NATIONAL Assessment Cer		MNA 11913~850	
Date In: 3/13/19-13:19	Jeb description	Date &Time Completed	Done by
Rel No: Ha INC GOD 64244	SAS e-filing	1	
Veh No: JMK 8643E	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 4/10/19-01:37	i-Motor Claim Form	M7/1065737-001	70/19/7:
OD : TP: Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
11 history.	Ass't Report by Fax / Hand	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: J	9 V8283 . INC (
Owner / Driver: (19000	Tel:)
Policy No: ()	Period: (Cover Type: (· · · · · ·
Confirmed by : (Date:	Time:	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20		00%1
Year of Registration: ()	***		0076
)	
	,000 ()/\$2,000 ()		
General Remarks:		dud Filipicada A	
() Walk-In Customer: Customer's in	formation strictly Confidential & Str	ictly NO refer of repairer.	
() Total Loss Case : to e-mail Insu		N 44 3 4	
		owing Co: (
, , , , , , , , , , , , , , , , , , , ,	30. 125(), 110(), 11	wing co. (
Statement of the statem			
Remarks: . (INC hotline: 6788 6616)		Date&Time Completed	Done by
	A TANK TO STORY OF THE WAS STORY OF THE PROPERTY OF THE PARTY OF THE P	Date&Time Completed	Done by
Apply for Transport Allowance ()/	Courtesy Car ()	Date&Time Completed	Done by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Completed	Done by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Completed	Done by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Date & Time Completed	Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()	Date& Time Completed	Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()	Date&Time Completed	Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()	Date & Time Completed	Done by
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()	Date&Time Completed	Done by
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5 Injury : Date/Time Actions MAGONY Actions iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prep Invoice Prep I) AR: Accident F 2) DA: Darrage A 3) TF: Towing Fer 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 3 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co-	aration Checklist. Leporting (\$30); SSESSIMENT (\$100); INC (\$80) SOUGH SURVEY (\$100) SOUG	Ant (S) Am Tit Bill Add 20 30 75 60
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5 Injury : Date/Time Actions MAGONY Actions iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prep Invoice Prep I) AR: Accident F 2) DA: Darrage A 3) TF: Towing Fer 4) FT: Follow-Thr For Edining age 6) TR: Re-inspecti 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	aration Checklist Exporting (\$30); Exporting (\$100); INC (\$80) Support of the state of the st	Ant(S) Am [ji:Biji: Add 45 20 30 75 60 25 55

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.
- 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,	
	ACCIDENT STATEMENT
Date Of Report	07/10/2019 17:19
Date Of Accident	04/10/2019 01:30
Exact Location Of Accident	BLK 201 BUKIT BATOK ST 21 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK8643E
Insured/Policyholder	
Name Of Registered Owner	ANDY TOH ENG SENG
NRIC No	S8928983A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98310893
Alternative Phone No	OFFICE-98310893
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X 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	5109107472
Cover Note Number	
Driver	

Driver	
Name of Driver	ANDY TOH ENG SENG (ZHUO YONGSHENG)
NRIC No	S8928983A
Date Of Birth	29/08/1989
Occupation	INDOOR
Date Of Driving Pass	20/01/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98310893

Fax Number

Contact Number OFFICE-98310893

EMail Address NOEMAIL

Address

BLK 201 BUKIT BATOK STREET 21

#01-156

Postcode

650201

OWNER

Was driver an employee of the Insured's Company NO

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Type Of Accident Weather Conditions

RAINING

Road Surface

WET

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

Number of Passengers (Including Driver)

0

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

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

SKT4828S

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)

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 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.
- S. 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 (POPA)

l 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 (all insurer(s) who have insured vehicle(s) involved in this accident (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 dailins (including the mailling 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.:

SIARAS, Net hall many ye

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Policyholder's Signature

 $\operatorname{Soly}(f) = \operatorname{Soly}(f) + \operatorname{S$

Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 traffic police department for investigation.

Accident details

Date: 04	OH	2019	(DD/MN	1/YY) Time:	M12m	(HH·M	1041
Corpor k	of						
	7	1 / /			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s

Details of vehicle

Vehicle registration number	3n	UK 8643E
Vehicle make and model		landa Vezel
Type of vehicle	Saloon Lorry	MPV CRV Van D
Vehicle category	Private	Commercial Motorcycle
Purpose of using at said time		rkang
Are you claiming under your own insurance company?		No.a if no, please select:

Insurance information

Insurance company	NTUC.		
Policy number		E 102 - 301 204 - 301 1 - 10	
Type of policy	Comprehensive D	Third party fire & theft	TP only

Insured / Policy holder

y Toh tug	leng	Male Female D
8928983A		
£ 201 BUK94	Batak Stre	et 21
	151 0293. £ 201 KUK94	151 0893. £ 201 BURA Botak Ptre

Driver

Same as insured above (skip to D.O.B)

Name		Male 🗆	Female D
NRIC / Fin / Passport number			, elinare o
Contact			
Address			
Email address	Kazaf89 & hutmaiil- com		
Date of birth	29 Ay 1989		
Occupation	Indoor D Outdoor D		We seek
Driving date pass	20 Jan 2012		

General information of the accident

Was driver an employee of	Yes a No.	
the insured's company?	If no, relationship of the driver and insured:	Lett
Accident captured by camera	? Yes D No D	Jeij
Weather condition	Clear D Raining Others:	
Road surface	Dry a Weta	10
No of passenger	0	(Inclusive of drive
Passenger 1		
Name		
Gender	Male Female	
Passenger 2		
Name		
Gender	Male D Female D	
Passenger 3		
Name		
Gender	Male D Female D	
Passenger 4 Name		
Gender	Male Female	
Passenger 5		
Name		
Gender	Male D Female D	
Passenger 6		
Name		
Gender	Male Female	
Other information		
	Yes D No.2	
Was other vehicle damaged?	Yeşa No a	
Details of police action		
Reported to police?	es D No If yes, please state which police	station.

Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	SKT4828 S	
Vehicle make model		

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

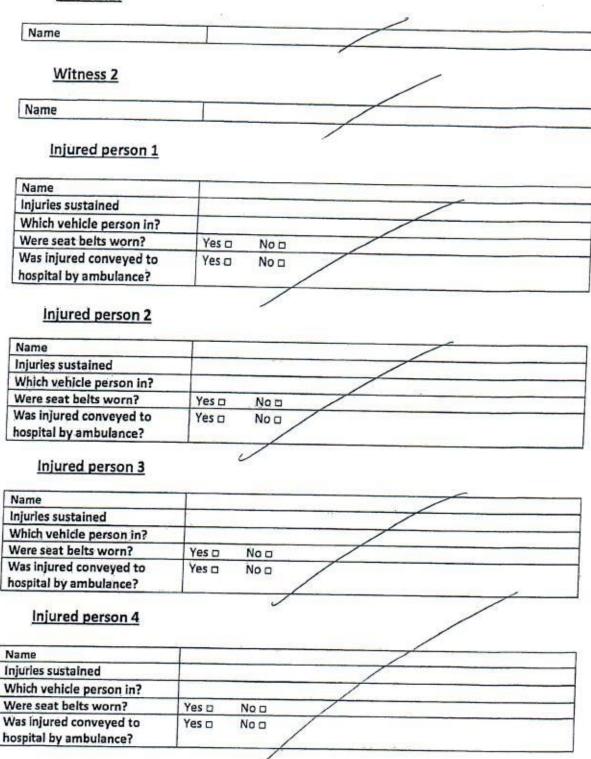
Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1



eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Chang	je Languag	je + Chan	ge Password	• Log Ou
My Desktop	Poli	cy Query									- 8
Notice of Loss	Policy N	No.				Date	of Accident		04/10/2019	01:30	
	Vehicle	No.(For Motor)	SMK86	43E		Certif	ficate Number				
					- 1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109107472		ANDY TOH ENG SENG	S8928983A	GPC	drivo PREMIUM	SMK86438	SMK8643E	26/04/2019	25/04/2020
				- A.J. J. C.		Continue	J				

Sequen							
	ce Date of Endorsemen	it	Endorsemen	t Type	Endorsement	Status	Endorsement Content
▽ Endors	ements						
Insure In	d Object: SMK8643E						
Jnit No.	01-156	Relate Numb	ed Policy er	5109107472			
ddress 4	SINGAPORE 650201	Addre	ss Type	Singapore address		Post Code	650201
ddress 1	BLK 201 #01-156	Addre	ss 2	BUKIT BATOK ST	REET 21	Address 3	BUKIT BATOK GREEN
Certificate nfo Policyh	older Mailing Address						
pen olicy Info							
Co- nsurance Flag	No						
Agent	TECK WEI CREDIT PTE, LTD.	Agent Tel.	64650020	null	GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ing/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	25/04/2019	Effective Date	26/04/201	9 00:00	Expiry Date	25/04/2020	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 201 #01-156 BUKIT BATO	K STREET 21 E	BUKIT BATO	GREEN SINGAPOR	E 650201		
lo.							
Certificate	5109107472	Policyholder Name	ANDY TOH	ENG SENG	Policyholder NRIC	S8928983A	

Claim Handling					
Accident MT/1065733		CONSTRUCTOR SA	77007888888E	7.70 Table 1000	
Policy No.	5109107472	Vehicle No.	SMK8643E	GST Registration No.	
Certificate No.					
Policyholder Name	ANDY TOH ENG SENG			Policyholder NRIC	\$8928983A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	98310893	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark	11 0	eCode	No V
(FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
VCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	07/10/2019 17:32	Accident Report Within 24 hrs	Yes	Academ Type	Damaged whilst parked
Date of Accident	04/10/2019	Time of Accident hhomm	01:30	Country of Accident	Singapore
eporting Centre		Orange Force		3CM No.	
occident Location	BLK 201 BUKIT BATOK ST 21 CARPARK				
▼ Total Excess Applicable	•				
xcess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
♥ Benefits					
♥ GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
edification History					
Policyholder Hailing Ad					
ddress 1	BLK 201 #01-156	Address 2	BUKIT BATOK STREET 21	Address 3	BUKIT BATOK GREEN
ddress 4	SINGAPORE 650201	Address Type	Singapore address	Post Code	650201
nit No.	01-156	Related Policy Number	5109107472		
OI Driver Info					
river Name	ANDY TOH ENG SENG	Driver Type	Main Driver	WATER STORY	
nnamed driver Name		Driver NRIC	58928983A	Driver DOB	29/08/1989
egister Date of Driver License	20/01/2012	Driver Age	30	Driving Experience	7
ontact No. (Mobile)	96310893	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 201	Address 2	BUKIT BAYOK STREET 21	Address 3	BUKIT BATOK GREEN
ddress 4	SINGAPORE 650201	Address Type	Singapore address	Post Code	650201
init No.	01-156				
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egatoria cari				50.0000753619040404V	
eclaration					
reathalyser or Blood Test eading?	0 mg	Any injury?	① Yes ® No		
caurige			A-MO-0190101		
lodification History					
Claim 001 New					
AND PROPERTY OF THE PERSON NAMED IN COLUMN 1					

laim Type +	OD-MX	Insured Name	ANDY TOH ENG SENG	Insured NRIC	S8928983A
ontact No.(Mobile)	93805801	Contact No.(Home)		Contact No. (Office)	
neil Address		Of Vehicle Number	SMK8643E	TP Vehicle Number	SKT4828S
aimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
aimant Name *	22	Claimant NR3C *		200	
aimant Address					
aim Description	SHK8643E / SKT4828S ON 4 Oct 2019			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ste Registered	07/10/2019 17:33	Claim Close Date	The second second	Date Received	07/10/2019 00:00
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