NATIONAL Assessment Centre Services. | West 1 Janios MNA 1700 1480 Date In: 20 3/20-15:04 Done by Jeb description Date & Time Completed Ref No: SAS e-filing 49/14/200429872 Veh No: E-mail (within Shrs, AIC 2hrs) MU36273 i-Motor Claim Form D.O.A : 19/7/20- 15:50 KO-9506861 LW i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Fax: Veh No: SKSTTV4)/Non-INC (TP Particulars: INC () Owner / Driver: (Tcl: Cover Type: (Policy No: (Period: (Confirmed by: (Date: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In () / NO (); Invoice: YES (); Towing Co: (Date&Time Completed Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Anit (S) Amt (3) Invoice Preparation Checklist Add Bill MA2002269. fit Bill 1) AR : Accident Reporting Claimant's Particulars :-INC (\$30) 2) DA : Damage Assessment (\$100); 3) TF : Towing Fee \$40/\$45 Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$2 *NS: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination \$10 \$25 *N7: Fost Repair Inspection Auditors! Comments :-* N8: DV / Collect Excess Coordination TP (N11): TP (Non INC) against INC \$20 Cat. 1: 30 9) N12: Idac Mobile Fee Charges Invoice dated 2at. 2/3; Fee Charged Invoice dated

1 190 0 100

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.
- 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.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
The work of the second second	ACCIDENT STATEMENT
Date Of Report	20/03/2020 15:04
Date Of Accident	19/03/2020 15:50
Exact Location Of Accident	CTE TWDS PIE AFTER BUKIT TIMAH RD EXIT
Country/State of Loss	SINGAPORE
The state of the state of the state of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW3627J
Insured/Policyholder	
Name Of Registered Owner	LOW GUAT HOON
NRIC No	SXXXX692D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97379522

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA

Model HARRIER PREMIUM 2.0 A

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-97379522

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 5105137054-01

Cover Note Number

Driver

Name of Driver SAMUEL LIM DEI JIE

 NRIC No
 SXXXX220E

 Date Of Birth
 05/06/1994

 Occupation
 INDOOR

 Date Of Driving Pass
 03/11/2015

Driving Experience 4 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83997962

Fax Number

Contact Number OFFICE-83997962

EMail Address NOEMAIL

Address 31 HOUGANG AVENUE 7

#15-04

Postcode 538800

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

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

NO

Was any other material or property damaged?

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

YES

Number of Passengers (Including Driver)

2

Passenger 1

ambulance?

NAME:

: ONG WEN HUI RENATA

GENDER:

: FEMALE

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

NO

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS752H

Vehicle Make/Model/Colour

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 SAMUEL LIM WEI JIE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLW3627J

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name ONG WEN HUI RENATA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLW3627J

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful 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.
- 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.

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				
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CLARATION				The District
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yholder's Signature	Driver's Signature	Re	parting Centre Person	nel's Sanatura
& Time:	(If driver is not the policy)	solder) Na	ime:	and a second
	Date & Time:		RIC/FIN No.:	1

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Accident details

Date and time of accident	Date:	14/3/2010	(DD	/MM/YY) T	ime: 15 5a	(H	H:MM)
Exact location of accident	(11)	touch!	PE	atte	Ruku	Flach	0

Details of vehicle

Vehicle registration number	SLW 36273				
Vehicle make and model	toyita Harry				
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:				
Vehicle category	Private Commercial Motorcycle				
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim Ø Reporting only □				

Insurance information

Insurance company	Neve		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

Insured / Policy holder

Low	bung	Halo			Ma	ile a	Female Z
812	156920			111			
973	19572	(973	79522)	11/24		
31	Hongling	Ave	7	#15-	04	51	538800)
	812	9131 9572	9131 9572 (9131 9572 (973	9131 9572 (97379523)	9131 9572 (97379522)	9131 9572 (97379522)

<u>Driver</u> Same as insured above □ (skip to D.O.B)

Name	Samual (in 11) Il Male or Female o
NRIC / Fin / Passport number	2442022 €
Contact	83447462
Address	31 4, mg cry AM 7 #15-04 S(558800)
Email address	
Date of birth	5/11/1444
Occupation	Indoor D Outdoor D
Driving date pass	3/11/15

General information of the accident

Was driver an employee of the insured's company?	Yes □ If no, rela	No d ationship of the	driver and insured:	didren
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet 🗆		
No of passenger	2			(Inclusive of driver)

Passenger 1

Name	019	WEN HAI	Renata
Gender	Male 🗆	Female,	No.

Passenger 2

Name			
Gender	Male 🗆	Female 🗆	

Passenger 3

Name			
Gender	Male 🗆	Female	

Passenger 4

Name			
Gender	Male 🗆	Female	

Passenger 5

Name			
Gender	Male 🗆	Female	

Passenger 6

Name			
Gender	Male 🗆	Female	

Other information

Was anybody injured?	Yes 🗆	No 🗆	
Was other vehicle damaged?	Yes 🗆	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No 🗆	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	SKS 752 H	
Vehicle make model		

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	Proc
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

**	
Name	

Witness 2

Mana	
Name	

Injured person 1

Name	ong un (1-1 Knath
Injuries sustained	16.14
Which vehicle person in?	SLW 36175
Were seat belts worn?	Yes O No D
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗹

Injured person 2

Name	Samuel LIM DEL 310
Injuries sustained	(b) b)
Which vehicle person in?	5L4 36171
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 3

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗆

eBao Tech									Genera	alClaim	
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	· Log Out
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Notice of Loss	Policy N	No.				Date o	f Accident	1	9/03/2020 1	5:50	
	Vehicle No.(For Motor)		SLW36271			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105137054- 01		LOW GUAT HOON	51825692D	GPC	drivo CLASSIC	SLW3627)	SLW36273	02/12/2019	01/12/2020
				4,000	C	ontinue	2 333 3 3 3 3				

Policy No.	5105137054-01	Policyholder Name	LOW GUAT	HOON	Policyholder NRIC	S1825692D	
Certificate No.							
Address	31 HOUGANG AVENUE 7 #15	-04 EVERGREEN	PARK SING	APORE 538800			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	29/11/2019	Effective Date	02/12/201	9 00:00	Expiry Date	01/12/2020 2	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party 0		Own damage Excess	0.0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	utside ingapore 0.0		0	1		Young/Inexperience Driver Excess	
Agent	ALFA CREDIT PTE LTD	Agent Tel.	62411228		GST Flag	Y	
Co- insurance Flag	No						
109							
Open							
Open Policy Info Certificate							
Open Policy Info Certificate Info	older Mailing Address						
Open Policy Info Certificate Info Policy	older Mailing Address 31A HOUGANG AVENU	JE 7 Addre	ss 2	#15-04 EVERGREE	N PARK	Address 3	SINGAPORE 538800
Open Policy Info Certificate Info	are a simple constant and a second		ss 2 ss Type	*15-04 EVERGREE	11/1/12/20	Address 3	SINGAPORE 538800 538800
Open Policy Info Certificate Info Policyh Address 1	are a simple constant and a second	Addre	ss Type ed Policy	A STANDARD CONTRACTOR	11/1/12/20		######################################
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	are a simple constant and a second	Addre Relate	ss Type ed Policy	Singapore address	11/1/12/20		THE THE PERSON NAMED TO A TOTAL
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	31A HOUGANG AVENU	Addre Relate	ss Type ed Policy	Singapore address	11/1/12/20		THE THE PERSON NAMED TO A TOTAL

Claim Handling					
Accident MT/1089036	2022/2020/197	-000A-002-000A00	900030000	100850000000 PG-685500 A	
Peticy No.	5105137054-01	Vehicle No.	SLW36273	GST Registration No.	
Certificaté No.					
Policyholder Name	LOW GUAT HOON	22/2003/00/00	SUPPLIES S	Policyholder NRIC	\$18256920
Product Code	PRIVATE CAR INSURANCE	Cover Type	anve CLASSIC	Loading	0
Contact No.(Mobile)	97379522	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC X
KPK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	(728)
NCD Protection P Accident Details	No	NCD Entitlement(%)	20	Private Hire	No
Report Date				7.000	
	20/03/2020 15:23	Accident Report Within 24 h		Acadent Type	Collision - Head to Rear
Date of Accident	19/03/2020	Time of Accident hh:mm	15:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS PIE AFTER BUKIT TIMAH RD EXIT				
♥ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
00 Standard Excess	0.00	TP Standard Excess	0.00		
VIED OD Excess	0.00	VIED TP Excess	9.00	Driver is Covered?	Covered
Additional Excess	a	A CONTRACTOR STATES		100000000000000000000000000000000000000	2500000000
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
♥ Benefits	-	, rate 15 ansate cyproces			
Coverage			Sum Insured		
Excess Waiver			99999999.99		
Fransport Allowance			99993993.99		
♥ GST Registered Informa	ution				
IST Registered	No		GST Registration Date		
IST Registration No.			GST Status Verified	Yes	
fodification History					
Policyholder Hailing Ad	CHICAGO CONTRACTOR CON				
Address I	314 HOUGANG AVENUE 7	Address 2	#15-04 EVERGREEN PARK	Address 3	SINGAPORE 538800
Address 4		Address Type	Singapore address	Post Code	538800
mit No.		Related Policy Number	\$10\$1370\$4-01		
♥ OI Driver Info		00000	CONTROL CONTROL		
Driver Name	SAMUEL LIM DEI IIE	Driver Type	Named Driver		
Innamed driver Name	2509282	Driver NRIC	59420220E	Driver DOB	05/06/1994
tegister Date of Driver License		Driver Age	25	Driving Experience	4
Contact No.(Mobile)	83997962	Contact No.(Office)	0	Contact No.(Home)	0
Address I	31 HOUGANG AVENUE 7	Address 2	EVERGREEN PARK	Address 3	SINGAPORE 538800
Address 4		Address Type	Singapore address	Post Code	538800
Jnit No.	15-04				
Does he own a Singapore Registered car?	O Yes ● No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No		
fodification History					
1.00					
Claim 001 New					
laim Type *	Ор-мх	Insured Name	LOW GUAT HOON	Insured NRIC	\$1825692D
Sentact No.(Moorle)	MIL	Contact No.(Home)	MIL	Contact No.(Office)	
mail Address		Ot Vehicle Number	SLW36271	TP Vehicle Number	SKS752H
Daimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Dalment Name *	25	Claimant NR3C •			
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Daim Description	SLW36272 / SKS752H ON 19 Mer 2020			Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Not at Fault		
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equire Finalisation	20/03/2020 15:25	Preferered Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report Date Received	Received 20/03/2020 00 00
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