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NATIONAL Assessment Centi	re Services.	wel 1 Jan 05] . )	MM341913	3498	
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OD TP)! Reporting Only	i-Photo Uploa		l		
1111	Assessment/Sur				•
TP Insurer:	Ass't Report by	Pax/Hand	Owner/Wksp		NAME OF THE OWNER OWNER OF THE OWNER
Proforred Wksp / INC Assign Wksp / QW: (	entochen entre den entre de la company de		Tol:	Fax:	,
TP Particulars: Veh Nor S	1K-5/10X	. INC(	. )/Non-INC	( ).	<u> </u>
Owner / Driver: (		to the	Tcl:		)
Policy No: ( ) P	erlod: (	)	Cover Type: (	-	<u>).</u>
Confirmed by (		Dates .	Time		)
	[Note-Est. Status (W		)%; P: 21-79%	P: 80-100%	(6) ·
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
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Drive-In ( )/ Towed-In ( ); Invoice	er YES( )/N	0();1	owing Co: (	and American	ENTERIOR DE LA COMPANSION DE LA COMPANSI
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	Courtesy Car ( )				
2) QC Check / Post Repair Inspection	( ·)		<u> </u>		<del>/ · · · · · · · · · · · · · · · · · · ·</del>
3) Upload Resurvey Photo [Repair Cost>\$	3000] ( )		<u></u>		
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Priver/Owner:		3) TF : Towing F 4) PT : Follow-Ti	mark Survey	\$120	
Contact No:		a Lere - MallowaT	rough Survey (Resu	rvey) \$30 [10 Jan 2003]	
		6) TR: Re-large	llon	\$10	
ennaged Portion:		7) NI 1 Idao DA	SMRT Survey	\$160	
		OD!		23	
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0.273;		Invales dated		Pee Charged	Manager

#### SINGAPORE ACCIDENT STATEMENT

#### 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.
- 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.

- 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.

<ol> <li>By the lodgement of this report to the insurers, you hereby conse aforesaid.</li> </ol>	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	08/10/2019 16:58
Date Of Accident	07/10/2019 19:25
Exact Location Of Accident	PIE TOWARDS TAMPINES
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFU1713M
Insured/Policyholder	
Name Of Registered Owner	WU RENHE
NRIC No	S8429181A
Email Address	WU_RENHE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98172170
Alternative Phone No	OTHERS-98172170
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B180
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY

If No, Please state action to be take

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE

Type Of Coverage Fleet Policy

NO 5110448733

Cover Note Number

Policy Number

Driver

WU RENHE Name of Driver S8429181A NRIC No 02/10/1984 Date Of Birth **INDOOR** Occupation 02/03/2017 Date Of Driving Pass

2 YEARS AND 7 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-98172170 Mobile Number

Fax Number

OTHERS-98172170 Contact Number

WU\_RENHE@HOTMAIL.COM EMail Address

Address

BLK 146 JALAN BUKIT MERAH

#08-1082

Postcode

160146

Was driver an employee of the Insured's Company

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: PASSENGER

GENDER:

: FEMALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SMK5110X

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Verlicle Wake/Wode/Con

**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

- Please report <u>correctly</u> 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 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.
- 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 Personnel's Sig

Name:

NRIC/FIN No.:

Pin lovosos Jompines SKETCH PLAN A) SFU1713M B) SMK 5110 X C) MMKANIWN CAR DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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TOUTO MY	CAR. MT	VEHC	SLOP ILE W	AS PU	ISH PO	RWARD
AND BANG	ONTO C	+				
DRIVER C AND DRIVE		POWN	AND	TOOK	A 2008	
					1	

#### DECLARATION

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

Policyholder's Signature

Date & Time: 08 007 2019

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

NRIC/FIN No.:

Claim Handling

Policy Na					
	5110449733	Vehicle No.	SFU1713M	GST Registration No.	
Certificate No.				neg registration no.	
olicyholder Name	WU RENHE			Policyholder NRIC	\$84291814
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
ontact No.(Mobile)	98172170	Contact No.(Office)		Contact No.(Home)	0
mail Address		Special Remark		eCode	[market
FK	= No Yes	TCA	· No Yes	eCide Rosson	No *
ICD Protection	No	NCD Entitlement(%)	0		
Accident Details			363	Private Hire	No
eport Date	08/10/2019 17:10	\$10\$200, \$100, 000,000, \$200.			
ide of Accident		Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
porting Centre	07/10/2019	Time of Accident hh:mm	19:25	Country of Accident	Singapore
codent Location		Orange Force		ICM No.	
	PLE TOWARDS TAMPINES				
Total Excess Applicable					
cess Type	Por Accident	Windscreen Excess	100.00		
9 Standard Excess					
EO OO Excess	2,000,00	TP Standard Excess	1,500.00		
	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
iditional Excess	G.				
otal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
○ Benefits					
GST Registered Informa	tion				
Y Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Add	iress				
dress 1	BLK 146 #08-1082	Address 2	MLAN BUKIT MERAH	Address 3	Print for
dress 4		Address Type	Singapore address		SINGAPORE 160146
it No.		Related Policy Number	5110448733	Post Code	160146
OI Driver Info		The state of the s			
ver Name	WU RENHE	Driver Type	Main Driver		
named driver Name		Driver NRIC	58429191A	Debuse DOD	GRAND CO.
gister Date of Driver License	02/03/2017	Driver Age	35 35	Driver DOB	02/10/1984
ntact No.(Mobile)	98172170	Contact No.(Office)	16 a	Driving Experience	2
dress 1	BLK 146 #08-1082	Address 2	0.27 (2.27 (2.28 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2.27 (2	Contact No.(Home)	
dress 4		Address Type	JALAN BUKIT MERAH	Address 3	SINGAPORE 160146
et No.		Acres (Me	Singapore address	Post Code	160146
es he own a Singapore	Yes + No	1/2/17/19/30/00/00/00/01			
egistered car?	Tes + No	Driver Vehicle No.	SFU[7]3M	Driver Insurer Company	NTUC
claration eathalyser or Blood Test					
dification History					
Claim 001 New					
			ОВ-МХ	Indured WU RENHE	Insured 58429181A
im Type *				Conflect	NRUC SETERIA
im Type *			OD-MX 98173179	Contact No. NIL	Contact No.
ion Type * ntact No.(Motile)				Contact No. (Home)	NRUC SERVERSE Contact No. (Office)
ion Type * ntact No.(Motile)				Coreact No. (Home)	Contact No. (Office)
im Type * rract No.(Hebite) all Address			98173179	Correct No. (Home) OI Vehicle Number	Contact No. (Office) TP Vehicle Number Name of
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im Type *  wat No.(Heble) all Address im Description forred fixing mast two Yes assature ort Taken Sy  Print AK letter	* Rapair Preferred Workshop, N	arma unknown w GIA Beautied		Corfact  PNo. (Home)  Of Venice Number  SFU1713H  Claim. Chee	Contact No. (Office) TP Vehicle Number Name of Preferred Worldshop
im Type *  wat No.(Heble) all Address im Description forred fixing mast two Yes assature ort Taken Sy  Print AK letter	* Rapair Preferred Workshop, N	arma unknown w GIA Beautied		Corfact  PNo. (Home)  Of Venice Number  SFU1713H  Claim. Chee	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop
m Type *  mact No.(Hotile)  all Address  im Description  ferred  fishing  fisher No. Yes  e Registered  ort Taken Sy  Prine AK letter	* Rapair Preferred Workshop, N	arma unknown w GIA Beautied		Corfact  PNo. (Home)  Of Venice Number  SFU1713H  Claim. Chee	Contact No. (Office) TP Vehicle Number Name of Preferred Worldshop
m Type *  tact No.(Metile)  all Address  m Description  forred  fishing p  fish No. Yes  asset No. Yes  print AK letter  ttachment	T Rapar Preferred Workshop, N	ame unknown  report Received		Corfact  PNo. (Home)  Of Venice Number  SFU1713H  Claim. Chee	Ortice  Contact No. (Office)  TP Vehicle Number Name of Preferred Workshop
m Type *  tact No.(Metile)  all Address  m Description  forred  fishing p  fish No. Yes  asset No. Yes  print AK letter  ttachment	Preferred Workshop, N Option  MT/1065960  Yes No	ame unknown  report Received  Claim No.	# BR/10/2019 17:14  #IOSLI WAHAB  OOL  OR/10/2019 17:15	Corfact PNo. (Harrey) OI Vehicle Number Claim Claim Chee Date	New Contact No. (Office) TP Vehicle Number Name of Preferred workshop  Date Received 08/15/2019 bo
m Type *  tact No.(Metile)  all Address  m Description  ferred (spray  ferred  ferred (spray  ferred (spray  ferred  ferred (spray  ferred  ferred	Preferred Workshop, N	ame unknown  report Received  Claim No.		Conflict PNo. (Harre) OI Vehicle Number Claim Coher Date  Confidential Urger	NUC * Description *
m Type *  tact No.(Mobile)  Ill Address  In Description  forred  kertap  first No.  Yes  s Registered  ort Taken By  Phire AK letter  Itachement  fort. No.  Doc. Received	Preferred Workshop, N Option  MT/1065960  Yes No	ame unknown  report Received  Claim No.		Confidential Urger  Confidential Urger	New Contact Contact No. (Office) TP Vehicle Number Name of Preferred Workshop  Dete Received 08/10/2019 00
m Type *  tact No.(Mobile)  Ill Address  In Description  cered  karap  dest No.  Yes  s Registered  ort Taken By  Phire AK letter  Itachement  dent No.  Doc. Received  noose File No file chosen	Preferred Workshop, N Option  MT/1065960  Yes No	ame unknown  report Received  Claim No.		Conflict PNo. (Harre) OI Vehicle Number Claim Coher Date  Confidential Urger	Centract No. (Office) TP Vehicle Number Neme of Preferred Sortshup  Date Received 08/10/2019 00
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Display in New Window Scan and uploading

Action

# ACCIDENT'STATEMENT

ACCII LOCA	TION: HE TOWARDS TAMPING	
1.	DETAILS OF VEHICLE  a) VEHICLE NUMBER: SFU 1713 M  b) INSURANCE COMPANY: NTUC  c) POLICY NUMBER: 51	
	OJPOLICY TYPE: (COMPREHENSIVE / THIRD )	Rful2
c c	f)TYPE:(SALOON / COUPE / MBV /VAN / LO g)VEHICLE CATEGORY: (PRIVATE / COMME h)PURPOSE OF USING AT ACCIDENT TIME:_	PRIVATE HIRE DRIVER
8	I) ARE YOU CLAIMING UNDER YOUP OWN IN IF NO, PLEASE STATE (THIRD PARTY CLAIM)	
2.,	INSURED / POLICY HOLDER	
loc (f)	b)NRIC/FIN/PASSPORT: c)ADDRESS:	CONTACT: 98172170
uL /.	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
Clincluding driver.)	DRIVER Of MISSING	(MALE / FEMALE)
	*d) DATE OF BIRTH: ( ) (D e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PASC	DD/MM/YYYY) : .
4.	WAS DRIVER AN EMPLOYEE OF THE INST	URED'S COMPANY? (YES / NO)
5,	G) WEATHER CONDITION: (CLEAR / RAINING	/ OTHERS
	WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POUCE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATE	
14 11 of 12	THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SMK SLIOX	
A his of passinger	b) DRIVER'S NAME:	MODEL!
( )	c) NRIC/FIN/PASSPORT:	CONTACT:
the of passunger	d) VEHICLE NUMBER: WWKNOWN (	MODEL:
(Industing driver)	e) DRIVER'S NAME:	1.
The state of the s	f) NRIC/FIN/PASSPORT:	CONTACT:

email = wu-venhe@hotmail-com

eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

My Desktop Notice of Loss

**Policy Query** 

Policy No. Vehicle No.(For Motor) SFU1713M

Date of Accident

Certificate Number

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07/10/2019 12:57

· Change Password

Search

Select Policy No. 5110448733 Certificate Number

Policyholder Name Policyholder NRIC WU RENHE S8429181A

Product Cover Type GPC

Vehicle No.

· Change Language

Insured Object

Commence Date Expiry Date

SFU1713M SFU1713M 19/06/2019 19/06/2020

· Log Out

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