NATIONAL Assessment Ce	ntre Services. wet Jaros	MLIA 119117749	y
Date In: 1/9/19/19	Job description	Date & Time Completed	Done by
Res No: Na INC 190577344	SAS e-filing		
Veh No: Juktzup	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 4/9/19- 73:30	i-Motor Claim Form	M7 10 61197 - 04	114/14/19:53
02 (73)	i-Motor W/O (Within: OD 2	thrs, TP 4brs)	
OD (TP) ! Reporting Only	i-Photo Uploaded		V
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:)
TP Particulars: Veh No: (GB4769 INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:)
	6) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]
) Warranty: YES ()/NO ()	
77.7	\$1,000()/\$2,000()		
General Remarks:-			Can Silve
() Walk-In Customar : Customer's	information strictly Confidential &	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail In	surer URGENTLY.		
Drive-In ()/ Towed-In (); Inv	roice: YES () / NO ();	Towing Co: (.)
Remarks: (INC hotline: 6788 661)		Date & Time Completed	Done by
) / Courtesy Car ()		A
2) QC Check / Post Repair Inspection	()	*	
3) Upload Resurvey Photo [Repair Cost:	> \$30001 ()		
Injury:			
Date/Time Actions			FEBALOS SE
			, i
12.77			
· ·			
hints to the	Invoice Pr	eparation Checklist	Anut (S) Amt (S) for Bill Add Bill
NA19063 60 :	1) AR : Accide		fit Bill Add Bill
laumant's Particulars:-	2) DA : Dame	ge Assessment (\$100); INC (\$	
river/Owner:	3) TF : Towing 4) FT : Follow	Through Survey	\$120
ontact No:	5) FT : Follow	-Through Survey (Resurvey) against INC Only (wef 10 Jan 200	530
amaged Portion:	6) TR : Re-ins	pection	\$75
arriaged Fordon.		A + SMRT Survey	\$160
C Charled by (P Y. Ch)	OD*	·	
C Checked by (Engr-In-Charge):		sy Car / Tpt Allowance	\$5 \$10
	•N7: Fost R	Co-ordination epair Inspection	\$25
uditors' Comments :-	*N8: DV / C	Collect Excess Coordination	\$3 \$20
1_1;	9) N12: Ideo N		30
1 2/3	Invoice dated	Fee Charged	Charles Charles
	Invoice dated	Fee Charged	PORTAGE AND ADDRESS OF THE PARTY OF THE PART

Frydat 190

SINGAPORE ACCIDENT STATEMENT

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 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.	ent to the archiving of this report at the centre and to copies of the report being made available
Charles and the second of the	ACCIDENT STATEMENT
Date Of Report	05/09/2019 14:20
Date Of Accident	04/09/2019 23:30
Exact Location Of Accident	JUNC TAMPINES AVE 2 & TAMPINES ST 11
Country/State of Loss	SINGAPORE
De la companya de la	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGK772P
Insured/Policyholder	
Name Of Registered Owner	SHENG LI LAI AUTO LEASING
Co Reg No	53368801M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91119222
Alternative Phone No	OFFICE-91119222
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO 1.5L A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5094285216-01
Cover Note Number	
Driver	
Name of Driver	TAN BAO XUAN
NRIC No	S9340289H

25/10/1993 Date Of Birth OUTDOOR Occupation 06/03/2015 Date Of Driving Pass

Driving Experience 4 YEARS AND 5 MONTHS

FEMALE Gender

Mobile Number (LOCAL) +65-91017020

Fax Number

OFFICE-91017020 Contact Number

NOEMAIL EMail Address

BLK 246 TAMPINES STREET 21 Address

#05-361 521246

NO

Was driver an employee of the Insured's Company

OTHER - HIRER 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Postcode

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?

NO

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)

NO 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

KAMPONG UBI NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009. Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-7479999 - FAX NO: 67453410 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190905/2072.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBH310P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

ONGWHEE KENG Name of Driver

S7012216B NRIC/Passport Number 94668780 Contact Number

Address Postcode

Insurance Company Name

Page 2 of 17

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

TAN BAO XUAN Name

Approximate Age

Injuries Sustain BODY SGK772P Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NO

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 <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:

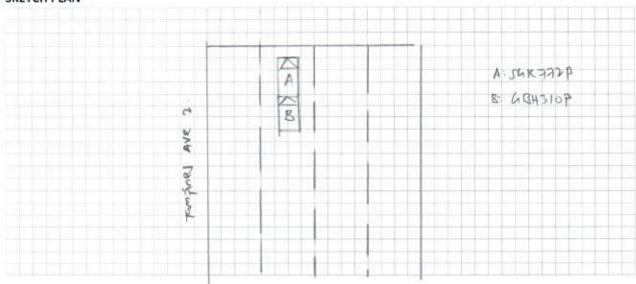
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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: Oriver's Signature \(() (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Keff	to	police	Proof	-1/20190905/2072.	

regoing 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.:





1 of 3

Report No. T/20190905/2072

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 05/09/201	e Report N 9 13:28	flade:	Vide Report No.: G/20190904/0218	Station Diary No.:
Informan	t's Partic	ularş		
Name of I	nformant: XUAN		Address: APT BLK 246 TAMPINES 521246	S STREET 21 #05-361 SINGAPORE
ID Type / NRIC NO	ID No.: / S93402	89H	Contact No.: Home/Office:	Mobile: 91017020
Nationalit	y: ORE CITIZ	'EN	Email:	
Sex: Female	Age: 25	Date of Birth: 25/10/1993	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation			Driving Licence Information	on: Date of Expiry:

General Infor	mation of the Accident			
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/09/2019 23:30	Type of Location: X-Junction
Location: Along Road 1 TAMPINES A		STREET 11	5	
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow:	4 4	Traffic Control:		Traffic Volume:
Type of Collis Moving Vehic	sion: cle Against - Others	19		Anyone conveyed by ambulance:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
GBH310P	Lorry				Slightly Damaged	0	
SGK772P	Car				Seriously Damaged		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20190905/2072

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE

Tel No: 1800-7479999

CONTINUATION OF REPORT

Name	ONG WHEE KENG	40-200-11HILLON		ID No.		S7012216B
Related Vehicle	GBH310P (Lorry)			Conta	ct No.	94668780
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						0004000011
Name	TAN BAO XUAN			ID No		S9340289H
Related Vehicle	SGK772P (Car)			Contact No.		91017020
Hospital/Clinic	CHANGI GENERAL H	OSPITAL		Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	05/09/2019		Date Disc	harge		9/2019
		03	Degree of	Injury	NIL	

Brief Details.

On 04/09/2019 at about 2330hrs, I was driving along Tampines Ave 2 and had stopped at the junction of Tampines St 11 when the red light was on. Out of a sudden, an impact came from the rear of my car and I discovered that a lorry had collided onto my car. No one was injured. I had exchanged particulars with the lorry driver. The lorry had left before the arrival of Traffic Police. The rear of my car was totally smashed and the front of the said lorry had dents. I felt pain on my back and neck after the accident and went to a doctor. I was discharged on the same day and was given 3 days of MC. This report was lodged as instructed by Traffic Police vide G/20190904/0218.





3 of 3 Report No. T/20190905/2072

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recordin G /	11	Signature Of Informant:
Sgt 2 MUHAMMAD HAMIZAI	N BIN RITWAN	. Ju
Signature Of Interpreter: Not applicable	/-1	Date/Time: 05/09/2019 13:28
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG		Classification Of Case:
Contact No.: 65476178	SINGAPORE	
Authentication Stamp NP168	POLICE FOR	//M
		SIGNATURE

eBao Tech									C	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	· Change P	assword P	Log Out
My Desktop	Polic	cy Query									٠
Notice of Loss	Policy N	o.				Date of A	Accident	04/0	9/2019 23:30		
	Vehicle	No.(For Motor)	SGK772	Р		Certificat	te Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094285216- 01		SHENG LI LAI AUTO LEASING	53368801M	GFT	Third Party	SGK772P	5GK772P	14/09/2018	
					Cor	ntinue					

Policy No.	5094285216-01	Policyholder Name	SHENG LI	LAI AUTO LEASING	Policyholder	53368801M	
Certificate		Name			NRIC		
Address	2 KAKI BUKIT AVENUE 2 #01-	36 KAKI BUKIT	AUTOHUB	SINGAPORE 417921			
roduct Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	27/08/2018	Effective Date	14/09/20	18 00:00	3250VSW3US	13/09/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	1500.00	Own damage Excess	0.00		Windscreen Excess	0.00	
Additional excess	0	OS Premium	0				
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00			You	ng/Inexperience Driver Excess
Agent	JHK AUTO SERVICES	Agent Tel.	67435234	L.	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No						
Policyl	holder Mailing Address						
Address 1	2 KAKI BUKIT AVENUE	2 Addre	ess 2	#01-36 KAKI BUKI	AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Addre	ess Type	Singapore address		Post Code	417921
Jnit No.	01-36	Relat Numl	ed Policy ber	5106439780			
D Insure	ed Object: SGK772P						
□ Endors	sements						
Sequer	nce Date of Endorsement	Endorseme	ent Type	Endorsement Numbe	r Endorse	ment Status	Endorsement Content
1	01/10/2018 00:00	Basic Informa Endorsement		000001286913609	Endorsem Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SCQ8009Z 01-10-2018 \$1,046.69 2. SJK1395C 01-10-2018 \$872.24 In view of this amendment, an additional premium of \$1,918.93 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque if avour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	02/10/2018 00:00	Basic Informa Endorsement		null	Underwrit	ing Rejected	Thank you for giving us the opportunity to serve you.
							Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLN5019Z 02-10-2018 \$869.73 2. SLT1845A 02-10-2018

ccident MT/1061197									
olicy No.	5094295216-01			Vehicle No.	9GK772P	GST Registration	No.		
artificate No.	200740244 02			1,7 M (M) (M) (M)	2450140		10000		
licyholder Name	SHENG LI LAI AUTO LI	EASING				Policyhalder NRJC		53368801	м
oduct Code	FLEET INSURANCE			Cover Type	Third Party	Loading		0	
react No.(Mobile)	91119222			Contact No.(Office)	0	Contact No.(Home		0	
nai Address	********			Special Remark		eCode	6	TW V	
	0 m 0 m				8			I.a. A	
	® No ⊜ Yes			TCA	® No ○Yes	eCode Reason			
D Protection	No			NCD Entitlement(%)	0	Private Hire		Yes	
Accident Details									
port Date	05/09/2019 19:31			Accident Report Within 24 hrs	Yes	Accident Type		Collision -	Head to Rear
te of Accident	04/09/2019			Time of Accident hhimm	23:30	Country of Accide	nt	Singapore	
porting Centre				Orange Force		ICM No.		13.0	
ident Location	JUNC TAMPINES AVE	2 A TAMBU	NGC CY 11	Stange Factor		5.000,000			
Excess	JUNE TAMPONES AVE	E di Terretti	MCD 01-11						
		-							
in damage Excess		0.00		Additional Excess	0	Windscreen Exces	18	0.00	
named Driver Excess				Outside Singapore OD Excess	0.00				
rd Party Excess		1,500.00		Outside Singagore TP Excess	1,500.00				
Benefits									
GST Registered Informa	ation								
T Registered	No				GST Registration Date				
T Registration No.					GST Status Verified	Yes			
dification History	05/09/	/2019 19:3	32:31 System	changed GST Status ventied fro	m No to Yes				
Policyholder Mailing Ad	dress								
dress 1	2 KAKI BUKIT AVENUS	E 2		Address 2	#01-36 KAKI BUKIT AUTOHUB	Address 3		SINGAPOR	E 417921
dress 4				Address Type	Singapore address	Post Code		417921	
HE NO.	01-36			Related Policy Number	5106439780				
OI Driver Info					210001500				
wer Name	Unnamed Driver			Driver Type	Unnamed Driver				
named driver Name	TAN BAO XUAN			Driver NRIC	59340289H	Driver DOB		25/10/199	19
								4	13
gister Date of Driver License				Driver Age	25	Driving Experienc		10 kg	
ntact No.(Mobile)	91017020			Contact No.(Office)	0	Contact No.(Home	6)	0	
dress 1	BLK 246			Address 2	TAMPINES STREET 21	Address 3		SINGAPOR	E 521246
idress 4				Address Type	Singapore address	Post Code		521246	
	05-361			Address Type	Singapore address	Post Code		521246	
is No. les he own a Singapore	05-361 ○ Yes ® No			Address Type Driver Vehicle No.	Singagore address	Post Code Driver Insurer Co	mpany	521246	
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is No. es he own a Singapore gistered car? deration sathwayser or Blood Test ading? dification History Claim 001 New Interpretable Actions Mack No.(Mobile)	○ Yes ® No 0 mg	V		Driver Vehicle No. Any injury? Insured Name Contact No. (Home)	SHENG LI LAT AUTO LEASING NIL	Driver Insurer Co	e)	\$3268821 NIL	м
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