| NATIONAL Assessment Centre | e Services. Per unionio | 101 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 | 5 (96 | |
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| Date In: 196 (N. 202) 10/22 | Jeb description | Date &Time Comp | leted · | Done by |
| REF NO: pt/BATTMC2000 XCBBY | SAS c-Illing | | | |
| Veh No. SME OK 7 | E-mallyajdia san, Ato 2 | then) | | 01 1 |
| 001 05/02/2020 20:15 | I-Motor Clalm Form | The state of the s | 5-00 | 06/07/201 |
| | I-Motor W/O (Withlest | OD 2hrs, TP (hrs) | | 11.38. |
| OD (TP) Reporting Only | i-Photo Uploaded | | | * |
| | Assessment/Survey Rep | port | | · · |
| T'12 luxurer: | | Innd to Owner/Witan | | |
| Profured Wkep / INC Assign Wksp / QW: (| A STATE OF THE STA | Tol: | Fuxt | 1 |
| Tr Budjeulips: Veh No: | G 1456.U . 1 | NC()/Non-INC(|), | |
| Owner / Driver: (| 1.1.1. | Tel: | 1 |) |
| Polley Not () Pe | rlod: (|) Cover Type: (| | .). |
| Confirmed by t (| - Dates | | | , , , , , , , |
| | | N: 0-20%; P: 21-79%. | P: 80-100% | <u></u> |
| | Warranty: YES ()/NO | 0() | | |
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| () Walk-In Customar : Customors Info () Total Loss Case : to e-mail Insur- | | 11 & Suitary 110 15161 6111 | | |
| | |) : Towing Co: (| , | • |
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| Drive-In ()/Towed-In (); Invoice | TOTAL DESIGNATION OF THE STATE | | NEW NEW YEAR | eliforploy |
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| (C) Apply for Transport Allowance ()/C 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>\$3 | Courtesy Car () | | | |
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| (Continue Wicelets Calority Continue ()/C 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$: Injury: (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$: Injury: (2) Checked by (Engr-In-Churge): | Courtesy Cur () (·) 10000] () 10000 | Accident Reporting (\$30); Denwige Assertment (\$100); Follow-Through Survey (Resurve Include Through Include Th | 100 (310) 100 (310) 210 211 | Contraction of the Contraction o |

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
- 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

| 各分析的自然分析的可能的表 自然是自己的 | ACCIDENT STATEMENT |
|---|--|
| Date Of Report | 06/02/2020 10:22 |
| Date Of Accident | 05/02/2020 20:15 |
| Exact Location Of Accident | CAVENAGH RAOD (EXITING TOWARDS BUKIT TIMAH ROAD) |
| Country/State of Loss | SINGAPORE |
| 在于 以及是1.3%。15%。16%。16%。16%。16%。16%。16%。16%。16%。16%。16 | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SME25Z |
| Insured/Policyholder | |
| Name Of Registered Owner | NG TZEN IAN, JEREMY |
| NRIC No. | SXXXX447G |
| Email Address | JEREMYNG.SG@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96810080 |
| Alternative Phone No | OTHERS-96810080 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | X3 |
| Exact Purpose for which vehicle was being used at ime of accident | PRIVATE USE |
| Are you claiming under your own insurance policy or repair to your vehicle? | NO |
| f No. Please state action to be taken | THIRD PARTY |
| /ehicle Category | PRIVATE CAR |
| nsurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5113061461 |
| Cover Note Number | |
| Oriver | |
| lame of Driver | NG TZEN IAN, JEREMY |
| IRIC No | SXXXX447G |
| Date Of Birth | 21/04/1979 |
| Occupation | INDOOR |
| Pate Of Driving Pass | 06/03/1999 |
| Priving Experience | 20 YEARS AND 10 MONTHS |
| Gender | MALE |
| Nobile Number | (LOCAL) +65-96810080 |
| ax Number | 26 |
| ontact Number | OTHERS-96810080 |
| Mail Address | JEREMYNG.SG@GMAIL.COM |

Address 21 BALMORAL PARK

#05-07

Postcode 259850

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

Weather Conditions

COLLISION - HEAD TO REAR

Road Surface

DRY

CLEAR

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

17222

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKG1456U

Vehicle Make/Model/Colour

AUDI

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

BALWANT RAO JAIN

NRIC/Passport Number

SXXXX395H

Contact Number

96186175

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.
- 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 companies.
- 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.
- 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) of:
 - (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 "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 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

06/02/2020 Date & Time:

Driver's Signature

(If driver is not the policyholder)

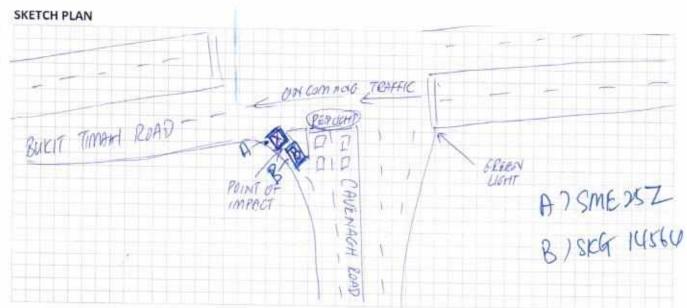
Date & Time: 06/02/2020

Claim Handling

| ocident MT/1083195 | | | | | | |
|--|--|--------------------------------|-----------------------------------|--|-----------------|-------------------------|
| olicy No. | 5113061461 | Venicle No. | SME25Z | | GST Registre | ition No. |
| ertificate No. | | | | | | |
| aFcyholder Name | NG TZEN IAN, JEREMY | | | | ≠alicyholder | NRIC |
| roduct Code | PRIVATE CAR INSURANCE | Cover Type | drivo PREMIUM | | Loading | |
| ontact No (Monite) | 96819060 | Contact No. (Office) | | | Contact No.(| (home) |
| mail Address | | Special Remark | | | #Code | |
| CFK; | + No Yes | TCA | o bio Yes | | eCode Reaso | on: |
| VCD Protection | Yes | NCD Entitlement(%) | 50 | | Private Hire | |
| P Accident Details | | | | | | |
| Leport Date | 06/02/2020 11:24 | Accident Report Within 24 firs | Yes | | Accident Typ | DR. |
| Date of Accident | 05/02/2020 | Time of Accident his min | 20:15 | | Country of A | Accident |
| Reporting Centre | | Grange Force | | | ICH No. | |
| Accident Location | CAVENAGE RAND (EXITING TOWARDS BURIT TIE | WH ROADS | | | | |
| ▼ Total Excess Applicable | | | | | | |
| Excess Type | Per Accident | Windscreen Excess | | 100.00 | | |
| CO-MAN COLOR | | | | | | |
| 00 Standard Excess | 600.00 | TP Standard Excess | | 0.00 | | |
| TED OD Excess | 0.00 | VIED TP Excess | | 0.00 | Driver is Co | Shares |
| Additional Excess | 0.00 | | | | | |
| Total OD Evers Applicable | 600.00 | Total TP Excess Applicable | | 0.00 | | |
| ▽ Benefits | | | | | | |
| | tion | | | | | |
| 351 Registered | No | | GST Regist | ration Date | | |
| GST Registration No. | U.W. | | GST Status | Verified | * | 46 |
| Modification History | | | | | | |
| | | | | | | |
| | iress | | | | | |
| Address 1 | 21 BALMORAL PARK | Address 2 | #05-07 PINEWOOD | GARDENS | Address 3 | |
| Address 4 | DEFENDAMENTANCS | Address Type | Singapore address | | Fost Code | |
| Unit No. | 05-07 | Related Policy Number | 5113061461 | | | |
| OI Driver Info | The state of the s | toolayse control tools are | | | | |
| Driver Name | NG TZEN LAN JEREKY | Driver Type | Main Driver | | | |
| Unnamed driver Name | THE TABLE BY SERVICES | Driver NRIC | 57910447G | | Driver DOB | i |
| Register Date of Driver License | 06/03/1999 | Driver Age | 40 | | Driving Exp | perience |
| | #681008D | Contact No.(Office) | 172 | | Contact No | |
| Contact No.(Mobile) Address 1 | 21 SALMORAL PARK | Address 2 | #G5-67 PINEWOO | D GANDENS | Address 3 | |
| | 21 BALPIURAL PARK | Address Type | Singapore address | M. Section Polecy. | Post Code | |
| Address 4 | Color Color C | General Other | Carlo Residence Ar Sandari Server | | 1000-110-1 | |
| Unit No. Does he own a Singapore | 05/07 | | | | Dones for | irer Company |
| Registered car7 | ∵ Yes → No | Driver Vehicle No. | SME252 | | Service Street | and an inches |
| | | | | | | |
| Declaration | | | | | | |
| Breathalyser or Blood Test Reading P | O mg | Any injury? | Yes - No | | | |
| | | | | | | |
| Modification History | | | | | | |
| ANSERTE MENTAL PROPERTY OF THE PARTY OF THE | | | | | | |
| Claim 901 OD-MX New | | | | | | |
| | =0. | | | | | |
| V0 2 | | | | Con Live | Insured Name | NG TZEN IAN, JEREM |
| Claim Type • | | | | OD-MX | | para Tatan Jane, Jenten |
| Contact No.(Mobile) | | | | | No. | |
| 199001191911901901900 | | | | | (Home) | |
| Emeil Address | | | | | Vehicle. | SME252 |
| | | | | | Number | |
| Claim Description | | | | SME25Z / SKG1456U DN 5 Fe | 6 2020 | |
| The Assessment Control of the Contro | | | | | | |
| Preferred Workshop | Insured Liability Not at Fault | F GIA FRANCI | 500F1 State | | | |
| Bonviet No. Yes | Preferred Workshop, Na Option | me unknown • report Receive | ed * | * | , Claim | 1 |
| Date Registered | (100 | | | 06/02/2020 11:36 | Date | |
| | | | | AND THE RESERVE OF THE PARTY OF | Workshop | , |
| Report Taken By | | | | ROSLI WAHAB | Repairer | |
| | | | | | | |
| | | | | | | |
| -YIMY YOURS | | | | | | |
| | | | Save Submit | | | |
| | | | Pake Snawit | | | |
| Attachment | | | | | | |
| | | | | | | |
| ₩ | | | | | | |
| Accident No. | MT/1883195 | Claim No. | | 801 | | |
| Last Doc. Received | ● Yes ○ No | Upload Date | | 06/02/2020 L1:38 | | |
| Delta Marchaella (China) | | | | | | |

Category * Confidential Urgency Choose File No file chosen Clear Please Select T NO * Normal Choose File No file chosen Clear Please Select Y NO Normal Choose File No lile chosen Clear Rease Select NO Normal Choose File. No file chosen Clear Please Select NO: Normal Chaose File No file chosen Clear Please Select NO Normal Choose File No file chosen Clear Please Select * NO * Normal Message Read Attachment Upingmed By/Oate Category urgency Description NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Feb 2020 11:38 Photos Normal Photos 2020-2-6 NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 06 Feb 2020 11:38 Photos Normal Photos 2020-2-6 アンシング NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE-S (BURIT MERAH)) on 06 Feb-2020-11:38 Photos Normal Photos: 2020-2-6 NAC_BUKIT_MERAH_800876(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) oo 06 Feb 2020 11:38 Photos Photos 2020-2-6 NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 06 Feb 2020 11:38 Phutos Normal Photos 2020-2-6 NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Feb 2020 21:38 Photos Normal Photos 2020-2-6 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MÉRAH)) on 06 Feb 2020 11:38 Photos Normal Photos 2020-2-6 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUXIT MERAH)) on 06 Feb 2020 11:38 Photos Photos 2020-2-6 NAC_BUKIT_MERAH_600676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Fe6 2820 11:138 Photos Normal Photos 2020-2-6 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Feb 2020 11:36 Photos Normal Photos 2020-2-6 NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Feb 2020 11:36 Froton Photos 2020-2-6 NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 06 Feb 2020 11:36 Photos Normal Photos 2020-2-6 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 06 Feb 2020 11:36 Photos Normal Photos 2020-2-6 NAC_BUKIT_MERAH_BOOG76(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 06 Feb 2020 11:36 NRIC/ Driving License Normal NRIC/ Driving License 2020-2 NAC_BURTT_MERAH_800676(NATICINAL ASSESSMENT CENTRE SERVICE S (BURTT MERAH)) on 06 Feb 2020 11:36 545 SAS 2020-2-6 Video List Uploaded By/Date Folder Date File Name Sour

Display in New Window | Scan and uploading



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| AT APPENDIM | TELY 2015 HES ON 05/02/2020, I LIBS DRIVING ALONG |
|-------------|---|
| | D HEADING TOLARDS BIKIT TIMAH ROAD. |
| | HED THE JUNCTION, I WAS PREPARING TO ENTER THTO |
| | ANE TO TURN LEFT ONTO BUKIT TIMBH ROAD. |
| | A FEW CARS AHEAD OF ME AND I SLOWED DOWN |
| | OK TURNS TO EXIT CAVENACH ROAD |
| | CAME TO MY TURN TO EXIT, BUT THELE WAS |
| | TRAFFIC AND I HAD TO COME TO A FULL STOP. |
| A SKOND OR | TWO AFTER I STOPPED, TOTELE WAS AN IMPACT |
| onto my | CAR FROM THE REAR. |
| | PY SALAWN HAD SLAMMEN INTO THE BACK OF MY |
| CRAY XXX | BMW X3 AND CAUSED DAMAGE TO MY BUMPER, |
| BOOT OND | EXHAUST AMUNOST OTHER THINGS. |
| WE GOT | OFF THE CARS AND APRIED TO HEAD TO THE |
| | PETROL STATION TO RECOGNIGE DETAILS |
| THE DRIVER | OF THE CAR LAST THAT HIT MINE WAS MR |
| BALDANT R | AO JAIN (1/C: 92663395H) AND THE LICENSE |
| April 1 | HS CAR LS SKG 1456U. |
| NEITHER OF | US HAD SUFFERED ANY INJURY FROM THE |
| ACCIPENT. | |

DECLARATION

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

Policyholder's Signature

Date & Time: 06/02/2020

10.30 AM

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

Date & Time:

Reporting Centre Personnel's Sign Name: NRIC/FIN No.:

AGCIDENT'STATEMENT

| Acc | IDENT DATEL OS 02, | 2020 VIDDILLIA | 20 | 15 |
|--|---|--------------------------|---------------------------------------|----------------------|
| loc. | ATION: CAVENACH | ROAD (FYITING | TIME JEST | 12)(HHWHA) |
| 1 | DETAILS OF VEHICLE | THE CLAITING | TOLARDS BUE | IT TIMAH ROA |
| | a) VEHICLE -NUMBER: | CME 257 | | |
| | DINSURANCE COMPAN | UVI NTHE FALLER | 1 | 9.3 |
| | ALL AND LINWING | 113061461 | | |
| 17 | ALL ONOT TABEL GOMP | REHENSIDE / YURS SI | | W-92223 2-VIO 916011 |
| r. | DIMAKE & MODEL | Emw X3 | Y / THIRD PARTY | Y FIRE ATHERT |
| | THE CHARLOON / COLL | PE / 1/01/ // 1/1/ | 777575 | - (3) Qu |
| 6: | DIVEHICLE CATEGORY | PRIVATE / COMMERCIA | MOTORCYCL | E./ OTHERS |
| | | | | |
| 9 | | | | 1 |
| 2. | IF NO, PLEASE STATE (T) | | ORTING ONLY | Pri |
| | Alname NE TEL | N I'M TEREMIN | | |
| | Alname: NG TZE | 979/DH474 | WALE | 1 FEMALEL |
| | O)ADDRESS: 21 BAL | MORAL PARK | _CONTACTI | 76810080 |
| 47 | 47 US U | SINGAPURE 159 | 18/17 | |
| 4 NA . 0 | | RIVER ALSO POLICY HOL | DER | |
| 4 No of passanger | | | | |
| (Including driver) | DINRIC/PIN/PASSPORTE | BOVE, | (MALE | / FEMALE) |
| CTO | DINRIC/PIN/PASSPORTI_ | | _CONTACT: | |
| | | | | |
| | d) DATE OF BIRTH: (2 | 104/1979 100/M | MAYYYYI | - |
| | a) accountion (INDO) | OR/OUTDOOR) | | 1 |
| 30 | MANYE OF DRIVING P | ASS 06/03/1 | 779 | 20.81 |
| (2) | WAS DRIVER AN EMPL | OYEE OF THE INSURE | D'S COMPANY? | (YES/NO) |
| A THE STATE OF THE | IF NO, RELATIONSHIP | THE THE RESERVED ATTACKS | T. L. T. (No.) I from the next to be | |
| | | A AAGE V COLMEGG | IHERS | |
| , 6 , | | TT CO X N (S) | | |
| 7. | DIREPORTED TO POUCE | (YES (NOD) | | |
| 8. | IF YES, PLEASE STATE W THIRD PARTY VEHICLE | HICH POLICE STATIONL | | |
| 1 1 of historial th | D) YEHICLE HUMBER:_ | SKG 1456 U | MODEL AUD | OALDON |
| (Industry deleter) | D) DRIVER'S NAME | BALLWANT RAD JAN | | 31750071 |
| (1) | C) NRIC/FIN/PASSPORT | 92663395H | GONTACTI 9 | 618 6175 |
| 9. | THIRD PARTY VEHICLE | | | |
| the of passangue | d) VEHICLE NUMBER: | | MODEL! | |
| (Including driver) | ORIVER'S NAME | | | |
| (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | / NRICYFIN/PASSPORT | | _CONTACTI | |
| | 57 | 7.90 | | |
| | 1.9 | | 90. | Ø 85 |
| | | t) | LA | |

email: jeremyng. 3g@gmail.com

eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 05/02/2020 11:23 Vehicle No.(For Motor) SME252 Certificate Number Search Certificate Number Policyholder Name Select Policy No. Policyholder NRIC Vehicle Insured Object Commence Date Product Cover Type Expiry Date No. NG TZEN IAN, JEREMY drivo PREMIUM 5113061461 \$7910447G GPC SME25Z SME25Z 31/10/2019 30/10/2020 Continue