NATIONAL Assessment Cen	tre Services. put	f 1 Jan'osladu a luca l	Oher	-	22
Date In: 1411/19 -14:05	Job description	CONTRACT CONTRACT STATE OF THE PARTY OF THE	& Time Completed	Do	ne by
Ref No: Hally 14020 16 fry	SAS e-filing				10.
Veh No: 1142789E	E-mail (within Shrs	AIC 2hrs			
D.O.A : 14/11/19-18:05	i-Motor Claim I				
		ithin: OD 2hrs, TP 4hrs)	100-150150	14/11/19	14:4
OD TP/ Reporting Only	i-Photo Uploade	THE RESERVE AND ADDRESS OF THE PARTY NAMED IN			
Thi	Assessment/Surve			-	
TP Insurer:		x / Hand to Owner	When		
Preferred Wksp / INC Assign Wksp / QW: (- No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
TP Particulars: Veh No: OX	Canciu	INC()/No		ax:	
Owner / Driver: (91XX	Tel:	n-INC()		
Policy No: () Po	eriod: () Cover?	Nme: (
Confirmed by : (ate:	Time:		
Insured/Driver Liability: (%) [Note-Est. Status (WO):	and by the second state of		00%1	
		NO()	1.30-10	2076)	
Excess: (\$) Loading: \$1,0)			
General Remarks;	-1-2-68-17-00 NO. 00-00-1-00-00-0	CASTA TARGET WAS ASSESSED AS	. 108 J. C. Selling VI.	20 A 3 T T T T T	
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() Walk-In Customer: Customer's info	maderi strictly Cornide	nual & Strictly NO	eter of repairer.		
() Total Loss Case : to e-mail Insure	er URGENTLY.		e figh	39	
Drive-In ()/ Towed-In (); Invoice	: YES () / NO () ; Towing Co	: (
Remarks:- (INC horline: 6788 6616)	The second second second		3	200000000000000000000000000000000000000	THE THE PARTY OF T
1)		Date&T	ms Completed	Done	by
	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()			A themeses to be	
 Upload Resurvey Photo [Repair Cost > \$3 	000] ()				
Injury:					
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Date/Time Actions					TO STATE OF
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timant's Particulars :-		: Accident Reporting (: Damage Assessment (\$30); \$100); INC (\$80)	-	
iver/Owner:		Towing Fee	\$40/\$4	5	
		Follow-Through Survey	\$12		
ntact No:		Follow-Through Survey deirning against INC On		0	
maged Portion:		Re-inspection	57.	-	
		Idao DA + SMRT Surve	y 516	0	
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- Charge-An-Charge):	OD.	The second secon	The state of the s		
ditors! Comments :-	*N3	Courtesy Cas / Tpt Allo	vance S:	5	
COLUMN ACCOUNT FOR PROPERTY OF CONTRACT OF THE CASE ASSET OF THE C	*N3	Courtesy Car / Tpt Allo Repair Co-ordination	310	0	
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1:	*N5 *N6 *N7 *N8 TP(Courtesy Cas / Tpt Allo Repair Co-ordination Fost Repair Inspection DV / Collect Excess Co N11): TP (Nan INC) aga		5 5	
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1:	*N5 *N6 *N7 *N8 TP (9) N12	Courtesy Cas / Tpt Allo Repair Co-ordination Fost Repair Inspection DV / Collect Excess Co- N11): TP (N'n INC) agr Idac Mobile		5	aka Je

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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	14/11/2019 14:25
Date Of Accident	14/11/2019 08:05
Exact Location Of Accident	CMPB CAMP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW2789E
Insured/Policyholder	
Name Of Registered Owner	LIOW EE LING
NRIC No	S8015415A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91006616
Alternative Phone No	OFFICE-91006616
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
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	5098279652-01
Cover Note Number	
Driver	
Name of Driver	LIOW EE LING (LIAO YILING)
NRIC No	S8015415A
	FACE (12 A SP 12 A SP

 Date Of Birth
 27/05/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 28/04/2005

 Driving Experience
 14 YEARS AND 6 MONTHS

 Gender
 FEMALE

 Mobile Number
 (LOCAL) +65-91006616

Fax Number

Contact Number OFFICE-91006616

EMail Address NOEMAIL

BLK 2 HOUGANG AVENUE 3 Address

#10-292

530002 Postcode

NO 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

COLLISION - CHANGE/CROSS LANE Type Of Accident

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

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES

Was any other material or property damaged?

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

NO 1

Number of Passengers (Including Driver)

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKX9138X

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

S1522132A NRIC/Passport Number

Contact Number

Name of Driver

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

POH KOK LEONG

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LIOW EE LING (LIAO YILING)

BODY

SJW2789E

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 <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 Personnel's Signature

Name:

NRIC/FIN No.:

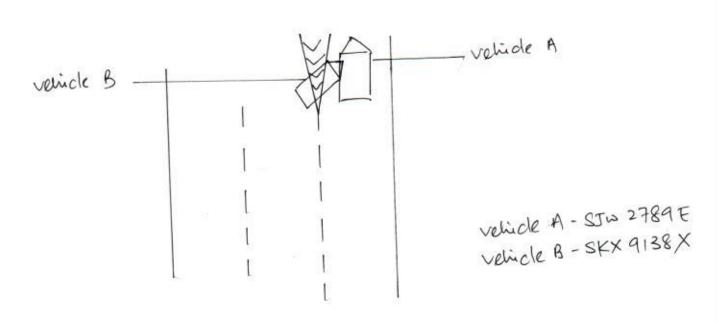
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	2-2			

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.:

SJW 2789 E 91006616



On 14/11/2019, at about 8.05 am, I was in CMPB camp.

I was awaiting for my turn to clear the gantry. When

it came to my turn, I moved forward slowly. Suddenly

vehicle B, SKX 9138X, cut into my lane and collided

vehicle. Subsequently, several witnesses came

into my vehicle. Subsequently, several witnesses came

into my vehicle. Subsequently explained that vehicle

forward to assist me and they explained that vehicle

forward to assist me and they explained and I ame (as illustrated)

B had came from the adjacent lane (as illustrated)

Due to the collision, my vehicle was damaged and I

Due to the collision, my vehicle was damaged and I

suffered injuries. witnesses' particulars can be provided,

when necessary.

ACCIDENT STATEMENT

ACC	DENT DATE: 14/11	14 .)(DD/MM/YYYY)	, TIME:(08 : 05-)(HH:MM)
LOCA	LTION: CMPB (0	m ? .	
1.	a) VEHICLE NUMBER:	DW2789E.	<i>t</i>) =
	b) INSURANCE COMPA c) POLICY NUMBER: 5	198274 21-01.	TO A DIV FIRE STHEET
	e)MAKE & MODEL:	0	Y / THÎRD PARTY FIRE &THEFT)
	g) VEHICLE CATEGORY:	PE / MPV / V AN / LORRY (PRIVATE / COMMERCIA T ACCIDENT TIME:	
	i) ARE YOU CLAIMING U	INDER YOUR OWN INSUR HIRD PARTY SLAIM / REF	ANCE (YES/NOT)
2.	INSURED / POLICY HOL		Charles Virginia Politica Charles
	A) NAME: how be	0.0	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:		CONTACT: 91006616.
	c) ADDRESS: Blk V	Hugging Avenue 3	24 10-0-10 (320000)
	* CONTINUE TO 2 d IE D	RIVER ALSO POLICY HOL	DEB
Mile of		KIVER ALSO POLICY HOL	LDER
*Ho of passenga.	a)NAME:		(MALE / FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT:		_CONTACT:
(T·)	c)ADDRESS:		
	*d)DATE OF BIRTH: ()	15 1980. 1(DD/N	IM/YYYY)
	eJOCCUPATION: (INDE		
	f) YEARS OF DRIVING EX	PRERIENCE: 28 4 10	5.
4.	WAS DRIVER AN EMPI	OYEE OF THE INSURE	D'S COMPANY? (YES / NO)
		OF THE DRIVER WITH	
5.	a) WEATHER CONDITION		THERS
	b)ROAD SURFACE: (DR		1 # 2
	WAS ANYBODY INJURED		
7.	a)REPORTED TO POLICE		
		HICH POLICE STATION:	
8.	THIRD PARTY VEHICLE		
fills of passenger	a) VEHICLE NUMBER:	JKX 9138 X	_MODEL:
(Induding driver)	b) DRIVER'S NAME:	in loc hong	
(1)	a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPOR	T: > 15221594	CONTACT:
9.	THIRD PARTY VEHICLE		MODEL:
tho of passenger	a) PRIVER'S NAME:		_MODEL:
(Including driver	d) VEHICLE NUMBER:_ e) DRIVER'S NAME: f) NRIC/FIN/PASSPOR	T.	CONTACT:
6 4	i indefinition on	A. C.	
	¥01		

email = fax =

eBao Tech									越南語	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			THE RESERVE THE PERSON NAMED IN	CONTRACTOR STATE		Change	Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy A	lo.				Date o	of Accident	13	4/11/2019 0	8:05	
	Vehicle	Vehicle No.(For Motor) 57W2789E			Certificate Number						
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098279652- 01		LIOW EE LING	S8015415A	GPC	drive CLASSIC	\$3W2789E	SJW2789E	02/04/2019	01/04/2020
						Continue					

Sequen	ce Date of Endorsemen	t i	Endorsemen	t Type	Endorsement	Status	Endorsement Content
▼ Endors	ements						
▶ Insure	d Object: SJW2789E						
Unit No.	10-292	Relate Numb	d Policy er	5098279652-01			
Address 4		Addre	ss Type	Singapore address		Post Code	530002
Address 1	BLK 2 #10-292	Addre	ss 2	HOUGANG AVENUE	3	Address 3	SINGAPORE 530002
→ Policyh	older Mailing Address	SALUA			45-11	200000000000000000000000000000000000000	
Certificate Info							
Open Policy Info							
insurance Flag	No						
Agent Co-	DIGKSON INSURANCE AGENCY	Agent ret.	03447067		GST Flag		
OD Excess Agent	DICKSON INSURANCE AGENCY	TP Excess Agent Tel.	63447667		GST Flag	Υ	
Outside Singapore	600	Outside Singapore	0			Young	J/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type		All Claims Excess					
Policy issue Date	02/04/2019	Effective Date	02/04/201	9 00:00	Expiry Date	01/04/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 2 #10-292 HOUGANG AVEN	UE 3 SINGAP	ORE 530002				
Certificate No.							
Policy No.	5098279652-01	Policyholder Name	LIOW EE L	ING	Policyholder NRIC	S8015415A	

Continue Cancel

Accident MT/1071371								
Policy No.								
	5098279652-01	Vehicle No.	53W2769E		GST Registration N	in.		
Certificate No.								
Policyholder Name	LTOW EE LING				Pakcyholder ARIC		58015415A	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading		Ø	
Contact No (Mobile)	91006616	Contact No.(Office)	0		Contact No.(Home	į.	0	
Email Address		Special Remark			eCode		11119	
KFK	(€) No ○ Yes	TCA	® No ○Yes		eCode Reason			
NCD Protection	No	NCD Entitlement(%)	30		Private Hire		No	
Accident Details								
Report Date	14/11/2019 14:39	Acodent Report Within 24 hrs.	Yes		Accident Type		Collision - Change	. Commen
								/ Cross lane
Date of Accident	14/11/2019	Time of Accident nh:mm	08:05		Country of Acciden	Y6	Singapore	
Reporting Centre		Orange Force			ICM No.			
Accident Location	CMPB CAMP							
₩ Excess								
Own damage Excess	600.00	Additional Excess	0		Windscreen Excess		100,00	
unnamed briver Excess	0.00	Outside Singapore OD Excess		600.00				
Third Party Excess	0.00	Outside Singapore TP Excess		0.00				
□ Benefits								
	tion							
GST Registered	No		GST Registr					
GST Registration No.			GST Status	Ventied	Yes			
Modification History								
Policyholder Mailing Ad	dress							
Address t	BLK 2 #10-292	Address 2	HOUGANG AVENUE	1	Address 3		SINGAPORE 5300	102
Address 4		Address Type	Singapore address		Post Code			
Address 4 Unit No.	10/202				Post Code		530002	
Unit No. Unit No.	10-292	Related Policy Number	5098279652-01					
Driver Name	LONG OF LONG STANDARD OF THE STANDARD	value of the second	March Control					
Unner Name Unnemed driver Name	LIOW EE LING (LIAO YILING)	Driver Type Driver NRIC	Main Driver S801541SA		200		********	
	1600030003				Driver DOB		27/05/1980	
Register Date of Driver License	28/04/2005	Driver Age	39		Driving Experience		14	
Contact No.(Mobile)	91006616	Contact No.(Office)	0	1	Contact No.(Home	2:	0	22
Address 1	BLK 2	Address 2	HOUGANG AVENUE	3	Address 3		SINGAPORE \$300	02
Address 4		Address Type	Singapore address		Post Code		530002	
Unit No.	10-292							
	○ Yes ® No	Driver Vehicle No.			The can be a second Com-			
Does he own a Singapore Registered car?	25077.09.773	prover rendere no.			Driver Insurer Com	pany		
Registered car?	X.011.40.05	provide record			Driver Insurer Cor	ipany		
Registered car? Declaration	STOCK TENO				Driver Insurer Con	1pany		
Registered car?	Omg	Any injury?	® Yes ○ No		Driver insures Con	tpany		
Registered car? Declaration Breathalyser or Blood Test.	STOCK TENO		® Yes ○ No		briver insures con	tpany		
Registered car? Declaration Breathalyser or Blood Test. Reading?	STOCK TENO		® Yes ○ No		briver insures con	npany		
Registered car? Declaration Breathalyser or Blood Test. Reading?	STOCK TENO		® Yes ○ No		briver insures con	npany		
Registered car? Declaration Breathalyser or Blood Test. Reading?	STOCK TENO		⊕ Yes ○ No		prver insure Lor	npany		
Registered car? Declaration Breathayser or Blood Test. Reading?	STOCK TENO		⊕ Yes ○ No		prver insure Cor	npany		
Registered car? Declaration Breathalyser or Blood Test. Reading? Modification History Claim 001 New	STOCK TENO		® Yes ○ No		Insured NRIC	pany	S8015415A	
Registered car? Declaration Breathalyser or Blood Test. Reading? Modification History Claim 001 New Claim Type *	Omg	Any muny?		17			\$8015415A	
Registered car? Declaration Breakhalyser or Blood Test. Reading? Modification History Claim 001 New Claim Type * Contact No.(Mopile)	0 mg	Any mury?	LIOW EE LING		Insured NRIC		\$8015415A 5KX9138X	
Registered car? Declaration Breathalyser or Blood Test. Reading? Modification restory Claim 001 New Claim Type * Contact No. (Mopile) Email Address	Ong OD-MX 91006616	Any mury? Insured Name Contact No.(Home)	LIOW BE LING	V	Insured NRIC Contact No. (Office)			
Registered car? Declaration Breathalyser or Blood Test. Reading? Modification History Claim 001 New Claim Type • Contact No. (Mobile) Email Address Claimant Type Claimant Type •	O mg OD-MX 91006616 LOVESSEKERS-411@VAH-00.COM	Any injury? Insured Name Comact No. (Hame) Of Vehicle Number	LIOW EE LING MIL SJW2789E	V	Insured NRIC Contact No. (Office)			
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mopile) Email Address Claimant Type Claimant Type *	O mg OD-MX 91006616 LOVESEEKERS411@VAH-OO.COF Please Select	Any stury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit +	LIOW EE LING MIL SJW2789E	7	Insured NRIC Contact No. (Office)			
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mopile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address	O mg OD-MX 91006616 LOVESEEKERS411@VAH-OO.COF Please Select	Any stury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit +	LIOW EE LING MIL SJW2789E		Insured NRIC Contact No. (Office))		
Registered car? Declaration Breathalyser or Blood Test. Reading? Modification History Claim 001 New Claim Type * Contact No. (Mopile) Email Address Claimant Name * Claimant Address	Omg OD-MX 91006616 LOVESSEKERS411@YAHOO.COK Please Select	Any stury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit +	LIOW EE LING MIL SJW2789E		Insured NRIC Contact No. (Office TP Vehicle Number)		
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Modife) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Mame * Claim	O mg OD-MX 91006616 LOVESEEKBRS411@YAHOO.COK Please Salect ✓ SJW2789E / SKX9138X ON 14 Mov 2019	Any stjury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimant NR3C *	LIOW EE LING NIL SJW2789E Please Select Not at Fault	<u> </u>	Insured NRIC Centact No. (Office) TP Vehicle Number Name of Preferred)	SKX9136X	
Begistered car? Declaration Breathalyser or Blood Test. Reading? Modification restory Claim 001 New Claim 1001 New Contact No. (Modile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Modification Regular Pinelisation	O mg OD-MX 91006616 LOVESEEKERS411@YAHOO.COK Please Select ≥≥ S1W2789E / SKX913EX CN 34 Nov 2019 Ves. ✓	Any stjury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimant NR3C * Insured Liability * Preferend Repeir Option	LIOW EE LING NIL SJW2789E Prease Select	<u> </u>	Insured NRIC Centact No. (Office) TP Vehicle Number Name of Preferred)	SKX9136X Received	
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