NATIONAL Assessment Ce	entre Services. wet : Jamos /	MNA119108336	
Date In: (4) 8/19-17104	Jeb description	Date & Time Completed	Done by
Res No: NA INC 19014289 24	SAS e-filing		
Veh No: 572 239813	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 17/19-14:20	i-Motor Claim Form	M7 1058 250 - 031	19/8/19 17:78
OD THE Reporting Only	i-Motor W/O (Within: OD 2		
OD :/ IF . Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
17 illsuler:	Ass't Report by Fax / Hane	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	:(Tel: 5	Fax:
TP Particulars: Veh No: 5	suboyar INC	()/Non-INC()	and Comment
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-	100%]
Year of Registration: () Warranty: YES ()/NO ()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		Karra - III 1982 - III 1984
General Remarks:-		A STATE OF THE STA	745 B 1 1
A STATE OF THE STA	SEAPA CAN CAPPAGNAS ESCULAÇÃO	is a construction of the c	ACOM PROCESS
() Walk-In Customer : Customer's		strictly NO rater of repairer.	
() Total Loss Case : to e-mail In			
Drive-In ()/ Towed-In (); Inv	voice: YES() / NO();	Towing Co: (,
Remarks: (INC hotline: 6788 661	6) \	Date&Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		<u> </u>
2) QC Check / Post Repair Inspection	()	-	
3) Upload Resurvey Photo [Repair Cost	> \$30001 ()		
Injury:			
Date/Time Actions			MONICHER.
			17
•			
HAMOGNAY	Invoice Pr	eparation Checklist	Ant (5) Aml (5)
laimant's Particulars :-	1) AR : Accide	The second second second second	INBIII Add Bill
	2) DA : Dameg		80) 0/\$45
river/Owner:	3) TF : Towing 4) FT : Follow-	Through Survey	\$120
ntact No:	5) FT : Follow-	Through Survey (Resurvey) against INC Only (wef 10 Jan 2005	\$30
maged Portion:	6) TR : Re-jusp		\$75
inaged Fordon.			\$160
	8) NTUC Addit	ional Services:-	
Checked by (Engr-In-Charge):	*N5: Courtes	y Car / Tpt Allowance	\$5
Property and the second second second second		Co-ordination pair Inspection	\$10 \$25
iditors' Comments :-	*****	pair Inspection Officet Excess Coordination	\$5
1:	The second secon	P (Non INC) against INC	30
2/3;	9) N12: Idne M Invoice dated	obile Pee Chargea	
na Changair Taile	Invoice dated	Fee Charged	WEIL .

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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/08/2019 12:04
Date Of Accident	17/08/2019 14:20
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR2398B
Insured/Policyholder	
Name Of Registered Owner	PH POOL AND ENGINEERING SERVICES PTE LTD
Co Reg No	201323593Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98787216
Alternative Phone No	OFFICE-98787216
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110737084
Cover Note Number	
Driver	
Name of Driver	LEW TOH KWAN

LEW TOH KWAN Name of Driver NRIC No S2608983B Date Of Birth 23/04/1959 OUTDOOR Occupation Date Of Driving Pass 16/12/1995

Driving Experience 23 YEARS AND 8 MONTHS

Gender MALE

(LOCAL) +65-91283664 Mobile Number

Fax Number

OFFICE-91283664 Contact Number

EMail Address NOEMAIL Address BLK 118 SERANGOON NORTH AVENUE 1

#06-221

Postcode 550118

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

/ehicle

Insurance Company of Driver's Own Vehicle

92.555

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

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)

Passenger 1

NAME:

1E: : -

GENDER: : MALE

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLL6049R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver TAN CHEE HONG

NRIC/Passport Number

S7571203J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKJ7266X

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

REZA KHAN BIN MOHAMMED SULEMAN KHAN

NRIC/Passport Number

S7434594H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

2

GENDER:

DETAILS OF INJURED PERSON 1

Name LEW TOH KWAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJR2398B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.
- 3. 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.
- 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. 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.
- 7. 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)
 - (i) 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
- (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.
- 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:

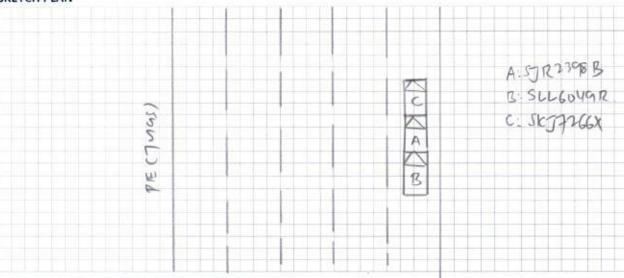
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.		

DECLARATION

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. AFTER AN IMPACT, MY VEHICLE MOVED FORWARD AND HIT ONTO VEHICLE C REAR PORTION.

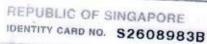
ACCIDENT STATEMENT

ACCI	DENT DATE: 17/8/19)(DD/MM/YYY	r), TIME: (4 : 20	.)(HH:MM)
LOCA	TION: PIE (Jugs)	YE SE		
1.	DETAILS OF VEHICLE	12 %		
	a) VEHICLE NUMBER:	1980	65	
	b)INSURANCE COMPANY:			
XI				
	C)POLICY NUMBER: 51107	21284		
	d)POLICY TYPE: (COMPREHE	NSIVE / THIRD PAR	RTY / THIRD PARTY FIR	RE &THEFT)
	OTHINKE O MODEL.			
	FITYPE: (SALOON / COUPE / A	APV /VAN / LORR	Y / MOTORCYCLE /	OTHERS!
	ST. THOLE CALEGORI. [FRIV	ALL / COMMERCI	AL / MOTOPOVOLEL	o menoj
	THE OWN OSE OF USING AT ACT	CIDENT TIME	10/0/15000 -	X1 427
	TAKE TOU CLAIMING UNDER	YOUR OWN INSHI	PANCE IVECTION	75
	IF NO, PLEASE STATE (THIRD !	PARTY CLAM / RE	POPTING ONLY	
2.	INSURED / POLICY HOLDER			79
	AINAME: Ph Pool and Ena	interna Grice	1 Mo Hd	
	b)NRIC/FIN/PASSPORT:	2019235931.		
	c)ADDRESS:	351/2.24 / 55	_CONTACT: 9878	7 - 16.
7. 8	CONTINUE TO 3.d IF DRIVER	ALSO BOLICY HO	DED.	
tho of passanga. 1	DRIVER	ALSO FOLICT HOL	DER	
(Including driver)	WY JOH WW : 3MANIE			
timerualing driver) t	NRIC/FIN/PASSPORT: 5766	S. 501 a	(MALE, / FE	
(<u>v</u>)	ADDRESS: BIC 18 15 PLG	252515		83664
male.	THE IS SHIT	ngoon Worth	Avmae 1 ADG-	121 (72011
1,000	d)DATE OF BIRTH: (2)	11000		
e	OCCUPATION: (INDOOR / O	1100/W	M/YYYY)	
f)	YEARS OF DRIVING EXPREDIC	UIDOOR)	•	25
4. W	YEARS OF DRIVING EXPRERIENTAL OVER	OE THE THE	N .	7.
IF	AS DRIVER AN EMPLOYEE	OF THE INSURED	S COMPANY? (YE	S/NO)
5. a	NO, RELATIONSHIP OF TH	E DRIVER WITH	INSURED:	
b	WEATHER CONDITION TOLER	RAINING / OT	HERS	
6 W	ROAD SURFACE: (DRY WET	OTHERS		
7 al	AS ANYBODY INJURED (YES /	NOT		
,,	REPORTED TO POLICE (YES / I	(0)	61	
8. TH	F YES, PLEASE STATE WHICH P	OLICE STATION:_		10
of passenger o	RD PARTY VEHICLE	10.0		
ad de la bi	VEHICLE NUMBER: JLL 60	191	MODEL:	
rectuding driver) Di	DRIVER'S NAME: Ton Ch	ee Itony		
() 9. THI	NRIC/FIN/PASSPORT: 5 75	F11035	CONTACT:	
CAM 14 200	RD PARTY VEHICLE		TO SECURIOR SECURIOR VISIT SECURIOR SEC	
	VEHICLE NUMBER: SKJ 32	06X.	MODEL:	
nduding driver) fl	DRIVER'S NAME: 120	chan Kin molec	immed suleman	khan
r Survey f	NRIC/FIN/PASSPORT: 1743	4594H.	CONTACT:	P. H. C. L.
(x.)		to the second	SCHING!	
ACCOUNTY OF				
	102			

email =

fax =

VIDEO =





LEW TOH KWAN



CHINESE

Date of birth 23-04-1959

MALAYSIA







S2608983B

20-12-2010

APT BLK 118 SERANGOON NORTH AVENUE 1 \$06-221 SINGAPORE 550118

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

For LKK/NAC Use Only

NP 428A



eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601						• Change	Language	• Chang	e Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident	1	7/08/2019 1	4:20	
	Vehicle	No.(For Motor)	SJR23	98B		Certifi	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110737084		PH POOL AND ENGINEERING SERVICES PTE LTD	201323593Z	GPC	drivo CLASSIC	SJR23988	SJR2398B	26/06/2019	25/06/2020
				2000 S 19400		Continue					



Claim Handling					
Accident MT/1058250		The section and the section of the s	Perdellarios	Commence of the Comment of	
Policy No.	5110737084	Vehicle No.	SIR23968	GST Registration No.	
Certificate No.		22)		120.00000000000000000000000000000000000	10.1000000
Policyholder Name	PH POOL AND ENGINEERING SERVICES PTE L		PARK (C) (2) (1)	Policyholder NRJC	201323593Z
Product Code	PRIVATE CAR INSURANCE	Cover Type Contact No.(Office)	drive CLASSIC	Loading	0
Contact No. (Mobile)	96787216	Special Remark	0	Contact No (Home) eCode	Tru V
KFK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	The same of the sa
NCD Protection	No.	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details	100	ACD Entrement at	10	- Frank File	
Report Date	19/05/2019 13:37	Accident Report Within 24 hrs	Yes	Acadent Type	Chain Collision
Date of Accident	17/06/2019	Time of Accident hhomm	14:20	Country of Accident	Singapore
Reporting Centre		Orange Force	- A-1	ICM No.	S-20-10-10-10-10-10-10-10-10-10-10-10-10-10
Accident Location	PIE TWDS TUAS				
□ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YTED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	D				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
⇒ Benefits	44				
□ GST Registered Informa GST Registered	No		GST Registration Date		
GST Registration No.	40		GST Status Verified	Yes	
Modification History	19/09/2019 13:38:05 System	changed GST Status verified fro	m No to Yes		
Policyholder Mailing Ad					
Address I	S4 SERANGOON NORTH AVENU	Address 2	#03-03C CYBERHUB NORTH	Address 3	SINGAPORE SSSRS4
Address 4	2200	Address Type	Singapore address	Post Code	555654
Unit No.	03-03C	Related Policy Number	5110737084		
© 01 Driver Info Driver Name	LEW TOH KWAN	Driver Type	Main Driver		
Unnamed driver Name	LEW TOTT KNAM	Driver NRIC	S2608983B	Driver DOB	23/04/1959
Register Date of Driver License	16/12/1995	Driver Age	60	Driving Experience	23
Contact No. (Mobile)	91283664	Contact No.(Office)	0	Contact No.(Home)	0
Address I	BLK 118	Address 2	SERANGOON NORTH AVENUE 1	Address 3	HWI YOH VILLE
Address 4	SINGAPORE SSDL18	Address Type	Singapore address	Post Code	550118
Unit No.	06-221				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
Reading?	AND .	850000000			
3505.0000000000000000000000000000000000					
Modification History					
Claim 001 New					
3711					
Claim Type +	OD-MX	Insured Name	PH POOL AND ENGINEERING SE	Insured NRIC	2013235932
Contact No.(Mobile)	98787216	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehide Number	SJR2396B	TP Vehicle Number	SLL6049R
Claimant Type Claimant Type *	Please Select.	Type of Benefit *	Please Select		
Claimant Name +	22	Claimant NRIC +			
Claimant Address					
Claim Description	SJR2398B / SLL6049R ON 17 Aug 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability •	Not at Fault		
Require Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/08/2019 13:38	Claim Close Date		Date Received	19/08/2019 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
9					
	MT/1/050/25*	G	mas .		
Accident No.	MT/1058250 ® Yes ○ No	Claim No.	001		
Last Doc. Received		Upload Date	19/08/2019 13:39	Service Control of the Control of th	era l
	Path *	002356	Category *	Confidential Urgen	ty * Description *

