NATIONAL Assessment Centre Services. [wet 1 Jan'95|MNAIG 164750 Done by Date & Time Completed Job description Date In: 16/10/19 - 19:10 Ref No: Hally Cryozzoy6/24 SAS e-filing Veh No: SLC 4304 E-mail (within Shrs, AIC 2hrs) D.O.A : 13/1/19- 2:12 i-Motor Claim Form 100-05+250-001 i-Motor W/O (Within: OD 2hrs, TP 4hrs) TH ! Reporting Only OD i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax: INC ()/Non-INC (TP Particulars: Veh No: Smmg8815 Owner / Driver: (Tel: Cover Type: (Policy No: (Period: () Confirmed by : (Date: Time: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES (); Towing Co: (Done by Remarks:- (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Anit (S) Invoice Preparation Checklist. In Bill Add Bill NA1909418 " 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: 7) N1 : Idac DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 *N5: Courtesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors' Comments :-\$5 +N8: DV / Collect Excess Coordination TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idac Mobile **心理证**了对目 Fee Charged Invoice dated Zat. 2/3; Fee Charged Invoice dated

1 - pa d 10

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.
- 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.

为人员的 所有了一个。在1962年的1960年	ACCIDENT STATEMENT					
Date Of Report	16/12/2019 09:12					
Date Of Accident	13/12/2019 20:10					
Exact Location Of Accident	BLK 704 YISHUN AVE 4 CARPARK					
Country/State of Loss	SINGAPORE					

為的關係的主义。因此與國際政策的	DETAILS OF OWN VEHICLE	STATE OF STATE OF
Vehicle Registration Number	SLC4332H	
Insured/Policyholder		
Name Of Registered Owner	WONG JIAQING	
NRIC No	S8916689F	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-92957700	
Alternative Phone No	OFFICE-92957700	
Vehicle Particulars		

Manufacturer	BMW
Model	120I AT COUPE D/AB 2WD ABS HID DSC SR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy	NO

NO

for repair to your vehicle? If No. Please state action to be taken THIRD PARTY

PRIVATE CAR Vehicle Category Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company COMPREHENSIVE Type Of Coverage Fleet Policy NO

Policy Number 5108908420

Cover Note Number

Driver

WONG JIAQING Name of Driver NRIC No S8916689F Date Of Birth 17/05/1989 INDOOR Occupation Date Of Driving Pass 07/11/2012

7 YEARS AND 1 MONTH **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-92957700

Fax Number

OFFICE-92957700 Contact Number

EMail Address NOEMAIL Address BLK 314 WOODLANDS STREET 31

#08-92

Postcode 730314

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

Insurance Company of Driver's Own Vehicle -

2

NO

2

NO

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions RAINING
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 NO

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME: JEANNETTE LIM

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?

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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMM9881S Vehicle Make/Model/Colour TOYOTA

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)

DETAILS OF INJURED PERSON 1

Name WONG JIAQING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLC4332H

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name JEANNETTE LIM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLC4332H

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

MPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- I This Form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as truthful and accurate as possible. Any wiful misrapresentation or withingiding 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.
- 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 perties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to capies of the report being made available aforesaid.
- 3. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
 - (f) processing, handling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims:
 - (ii) investigating the accident and/or my cisims:
 - (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 low in administering, processing, handling and/or dealing with my dakna (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
- my Personal Information may/can be disclosed by any of the losurers and/or GIA to their third party survice providers or agents including their lawyers/law firms), which may be sited outside of Singapora, for one or more of the above Purposes-
- (a) my Personal Information will also be collected and used to compile daims bistory for the purpose of fraud detection. investigation and management in present and all future dalms.
- (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing insud, 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.

come Stanisture Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Par s Signature

Name

NRIC/FIN No.1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on the stated date and time, I was -	travelling
alor	ong Yishun Ave 5 carparla, suddenly up	h B
Ca	ame out from minor road and collide	d on
to	the front of my car- is manage	to stop
-	time, due to the driver didn't check	
('v	in approaching.	
		V 7 days
		111
		all LPL continues are provided by
		With Name of the Control of the Cont

DECLARATION

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

Policyholder's Signature Date & Times

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centra Personnel's Signature Names

NRICHIN NO 1

Date of Accident	13/12/19 Accident Time: 2012 (24-HR-Format)
Accident Place	: Vishun Aue 5 BIK 704 Curpark
Vehicle Reg. No. (Car Plate No.)	SLEC 433274
Vehicle Make/Model	: BMW 1201
Insurance Company	: NTUC Policy No. 5108908420
Owner or Company Name /IC No.	Wong Jia Qing
Owner or Company Contact No.	9295 7700 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Wong Jia Qing
DRIVER'S Date Of Birth	: 17 May 1989 DRIVER'S License Pass Date 07 Nov 2012
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	314 Woodlands Street 31 #08-92 730311
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: Jinging - 1989 @ Hotmil.com
Weather & Road Surface	: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	1 1 10 10 10 10 10 10 10 10 10 10 10 10
Was there any video Captured by ca Exact purpose for which vehicle was	
Other P	'arty Driver's Particular (if any)
Vehicle Reg. No: SMM 98819	* chicle Keg, Ivo.
Vehicle Make Wodel: Toyota	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER	189)
MOTOR VEHICLES (THIRD PARTY RISKS AN) COMPENSATION) RULES, 1960	0.000
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	7)
MOTOR VEHICLES (THIRD PARTY RISKS) PULES, 1959 (MALAYSIA)	

Certificate Number: 5108908420 Cover : drivo CLASSIC

: SLC4332H 1. Index mark and Registration Numl er of Vehicle

Chassis Number : WBAUC52000VJ99862

2. Name of Policyholder : WONG JIAQING 3. Effective Date of Insurance

: 17 Apr 2019 4. Expiry Date of Insurance : 16 Apr 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : 5\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP · NO INSURE WITH COF : YES

NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO PRIMARY DRIVER .

: WONG JIAQING

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TAN WEI CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832) Date of Issue

: 17 Apr 2019 09:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech									Killing	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					Total Section (Section)	· Change	Language	- Chan	ge Password	• Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Palicy N	lo.				Date of Accident			13/12/2019 20:10		
	Vehicle No. (For Motor)		SLC4332H			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	5108908420		WONG JIAQING	S8916689F	GPC	drivo CLASSIC	SLC4332F	SLC4332H	17/04/2019	16/04/2020
						continue					

Sequen	ce Date of Endorsement	t E	ndorsemen	Туре	Endorsement	Status	Endorsement Content
⊕ Endors	ements						
▶ Insured	Object: SLC4332H						
Jnit No.		Relate Numbe	d Policy er	5108908420			
Address 4			s Type	Singapore address	s	Post Code	730314
Address 1	BLK 314 #08-92	Addres	is 2	WOODLANDS STE	REET 31	Address 3	SINGAPORE 730314
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- nsurance Flag	No						
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	17/04/2019	Effective Date	17/04/201	9 00:00	Expiry Date	16/04/2020 2	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 314 #08-92 WOODLANDS 5	STREET 31 SIN	IGAPORE 73	0314			
Certificate No.					007-007 -1		
Policy No.	5108908420	Policyholder Name	WONG JIA	QING	Policyholder NRIC	S8916689F	

Claim Handling						
Accident MT/1075750						
Policy No.	5108908420	Vehicle No.	SLC4332H		GST Registration No.	
Certificate No.						
Policyholder Name	WONG JIAQING				Policyholder NRIC	58916689F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No. (Mobile)	92957700	Contact No.(Office)	0		Contact No.(Home)	0
Email Address		Special Remark			eCode	- Y
NCD Protection	® No ○ yes No	TCA	® No ○Yes		eCode Reason	
Accident Details	40	NCD Entitlement(%)	9		Private Hire	No
Report Date	16/12/2019 09:33	Annual State of Control of the Control	1960			
Date of Acordent	13/12/2019	Acodent Report Within 24 hrs			Accident Type	Collision - Major Minor Road
Reporting Centre	18/10/4015	Time of Accident hh:mm Orange Force	20:10		Country of Academ	Singapore
Accident Location	BLK 704 YISHUN AVE 4 CARPARK	grange rossa			JOM No.	
Total Excess Applicab						
Excess Type	Per Accident	Windscreen Excess	100,00			
OD Standard Excess	600.00	TP Standard Excess	0.00			
VIED OD Excest	0.00	YIEIZ TP Excess	0.00		Driver is Covered?	Covered
Additional Excess Total DD Excess Applicable						
▼ Benefits	600.00	Total TP Excess Applicable	0.00			
□ GST Registered Inform	mation					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Venfied		Yes	
Modification History						
P Policyholder Mailing A	Lifetrana					
Address 1	BUX 314 #08-92	Address 2	WOODLANDS STREET 31		WOODNO DE	
Address 4	353 500 56	Address Type	Singapore address		Address 3	SINGAPORE 730314 "
Unit No.		Related Policy Number	5108908420		Post Code	730314
OI Driver Info		retailed rainty manual	31/03/09/20			
Driver Name	WONG JIAQING	Driver Type	Main Onver			
Unnamed driver Name		Driver NRIC	55915689F		Driver DDB	17/05/1969
Register Date of Driver Licens	e 07/11/2012	Driver Age	30		Oriving Experience	7
Contact No.(Mobile)	92957700	Contact No.(Office)	0		Contact No.(Home)	0
Address 1	BLX 314	Address 2	WOODLANDS STREET 31		Address 3	SINGAPORE 730314
Address 4		Address Type	Singapore address		Post Code	730314
Linit No.	06-92					
Does he own a Singapore Registered car?	() Yes (€) No	Driver venicle No.			Driver Insurer Company	
Declaration						
dreathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No			
Reading?	207	THE TOTAL	6 m O m			
Modification History						
Claim 001 New						
Claim Type *	ор-ик	Insured Name	WONG JIAQING		Insured NRIC	\$8916689F
Contact No. (Mobile)	92957700	Contact No.(Home)			Contact No.(Office)	3022003
Email Address	jaqing_1989@notmail.com	OI Vehicle Number	SLC4332H		TP Vehicle Number	SMM9881S
Claimant Type Claimant Type 1	Please Select	Type of Benefit. *	Pinase Select V			
Oalmant Name *	22	Claimant NRIC *				
Claimant Address						
Claim Description	SLC4332H / SMM9881S DN 13 Dec 2019				Name of Preferred Worksho	0
Preferred Workshop Contact No.		Insured Liability *	Not at Pault			
Require Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	V	GIA report	Received
Date Registered	16/12/2019 09:37	Claim Close Date	Description of the district of the second	100	Date Received	16/12/2019 00:00
Report Taken By	Jackson					
Print AK letter						
		- 1	Save Submit			
Attachment			December September			
The Control of the Co						
w.						
Accident No.	MT/1075750	Claim No.	001			
Last Doc. Received	● Yes ○ No	Upload Date	16/12/2019 09:40			
	Path *	- Spg-pt-13-5-	Category *			tncy * Description *
		Browse	. Cear Please Select	Y	The state of the s	2000 L
		Browse	. Gear Please Select		→ Normal	
		Browse	Gear Fleate Select	V	Normal	
		Browse	Clear Please Select	V	1000	
		Browse	Clear Please Select	~	∨ Normal	<u> </u>

