NATIONAL Accessment Co										
THAT TOTAL ASSESSMENT CE	ntre Services. [wet 1 Jan'05] M	NA120007331								
Date In: (6/1/10-13-4/	Job description	Date &Time Completed	Dono	e p'i						
Ref No: NA INCOMODINATION	SAS e-filing									
Veh No: 54 4893R	E-mail (within Shrs, AIC 2hrs)									
D.O.A: 4/10-19:50	i-Motor Claim Form	M7 108 0389 - 901	16/1/20 1	7:5~						
OD TP Reporting Only	i-Motor W/O (Within: OD 2hr	s, 7'P 4hrs)		70.000						
OD 117 reporting Only	i-Photo Uploaded									
TP Insurer:	Assessment/Survey Report									
II IIIsuroi.	Ass't Report by Fax / Hand	Ass't Report by Fax / Hand to Owner/Wksp								
Preferred Wksp / INC Assign Wksp / QW;	(Tel: F	ax:							
TP Particulars: Veh No: 4	MO2538X . INC ()/Non-INC()								
Owner / Driver: (Tel:)							
Policy No: ()	Period: (Cover Type: ()							
Confirmed by : (Date:	Time:)							
	6) [Note-Est. Status (WO): N: 0-2		00%]							
)								
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()	ra communica (C. Alex CV participation)	ल्ला स्थाप							
			And the second	- 10.0						
() Walk-In Customer: Customer's	information strictly Confidential & St	rictly NO refer of repairer.								
() Total Loss Case : to e-mail In	surer URGENTLY.									
Drive-In ()/ Towed-In (); Inv	roice: YES() / NO(); T	owing Co: ()						
Remarks; (INC hotline: 6788 6616	00	Dates: Time Completed	Done	Shit						
TOTAL PRODUCTION FROM THE STORY OF THE STORY		Best person and a part for have and	Section Continued and agencies	Ly						
) / Courtesy Car ()		A CAN CHILD	, by						
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1) Apply for Transport Allowance () / Courtesy Car ()			,17						
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1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions	Invoice Preserved	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); See \$40; Arough Survey (Resurvey) sainst INC Only (wef 10 Jan 2005) etion SMRT Survey \$50; Small Services:- Cor / Tpt Allowance o-ordination it Inspection lect Excess Coordination (N:in INC) against INC	Anit (5) Fit Bill) 545 120 530 575 160 525 530 525 530 525 330	Amt (5)						

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

aforesaid.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
William Security States of States	ACCIDENT STATEMENT
Date Of Report	16/01/2020 13:41
Date Of Accident	15/01/2020 17:50
Exact Location Of Accident	KJE TWDS BKE
Country/State of Loss	SINGAPORE
MENTAL SECTION OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH8893R
Insured/Policyholder	
Name Of Registered Owner	KOH ENG KIAT, JUSTIN
NRIC No	SXXXX269C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91174421
	(0) (1)

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

Exact Purpose for which vehicle was being used at WORKING

time of accident

OFFICE-91174421

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 COMPREHENSIVE

Fleet Policy NO

Policy Number 5112770112

Cover Note Number

Driver

Name of Driver KOH ENG KIAT, JUSTIN

NRIC No SXXXX269C Date Of Birth 03/03/1993 Occupation OUTDOOR Date Of Driving Pass 05/04/2012

Driving Experience 7 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91174421

Fax Number

Contact Number OFFICE-91174421

EMail Address NOEMAIL Address

BLK 112 LORONG 3 GEYLANG

#03-81

Postcode

381112

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 - HEAD TO REAR

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

: MALE

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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SMJ2538X

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 KOH ENG KIAT, JUSTIN

Approximate Age

Injuries Sustain **NECK & BACK** Injured person in which vehicle?

Were seat belts worn?

SMH8893R

YES

Was this injured conveyed to hospital by

NO

ambulance? Address

Postcode

IMPORTANT NOTICE

- 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 withholding 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
- 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
- 7. 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)
 - (i) 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
- (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.
- 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

Driver's Signature Date & Time:

(If driver is not the policyholder)

Date & Time;

Reporting Centre Personnel's Signature

NRIC/FIN No.:

KJE	
N - 1	B

DOA: 15/1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car	suppred su	Rollowed suit but veh
B feiled	to brake 1	n time het ont my
ueh recr	portion.	
14		
	6	*

DECLARATION

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

Driver's Signature

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Policyholder's Signature

Date & Time:

Personal Particulars	8
Date of Accident: 15 20	Time of Accident 5 - 50 om
Exact Location of Accident: KJ	E towards BKE
Owner's Name: Koh Fra : Kiat Ju	sto NRIC NO: 593072(9 CHP NO: 911744)
TO SECOND TO THE PARTY OF THE P	NRICNO: 4 HP NO: 4
	g Date: 5 4 2012 Occupation: Indoor / Outgoor
Address: 112 Lot 3 Geylma	
Relationship of Driver with Insured: WAR Em	
Vehicle No: SMH 8893 R Make	e & Model: Toyuta
Insurance Co: NTU C Cover	age: Comprehens, of Policy No:
	im / 3rd Percy Claim / Not Claiming, Just Reporting Only
	Used At Time Of Accident: Private Use / Vork
	thers: Wet / 6 / Others:
* Any passenger inside vehicle involved? (Yes / No) if yes, Vehicle No & How many pax:
	C: D:
*Was Anybody Injured ? (Yes / No) If yes,	
Name / NRIC / In Vehicle: Justin nec	k d back
*Was The Accident Reported To The Police	
No O Yes, Which Police Station?	
*Does the Driver Own Any Other Vehicle?	
*Was any foreign vehicle involved? (Vas. /	insurer:
*Was there any video captured by Car Carr	nera? (Yes/No)
Third Party Driver's Particulars	, 07
Vehicle 8 No: SMJ 2538 X Make	: P. Mindal
Driver's Name:	S. Model:NRIC No:HP No:
Vehicle C No: Make	& Model:
Driver's Name:	& Model:NRIC No:HP No:
Witness Particulars	HP No:
	NRIC No:HP No:
	MRIC No: HP No:

Hello, NAC_PAYA_UBI_80	0601					THE REAL PROPERTY.	* Chan	ne Languag	n I Char	no Danson	- Land
My Desktop Notice of Loss	Policy Query Change Password								· Log Ou		
Notice of Loss	Policy I					Date	of Accident		15/01/2020	17:50	
	Vehicle	No.(For Motor)	SMH88	393R		Certif	ficate Number	e (
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112770112		KIAT, JUSTIN	S9307269C	GPC	drivo CLASSIC	5MH8893R	60	20/09/2019	19/09/2020

Policy No.	5112770112	Policyholder Name	KOH ENG	KIAT, JUSTIN	Policyholder NRIC	S9307269C	
Certificate No.							
Address	BLK 112 #03-81 LORONG 3 GE	YLANG SINGAR	ORE 3811	12			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	20/09/2019	Effective Date	20/09/20	9 00:00	000000000000000000000000000000000000000	19/09/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	KA-HUP VEHICLES TRADING	Agent Tel.	64589997		GST Flag	Y	
Co- Insurance Flag	No				850 S.S. **		
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
ddress 1	BLK 112 #03-81	Addres	5 2	LORONG 3 GEYLANG	5 A	Address 3	SINGAPORE 381112
ddress 4		Address	s Type	Singapore address	p	ost Code	381112
Jnit No.		Related Numbe		5112770112			= #257.537%
	Object: SMH8893R						
) Insured							
♪ Insured	ements						

Claim Handling					
Accident MT/1080389					
Policy No.	5112770112	Vehicle No.	SMH8893R	GST Registration No.	
Certificate No.			provinced.	Salah Registration No.	
Policyholder Name	KOH ENG KIAT, JUSTIN				
Product Code	PRIVATE CAR INSURANCE	20.00		Paktyholder NRSC	89307269C
Contact No.(Mobile)	91174421	Cover Type	drive CLASSIC	Loading	0
Email Address		Contact No.(Office)	ů.	Contact No.(Home)	0
KFK	61.00	Special Remark		eCode	19: Y
	® No ○ Yes	TEA	No O Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	a	Private Hire	Yes
▼ Accident Details					.05500
Report Date	16/01/2020 13:51	Accident Report Within 24 hi			
Date of Accident	15/01/2020			Acodem Type	Collision - Head to Rear
Reporting Centre	15/01/2020	Time of Accident nitimm	17:50	Country of Accident	Singapore
		Grange Force		SCM No.	
Accident Location	KJE TWOS BKE				
▼ Total Excess Applicable					
ecess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	2,000.00	TP Standard Excess	1.500.00		
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Coveras
dditional Excess	0				2244.02
otal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
♥ Benefits			1,200.00		
GST Registered Inform	sation				
ST Registered	No		222		
ST Registration No.	No.		GST Registration Date		
adification History			GST Status Verified	Yes	
The state of the s					
Policyholder Hailing Ad					
ddress 1	BLK 112 #03-81	Address 2	LORONG 3 GEYLANG	Address 3	SINGAPORE 381112
idress 4		Address Type	Singapore address	Post Code	381112
nit No.		Related Policy Number	5112770112		
OI Driver Info					
iver Name	KOH ENG KIAT, JUSTIN	Driver Type	Main Driver		
named driver Name		Driver NRIC	59307269C	Driver DOB	
gister Date of Oriver License	05/04/2012	Driver Age	26		03/03/1993
ritact No. (Motorie)	91174421			Driving Experience	7
dress t		Contact No.(Office)		Contact No.(Home)	0
	BLK 112	Address 2	LORONG 3 GEYLANG	Address 3	SINGAPORE 381112
dress 4		Address Type	Singapore address	Post Code	381112
rit No.	03-61				
es he own a Singapore rgistered car?	○ Yes ® No	Driver Vehicle No.		Presidential Edition Care Committee	
grace of carry				Driver Insurer Company	
claration					
eathalyser or Blood Test	0 mg				
ading?		Any injury?	® Yes ○ No		
diffication History					
Daim 001 New					
im Type *	DO-MV V	0000000000			
	DD-MY	Indured Name	KOH ENG KIAT, JUSTIN	Insured NRIC	59307269C
stact No.(Mobile)		Contact No. (Home)		Existact No. (Office)	
all Address		OI Vehicle Number	5мн8893к	TP Vehicle Number	SM02538X
	Please Select	Type of Benefit *	Please Select		2000000
mant Name +	2.2	Claiment NR3C *			
mant Address					
m Description	SMH8893R / SM32538X ON 15 Jan 2020			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	From the first to the same of	, no o a creened workshop	
uire Finalisation	Var		Not at Fault	30000000	
	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	♥ GIA report	Received
	16/01/2020 13:52	Oleim Close Date		Date Received	16/01/2020 00:00
ort Taken By	lackson				
Print AK letter					
		11	Save Submit		
tachment			40		
Dent No.	MT/1080389	Claim No.	001		
Doc. Received	® Yes ○ No	Upload Date			
S CHANGE OF S		Obrosti Date	16/01/2020 13:53		
	Path *	- Data grand	Category +	Confidential Urgen	cy * Description
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			Clear Please Select	<u>∨</u> Normal	<u>v</u>
		Browse	Oear Please Select	▼ Normal	V
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Attachment	u	stoeded Sy/Date	Category	9	Ungenicy	Description	Msg Sent?
题	NAC_PAYA_UBI_800501(CES) o	NATIONAL ASSESSMENT CENTRE SERVE in 16 Jan 2020 13:53	NRIC/ Driving License	YS	Normal	NRIC/ Driving License 2020-1-16	(CO)
ti	NAC_PAYA_UBJ_800601(CES) o	NAC_PAYA_UBI_800001(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Jun 2020 13153		¥	Normal	NAIC/ Driving License 2020-1-16	
6	MAC_PAYA_UBI_SODSO1() CES) or	NATIONAL ASSESSMENT CENTRE SERVI n 16 Jan 2020 13:53	NRIC/ Driving License	Y	Normal	NRIC/ Driving Ucense 2020-3-16	
12	NAC_PAYA_UB3_800601(1 CES) or	NATIONAL ASSESSMENT CENTRE SERVI n 16 Jan 2020 13: 53	NRIC/ Driving License	٧	Normal	MRIC/ Driving License 2020-1-16	
43	NAC_PAYA_UBI_800601(P CES) or	NATIONAL ASSESSMENT CENTRE SERVI 16 Jan 2020 [3:53	SAS		Normal	SAS 2020-1-16	
	NAC_PAYA_UBI_800601(N CRS) or	NATIONAL ASSESSMENT CENTRE SERVI 1 10 Jan 2020 13:53	Photos		Normal	Photos 2020-1-16	
	NAC_PAYA_UBI_800601(N CES) on	AATIONAL ASSESSMENT CENTRE SERVE 16 Jan 2020 13:53	Photos		Normal	Phocos 2020-1-16	
	NAC_PAYA_UBI_800601(N CES) on	ATTONAL ASSESSMENT CENTRE SERVI 16 Jan 2020 13:53	Photos		Norma)	Photos 2020-1-16	
	NAC_PAYA_UBI_800601[N CES) on	ATIONAL ASSESSMENT CENTRE SERVE 16 Jan 2020 13:53	Photos		Normai	Photos 2020-1-16	
	NAC_PAYA_UB1_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 16 Jan 2020 13:53	Photos		Normal	Photos 2020-1-16	
9	NAC_PAYA_UBL_800601(Nac_PayA_UBL_800601) Nac_PayA_UBL_800601 (Nac_PayA_UBL_800601) Nac_PayA_UBL_800601	ATTOMAL ASSESSMENT CENTRE SERVE 16 Jan 2020 13:53	Photos		Normal	Photos 2020-1-16	
	NAC_PAYA_UBI_BD0601(N/ CES) on	ATIONAL ASSESSMENT CENTRE SERVI 16 Jan 2020 13:53	Photos		Normal	Photos 2020-1-16	
15	NAC_PAYA_UBI_800601(NAC_PAYA_UBI_800601) NAC_PAYA_UBI_800601	ATIONAL ASSESSMENT CENTRE SERVI 16 Jun 2020 13:53	Photos		Normal	Photos 2020-1-16	
300	NAC_PAYA_UB1_800601(NA CE5) on	NTIONAL ASSESSMENT CENTRE SERVI 16 Jan 2020 13:53	Photos		Normal	Photos 2020-1-16	
y	NAC_PAYA_UBI_800601(NA CES) on :	TIONAL ASSESSMENT CENTRE SERVI 16 Jan 2020 13:53	Photos		Normal	Photos 2020-1-16	
2	NAC_PAYA_URI_R00601(NA CES) on :	TIONAL ASSESSMENT CENTRE SERVI 16 Jan 2020 53:53	Photos		Normal	Photos 2020-1-16	
dee List	NAC_PAYA_UBI_800501(NA CES) on 1	TTONAL ASSESSMENT CENTRE SERVI 16 Jun 2020 13:53	Photos		Normal	Princes 2020-1-16	
	Uploaded By/Date	Folder Date	Pile.	Name		Source	Acts