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NATIONAL Assessment Centr	Jeb description	The state of the s	c Completed	Done by	v
	SAS e-filing				•
Ref No: NA INCHOISS 83/M			i		- 4
Veh No: 316691852	E-mail (within Shrs, Al				-
D.O.A: 20/4/19-21:53	i-Motor Claim For	A. Illians	6~001	n 10/19 19.0	7
OD TP : Reporting Only	i-Motor W/O (Withi	o: OD 2hrs, TP 4hrs)			• •
U	i-Photo Uploaded				_
TP Insurer:	Assessment/Survey F	eport			
17724 - 18762 (1897) (1897)	Ass't Report by Fax	Hand to Owner/Wks	<u>p</u>		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	F	ax:	
TP Particulars: Veh No: Ch 6	ועשו	INC( )/Non-I	(C( ).		
Owner / Driver: (		Tel:		)	
Policy No: ( ) Per	riod: (	) Cover Type	:(	)	_
Confirmed by : (	Date	: Ti	me:	)	5.0
	Note-Est. Status (WO):	N: 0-20%; P: 21-7	9%. F: 30-1	00%]	
	Warranty: YES ( )/N	0( )			
Excess: (\$ ) Loading: \$1,00	00()/\$2,000()	ac constitution at 150	P. 17 - 21 Table 1	Charles And Anna Anna	
General Remarks:-				Con St.	
( ) Walk-In Customer: Customer's infor	mation strictly Confident	al & Strictly NO refer	of repairer.		_
( ) Total Loss Case : to e-mail Insure	r URGENTLY.		4	•	
Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / NO (	); Towing Co: (			)
Remarks; (INC horline: 6788 6616)		Date&Time	oanna a	ZONE BELDE	
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#### 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.
- 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	21/10/2019 16:04
Date Of Accident	20/10/2019 21:50
Exact Location Of Accident	E3 LEBUHRAYA LINKEDUA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
D. D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG9185Z
Insured/Policyholder	
Name Of Registered Owner	CHANG JIAN SHUN
NRIC No	S9011255D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82821703
Alternative Phone No	OFFICE-82821703
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	RANGE ROVER EVOQUE 2.0 AT ABS 4WD HID
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	5109994304
Cover Note Number	
Driver	
Name of Driver	CHANG JIAN SHUN
NRIC No	S9011255D

 NRIC No
 \$9011255D

 Date Of Birth
 28/03/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 11/08/2015

Driving Experience 4 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82821703

Fax Number

Contact Number OFFICE-82821703

EMail Address NOEMAIL

BLK 526 HOUGANG AVENUE 6 Address

#06-147

Postcode 530526

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

Type Of Accident COLLISION - HEAD TO REAR

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO

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)

Passenger 1

NAME: : LOW BEE QI

GENDER: : FEMALE

**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?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

SKG6144L

**Details Of Properties** 

Remarks/ Reasons:

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)

### DETAILS OF INJURED PERSON 1

Name CHANG JIAN SHUN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKG9185Z

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### **DETAILS OF INJURED PERSON 2**

Name LOW BEE QI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKG9185Z

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### **SKETCH PLAN**

#### IMPORTANT NOTICE

- 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.
- 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)
  - 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 Signature Name:

NRIC/FIN No.:

NRIC/FIN No.:

Date & Time:

 $\mathbb{E}_{\mathcal{C}}(d\mathbf{r}^{d}) + \mathbb{E}_{\mathcal{C}}(d\mathbf{r}^{d}) + \mathbb{E}_{\mathcal{C}}(d\mathbf{r}^{d}) + \mathbf{v}_{d}$ 

### 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

1.50			
Date and time of accident	Date: 20/10/2016	(DD/MM/YY) Time: Longo pm	(HH:MM)
Exact location of accident	E3 Lebuhray		(minimu)

### Details of vehicle

9185

Vehicle registration number	SKL 9852
Vehicle make and model	Range Rover Evoku
Type of vehicle	Saloon
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Thorotoyale B
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

#### Insurance information

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

### Insured / Policy holder

Name	chance	1 Sinn	Shun		Male 🗆	Female
NRIC / Fin / Passport number	590 i	12550			Trial C y	Temare E
Contact		21703				-
Address	526	Houghan	AVC	8	#66-147	5(53,20)

#### Driver

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

Name	Male 🗆	Female
NRIC / Fin / Passport number		1 Ciliare D
Contact		
Address		11-21-
Email address		
Date of birth	28 3/1990	
Occupation	Indoor Outdoor	(0)
Driving date pass	11/8/2018	

# General information of the accident

Was driver an employee of the insured's company?	Yes  No  If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No D
Weather condition	Clear Raining Others:
Road surface	Dry @ Wet a
No of passenger	2 (Inclusive of driver)

### Passenger 1

Name	2 chang Sian shun
Gender	Male = Female =

### Passenger 2

Name	LOW BU 21	
Gender	Male   Female	# 100 min 100

### Passenger 3

Name			
Gender	Male 🗆	Female 🗆	

### Passenger 4

Name			
Gender	Male 🗆	Female	

### Passenger 5

Name			
Gender	Male 🗆	Female 🗆	

### Passenger 6

Name			
Gender	Male 🗆	Female	

### Other information

Was anybody injured?	Yes 🗆	No 🗆	
Was other vehicle damaged?	Yes 🗆	No 🗆	

## Details of police action

Reported to police?	Yes 🗆	No 🗆	If yes, please state which police station.
Police station name			

## Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SKG 6144L
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	The second secon
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	The second secon
Vehicle make model	

## Witness 1

Name	
	U and the second

## Witness 2

Name	
ritaine	

# Injured person 1

Name	chang lina shap
Injuries sustained	Body
Which vehicle person in?	SKE GIRST
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No d

# Injured person 2

Name	LOW BU D
Injuries sustained	Boly
Which vehicle person in?	SEE GILCO
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes No W

# Injured person 3

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	4400 00100	No 🗆	

## Injured person 4

Name			
Injuries sustained			
Which vehicle person in?			 M142-2-1-2-1
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

<b>eBao</b> Tech		General									
Hello, NAC_PAYA_UBI_800601							• Chang	e Languag	e Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									15
Notice of Loss	Policy N	io.				Date	of Accident		20/10/2019 2	1:50	25
	Vehicle	No.(For Motor)	SKG91	85Z		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109994304		CHANG JIAN SHUN	S9011255D	GPC	drivo CLASSIC	SKG91852	SKG9185Z	07/06/2019	06/06/2020

Policy No.	5109994304	Policyholder Name	CHANG JI	AN SHUN	Policyholder NRIC	S9011255D	
Certificate No.		Name			NRIC		
Address	BLK 526 #06-147 HOUGANG	AVENUE 6 SING	APORE 530	526			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	04/06/2019	Effective Date	07/06/201	9 00:00	Expiry Date	06/06/2020 23	3;59
Excess Type	Per Accident	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	AA INTERNATIONAL INSURAN	CI Agent Tel.	64646022		GST Flag	Y	
Co- nsurance Flag Open Policy Info	No						
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 526 #06-147	Addres	s 2	HOUGANG AVENUE	6	Address 3	SINGAPORE 530526
Address 4		Addres	s Type	Singapore address	1	Post Code	530526
Jnit No.	06-147	Relate Number	d Policy er	5109994304			
Insured	d Object: SKG9185Z						
♥ Endorse	emente						

Continue Cancel

Address 1 BLK 526 Address 2 HOUGANG AVENUE 6 Address 3 SINGAPORE 530526 Address 4 Address Type Singapore address Post Code 530526 Unit No. 06-147 Decis he own a Singapore Registered car? O Yes ® No Driver Venicie No. Driver Insurer Company	Claim Handling									
Ministry	5/2 (7/0)=0	97-100-200-72								
Marcin Common   Com		5109994304		Vehicle No.		5KG9185	z		GST Registration No.	
Marcial Carlo   Marcial Machine   Court Type   Septimization   Court Type   Court Act Machine   Court Name										
Carrier Marcine   Carrier M									Policyholder NRIC	S9011255D
State   Stat			ANCE	Cover Type		drive CLA	SSIC		Leading	0
Mathematical   Math		82821703		Contact No.(Office	1)	0			Contact No.(Home)	0
March   Marc	Email Address			Special Remark					eCode	No. V
Marche   M	KFK	® No ○ Yes		TCA		® No ○	Yes		eCode Reason	
Marcial Content   1918   191	NCD Protection	No		NCD Entitlement(*	14)	0			Private Hire	No
The of Actions   2019-2018   The of Actions   The of Ac	W Accident Details									
Delie of County   Property   Pr	Report Date	21/10/2019 19:02		Accident Report W	ithin 24 hrs	Yes			Accident Type	Collision - Head to Rear
Manuface   Control   Con	Date of Accident	20/10/2019		Time of Arrident I	th-mm.	21:50				
Triang   Faces   Application   Street   App					acma	24:30				Outside Singapore
## Process System   Fig.   Part   School   Part   Part   School   Part   School   Part   School   Part   School   Part   Part   School   Part		ES LEBITATION LINES	enus.	Grange Force					ICM No.	
Description   Park Accident   Description			LUCK							
Marie   Control   Contro										
1900 O	Excess Type	Per Accident		Windscreen Exces			100.00			
1900 O	OD Standard Excess		600.00	TO Standard Even			0.00			
Material Contents (1997)   Total TP Excess Applicable   0.00   0.000										200
The USE   Treat Applicable   Solid				TIED IP Excess			0.00		Driver is Covered?	Cowered
## STR Appleted Software Soft							200			
September   Mo			600.00	TOTAL TP EXCESS AC	ppiscable		0.00			
CST Registerion (DE		eble-								
## STRAIN CONTROL NO.   1982   1992		22.00				1700				
## PASS/PASSE ## BUX 525 #00-147		No							4270	
## PASIGNATION MAINING Address  Address 1						GS	T Status Venfied		Yes	
Address 3	(A)									
Address 3	T Policyholder Mailing Ad	Idrane								
Address 4 Address Type Singapore address Pour Cole  ### OF Let  ##				80000 1000		1000000				
Mark   Divisor Ends		BLK 526 #06-147								SINGAPORE 530526
## Driver Name   Chicken Name   Chi									Post Code	530526
Direct Type		06-147		Related Policy Nun	nber	51099943	04			
Driver Name										
Register Date of Orlect Licenses 11/08/2015   Driver Age   29		CHANG JIAN SHUN								
Contact No. (Nebele)   82823703				Driver NRIC		59011255	0		Driver DOB	28/03/1990
Address 1 BLK \$26	Register Date of Driver License	11/08/2015		Driver Age		29			Driving Experience	4
Address Type   Singapore address   Pint Code   Si00326	Contact No. (Mobile)	H2821703		Contact No.(Office)	}	0			Contact No.(Home)	0
Desirate Singspare   October   Oct	Address 1	BLK 526		Address 2		HOUGANG	AVENUE 6		Address 3	SINGAPORE 530526
Does to may disrigative and the segment of the segm	Address 4			Address Type		Singapore	address		Post Code	530526
Declaration Declar	Unit No.	06-147								
Decidence of the property of t	Does he own a Singapore	○ Yes ® No		Driver Vehicle No.					Driver Insurer Company	
Browse. Description  Any injury?  (Am Young States)  Any injury?  (Am Young States)  (Am	Registered carr	COMMUNITATION.		200001200000000					orner trade company	
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Contact No. (Mobile)  Present Select  Type of Benefit *  Present Select  Claimant Name *  Claimant Name Name of Preferred Workshop  Name of Preferred	Claim Type •	OD-MX	V	Insured Name		CHANG JIA	N SHUN		Insured NRIC	\$9011255D
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