NATIONAL Assessment Centre	Services.	[well 1 Jan'05] ,	MNLA 11911	6879		
Date In: 19/12/19 11:04	Job description		Date &Time Co		Done by	Y
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	Assessment/S	urvey Report				
TP Insurer:	Ass't Report	by Fax/Handt	Owner/Wksp			
Proformed Wksp / INC Assign Wksp / GW: (	Этопроветникальну и пос		Tol:	Fin	X:	)
PP Particulars: Veh No: Us	nknown.	, INC (	)/Non-INC(	)	3	
Owner / Driver: (	11000 11.		Tel:	- 1	)	
Policy No: ( ) Pcrio	d: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [No	te-Est. Status (	WO): N: 0-20	)%; P: 21-79%.	P: 80-10	0%]	
Year of Registration: ( ) Wa	irranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,000		)( )	***			
General Kemarka, see 1988 220 1990 2	CHECKNERS.				John St.	2.
( ) Walk-In Customer: Customer's Information	ation strictly Co	nfidential & Str	ictly NO refer of r	epalrer.		
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2) QC Check / Post Repair Inspection	(	)				
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Contact Number EMail Address

Fax Number

- 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.
- 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.
- 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	19/12/2019 11:04
Date Of Accident	18/12/2019 16:30
Exact Location Of Accident	KPE TWDS TAMPINES
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH8431C
Insured/Policyholder	
Name Of Registered Owner	LAI HONG HWA
NRIC No	S0060455J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81217966
Alternative Phone No	OFFICE-81217966
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114126309
Cover Note Number	
Driver	
Name of Driver	LAI HONG HWA
NRIC No	S0060455J
Date Of Birth	24/05/1949
Occupation	OUTDOOR
Date Of Driving Pass	22/01/1971
Driving Experience	48 YEARS AND 10 MONTHS

MALE

NOEMAIL

(LOCAL) +65-81217966

OFFICE-81217966

BLK 14 BEDOK SOUTH AVE 2 #16-576 Address

Postcode 460014

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 - CHANGE/CROSS LANE

2

NO

NO

2

NO

NO

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

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:

: UNKNOWN

GENDER: : MALE

**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

I WAS TRAVELLING ALONG KPE TWDS TAMPINES ON THE FIRST LANE, SUDDENLY I FELT AN IMPACT FROM MY LEFT REAR, AFTER THE INCIDENT, I REALIZED VEH B FROM THE LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT REAR PORTION. VEH B NEVER STOP AFTER THE COLLISION, I FAIL TO GET THE CAR LICENSE PLATE NUMBER. NO INJURY IN THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: HAVENT RETRIEVE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

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

		A = SLH 8431 C
A		B= Unknown.
[8]		
	KPE twols	Tompines

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to Statement	
10.00		
	1	
		_

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.:

<b>eBao</b> Tech								Genera	alClaim		
Hello, NAC_PAYA_UBI_80	0601			SAME OF STREET			• Chang	e Languag	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	4o.				Date	of Accident		18/12/2019	11:02	
	Vehicle	No.(For Motor)	SLH84	31C		Cert	ificate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114126309		LAI HONG HWA	\$00604553	GPC	drivo CLASSIC	SLH8431C	SLH8431C	18/11/2019	20/11/2020
						Continue	1				

### Claim Handling

Accident HT/1076471										
	F114126200		44.004.00							
Policy No. Certificate No.	5114126309		Vehicle No.	SLH8431C		GST Regis	stration No.			
Policyholder Name	LAI HONG HWA					Palicyhold	er NRIC	5006	0455)	
Product Code Contact No.(Mobile)	PRIVATE CAR INSURA	ANCE	Cover Type	drive CLASSIC		Loading		0		
Email Address	81217966		Contact No.(Office)			Contact N	o.(Home)	17		
			Special Remark			eCode		No T		
KFK	» No Yes		TCA	<ul> <li>No Yes</li> </ul>		eCode Rea	ason			
NCD Protection	No		NCD Entitlement(%)	20		Private Hi	re	Yes		
Report Date	19/12/2019 15:12		Accident Report Within 24 hrs	Yes		Accident 1	уре	Collisi	on + Change /	Cross
Date of Accident	18/12/2019		Time of Accident hh: mm	16:30		Country o	f Accident	Singa	pare	
Reporting Centre			Orange Force			ICM No.				
Accident Location	KPE TWOS TAMPINES	5								
▼ Total Excess Applicable										
Excess Type	Per Accident		Windscreen Excess		100.00					
OD Standard Excess		2,000,00	TP Standard Excess		1,500.00					
YIED OD Excess.		0.00	YIED TP Excess		0.00	Driver is C	overed?	Covers	ed	
Additional Excess		0								
Total OD Excess Applicable		2000.00	Total TP Excess Applicable		1,500.00					
→ Benefits										
Coverage				Sum Insur	ed.					
Accessory				2500						
□ GST Registered Informa	tion									
GST Registered	No			GST Regist	ration Date					
GST Registration No.				GST Status	Verified	138	res			
Modification History										
The Best Control of the Marine of the State	22523									
Policyholder Mailing Add				MODELLIA MARIENTA PAR						
Address 1	BLK 14 #16-576		Address 2	BEDOK SOUTH AVE	NUE 2	Address 3		SINGA	PORE 460014	10
Address 4			Address Type	Singapore address		Past Code		46001	4	
Unit No.			Related Policy Number	5114126309						
OI Driver Info										
Driver Name	LAT HONG HWA		Driver Type	Main Driver						
Unnamed driver Name			Driver NRJC	500604553		Driver DOS	<b>1</b>	24/05/	1949	
Register Date of Driver Ucense	22/01/1971		Driver Age	70		Driving Exp	perience	48		
Contact No.(Mobile)	81217966		Contact No.(Office)			Contact No	(Home)			
Address 3	BLK 14 #16-576		Address 2	BEDOK SOUTH AVE	NUE 2	Address 3		SINGA	PORE 450014	
Address 4										
			Address Type	Singapore address		Post Code		46001	4	
			Address Type	Singapore address		Post Code		46001	4	
Does he own a Singapore	∪ Yes + No		Address Type  Driver Vehicle No.	Singapore address			irer Company	46001	4	
Does he own a Singapore	U Yes ∈ No			Singapore address			irer Company	46001	4	
Does he own a Singapore Registered car? Declaration	Yes + No			Singapore address			wer Company	46001	4	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	Yes + No			Singapore address			erer Company	46001	4	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test			Driver Vehicle No.				erer Company	46001	4	
Unit No. Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?			Driver Vehicle No.				erer Company	46001	4	
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Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim 7ype *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop  Socialist No.  Trialisation  Yes	0 mg	d Liability Not at Fe Preferred Workshop,	Driver Vehicle No.  Any injury?	Yes + No	81217966 henrylai7966@aingnet.c	Driver Insu  Insured Name Contact No. (Home) Vehicle Number CN 18 Dec 2019	LAI HONG HWA 64419635	46001	Insured NATC Contact No. (Office) TP Vehicle Number Name of Preference Workshop	UNKNO
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim 7ype *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop  Socialist No.  Trialisation  Yes	0 mg	d Liability Not at Far Preferred Workshop,	Driver Vehicle No.  Any injury?	Yes + No	81217966 henryla/7966@singnet.co	Driver Insured Name Contact No. (Home) DI vehicle Number ON 18 Dec 2019 Claim Clase	LAI HONG HWA 64419635	46001	Insured NATC Contact No. (Office) TP Vehicle Number Name of Preference Workshop	UNKNO
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