NATIONAL Assessment Cer	ntre Services. Wet 1 Janos N			
Date In: pyly ha - King	Jeb description	Date & Time Completed	Done t	ΣŽ.
Ref No: 49 14522007486724	SAS e-filing	i		
Veh No: Smp 77634	E-mail (within Shrs, AIC 2hrs)			4
D.O.A: 11/12-18:00	i-Motor Claim Form	m7/108 4/40-001	12/20 18	1:35
7	i-Motor W/O (Within: OD 2)			
OD / TP)' Reporting Only	i-Photo Uploaded			0
Washington (1997)	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	Fax:	)
TP Particulars: Veh No	ggige . INC	( )/Non-INC( ).		
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%. F: 30-	100%]	
Year of Registration: (	Warranty: YES ( )/NO(	)		
	\$1,000 ( )/\$2,000 ( )			
General Remarks:			State Since	
( ) Walk-In Customer: Customer's	information strictly Confidential & S	Strictly NO refer of repairer		
( ) Total Loss Case : to e-mail In	surer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Inv	roice: YES( ) / NO( );	Towing Co: (		
Remarks:- (INC hotline: 6788 661)	6)	Date&Time Completed	Done	by .
The state of the s	) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection	)/ Courtes) Car ( )	*		
3) Upload Resurvey Photo [Repair Cost	> \$30001 ( )		200	
Injury:			84 (75 (8 E. ) A - 60	
Date/Time: Actions			BRESELOWELL	
	37.0 - 77			
***	4		ji .	0.08
1347			Ami((S)	Amt (\$)
1/A2001184		reparation Checklist	The Bill	Add Bill
laimant's Particulars :-	1) AR : Accid	ent Reporting (\$30); ge Assessment (\$100); INC	(\$80)	
	3) TF : Towin	g Fee	\$40/\$45	
river/Owner:	4) FT : Follow	-Through Survey -Through Survey (Resurvey)	\$120 \$30	
ontact No:	For cleimin	g against INC Only (wef 10 Jan 20	(05) \$75	
amaged Portion:	6) TR : Re-in: 7) N1 : Idao D	pection A + SMRT Survey	\$160	
	8) NTUC Add	litional Services:-		
C Checked by (Engr-In-Charge):	OD*  *N5: Court	csy Car / Tpt Allowance	\$5	
2, (2,16, 11, 2,17)	•N6: Repai	r Co-ordination	\$10 \$25	
suditors Comments ::	• N7: Fost I	Repair Inspection Collect Excess Coordination	55	
ut. 1:	TP(N11):	TP (Non INC) against INC	30	·
	9) N12: Ideo		ed	and the
at. 2/3;	Invoice dated	n at		

Figure 1 + Sec

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.	
Mary and the same of the same	ACCIDENT STATEMENT
Date Of Report	12/02/2020 18:27
Date Of Accident	11/02/2020 18:00
Exact Location Of Accident	PIE (CHANGI) BEFORE KIM KEAT LINK EXIT
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP7763Y
Insured/Policyholder	
Name Of Registered Owner	TOH ZILING
NRIC No	SXXXX988B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93369559
Alternative Phone No	OFFICE-93369559
Vehicle Particulars	
Manufacturer	BMW
Model	318I SEDAN LED
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	5113866895
Cover Note Number	
Driver	
Name of Driver	TOH ZILING
NRIC No	SXXXX988B
Date Of Birth	03/08/1990
Occupation	INDOOR
Date Of Driving Pass	21/02/2014
Driving Experience	5 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93369559
Fax Number	

OFFICE-93369559

NOEMAIL

Address BLK 12 PINE CLOSE

#08-77

Postcode 391012

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 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

2

NO

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.

3

NO

Number of Passengers (Including Driver)
Passenger 1

NAME:

. ·

GENDER:

: FEMALE

Passenger 2

NAME:

: -

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

XE9919E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number 92989632

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.
- 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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT TH	E FISTATED DATE AND TIME. I WAS DRIVING MY BEARNG NUMBER SMP7763YA ALONG PIE KIM KEAT
TOWARDS	CHANGI AIRPORT. IF IT WAS RAINNING BEAU AND TRAFF
NAS SAM	HEAVY. I HAD SUCESSICHULY CHANGED LANE FROM 3762 LOWARY FOR MURE THAN 3 SECONOS. MIC WAS VERY JUM. AFTER I CAME 70 A 70741 STOP,
All of	PAS SUMEN A LORRY FROM BEHIND MG STAMED MONO O AT A VERY PAGE AND HIT MY "OR FROM BEHI
ON TH	IE RIGHT WHILE BAIL I'M AM STILL IN STATIONARY AND MIG FORWARD FOR A BIT UNTILL I SOUNDED MY
HORN THE	LORRY DRIVER HAD CLAIM THAT HE DID NOT REPLIES
	THEIGH WE WERE ALL IN STATIONARY.

DECLARATION

/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.:

	Date of Accident	: 11 02 2020 Accident Time: 18.00 (24-HR-Format)
	Accident Place	: PIE CHANGI KIM KEM-
	Vehicle Reg. No. (Car Plate No.)	: SMP 7763 Y
	Vehicle Make/Model	: BMW 318I
	Insurance Company	:_ NTUC Policy No. 5113866895
	Owner or Company Name /IC No.	: TOH ZILING S9017988B
	Owner or Company Contact No.	:Owner's Hp 93369559 Company Tel
	DRIVER'S Name / IC No.	: TOH . ZILING 89027988 B
	DRIVER'S Date Of Birth	: 03 AUG 1990 DRIVER'S License Pass Date 21 FEB 2014
	Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
	DRIVER'S Address	: BIK 12 PINE CLOSE #08-77 SpORE 391012
	DRIVER'S Contact No./ Alt No.	:1) 93369559 2)
	DRIVER'S Occupation	: <u>INDOOR</u> \ OUTDOOR (e.g. working inside or outside office)
	Email Address	: Ziling + @gmail.com
5	Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
	Number of Passengers (Including D	Driver): 03 AN FEMALE 15 injuries
	Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES NO as being used at the time of accident. Private used Work purpose
	Other l	Party Driver's Particular (if any)
	Vehicle Reg. No: XE 9919 E	Vehicle Reg. No:
	Vehicle Make\Model:	Vehicle Make\Model:
	Name Driver:	Name Driver:
	IC No. Driver:	IC No. Driver:
	Driver's Contact & Add: 9298	9632 Driver's Contact & Add:

<b>eBao</b> Tech							0.22		THE SHOP	Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date o	f Accident	1	1/02/2020 1	8:00	
	Vehicle	No.(For Motor)	SMP776	3Y		Certific	ate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113866895		TOH ZILING	590279888	GPC	drivo PREMIUM	SMP7763Y	SMP7763Y	09/11/2019	08/11/2020
	92-W-				C	Continue					

Policy No.	5113866895	Policyholder Name	TOH ZILIN	G	Policyholder NRIC	S9027988B	
Certificate		Name			inic		
No. Address	BLK 12 #08-77 PINE CLOSE 9	SINGAPORE 3910	012				
Product					Group		
Name	PRIVATE CAR INSURANCE	Plan			Policy Flag	N	
Policy ssue Date	11/11/2019	Effective Date	09/11/201	9 00:00	Expiry Date	08/11/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party	_	Own	500		Windscreen	100	
Excess	0	damage Excess	600		Excess	100	
Additional Excess	0	OS Premium	1921.22				
Outside		Outside				Marian	Manusculanes Dubies Europe
Singapore OD Excess	600	Singapore TP Excess	0			Toung	/Inexperience Driver Excess
Agent	VENTURE CARS PTE. LTD.	Agent Tel.	62898800		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	BLK 12 #08-77	Addre	ss 2	PINE CLOSE		Address 3	SINGAPORE 391012
1001033 1		Addre	ss Type	Singapore address		Post Code	391012
Address 4							
		Relate Numb	ed Policy er	5113866895			
Address 4 Unit No.	d Object: SMP7763Y			5113866895			
Address 4 Unit No.				5113866895			



