | | Loading | |
| Contact No.(Mobile) | 84681180 | Contact No.(Office) | | | | lo.(Home) |
| Email Address | | Special Remark | | | eCode | |
| KFK | No Yes | TCA | . No Yes | | eCode Re | ason |
| NCD Protection | No | NCD Entitlement(%) | 10 | | Private Hi | |
| | | | | | 0.000 | 2.5.0 |
| Report Date | 14/08/2019 17:32 | Accident Report Within 24 hrs | Yes | | Accident 1 | Туре |
| Date of Accident | 13/08/2019 | Time of Accident hh:mm | 22:30 | | Country o | f Accident |
| Reporting Centre | | Orange Force | | | ICM No. | |
| Accident Location | 2 JALAN RAJAWALI | | | | 97.5364.837.5. | |
| ▽ Excess | | | | | | |
| Own damage Excess | 2,000.00 | Additional Excess | 0 | | Windscree | n Evress |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | | 2,000.00 | *************************************** | III EAGESS |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | | 1,500.00 | | |
| → Benefits | | | | | | |
| Coverage | | | Sum Insu | red | | |
| Transport Allowance | | | 99999999 | 0.99 | | |
| | tion | | | | | |
| GST Registered | No | | GST Regis | tration Date | | |
| GST Registration No. | | | GST Statu | s Verified | | Yes |
| Modification History | | | | | | |
| Policyholder Mailing Add | Mars. | | | | | |
| Address 1 | 224 40 504 | Harpersona. | 0.0000400000000000000000000000000000000 | | Wooleyson | |
| Address 4 | 13 JALAN MULIA | Address 2 | MACPHERSON GAR | DEN ESTATE | Address 3 | |
| Unit No. | | Address Type | Singapore address | | Post Code | |
| OI Driver Info | | Related Policy Number | 5105654550 | | | |
| Driver Name | CHAN YIM WAH (CHEN YANHUA) | 200020 | 7000000 | | | |
| Unnamed driver Name | CHAN TO WAR (CHEN TANNUA) | Driver Type Driver NRIC | Main Driver | | | |
| Register Date of Driver License | 21/04/1999 | Driver Age | 57401493C | | Driver DOI | |
| Contact No.(Mobile) | 84681180 | | 45 | | Driving Ex | |
| Address 1 | 13 JALAN MULIA | Contact No.(Office) Address 2 | | | Contact No | o.(Home) |
| Address 4 | 13 JAPAN MOLLA | | MACPHERSON GAR | DEN ESTATE | Address 3 | |
| Unit No. | | Address Type | Singapore address | | Post Code | |
| Does he own a Singapore | Notes we contributed to | | | | | |
| Registered car? | Yes + No | Driver Vehicle No. | | | Driver Insu | arer Comp. |
| Declaration | | | | | | |
| Breathalyser or Blood Test | 0 mg | And habitative | Care March de March | | | |
| Reading? | Ving | Any injury? | Yes No | | | |
| | | | | | | |
| Modification History | | | | | | |
| Claim 001 New | | | | | | |
| Claim Type * | | | | Fac. 100 | ▼ Insured | |
| , company part (1) | | | | OD-MX | Name | CHAN YIN |
| Contact No.(Mobile) | | | | 84681180 | Contact No. | NIL |
| | | | | | (Home) | |
| Email Address | | | | JINGYUNCYW@GMAIL | | SKV7473 |
| Claim Description | | | | EV174770 / CLESTON | Number | |
| Preferred | | | | SKV74738 / SLF5290Y | ON 13 Aug 2019 | |
| Workshop 0 | Insured Liability Not at Fa | 014 | | | | |
| Finalisation Lies | Repair Preferred Workshop, Option | Name unknown GIA report Received | • | 5 <u>22</u> | Claim | |
| Date Registered | 7 Programs | | | 14/08/2019 17:37 | Close | |
| Report Taken By | | | | LIEW SHAN HUI | Date | |
| Hac://giolaim income | n/ncs/icm/eclaim/registrationSave do | | | 101 | | |

Print AK letter

