NATIONAL Assessment Centre S	ervices wet Jamos	MHA 1200050 96	Miles and the second
Date In: 131)20-10:00	fcb description	Date & Time Completed	Done by
ROS NO: NAINCROSOGISTY	SAS e-filing		
Veh No: Sk435634	E-mail (within Shrs, AIC 2hrs)	
D.O.A: 10/1 ha- 05:00	i-Motor Claim Form	m/139497-0V	13/1/20 15:13
OD (TP)' Reporting Only	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD TP. Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repor	t	
Tr insurer.	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: Mc 6150	, INC	()/Non-INC()	WAS IN THE STATE OF THE STATE O
Owner / Driver: (Tel:)
Policy No: () Period:	() Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note	-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 30-1	00%]
Year of Registration: () Warn	anty: YES () / NO ()	
Excess: (\$) Loading: \$1,000 ()/\$2,000()		
General Remarks:-			
() Walk-In Customer: Customer's informat			
() Total Loss Case : to e-mail Insurer U	RGENTLY.		
Drive-In () / Towed-In (); Invoice: YI	ES()/NO();	Towing Co: (.)
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/ Court	esv Car ()		
2) QC Check / Post Repair Inspection	()	***************************************	
3) Upload Resurvey Photo [Repair Cost > \$3000]			
Injury:			
Date/Time Actions		1	SUSPECIAL SECTION OF THE SECTION OF
	s		1000
			Ant(\$) Aml(\$)
Haranger.	Invoice P	reparation Checklist	Tit Bill Add Bill
laimant's Particulars :-	1) AR : Accide		0)
river/Owner:	2) DA : Dama 3) TF : Towin		/\$45
river/Owner:	4) FT : Follow	-Through Survey (Resurvey)	\$120
ontact No:	For claimin	g against INC Only (wef 10 Jan 2005	
arnaged Portion:	6) TR : Re-ins		\$75
		ilional Services.	
C Checked by (Engr-In-Charge):	OD* *N5: Courte	csy Cer / Tpt Allowance	\$3
	*N6: Repair	r Co-ordination	510
uditors! Comments :-	C 20, 200	Collect Excess Coordination	\$25
t. 1:	*N8: DV/0	"Olicer Excess Conjugantion	55
- Contract C	TP (N11):	TP (Non INC) against INC	\$20
	C. 14. C.	TP (Non INC) against INC	\$20 30
1.2/3:	TP (N11): 9) N12: Idna N	TP (Non INC) against INC Mobile	\$20

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.

aforesaid.	
BONDON'S HOUSE STATE	ACCIDENT STATEMENT
Date Of Report	13/01/2020 10:02
Date Of Accident	10/01/2020 03:20
Exact Location Of Accident	WOODLANDS AVE 4 OPP BLK 888
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH3563A
Insured/Policyholder	
Name Of Registered Owner	CHUA CHOON SENG (CAI CHUNSHENG)
NRIC No	SXXXX207F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94689666
Alternative Phone No	OFFICE-94689666
Vehicle Particulars	
Manufacturer	BMW
Model	320I A
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	5109277255
Cover Note Number	
Driver	
N (D.)	CULLA CUCON SENC (CALCULINGUENO)

Name of Driver CHUA CHOON SENG (CAI CHUNSHENG)

 NRIC No
 SXXXX207F

 Date Of Birth
 09/01/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 23/11/2012

Driving Experience 7 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-94689666

Fax Number

Contact Number OFFICE-94689666

EMail Address NOEMAIL

BLK 784B WOODLANDS RISE Address

#09-16

732784 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION 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

3

YES

NO

1

NO

NO

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

TAXI

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC6105G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver AH HUA

NRIC/Passport Number

97329626 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

PC157B

Page 2 of 18

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

KAMSANI

NRIC/Passport Number

Contact Number

94524599

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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.
- 5 Any false reporting may be referred to the Police for investigation.
- 6 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 aforesald.
- 8. 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) 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 invoive 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 Sign

Date & Time:

Driver's Signature

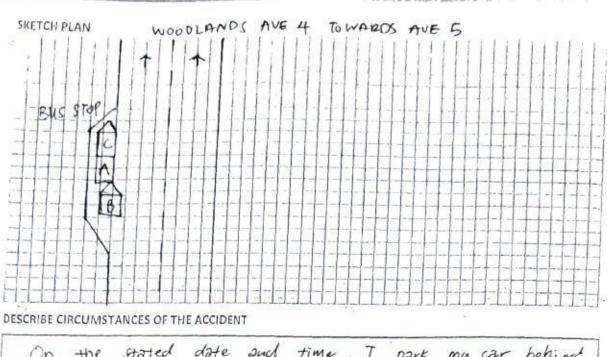
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Or	the	stat.	ed date	and	time,	I pa	t my	car	behind
vehic	cle C	bearin	g venicue	SHC	6105 G	with	mp	hazarı	d lights
on .	I a	light	from n	ny car	and	cross	the	ro 20	1 to
g. to	the	toile	t. Afkr	I	cross	the ro	ad,	I h	eard
2 10	ud	bang	and	Jaw	a van	bearin	ig ve	evi de	num b
POIS	57 B	had	hit onto	my	ven.c	le and	! cau	ises .	ny
car t	0 1	npel	forward	d an	d hi+	onto	vehic	ile C	, <u> </u>
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claims.									
	77				- 100 - 100				

DECLARATION

I/We declare the pregoing particulars are true in proprespect.

Policyholder's Signature

Driver's Signature Date & Time:

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

WHAT SIMPLANDA VE

Date of Accident	10/1/202 (24-HR-Format)
Accident Place :_	WOODLANDS AVE 4 OPPOSITE BLOCK 888
Vehicle Reg. No. (Car Plate No.)	SKH 3563 A
Vehicle Make/Model :	BMW 3201 convertible.
Insurance Company	N TUO Policy No
Owner or Company Name /IC No. :_	CHUA CHOON SENG
Owner or Company Contact No. :	9468 9666 Owner's HpCompany Tel
DRIVER'S Name / IC No. ;_	CHUM, CHOON SENG
DRIVER'S Date Of Birth	09 1 1979 DRIVER'S License Pass Date 23/11/2012
Relationship of Owner & Driver : Sp	oouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address :	7848 WOOLANDS RISE #09-16 5(73278
DRIVER'S Contact No./ Alt No. :1)	2)
DRIVER'S Occupation [IN	DOOR LOUTDOOR (e.g. working inside or outside office)
Email Address :	chuqpingan ggnail. con
Weather & Road Surface	LEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type : Re	porting Only (Claim Other Party) Claim Own Insurance
Number of Passengers (Including Driver	01 b injury
Was there any video Captured by car can Exact purpose for which vehicle was bei	nera: YES (NO) ng used at the time of accident: Private use \ Work purpose
Other Party	Driver's Particular (if anv)
Vehicle Reg. No: SHC 6105 G	Vehicle Reg. No: PC 157.B
Vehicle Make\Model:	
Name Driver: Att Hurt	Name Driver: KAMSANT
IC No. Driver:	IC No. Driver:
Driver's Contact & Add: 9732 9	

. . . .

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	e • Chan	ge Password	· Log Out
My Desktop Notice of Loss	Poli	cy Query									12
	Policy N	10.				Date	of Accident		10/01/2020 (3:20	
	Vehicle No. (For Motor)		SKH35	SKH3563A		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109277255		CHUA CHOON SENG (CAI CHUNSHENG)	57901207F	GPC	drivo CLASSIC	SKH3563/	5KH3563A	03/05/2019	02/05/2020
					- 1	Continue					

Accident MT/1079497 Pokcy No. Certificate No.								
Certificate No.	5109277255	Vehicle No.	SKH3563A		GST Registration No	5		
and the same of th								
Policyholder Name	CHUA CHOON SENG (CAT CHUNSHING)				Poscyholder NRIC		57901207F	
Product Code	PRIVATE CAR INSURANCE	Cover Type	DIRRAG GVID		ipeding		D	
Contact No.(Mobile)	MA	Contact No.(DMice)			Contect No.(Home)		20000	
Email Address		Special Remark			eCode		10 4	
KPK	® No ○ Yes	TCA	® No ○ Yes		eCode Reason			
VCD Protection	No	NCD Entitlement(%)	0		Private Hire		Not everlable	
▽ Accident Details								
Report Date	10/01/2020 16:34	Accident Report Within 24 hrs	Ves		Acodent Type		Chain Collision	
Date of Accident	10/01/2020	Time of Accident hhummi	03:20		Country of Accident		Singapore	
Reporting Centre	10000000	Orange Force			ICM No.			
		stange ruice			100			
Accident Location	ALONG WOODLANDS AVE 4							
□ Total Excess Applicable								
Scene Type	Per Accident	Windscreen Excess		100.00				
OD: Standard Excess	600.00	TP Standard Extres		0.00				
	446.50	YIED TP Excess		11/2020	Driver is Covered?		Not Applicable	
VIED OD Excess	1000	AND IN EXCESS			Division of Coveres.		test information	
Additional Excess	1000	Total TP Excess Applicable		0.05				
Fotal GD Excess Applicable	1600.00	Total TV Excess Applicable		0.00				
♥ Benefits								
GST Registered Informa			1222	2				
35T Registered	No		GST Registration		0.000			
GST Registration No.			GST Status Veri	red.	765			
Modification History								
the management of the second	Annale S							
Policyholder Mailing Add		50000000			Address 3		MARSILING GARDEN	of -
Address 1	BLK 15 #07-153	Address 2	MARSILING LANE					5
Address 4	SINGAPORE 730015	Address Type	Singapore address		Post Code		730015	
Unit Na.		Related Policy Number	5109277255					
OI Oriver Info								
Onver Name		Driver Type						
Urnamed driver Name		Driver NRIC			Oriver DOB			
Register Date of Driver License		Driver Age			Driving Experience			
Contact No. (Mobile)		Contact No.(Office)			Contact No.(Home)			
Address 1		Address 2			Address 3			
Production of								
		Address Type	Foreign address		Post Code			
Address 4		Address Type	Foreign address		Post Code			
Address 4 Unit No. Does he own a Singapore	○ Yes • No	Address Type Driver Vehicle No.	Foreign address		Post Code Driver Insurer Com	pany		
Address 4 Unit No. Does he own a Singapore	○ Yes @ No.		Foreign address			peny		
Address 4 Unit No. Does he own a Singapore Registered car?	○ Yes ⊕ No		Foreign address			garty		
Address 4 Unit No. Does he own a Singapore Registered car?	C Yes @ No.		Foreign address			garty		
Address 4 Unit No. Does he own a Singapore Registered car? Modification History Claim 002 New		Driver Vehicle No.			Onver Insurer Com	рету		
Address 4 Unit No. Does he own a Singapore Registered car? Hodification History Claim 002 New	○ Yes ⊕ No		Foreign address CHUA CHOON SENS (C	AI CHUN	Onver Insurer Comp		\$7901207F	
Address 4 Unit No. Does he own a Singapore Registered car? Modification History Claim 002 New		Driver Vehicle No. Insured Name Contact No. (Home)	CHUA CHOON SENS (C	AI CHUN	Oriver Insurer Comp Insured NRIC Contact No.(Office)			
Address 4 Unit No. Does he own a Singapore Registered car? Modification History Claim 002 New Claim 1ype * Context No. (Mobile)	OD-MX Y 94683666 chuapingan@gmail.com	Driver-Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number	CHUA CHCON SENS (C No. SKH35634		Onver Insurer Comp		\$7901207F SHC6105G	
Address 4 Unit No. Does he own a Singapore Registered car? Modification History Claim 002 New Claim 1ype * Centect No. (Mobile) Email Address	OD-MK Y. 94689666 Cruspingan@gmail.com	Driver-Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit.*	CHUA CHOON SENS (C	AI CHUN	Oriver Insurer Comp Insured NRIC Contact No.(Office)			
Address 4 Unit No. Does he own a Singapore Registered car? Modification History Claim 002 New Claim 7ype * Sentect No. (Mobile) Email Address Claimant Type Claimant Type *	OD-MK Y. 94689666 Cruspingan@gmail.com	Driver-Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number	CHUA CHCON SENS (C No. SKH35634		Oriver Insurer Comp Insured NRIC Contact No.(Office)			
Address 4 Unit No. Does he own a Singapore legistered car? Modification History Claim 002 New Claim Type * Sontact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name *	OD-MX Y 94683666 chuapingan@gmail.com Please Select	Driver-Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit.*	CHUA CHCON SENS (C No. SKH35634		Oriver Insurer Comp Insured NRIC Contact No.(Office)			
Address 4 Unit No. Does he own a Singapore Registered car? foddication History Claim 002 New Claim 70pe * Contact No. (Mooile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address	OD-MX Y 94683666 chuapingan@gmail.com Please Select	Driver-Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit.*	CHUA CHCON SENS (C No. SKH35634		Oriver Insurer Comp Insured NRIC Contact No.(Office)			
Address 4 Unit No. Does he own a Singapore Registered car? fodification History Claim 002 Retw Claim 109 * Contact No. (Mobile) Email Address Claimant Type * Claimant Address Claim Description Preferred Workshop Contact	OD-MX Select Select	Driver-Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit.*	CHUA CHCON SENS (C No. SKH35634		Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number			
Address 4 Unit No. Does he own a Singapore legistered car? Modification History Claim 002 New Claim 17pe * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Preferred Workshop Contact No.	OD-MX V 94689666 Chuapngan@gmai.com Plosse Select 238 Skih3863A / SHC6105G ON 10 Jan 2020	Driver-Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	CHUA CHOON SENS (C NO. SKH35634 Please Select	9	Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number			¥
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Address 4 Unit No. Does he own a Singapore Registered car? Modification History Claim 002 New Claim 002 New Claim 100 New Registered Workshop Contact No. Regure Finalisation Date Registered	OD-MX 94689666 chuapngan@gmai.com Please Select ≥≥ Sith1363A / SHC6185G ON 10 Jen 2020 Yes 13/01/2020 10:13	Driver-Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Leability * Preferend Repair Option	CHUA CHOOM SENS (C NOL SKH35634 Please Select Not at Fault	9	Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred 1		SHC630SG Received	Y
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Address 4 Unit No. Does he own a Singapore Registered car? Modification History Claim 002 New Claim 1002 N	OD-MX 94689666 chuapngan@gmai.com Please Select ≥≥ Sith1363A / SHC6185G ON 10 Jen 2020 Yes 13/01/2020 10:13	Driver-Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Leability * Preferend Repair Option	CHUA CHOOM SENS (C NOL SKH35634 Please Select Not at Fault	9	Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred 1		SHC630SG Received	Y
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Address 4 Unit No. Does he own a Singapore Registered car? Modification History Claim 002 New Coam Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Report Taken By [2] Print AK letter Attachment	OD-MK V 94689666 Chuspingan@gmail.com Please Select V SKH1363A / SHC6105G ON 10 Jan 2020 Ves V 13/01/2020 10:13 Jackson V V V V V V V V V	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Protected Repair Option Claim Close Data	CHUA CHOON SENS (C NO. SKH3563A Please Select Not at Fault Preferred Workshop, N	9	Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred 1		SHC630SG Received	Y
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