	e Services wet	1.65	Time Completed	Done by	
Date In: 10/3/20- 11:17	Jeb description	Date	e Time completes		
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Veh No: 57 89177	E-mail (within Shrs, A	AIC 2hrs)			-
D.O.A: 9/3/20 - 18:05	i-Motor Claim Fo	orm M	1087493-001	11 00 11:	34
6	i-Motor W/O (Wit	hin: OD 2hrs, TP 4hrs)	W-police -		
OD (TP ! Reporting Only	i-Photo Uploadeo	1			
	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fa	x / Hand to Owne	r/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol:		Fax:	
TP Particulars: Veh No: YL85	581P	. INC(,)/1	Ion-INC ()		
Owner / Driver: (Tel			
	eriod: () Cove	Туре: ()	
Confirmed by : (53.50	ate:	Time:)	10000
Insured/Driver Liability: (%)	[Note-Est. Status (WO)	: N: 0-20%; P	: 21-79%. P: 80-	100%]	
Year of Registration: ()		/NO()			
Excess: (\$) Loading: \$1,	,000 ()/\$2,000 ()		SKRACINI ALICA	
General Remarks:-	関係を行うとなった。			Street Mills	
() Walk-In Customer : Customer's int	formation strictly Confide	ential & Strictly N	O refer of repairer	•	Victoria de la composición della composición del
() Total Loss Case : to e-mail Insu); Towing	Co.()
Drive-In ()/ Towed-In (); Invoi	ce: YES () / NO		3	22.72.75.75.75.75.75.75.75.75.75.75.75.75.75.	
Remarks; (INC hotline: 6788 6616)		Date	&Time Completed	Done	ny ·
	Courtesy Car ()				
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QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	()		· · · · · · · · · · · · · · · · · · ·		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	()			A SACANE.	- (1) (2) ()
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions	10 10 20 20 20 20 20 20 20 20 20 20 20 20 20	AR: Accident Report DA: Damage Assess TF: Towing Fee	ng (\$30); ment (\$100); INC	(\$80) \$40/\$45	Ami (3
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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

 By the lodgement of this report to the insurers, you hereby conserved. 	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	10/03/2020 11:23
Date Of Accident	09/03/2020 18:05
Exact Location Of Accident	IMM CARPARK GANTRY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT8915J
Insured/Policyholder	
Name Of Registered Owner	NEW AUTODRIVE CREDIT (S) PTE LTD
Co Reg No	2XXXXX137E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90991331
Alternative Phone No	OFFICE-90991331
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN LUX
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113127491
Cover Note Number	
Driver	
Name of Driver	CHOW WEN FENG
NRIC No	SXXXX230Z
Date Of Birth	23/05/1995
Occupation	INDOOR

17/04/2015 Date Of Driving Pass 4 YEARS AND 10 MONTHS **Driving Experience** Gender

(LOCAL) +65-90262975 Mobile Number

Fax Number

OFFICE-90262975 Contact Number

NOEMAIL **EMail Address**

BLK 629 BEDOK RESERVOIR ROAD Address

#02-1620

470629 Postcode

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2 NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES 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?

NO

1

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YL8586P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

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:
 - 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.

NEW AUTODRIVE CREDIT(S) PTE LTD 210 furt Club Road, Lot B40 Singapore 287995...

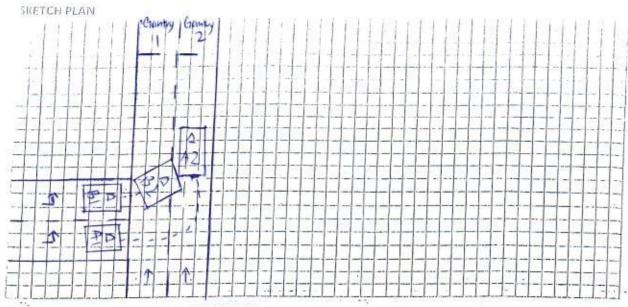
> Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's

NRIC/FIN No.:



an the started time and date,	
I was driving my car (Veh A: SJT8915J) entering 1MM carpark.	The
were 2 lanes to enter the mall (2 Gantries) and I was on	
right lane driving isto the right gantry. After I turned left	and
was driving towards the right gentry, I felt an impact on to	n
rear lett. of my venice. I realised a long (Ven B. 4L8586P))
had cust onto my lane and collided onto me	

DECLARATION

NEW AUTODRIVE CREDIT(S) PTE LTD
210 Turf Club Road, Lot B40
Singapore 287995

Driver's Signature

Date & Time:

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

Date of Accident	:09 03 2020 Accident Time: 1805 (24-HR-Format)
Accident Place	: IMM Carpark Gantry
Vehicle Reg. No. (Car Plate No.)	: SJT 8915 J
Vehicle Make/Model	: Mazda 3
Insurance Company	: NTUC Policy No. 5113127491
Owner or Company Name /IC No.	: New Autodrive Creditis) Pte Ltd 201223137E
Owner or Company Contact No.	: 9099 1331 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Chow Wer Feng S95/7230Z
DRIVER'S Date Of Birth	: 23/05/1995 DRIVER'S License Pass Date 17/04/2015
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Penta
DRIVER'S Address	: BLK 629 Bedoje Reservoir Road #02-1620 (4706
DRIVER'S Contact No./ Alt No.	:1) 9026 2975 2)
DRIVER'S Occupation	INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: WFCHOW95@HOTMAZL GM
Weather & Road Surface	CLEAR & DRY \RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party Claim Own Insurance
Number of Passengers (Including	Driver):0
Was there any video Captured by Exact purpose for which vehicle w	car camera: YES \NO vas being used at the time of accident Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: 9L8586	Vehicle Reg. No:
Vchicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	12.1. 2.1
Driver's Contact & Add:	Driver's Contact & Add:



Certific	ate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (M	TION) RULES, 1960
Certificate Number: 5113127491	Cover : drivo CLASSIC
Index mark and Registration Number of Vehicle	: SJT8915J
Chassis Number	: IM68L10Z1A0114812
Name of Policyholder	NEW AUTODRIVE CREDIT (S) PTE. LTD.
Effective Date of Insurance	: 04 Oct 2019
4. Expiry Date of Insurance	: 03 Oct 2020
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyho	older's order or with his/her permission.
Provided that the person driving is permitted in the Motor Vehicle or has been so permitted and enactment or regulation in that behalf from driv 6. Limitations as to Use#	accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any ving the Motor Vehicle.
(a) Use for social domestic and pleasure purposes	and in connection with the Policyholder's or Hirer's business.
This Policy does not cover	
(a) Use for racing, pace-making, reliability trial or sp	peed-testing.
(b) Use for the carriage of goods (other than sample	es) in connection with any trade or business.
(c) Use for any purpose in connection with the Mot	for Trade.
# Limitations rendered inoperative by Section 8 o Act (Chapter 189) and Section 95 of the Road Tr	if the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these
headings.	AND THE CONTRACT OF THE CONTRA
EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: 5\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,000
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	; N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
I/We hereby Certify that the Policy to which this Certif Vehicles (Third Party Risks and Compensation) Act (Ch Agency : GOLDEN PRIME INSURANCE AG Date of Issue : 04 Oct 2019 16:55 hrs	ficate relates is issued in accordance with the provisions of the Motor apter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Countersigned By:	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Authorised Off	icer Chief Executive

		- CONTRACT	THE PERSON NAMED IN		NAME OF TAXABLE PARTY.		Change	Languag	e · Chan	ge Password	· Log Out
Hello, NAC_PAYA_UBI_8	300601						Change	Languag			
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date o	of Accident	1	09/03/2020 1	8:05	
	Vehicle !	No.(For Motor)	S)T891	51		Certific	cate Number	i			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113127491		NEW AUTODRIVE CREDIT (S) PTE. LTD.	201223137E	GPC	drivo CLASSIC	S)T8915	SJT8915J	04/10/2019	03/10/2020

olicy No.	5113127491	Policyholder Name	NEW AUTO	DRIVE CREDIT (S) PI	Policyholder NRIC	201223137E	
ertificate							
ddress	6B SWANAGE ROAD DUNMAN	GARDEN SINGA	PORE 43719	1			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	04/10/2019	Effective Date	04/10/2019	00:00	Expiry Date	03/10/2020 23	:59
xcess	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	1000	OS Premium	0				
Outside Singapore OD Excess	ngapore 2000		1500			Young/Inexperience Driver Excess	
Agent	GOLDEN PRIME INSURANCE A	G Agent Tel.	68426788		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	holder Mailing Address						
Address 1	6B SWANAGE ROAD	Addre	ess 2	DUNMAN GARDEN		Address 3	SINGAPORE 437191
Address 4		Addr	ess Type	Singapore address		Post Code	437191
		Relat Num	ed Policy per	5116375837			
Unit No.							
Unit No.	ed Object: SJT8915J						
	SWID-FORD						Endorsement Content

laim Handling					
cident MT/1087593	Part 2 Stranger	- Wales	CITAL DE LA CALLANDA	GST Registration No.	
key No.	5113127491	Vehicle No.	SJT89153	GS1 Registration No.	
tificate No.				Policyholder NRIC	201223137E
Control of the contro	NEW AUTODRIVE CREDIT (S) PTE. LTD.				0
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
tact No.(Mobile)	90991331	Contact No.(Office)	0	Contact No.(Home) eCode	The N
ail Address		Special Remark			The said
(.	® No ○Yes	TCA	® No ○ Yes	eCode Reason	Yes
D Protection	No	NCD Enotlement(%)	0	Private Hire	165
Accident Details					
oort Date	10/03/2020 11:32	Acadent Report Within 24 hrs	Yes	Academ Type	Collision - Major Minor Road
te of Accident	09/03/2020	Time of Accident hhomm	18:05	Country of Accident	Singapore
		Orange Force		ICM No.	
porting Centre	IMM CARPARK GANTRY	CECTATION CONTRACTOR			
ident Location	INH CARPAGE GANTET				
Total Excess Applicable	La L	Windscreen Excess	100.00		
sess Type	Per Accident	William Excess			
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
D OD Excess	0.00	YIED TP Excess		Driver is Covered?	
	1000				
ditional Excess	3000.00	Total TP Excess Applicable			
rai OD Excess Applicable	3,00.00				
Benefits GST Registered Informa	ation				
	Yes		GST Registration Date	01/09/2017	
F Registered	Yes 2012231376		GST Status Verified	Yes	
T Registration No. diffication History	10/03/2020 11:33:15 Sy	stem changed GST Registered from N stem changed GST Registration No. fi stem changed GST Registration Date	io to Yes		
Policyholder Mailing Ad					
idress 1	68 SWANAGE ROAD	Address 2	DUNMAN GARDEN	Address 3	SINGAPORE 437191
idress 4	ob otherwise name	Address Type	Singapore address	Post Code	437191
		Related Policy Number	5116375837		
it No.					
OI Driver Info	Unnamed Driver	Driver Type	Unnamed Driver		
ver Name named driver Name	CHOW WEN FENG	Driver NR3C	SXXXX230Z	Driver DOB	23/05/1995
		Driver Age	24	Driving Experience	4
gister Date of Driver License		Contact No. (Office)	0	Contact No.(Home)	0
ntact No. (Mobile)	90262975		BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470629
dress 1	BLK 629	Address 2		Post Code	470629
idress 4		Address Type	Singapore address	POR CIOE	77.0022
nit No.	02-1620			E695000000000000000000000000000000000000	
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test rading?	0 mg	Any injury?	○ Yes ® No		
claim 901 New					
Claim 001 New					
Saim Type *	00-MX	Insured Name	NEW AUTOORIVE CREDIT (S) PT	Insured NRIC	201223137E
ontact No. (Mobile)		Contact No.(Home)		Contact No.(Office)	*
mail Address		OI Vehicle Number	SJT89153	TP Vehicle Number	YL8586P
laimant Type Claimant Type *	Please Select V	Type of Benefit *	Please Select		
amant Name *	22	Claimant NRIC •	The same of the same of the same of		
aimant Address					
	SJT8915) / YLB586P ON 9 Mar 2020			Name of Preferred Workshop	
aim Description referred Workshop Contact	20/103/27 / 170300s. OH 3 MIL 5050	Terror of Continues	Not at Fault		
b.		Insured Liability *	C. Company Company	T GIA mont	Received
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are Registered	10/03/2020 11:34	Claim Close Date		Date Received	TOWARDED OF TO
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Video List	NAC_PAYA_UB1_800601(NATIO CES) on 10 M	NAL ASSESSMENT CENTRE SERVI for 2020 11:34	Photos		Normal	Photos :	2020-3-10	
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Attachment	Uploaded	By/Date	Category	9	Urgency	Descr	nation	(CO)