NATIONAL Assessment Cen	Jeb description	Date & Time Completed	Done	ò.
Date In: 6 12 - 15:31				
Ref No: Ha INCLOUZEVELY	SAS e-filing			540
Veh No: SLV8y69X	E-mail (within 8hrs, AIC 2h		led-t a	200
D.O.A: 14/V/2-14:35	i-Motor Claim Form	100-EPYY801/TN	15/2/20 15:1	47
OD / TP / Reporting Only	i-Motor W/O (Within: O	D 2hrs, 7'P 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repo			
IF hisuter.	Ass't Report by Fax / Ha	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: S	A68496 IN	IC( )/Non-INC( ).		
Owner / Driver: (	The Walter State of the Control of t	Tel:		
Policy No: ( )	Period: (	) Cover Type: (	)	
Confirmed by: (	Date:	Time:	)	all and a second
Insured/Driver Liability: ( %	) [Note-Est. Status (WO): N		-100%]	
Year of Registration: ( )	Warranty: YES ( )/NO	( )		
	1,000 ( )/\$2,000 ( )		2785 5 (2), 12	
General Remarks	of a time of the state of the s	and the first of the second		- 190
( ) Walk-In Customer : Customer's i		& Strictly NO refer of repaire	r	
( ) Total Loss Case : to e-mail Ins				
Drive-In ( )/ Towed-In ( ); Invo	oice: YES ( ) / NO (	); Towing Co: (		
Remarks:- (INC hotline: 6788 6616	) 14	Date&Time Completed	Done	by ·
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )			
2) OC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ( )	1 4 4		
Injurý:				
		1.52		1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Date/Time Actions			PRESIDE LANGE	
	1			
V-1	Inveice	Preparation Checklist	Anif (S) fit Bill	Amt (1)
MA250123V.	(A. C.	ccident Reporting (\$30);		
laimant's Particulars :-	2) DA : D	amage Assessment (\$100); INC	\$40/\$45	
river/Owner:	3) TF : Te 4) FT : Fe	illow-Through Survey	\$120	
ontact No:	S) FT - Fe	ollow-Through Survey (Resurvey) iming against INC Only (wof 10 Jan 2	\$30	
	6) TR: R	e-inspection	\$75	
amaged Portion:	7) N1 : Id	Additional Services:-	\$160	
	OD:		25	
C Checked by (Engr-In-Charge):		Courtesy Car / Tpt Allowance Repair Co-ordination	510	
N. VOTE SINGLE SOLD SET CONTROL OF SOME	· N7: P	ost Repair Inspection	\$25	
uditors Comments:	+N8: I	OV / Collect Excess Coordination 11): TP (Non INC) against INC	\$20	
it. 1:	9) N12: I	dae Mobile	30 ged	and the same
at. 2/3;	Invoice d	lated Fee Char	MARKET CE CE	1

i produces

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number Fax Number

Contact Number

**EMail Address** 

Gender

- 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 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.
- 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.	
	ACCIDENT STATEMENT
Date Of Report	15/02/2020 15:31
Date Of Accident	14/02/2020 14:35
Exact Location Of Accident	SLIP RD BUKIT BATOK WEST AVE 7 TWDS BUKIT BATOK RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV8469X
Insured/Policyholder	
Name Of Registered Owner	KUA SIEW TIN
NRIC No	SXXXX686C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97818245
Alternative Phone No	OFFICE-97818245
Vehicle Particulars	
Manufacturer	SUZUKI
Model	GRAND VITARA 2.0 5DOOR 2WD AT ABS AIRBAG
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097518507-01
Cover Note Number	
Driver	
Name of Driver	RACHEL TAN HUI XUAN
NRIC No	SXXXX880B
Date Of Birth	20/02/1996
Occupation	INDOOR
Date Of Driving Pass	04/03/2016

3 YEARS AND 11 MONTHS

(LOCAL) +65-92998404

OFFICE-92998404

**FEMALE** 

NOEMAIL

Address 766 BEDOK RESERVOIR ROAD

#12-20

Postcode 479248

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

0

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? NO

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.

2

NO

Number of Passengers (Including Driver)

Passenger 1

NAME: :

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?

ИО

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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 SLA6849G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 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.
- 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
- (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 Date & Time:

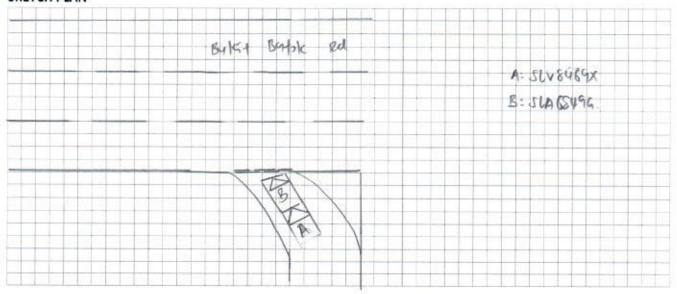
Driver's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

## SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Senior emechanizations of the Accident	
Refer to statement.	
W > 0.0	

# 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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:



Policy No.	5097518507-01	Policyholder Name	KUA SIEW	TIN	Policyholder NRIC	S6945686C	
Certificate No.		(012/01/05			MAIC		
Address	766 BEDOK RESERVOIR ROA	D #12-20 WATER	FRONT WA	VES SINGAPORE 479	248		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	18/03/2019	Effective Date	20/03/201	9 00:00	Expiry Date	19/03/2020 23:	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
A 20 May	766 BEDOK RESERVOI	R ROAD Addres	s 2	#12-20 WATERFRO	NT WAVES	Address 3	SINGAPORE 479248
Address 1	766 BEDOK RESERVOI						
coveres or a sec	700 BEDOK RESERVO	Addres	s Type	Singapore address		Post Code	479248
Address 4	12-20	Addres	Policy			Post Code	479248
Address 4 Unit No.		Addres Related	Policy	Singapore address		Post Code	479248
Address 1 Address 4 Jnit No. Insured Endorse	12-20 I Object: SLV8469X	Addres Related	Policy	Singapore address		Post Code	479248

Continue Cancel

Claim Handling										
Palicy No.	5097518507-01	Vehicle No.		SLV84690			GST Registration	No.		
Certificate No.				1000011180						
Policyholder Name	KUA SIEW TIN						Policyholder NRIC		5694568	96C
Product Code	PRIVATE CAR INSURANCE	Cover Type		drivo CLAS	SSIC		Loading		0	
Contact No. (Mobile)	97818245	Contact No.(Office)		0			Contact No.(Hom	e)	0	
Email Address		Special Remark					eCode		101 V	
KFK	® No ○ Yes	TCA		® № ()*	Yes		eCode Reason			
NCD Protection	No	NCD Entitlement(%)	E I	10			Private Hire		No	
Accident Details										
Report Date	15/02/2020 15:44	Accident Report With		Yes			Accident Type		Collision	- Head to Rear
Date of Accident	14/02/2020	Time of Accident hh:	mm	14:35			Country of Accide	int .	Singapor	*
Reporting Centre Accident Location	97818245	Orange Force					ICM No.			
♥ Excess	9/010243									
Own damage Excess	600.00	Additional Excess		D			Windscreen Exces	16	100.00	
Unnamed Driver Excess	9.00	Outside Singapore O			600.00		2010/00/10/2015	57.0	11/2	
Third Party Excess	0.00	Outside Singapore Ti	P Excess		0.00					
♥ Benefits										
♥ GST Registered Inform	ation									
GST Registered	No				T Registration Date					
GST Registration No.				G5	T Status Venfied		Yes			
Modification History										
■ Policyholder Halling Ac		100								
Address 1 Address 4	766 BEDOK RESERVOIR ROAD	Address Type			ATERPRONT WAVES		Address 3			ORE 479248
Unit No.	12-20	Related Policy Numb		Singapore 50975185			Post Code		479248	
9 OI Driver Info	15.40	Newton Porcy Harris		20973103	37-01					
Driver Name	RACHEL TAN HUI XUAN	Driver Type	- A	Named Dri	ver					
Unnamed driver Name		Driver NRIC		59605880	В		Driver DOB		20/02/19	796
Register Date of Driver License	04/03/2016	Driver Age		23			Driving Experience	•	3	
Contact No.(Mobile)	92998404	Contact No.(Office)		0			Contact No. (Home	1)	0	
Address 1	766 BEDOK RESERVOIR ROAD	Address 2		WATERFRO	ONT WAVES		Address 3		SINGAPO	RE 479248
Address 4		Address Type		Singapore	address		Post Code		479248	
Unit No.	12-20									
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.					Driver Insurer Cor	mpany		
Declaration										
Breathalyser or Blood Test Reading?	0 mg	Any injury?		O Yes ®	No					
Modification History										
Claim 001 New										
Claim Type •	00-мх 🔻	Insured Name	13	KUA SIEW	TIN	_	Insured NRIC		\$694568	er.
Contact No. (Mobile)	97818245	Contact No.(Home)	- 33	66045963			Contact No.(Office	0	5034300	
Email Address	joanna.kua1@gmail.com	OI Vehicle Number	1	SLV8469X			TP Vehicle Numbe		SLA68494	9
Claimant Type Claimant Type *	Please Select	Type of Benefit +	9	Please Sel	ect 🔻				V-77015-7016	
Claimant Name *	22	Claimant NR3C *	1		NAME OF TAXABLE PARTY.					
Claimant Address			100						E	
Claim Description	SLV8469X / SLA6849G ON 14 Feb 2020						Name of Preferred	Workshop		
Preferred Workshop Contact No.		Insured Liability *	grane E	Fully at Fa	ult 🔻	-				estate:
Require Finalisation	Yes	Preferend Repair Opt	tion	Preferred \	Workshop, Name unknown	_	GIA report		Received	
Date Registered	15/02/2020 15:45	Claim Close Date	1				Date Received		15/02/20	20 00 00
Report Taken By	Jackson									
Print AK letter										
Attachment				ave Sub	mit					
Accident No.	MT/1084493	Element .	A.L.		001					
Accident No. Last Doc. Received	● Yes ○ No	Claim No Upload D			15/02/2020 15:46					
1111/25 344 32010	Path •	upodu D	0.50					1,2935		28/08/08
	Petri *		Browse	Cent	Category * Please Select	V	Confidential V	Normal	ncy •	Description *
			Browse		Please Select	V			V	
			Browse		Please Select	V		Normal	- V	
			Browse		Please Select	V		Normal	V	
			Browse		Please Select	V	ALC: N	Normal	V	
			Browse		Please Select			Normal	N I	
C Rescapa Hort (c)										☐ Send Message

	Uploaded By/Date	Folder Dete		le Name		Ŷ	Source	(9	Action
Video List	Note the second	CANAL PROPERTY.							
-	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Feb 2020 15:45		Photos		Normal	Photo	s 2020-2-15		
	MAC_PAYA_UBI_BOOGO1; NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Feb 2020 15:45		Photos		Normal	Photo	s 2020-2-15		
4	NAC_PAYA_UBI_BOOBO3( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Feb 2020 15:45		Photos		Normal	Photo	os 2020-2-15		
4	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Feb 2020 15:45		Photos		Normal	Photo	os 2020-2-15		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Feb 2020 15:45		Photos		Normal	Photos 2020-2-15			
	NAC_PAYA_UBI_800601[ NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Feb 2020 15:45		Photos		Normal	Photo	os 2020-2-15		
	NAC_PAYA_UBI_BD0601[ NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Feb 2020 15:45		Photos		Normal	Photo	os 2020-2-15		
10	NAC_PAYA_UB1_B00601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Feb 2020 15:46		SAS		Normal	SAS	5 2020-2-15		
K-	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Feb 2020 15:46		NRIC/ Driving License	Y	Normal	NRIC/ Drivin	ng License 2020-2-15		
Attachment	Uploa	ded By/Date	Category P Urgency		Description		(00)	,	