NATIONAL Assessment Centre	e Services, porti Jamos .	: MNA 1191545	10
Date In: 22 / // / / 16:46	Jeb description	Date &Time Completed	Done by
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Veh No: SJR 4027J	E-mail (whith thes, AIC thes)		9
11(1) 21 [11/19 18:15.	l-Motor Claim Form	MT/1072586 001	22/11/19/17:15
	I-Motor W/O (Within; OD 2hr	, TP 4brs)	-
(11) Reporting Only	I-Photo Uploaded	1	
	Assessment/Survey Report		
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Owner/Driver: (110 72000	Tel:)
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Confirmed by : (Dater	Tline:)
	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

AMERICAN PRODUCTION OF THE PROPERTY OF THE PR	ACCIDENT STATEMENT
Date Of Report	22/11/2019 16:46
Date Of Accident	21/11/2019 18:15
Exact Location Of Accident	EUNOS RD 8 JUNC WITH EUNOS AVE 5
Country/State of Loss	SINGAPORE
Market of the Control	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR4027J
Insured/Policyholder	
Name Of Registered Owner	KOH CHEE MENG
NRIC No	S8805092D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82017816
Alternative Phone No	OFFICE-82017816
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110049114
Cover Note Number	
Driver	
Name of Driver	KOH CHEE WEI (XU ZHIWEI)
NRIC No	S9212986A
Date Of Birth	08/04/1992
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2013
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86834898
and Normalism	35 42 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C

NOEMAIL

Address

BLK 249 YISHUN AVE 9 #05-191

Postcode

760249

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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 NO

Was any body injured in the Accident?
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

3

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)
Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

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

I WAS TRAVELING ALONG EUNOS RD 8 WHILE APPROACHING JUNC WITH EUNOS AVE 5 ON THE LEFT LANE, SUDDENLY VEH B FROM THE RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.

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

SMD7206C

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 <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:
 - (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.:

SKETCH PLAN				
Euros Ave 5				
			A= SJR	4027
			B = 5MD	
			0 - 31(0	1200
	(A B			
		15		
		Eunos Re	8	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT			
Please	Refer to	54 /	,	
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		/		
		/		
	-			
ECLARATION				
We declare the foregoing partic	ulars are true in every respect.		11	
	Va		ful	
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder	Reporting Name:	Centre Personnel's Signa	ture

and the same of th

Date & Time:

2

NRIC/FIN No .:

eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601				A STATE OF THE PARTY OF THE PAR	00.6-31/7/04/250	• Chang	e Languag	e • Char	ge Password	• Log Ou
My Desktop	Poli	cy Query									55.5
Notice of Loss	Policy I	No.				Date	of Accident		21/11/2019	16:35	7
	Vehicle	No.(For Motor)	SJR402	273		Certi	ficate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5110049114		KOH CHEE MENG	S8805092D	GPC	Third Party	SJR4027J	SJR40273	31/05/2019	30/05/2020
					10	Continue					

Claim Handling

Accident MT/1072586							
Policy No.	5110049114	Vehicle No.	S3R40273		GST Registration N	0.	
Certificate No.							
Policyholder Name	KOH CHEE MENG				Policyhalder NRIC	S	88050920
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		Laading	0	
Contact No.(Mobile)	82017816	Contact No.(Office)			Contact No.(Home)		
Email Address		Special Romark			eCode		No *
KEK	- No Yes	TCA	» No Yes		eCode Reason	1	
NCD Protection	No	NCO Entitlement(%)	0		Private Hire	Ye	es
Accident Details							
Report Date	22/11/2019 17:08	Accident Report Within 24 hrs	Yes		Accident Type	Sci	olision - Change / Cros
Date of Accident	21/11/2019	Time of Accident nh:mm	18:15		Country of Accident	5	ngapore
Reporting Contre		Orange Force			ICH No.		
Accident Location Total Excess Applicable	EUNOS RD 8 JUNC WITH EUNOS AVE 5						
Excess Type							
Excess type	Per Accident	Windscreen Excess		0.00			
QD Standard Excess	0.00	TP Standard Excess		1 500 00			
YTED OD Excess	500.00	YILD TP Excess		1,500.00	Driver is Covered?	0.20	2000
Additional Excess				0.00	Driver is Covered?	Co	wered
Total OD Excess Applicable	500.00	Total TP Excess Applicable		1,500.00			
▽ Benefits				4,400,00			
	tion						
GST Registered	No		GST Regi	stration Date			
GST Registration No.				us Verified	Yes		
Modification History							
Policyholder Mailing Add							
Address 1	BLK 274A #15-810	Address 2	PUNGGOL PLACE		Address 3	53	NGAPORE 821274
Address 4 Unit No.		Address Type	Singapore address		Post Code	82	1274
OI Driver Info		Related Policy Number	5101529350-01				
Driver Name	Hannest Deline	#0.000 #0.000					
Unnamed driver Name	Unnamed Driver KOH CHEE WEI (XU ZHIWEI)	Driver Type Driver NRJC	Unnamed Driver				
Register Date of Driver Ucense	07/02/2013	Driver Age	S9212985A		Driver DOB		/04/1992
Contact No.(Mobile)	86834898		27		Driving Experience	6	
Address 1	BLK 249 #05-191	Contact No.(Office) Address 2	Commission of the Commission o		Contact No.(Home)		
Address 4	SINGAPORE 760249	Address Type	Singapore address		Address 3		SHUN SUNSHINE
Unit No.	05-191	1996	arrigatione apprecia		Post Code	76	0249
Does he own a Singapore	Yes × No	Driver Vehicle No.			Table of the second of the sec		
Registered car?		ACTIVITY STATES AND			Driver Insurer Comp	any	
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes « No				
		1020	- CAR - 10.0				
Modification History							
Production History							
Claim 001 New							
					71556745595		
Claim Type *				GD-MX	Insured KOH CHE Name	MENG	NRIC Seep
Contact No.(Mobile)				82017816	Contact		Contact
				pevirala	(Hame)		No. (Office)
Email Address				chee88meng@hotmail.com	Vehicle 5JR40273		TP Vehicle SMD7
NE SALVA ANTO TOTAL CONT					Number		Number
Claim Description				S3840273 / SMD7206C ON 2	21 Nov 2019		Name of Preferred 0 Workshop
Preferred Workshop 0	Preferenced Liability Not at Fault	• •					workshop
Romet No. Yes	* Repair Preferred Workshop, No	ame unknown GIA report Received		1			
Date Registered	Option	18001		22/11/2019 17:11	Close		Date 22/11
Report Taken By				Jonathan Land	Date		Received K2/11
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Print AK letter							
			C= V				
			Save Submit				
Attachment			Save Submit				
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g.			Save Submit				
Acodemi No.	MT/1072586	Claim No.		001			
g.	MT/1072586 ★ Yes □ No	Claim No. Upload Date		001 02/11/2019 17:13			
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	Uploaded By/Date	Folder Date	P	le Name		Source	
6	NAC_PAYA_UBI_800601(NATION 22 Nov	AL ASSESSMENT CENTRE SERVICES) 0 2019 17:11	Photos		Normal	Photos 2019-12-22	
-	NAC_PAYA_UBI_800601(NATION 22 Nov	AL ASSESSMENT CENTRE SERVICES) o 2019 17:11	Photos		Normal	Photos 2019-11-22	
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	NAC_PAYA_UBI_800601(NATION ZZ No.	VAL ASSESSMENT CENTRE SERVICES) o v 2019 17:13	Photos		Normal	Photos 2019-11-22	
603		WAL ASSESSMENT CENTRE SERVICES) o v 2019 17:33	SAS		Normal	SAS 2019-11-22	
77 TOTAL 1*	NAC_PAYA_UBI_800603(NATION 22 No.	WAL ASSESSMENT CENTRE SERVICES) e v 2019 17:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-22	
3.05	NAC_PAYA_USI_B00601(NATION 22 No	NAL ASSESSMENT CENTRE SERVICES) 0 v 2019 17:13	NRIC/ Driving License	٧	Normal	NRIC/ Driving License 2019-11-22	
Attachment	Uploa	ded By/Date	Category	P	Urgency	Description	м
11/22/2019	Claim Handling(accident reporting Claim Task)						

Display in New Window Scan and uploading