NATIONAL Assessment Co	Here Services post & James M	HANAIYNIU	
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TP Insurer:	Assessment/Survey Report		
Preferred Wksp / INC Assign Wksp / QW:	Ass't Report by [ass/ff-and]		
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TP Particulars: Veh No:	W8393A	.)/Non-IN'C().	-
Policy No: (Period: (Tel: Cover Type: (
Confirmed by : (Dates	Time:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Year of Registration: ()	(Note-Est. Status (Wood N: 0-2) Warranty: YES	0%; P: 21-79%. P: 80-1	10%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

- 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 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

	ACCIDENT STATEMENT
Date Of Report	24/10/2019 18:30
Date Of Accident	23/10/2019 20:30
Exact Location Of Accident	53 PAYA UBI IND PARK
Country/State of Loss	SINGAPORE
81.00 P. 10 P.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV3836B
Insured/Policyholder	
Name Of Registered Owner	REUBEN NG
NRIC No	S9902670G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90912961
Alternative Phone No	OFFICE-90912961
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5112380056
Cover Note Number	
Driver	
Name of Driver	REUBEN NG
NRIC No	S9902670G
Date Of Birth	26/01/1999
Occupation	INDOOR
Date Of Driving Pass	18/08/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE

(LOCAL) +65-90912961

OFFICE-90912961

NOEMAIL

BLK 489 JURONG WEST AVENUE 1 Address

#12-33

2

NO

2

Postcode 640489

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 WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER: : MALE

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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLW8393A

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

DETAILS OF INJURED PERSON 1

REUBEN NG Name

Approximate Age

Injuries Sustain Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NECK & BACK

SJV3836B

YES

NO

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 their surance 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)

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 personal information 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)
 - (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 claims (including the mailing of correspondence, statements, involces, 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 of 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.:

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Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Dase & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

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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 fects 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 and time of accident	Date:	23/12/14		(DD/MM/YY) Tim	ne: 8.20m	(HH:MM)
Exact location of accident	53	paga	ubi	[Alustrial	Park	(rivinivity)

Details of vehicle

Vehicle registration number	STV 3836R
Vehicle make and model	Hyundai Avante
Type of vehicle	Saloon MPV CRV Van Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Privote
Are you claiming under your own insurance company?	Yes \(\text{No a} \) if no, please select: Third part claim \(\text{Constraint} \) Reporting only.

Insurance information

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

Insured / Policy holder

Name	(Leu!	1 nsc	ч.,			Malee	Female
NRIC / Fin / Passport number	599	02670	Cn.				
Contact	909	1 29	161.	INSTITUTE S	-		
Address	BILL	489	Turony	hest	Ace.1	#11-3	2

Driver

Name	Male o	Female D
NRIC / Fin / Passport number	, marco	Termore D
Contact		
Address		
Email address		4
Date of birth	261, 1644	
Occupation	Indoor @ Outdoor a	13
Driving date pass	188117	

General information of the accident

Police station name

Was driver an employee of	Yes D No D	
the insured's company?	If no, relationship of the driver and insured:	
Accident captured by camera	? Yes D No D	
Weather condition	Clear Raining Others:	
Road surface	Dry D Wet &	
No of passenger	2 (Inclusive of dri	ver)
Passenger 1		
Name	Rinby Ng	_
Gender	Male a Female o	
Passenger 2		
Name		
Gender	Male p Female p	
Passenger 3		7
Gender	Male D Female D	\neg
Passenger 4 Name		
Gender	Male D Female D	-
Passenger 5		
Name		7
Gender	Male D Female D	-
Passenger 6		_
Name		7
Gender !	Male D Female D	
Other information		
Vas anybody injured?	'esa' No 🗆	7
	es es No 🗆	1
Details of police action	5.502	Ť.
eported to police?	es Ng If yes, please state which police station.	1
olice station name	Element de la constitución de la	1

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SLW & 363A
Vehicle make model	

Third party vehicle 2

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

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 Name Witness 2 Name Injured person 1 Name rob Chun Howe Injuries sustained Yeck Which vehicle person in? SJV 3836B Were seat belts worn? Yes_o-No o Was injured conveyed to Yes a No. hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No o Was injured conveyed to Yes 🗆 No hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 Noo Was injured conveyed to Yes a Non hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No o Was injured conveyed to Yes 🗆 No a hospital by ambulance?

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Notice of Loss	Policy N	lo.	8			Date o	f Accident	2	3/10/2019 2	20:30	
	Vehicle	No.(For Motor)	SJV383	68		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112380056		REUBEN NG	S9902670G	GPC	Third Party	SJV3836B	SJV3836B	10/09/2019	09/09/2020

Sequen	ce Date of Endorsemer	nt I	Endorsemen	t Type	Endorsement	Status	Endorsement Content
	ements						
	d Object: SJV3836B						
Jnit No.	12-33	Relate Numb	d Policy er	5112380056			
Address 4	SINGAPORE 640489		ss Type	Singapore address	s . :	Post Code	640489
Address 1	BLK 489 #12-33	Addre	ss 2	JURONG WEST AV	/ENUE 1	Address 3	JURONGVILLE @ AVE 1
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Additional	VA.	Excess OS	3.3		excess		
Third Party	0	Own damage	0		Windscreen Excess	0	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	10/09/2019	Effective Date	10/09/2019	9 00:00	Expiry Date	09/09/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 489 #12-33 JURONG WEST	AVENUE 1 JU	RONGVILLE	@ AVE 1 SINGAPOR	RE 640489		
Certificate No.							
Policy No.	5112380056	Policyholder Name	REUBEN NO	3	Policyholder NRIC	S9902670G	

Continue Cancel

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	0.000000		Vehicle No.	- 61	SIVISION			MAN ALLEGO A		
olicy No. ertificate No.	5112380056		Venicle No.	8	2012EAL			GST Registration No.		
olicyholder Name	REUBEN NG							Policyholder NR1C		59902670G
oduct Code	PRIVATE CAR INSURANCE	*	Cover Type	19	Third Party			Loading		۵
intact No.(Mobile)	90912961		Contact No.(Office)	3	0			Contact No.(Home)		0.:
all Address			Special Remark					eCode		Tri V
K	® No ○ Yes		TCA		® No ○Y	es		eCode Reason		CONTRACTOR OF THE PARTY OF THE
D Protection	No		NCD Entitlement(%)		0			Private Hire		No
Accident Details										
port Date	24/10/2019 18:45		Accident Report With	hin 24 hrs. 1	es			Accident Type		Collision - Head to Rear
e of Accident	23/10/2019		Time of Accident his		20:30			Country of Accident		Singapore
orting Centre	10000000000		Orange Force		383			ICM No.		
ident Location	53 PAYA UBI IND PARK		8							
Total Excess Applicable										
ess Type	Per Accident		Windscreen Excess			0.00				
99										
Standard Excess		0.00	TP Standard Excess			0.00				
O DO Excess		0.00	YIED TP Excess			0.00		Driver is Covered?		Covered
trional Excess		0								
OD Excess Applicable		0.00	Total TP Excess App	icable		0.00				
Benefits										
GST Registered Informa	ation									
Registered	No				GST	Registration Date				
Registration No.					GST	Status Verified		Yes		
fication History										
Policyholder Mailing Ad										
ress 1	BUK 489 #12-33		Address 2	- 33	URONG W	EST AVENUE 1		Address 3		SURONGVILLE @ AVE 1
ress 4	SINGAPORE 640489		Address Type	1	Singapore a	ddress		Post Code		640489
: No.	12-33		Related Policy Numb	ier	511238005	6				
OI Driver Info	V166454									
er Name	REUBEN NG		Driver Type	,	dain Driver					
amed driver Name			Driver NRIC	9	599026700			Onver DOS		56/01/1368
ater Date of Driver License	18/08/2017		Driver Age	1	20			Oriving Experience		2
ract No.(Mobile)	90912951		Contact No.(Office)	3	0			Contact No.(Home)		0
ress 1	BLK 489		Address 2	7	JURONG WEST AVENUE 1			Address 3		JURONGVILLE @ AVE 1
ress 4	SINGAPORE 640489		Address Type		Singapore a	oddress		Post Code		640489
No.	12-33									
es he own a Singapore distered car?	○ Yes ® No		Driver Vehicle No.					Driver Insurer Comp	any	
Jacereo carr										
laration										
athalyser or Blood Test	0 mg		Any injury?		® Yes Or	40				
iding?	0.000		Herry Marie							
diffication History										
Claim 001 New										
ann oor make										
		- 22								
m Type *	CD-MX		Insured Name		REUBEN N	3		Insured NRSC		S9902670G
tact No.(Mobile)	Contact No.(Ho		Contact No.(Home)	1	NII.			Contact No.(Office)		
al Address	OI Vehicle Number		1	SJV3836B			TP Vehicle Number		5LW8393A	
mant Type Claimant Type *	Please Select	¥	Type of Benefit *	1	Please Sel	KI V				
mant Name +		22	Claimant NRIC *	1						
ment Address										
m Description	SJV38368 / SLW8393A (ON 23 Oct 2019						Name of Preferred W	orkshop	
erred Workshop Contact		17.	Insured Liability *	-	Fully at Fa	ut V				7.7
uire Finalisation	Yes		Preferered Repair O				V	GSA report		Received
e Registered	24/10/2019 18:47		Claim Close Date		1212179	The second second	manual.	Date Received		24/10/2019 00:00
		100	Lister Liose Date	1				SOLE MODELLES		F-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ort Taken By	Jackson	-								
Print AK letter										
				5	ave Sub	mit				
ttachment				-		www.endit				
NY YORK ON A STATE OF THE STATE										
cident No.	MT/1068454		Claim N	0.		001				
t Doc. Received	● Yes ○ No		Upload	Date		24/10/2019 18:48				
		th *				Category *		Confidential	Urgen	cy * Description
	74	77.70		Browse	Clear	Please Select	U		Normal	V Description
				_	=		V			
				Browse		Please Select			Normal	
				Browse	- Sections	Please Select	V		Normal	9
				Browse	anners and	Please Select	V		Normal	
				Browse	Clear	Please Select	V	NO Y	Normal	v

