NATIONAL Assessment Cent	re Services	hunt & Inches AA I	IN I. A IN BACK			
Date In: Malia-11: ov	Jeb description		Date &Time Co	mpleted	Der	ne by:
Res No: AMINC 19016185 My	SAS e-filin			-		
		ia Shrs, AIC 2hrs)	+			***
V77180 E	i-Motor Cl		1			
19119- 64,00			Wal 10 63161-	001 1	49/19	15:57
OD . TP/: Reporting Only	i-Photo Up	O (Within: OD 2hrs	, TP 4hrs)	_		
		Survey Report	-	-		
TP Insurer:		by Fax / Hand to	Owner/Wksn			
Preferred Wksp / INC Assign Wksp / QW: (oj <u>razvitano</u> ti	Tel:	Fax		
TP Particulars: Veh No: JKT	brody	INC ()/Non-INC(•	
Owner / Driver: (0-7"		Tel:		·)	
	eriod: ()	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: \$1,0					-05-05-910-5	
General Remarks:-			HOUSE CONTRACTOR	2.247.773	E W. Torr	, ;
CONSTRUCTION CASES OF THE PROPERTY OF THE PROP	NOW CONTRACTOR	CERROLINGUES T	Feld Palifornian for	Nicht Air	×	
() Walk-In Customer: Customer's info	THE RESERVE AND ADDRESS OF THE PARTY OF THE		cuy NO rater of re	epairer.		
() Total Loss Case : to e-mail Insure	er URGENTLY.					
Drive-In ()/ Towed-In (); Invoice	: YES()/	NO();To	wing Co: (.,)
				<u> </u>		
Remarks;- (INC hotline: 6788 6616)	Strategy and the		Date&Time Com	t ple ad	Done	by
	Courtesy Car ()		sterad * / i	Done	by
1) Apply for Transport Allowance ()/C	Courtesy Car ()		plet ad	Done	by
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	()))		terad (Done	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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.

- 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.

aforesaid.	
A STATE THE TANK THE PARTY OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	12/09/2019 11:02
Date Of Accident	09/09/2019 07:00
Exact Location Of Accident	JUNC UBI RD 3 & UBI RD 4
Country/State of Loss	SINGAPORE
A CONTRACTOR OF THE PARTY OF TH	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY3168E
Insured/Policyholder	
Name Of Registered Owner	EE TIONG SIN
NRIC No	S1686042E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96961869
Alternative Phone No	OFFICE-96961869
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC IMA 1.3L CVT
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	5085369147-02
Cover Note Number	
Driver	
Name of Driver	EE TIONG SIN
NRIC No	S1686042E
Date Of Birth	23/07/1965
Occupation	INDOOR
Date Of Driving Pass	16/07/1987
Driving Experience	32 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96961869
Fax Number	

OFFICE-96961869

NOEMAIL

224 JALAN EUNOS Address

#01-115

415870 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

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.

YES

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AND I TURN ON MY VEHICLE INDICATOR LIGHT AS WANTED TO MAKE A RIGHT TURN TWDS UBI RD 4. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKF6207U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE HIRE Vehicle Category

MOHAMED FAIZUL BIN MOHAMED DAWOOD Name of Driver

S9031945J NRIC/Passport Number Contact Number 81202335

Address Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- 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:

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

Date & Time:

Reporting Centre Personne's Signature Name:

NRIC/FIN No.:

SKETCH PLAN A:57/3168 E R: 5K F 6367V JS; Rd 4

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	gatement.	
10		

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.:

2

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601			Constitution of the Consti		THE REAL PROPERTY.	Change	Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss Policy No.		lo.				Date o	f Accident	0	9/09/2019 (7:00	
	Vehicle	No.(For Motor)	SJY316	8E		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5085369147- 02		EE TIONG SIN	S1686042E	GPC	drivo CLASSIC	SJY3168E	SJY3168E	30/01/2019	29/01/2020
					C	continue	77				

Policy No.	5085369147-02	Policyholder Name	EE TIONG	SIN	Policyholder NRIC	S1686042E	
Certificate No.		WANTE.			10000		
Address	224 JALAN EUNOS #01-115 EUH	ABITAT SING	APORE 4158	370			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/12/2018	Effective Date	30/01/201	9 00:00	Expiry Date	29/01/2020 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own 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	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612		GST Flag	Y	
Co- Insurance Flag Open	No						
Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	224 JALAN EUNOS	Addre	ss 2	#01-115 EUHABITA	AT.	Address 3	SINGAPORE 415870
Address 4		Addre	ss Type	Singapore address		Post Code	415870
Unit No.	01-115	Relate Numb	ed Policy er	5081539214-03			
▶ Insure	d Object: SJY3168E						
▽ Endors	ements						

Continue Cancel

Claim Handling										
Accident MT/1062161										
Policy No.	5085369147-02	Vehicle No.	S	7Y316BE			GST Registration No.			
Certificate No.										
Policyholder Name	EE TIONG SIN					1	Policyholder NR3C		\$1686042E	
Product Code	PRIVATE CAR INSURANCE	Cover Type		rivo CLAS	SIC		Loading		0	
Contact No. (Mobile)	96961869	Contact No.(Office)	0				Contact No. (Home)		0	
Email Address KFK		Special Remark		Nacrowski.	527		eCode		ta: Y	
	® No ○ Yes	TCA		B No OY	es		eCode Reason		Ment	
NCD Protection	No	NCD Entitlement(%)	4	0.		,	Private Hire		No	
Accident Details Report Date	12/00/2010 15:55	Accident Report Within	- 74 to - Va				Accident Type		Collision - Head to	Base
	12/09/2019 15:55	and the second second second								Kear
Date of Accident	09/09/2019	Time of Accident hhim	nm 0	7:00			Country of Accident		Singapore	
Reporting Centre	JUNC UBI RD 3 & UBI RD 4	Drange Force				2	ICM No.			
Accident Location © Excess	TOME DEL NO 3 & DEL NO 4									
Own damage Excess	600.00	Additional Excess	D			,	Windscreen Excess		100.00	
Unnamed Driver Excess	0.00	Outside Singapore OD			600.00		Hallace State Section /		-0.000000	
Third Party Excess	0.00	Outside Singapore TP			0.00					
♥ Benefits										
□ GST Registered Inform	stion									
GST Registered	No			GST	Registration Date					
GST Registration No.				GST	Status Verified		Yes			
Modification History										
♥ Policyholder Mailing Ad	William Control Control	IN HOUSE HEREIGH	107	0.20-	NV-02322		CLOUNTERIOR		Name and the second	207
Address 1	224 JALAN EUNOS	Address 2			UHABITAT		Address 3		SINGAPORE 4158	70
Address 4	N. LUE	Address Type		ngapore			Post Code		415870	
Unit No. OI Driver Info	01-115	Related Policy Numbe		0815392	4-03					
Driver Name	EE TIONG SIN	Driver Type	м	ain Drive:						
Unnamed driver Name	120,000,000,000	Driver NRIC		16850421			Driver DOB		23/07/1965	
Register Date of Driver License	16/07/1987	Driver Age	5	4		3	Driving Experience		32	
Contact No. (Mobile)	96961869	Contact No.(Office)	0			- 8	Contact No.(Home)		0	
Address 1	224 IALAN EUNOS	Address 2	81	UHABITA		- 3	Address 3		SINGAPORE 415870	
Address 4		Address Type	Si	ngapore :	ddress	-	Post Code		415870	
Unit No.	01-115									
Does he own a Singapore Registered car?	Ú Yes ® No	Driver Vehicle No.					Driver Insurer Compar	TV.		
negate es carr										
Declaration										
Breathalyser or Blood Test Reading?	0 mg	Any injury?		Ves O	4a					
Modification History										
E. BELL										
Claim 001 New										
	000									
Claim Type *	OD-MX	Insured Name	(0)	TIONG	SIN	1	Insured NRIC		\$16860428	
Contact No. (Mobile)	95961869	Contact No.(Home)	66	8447972		(Contact No.(Office)			
Email Address		Of Vehicle Number	and a	143199E		9	TP Vehicle Number		SKF6207U	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	P	lease Sel	et 🗸					
Claimant Name *	22	Claimant NR3C *			No. of the last of					
Claimant Address									_	
Claim Description Preferred Workshop Contact	52Y3168E / SKF6207U ON 9 Sept 2019	THE STREET SERVICES OF THE STREET	-				Name of Preferred Wo	rkshop	_	
No.		Insured Liability *	_	ot at Fau		Text .	***			101
Require Finalisation	Yes v	Preferend Repair Opti	ion [P	referred (Vorkshop, Name unknown	_	GIA report		12/09/2019 00:00	Y
Date Registered Report Taken By	12/09/2019 15:57 Jackson	Claim Close Date	_				Date Received		12082019 00 0	985
	Secretary									
Print AK letter										
				THE RESERVE	197					
			Sa	ve Sub	ma j					
Attachment			Sa	ve Sub	ma j					
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Accident No.	MT/1062161	Claim No.		ve Sub	001					
•	● Yes ○ No	Claim No. Upload De		ve Sub	001 12/09/2019 16:01		22001 AM			B. 155
Accident No.			eta		001 12/09/2019 16:01 Category •	[6]	Confidential	Urgency	-	Description *
Accident No.	● Yes ○ No		sta Browse,	Char	001 12/09/2019 16:01 Category *	100	NO V	lormai	⊻	Description •
Accident No.	● Yes ○ No		Browse	Cear	001 12/09/2019 16:01 Category * Please Select	V	NO V	iormai iormai	<u> </u>	Description *
Accident No.	● Yes ○ No		Browse Browse	Clear Clear	001 12/09/2019 16:01 Category * Please Select Please Select Please Select	V	NO	iormal iormal	V	Description •
Accident No.	● Yes ○ No		Browse Browse Browse	Cear Cear Cear	001 12/09/2019 16:01 Category * Please Select Please Select Please Select	V	NO	iormal iormal iormal		Description *
Accident No.	● Yes ○ No		Browse Browse Browse Browse	Cear Cear Cear Cear	001 12/09/2019 16:01 Category * Please Select Please Select Please Select Please Select Please Select	2 2 2	NO	iormal iormal iormal iormal		Description *
Accident No.	● Yes ○ No		Browse Browse Browse	Cear Cear Cear Cear	001 12/09/2019 16:01 Category * Please Select Please Select Please Select	S S S S	NO	iormal iormal iormal		Description •

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	NAC_PAYA_UB1_800601(NAT	Sep 2019 15:57 IONAL ASSESSMENT CENTRE SERVI Sep 2019 15:57	Photos		Normal	Photos 2019-9-12		
18	NAC_PAYA_UB3_800601(NAT	IONAL ASSESSMENT CENTRE SERVI	Photos		Normal	Photos 2019-9-12		
	NAC_PAYA_UB3_800601(NAT CES) on 12	IONAL ASSESSMENT CENTRE SERVI Sep 2019 15:57	Photos		Normal	Photos 2019-9-12		
5	NAC_PAYA_UB1_800601(NAT CES) on 12	IONAL ASSESSMENT CENTRE SERVI Sep 2019 15:57	Photos		Normal	Photos 2019-9-12		
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3	NAC_PAYA_UB1_800601(NAT CES) on 12	IONAL ASSESSMENT CENTRE SERVI Sep 2019 16:00	Photos		Normal	Photos 2019-9-12		
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	NAC_PAYA_UBI_800601[NAT CES) on 12	IONAL ASSESSMENT CENTRE SERVI Sep 2019 16:00	Photos		Normal	Photos 2019-9-12		
13	NAC_PAYA_UBI_800601 NAT CES) on 12	IONAL ASSESSMENT CENTRE SERVI Sep 2019 16:01	SAS		Normal	SAS 2019-9-12		
ANT-BURN	NAC_PAYA_UBI_B00601[NAT CES) on 12	IONAL ASSESSMENT CENTRE SERVI Sep 2019 16:01	NRIC/ Driving Ucense	Υ.	Normal	NRIC/ Driving License 2019-9-12		
Attachment	Uploa	ded By/Date	Category	7	Urgency	Description	(00)	

Display in New Window Scan and uploading