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	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by 1	Fax / Hand t	o Owner/Wksp	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No:	9978C	. INC(	)/Non-INC( )		
Owner / Driver: (		tei	Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (		
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est Status (WC	O): N: 0-2	0%; P: 21-79%. P: 80-	-100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
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Drive-In ( )/ Towed-In ( ); Invo	ice: YES ( ) / NO	)( );T	owing Co: (		
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 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

the core of the core selection of the car	ACCIDENT STATEMENT
Date Of Report	07/04/2020 15:17
Date Of Accident	06/04/2020 18:50
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT TWDS NEWTON RD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN2598A
Insured/Policyholder	
Name Of Registered Owner	OH HUI HUI
NRIC No	SXXXX922G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94371611
Alternative Phone No	OFFICE-94371611
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
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	5114070839
Cover Note Number	
Driver	
Name of Driver	SIM WEI LOON, JONATHAN
NRIC No	SXXXX167Z
Date Of Birth	23/04/1986

 NRIC No
 SXXXX167Z

 Date Of Birth
 23/04/1986

 Occupation
 INDOOR

 Date Of Driving Pass
 16/02/2006

Driving Experience 14 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91067110

Fax Number

Contact Number OFFICE-91067110

EMail Address NOEMAIL

BLK 264 TAMPINES STREET 21 Address

#07-120

520264 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

2

NO

2

YES

NO

RAINING Weather Conditions WET Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

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)

Passenger 1

NAME:

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

THOMSON NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-4529999 - FAX NO: 6 5535740 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SCX9928C

NO

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 17

Address
Postcode
Insurance Company Name
Nature Of Damage

## SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process. 1)
- This form must be completed by the policy holder and/or the authorised driver.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
  - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (1) investigations relating to the claims;
  - (11) Investigations the accident and/or my claims;
  - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (111)
  - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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 envelops/mail packages); and/or
  - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(11) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Date / time:

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature

Date / time:

SKETCH PLAN

Ven A: SKN 2598A

Ven B: SCX 9928C

Roundabout of Newton Circus towards Newton Rd.

	OF THE ACCIDENT	
	Refer to police	
	Refer to police / Report	
/		
/		

### DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

# 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 0 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 of accident	06 04 2020	(DD/MM/YY)
Time of accident	06: 52 pm	(HH:MM)
Exact location of accident	Roundabout of Newton Circus towards Newton Rd.	

And the Control of th	DETAILS OF VEHICLE	
Vehicle registration number	SKN 2598A	
Vehicle make and model	Audi A3 Sedan	
Type of vehicle	Saloon MPV CRV Van D  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 Ø if no, please select: Third part claim Ø Reporting only □	

	INSURANCE IN	FORMATION	(1) 医生态中心
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only

<b>从</b> 现实它们是这种特殊是他的	INSURED / POLICY HOLDER	
Name	OH Hui Hui	Male □ Female 🗹
NRIC / Fin / Passport number	589339226	
Contact	9437 1611	
Address	BIK 24 Sin Ming Rd # 10-41	5 ( 510024 )

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Sim wei 100n Jonathan Male Female 0
NRIC / Fin / Passport number	5 86101672
Contact	9108 7110
Address	BIK 264 Tampines Street 21 # 07+20 5 (520264)
Email address	
Date of birth	23/04/1986
Occupation	Indoor D Outdoor D
Driving date pass	16/02/2006

	GENERAL I	NEORMATION	F THE ACCIDENT	
Was driver on ampleyee of	Yes 🗆	No 🗹	OF THE ACCIDENT	
Was driver an employee of the insured's company?			Iriver and insured:	spowe
Accident captured by camera?	Yes 🗆	No 🗸	inver and insured.	
Weather condition	Clear 🗆	Raining 🗹	Others:	
Road surface	Dry 🗆	Wet	Others.	
	-	wetz		(Inclusive of driver)
No of passenger	2			(Inclusive of driver)
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Gender	Male 🗆	Female Z		
V. C.				
		PASSENGER	12	
Name				
Gender	Male 🗆	Female		
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Gender	Male 🗆	Female		
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Name	Technology during the	542478-000 00-1 <b>3</b> 74-00-1470		
Gender	Male 🗆	Female		
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A STATE OF S		PASSENGER	₹6	Passens I due particulated
Name				
Gender	Male 🗆	Female		- with a second
	78			
		OTHER INFORM	ATION	<b>这是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>
Was anybody injured?	Yes 🗆	No.		
Was other vehicle damaged?	Yes	No 🗆		
THE BUTTON OF THE STATE OF	DETAIL	S OF POLICE STA	TION ACTION	
Reported to police?	Yes		s, please state which	police station.
Police station name		son NPP.	o/ product	
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Name				
	State State	WITNESS	2	STATES LEVEL TO A STATE OF
Name				

Vehicle registration number	SCX 9928 C	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 2		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 3		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

的。 第一句是是一句话,"我们的我们的我们的我们的	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5						
Vehicle registration number						
Vehicle make model						
Name						
NRIC / Fin / Passport number						
Contact						

	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	5 5 AM 6 VS II	INITIDED DE	CON 1
		INJURED PE	SUN 1
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes □	No 🗆	
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<b>文本主义的特殊的特殊的</b>		INJURED PE	RSON 2
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Which vehicle person in?			
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Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
5人以下与100m 被告诉决于35.0kg	<b>产生</b>	INJURED PE	RSON 3
Name			
Injuries sustained			
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Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
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nospital by ambalance.			
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Injuries sustained			
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Name	-/-		
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Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No □	
hospital by ambulance?			
STATE OF A STATE OF		INJURED PE	RSON 6
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No □	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			

### NOTICE OF REPORTING

This is to confirm that <u>Jonathan Sim</u> H/P: 91067110, NRIC/FIN: <u>S8610167Z</u> has reported to the Police a non-injury traffic accident which occurred along <u>Newton Circus towards novena</u>, on <u>06/04/20</u> at <u>1852hrs</u> involving the following vehicles:

- A) SKN2598A Complainant's vehicle
- B) SCX9928C Other party vehicle

On the 06/04/20 at about 1852hrs, I was driving my vehicle (SKN2598A) along Newton Circus road roundabout on the 2<sup>nd</sup> lane. There was a car (SCX9928C) that was on the 1<sup>st</sup> lane where he suddenly accelerate and came into my lane, I couldn't break in time and the other party's vehicle brushed onto the left side of my vehicle's front wheel with the right side of his rear. There is dent and scratches on the front wheel on my vehicle. There is no in-car camera installed in my vehicle No injuries to any party and no government property damaged. I am lodging report for to claim insurance from the other party.

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT SHAWN KOH

Date: <u>06/04/2020</u> Time: <u>1944hrs</u> S/D Ref: eSD 48 - 51

Police Post/Unit: THOMSON NPP

Original - to be issued to informant Duplicate - to be submitted to Traffic Police

> HLK 25 STROMEST 2011 2 #01-80 SINGAPORE 570015 TEL: 1800-452079

<b>eBao</b> Tech	GeneralC							alClaim			
Hello, NAC_PAYA_UBI_80	0601						· Chang	e Languag	e • Chan	ge Password	Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident		06/04/2020 1	18:50	
	Vehicle	No.(For Motor)	SKN25	98A		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114070839		OH HUI HUI	S8933922G	GPC	drivo CLASSIC	SKN25984	SKN2598A	13/11/2019	12/11/2020
					15	Continue	1				

Control of the Control	cy Information	Delimakaldas			Policyholder			
Policy No.	5114070839 Polic Nam		cyholder OH HUI HUI ne		Policyholder NRIC S8933922G			
Certificate No.								
Address	BLK 24 #10-41 SIN MING RO	AD SINGAPORE	570024					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	13/11/2019	Effective Date	13/11/2019	00:00	Expiry Date	12/11/2020 2	3:59	
Excess Type	Per Accident	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/Inexperience Driver Excess		
Agent	THIS MARKETING INSURANCE A Agent		i. 63444479 GST Flag		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
→ Policyl	holder Mailing Address							
Address 1	BLK 24 #10-41	Addr	ess 2	SIN MING ROAD		Address 3	SINGAPORE 570024	
		Addr	ess Type	Singapore address		Post Code	570024	
Address 4		Relat	ed Policy	5114070839				
Address 4 Unit No.		Numi	per					
Unit No.	ed Object: SKN2598A		per					
Unit No.	None Address		per					

Met	Claim Handling							
Marcal	cident MT/1090996							
Control   Cont		5114070839	Vehicle No.	5KN2596A	GST Registration No.			
March Carlot   Marc	rtificate No.							
Control No.	Ricyholder Name	DH HUI HUI			Policyholder NRIC	589339220		
Section   Sect	oduct Code	PRIVATE CAR INSURANCE	Cover-Type	drive CLASSIC	Loading	0		
March   Marc	ortact No. (Mobile)	94371611	Contact No. (Office)	0	Contact No.(Home)			
Committed   Comm	nail Address		Special Remark		eCode			
Committed   Part   Committed		® No ○ Yes	TCA	No    ○ Yes	eCode Reason			
## And Company	CD: Stratection		NCD Enterement(%)		Privace Hire	No		
March   Marc		140	HED CHARGES AND			24		
The of Account of Control of Cont								
Command   Comm	eport Date	07/04/2020 15:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision + Change / Cross lar		
Water   Common   Co	ate of Accident	06/04/2020	Time of Accident hhomm	18:50	Country of Accident	Singapore		
Water   Common   Co	egorting Centre		Drange Force		ICM No.			
Part		NEWTON CIRCUS BOUNDABOUT TWOS NE						
Standard Enteres			11011.00					
District Encode   District E			100000000000000000000000000000000000000	2.486.86				
20.00	icess Type	Per Accident	Windscreen Excess	100.00				
20.00	ANALY DISPOSAL PRODUCT	200.00	THE PLANT WILLIAM	0.00				
Manufacture   100				5.50				
Telephone			YIED TP Excess		Driver is Covered?			
## Section   19	dditional Excess							
## Segentarial International Page	ital OD Excess Applicable	1100.00	Total TP Excess Applicable					
Tale processed   No	P Benefits							
CST Statics Verified   PSS	GST Registered Informa	ation						
Targetone No.	T Registered	No .		GST Registration Date				
## Participation   Mailting Address		5000		GST Status Verified	Yes			
## Principalities* Malling Address    Description   But 2 of 20-1								
March   Marc								
March   Marc	Pelicyholder Halling Ad	dress						
### Address Type ### Note			Address 7	EIN MING BOAR	Adoress 2	SINGAPORE EDIONA		
## Resided Protey Number  ## OF Briver Tark  ## OF		But 24 # 10-41						
### Same Chair Jafe  ***Tree Tarker***  ***Tree Tarker**  ***Tree	ddress 4		Address Type	Singapore address	Post Code	570024		
Description   Content   Description   Des	net No.		Related Policy Number	5114070839				
Married   Marr	OI Driver Info							
Driver Age   Signate Date of Driver Looked   16/03/2000   Driver Age   Signator No. (Driver Age   33   Driving Septemence   14	nver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Part	named driver Name	SIM WEI LOON, JONATHAN	Driver NRIC	SXXXX167Z	Driver DOB	23/04/1985		
Address 1 BLZ 264 ADDress 2 TAMPINES STREET 21 Address 3 SUGAPCRE \$20264  ADDRESS 4 ADDRESS 4 PRICOR \$20264  ADDRESS 4 ADDRESS 500264  ADDRESS 4 ADDRESS 500264  DIT-120  DIT-	igister Date of Driver License	16/02/2006	Driver Age	33	Driving Experience	14		
### STREET 21 Address 3 SINGARCHE \$20254  Address 7 TAMPINES STREET 21 Address 3 SINGARCHE \$20254  Address 7 TAMPINES STREET 21 Address 3 SINGARCHE \$20254  Address 7 TAMPINES STREET 21 Address 3 SINGARCHE \$20254  Address 7 TAMPINES STREET 21 Address 3 SINGARCHE \$20254  PRICOS	ontact No.(Mobile)	91067110	Contact No.(Office)	0	Contact No.(Home)	0		
Address   Address   Type   Singapore address   Post Code   520264						SINGAPORE 520264		
Driver Insurer Company   Driver Insurer Comp		BLK 204						
Driver Vehicle No.   Driver Ve	ddress 4		Address Type	Singapore address	Post Code	520204		
### State   Page		07-120						
Any Injury?		○ Yes ® No	Driver Vehicle No.		<b>Driver Insurer Company</b>			
Any Injury?	again to the							
Claim 901 Nexe  Criam 901 Nexe  Dom Type *	eclaration							
Claim 601 Nax  Claim 601 Nax  Claim 601 Nax  Corract No. (Hone)  Attachment  Attachment  Page ( DO-MK		0 ma	Amy inture?	O yes ® No				
Service   Column	eading?		The Albert					
Insured Name								
Towns Type * OD-MX	odification History							
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The first of the f								
Type Claimant Type   Please Select   Type of Benefit   Please Select   V   Type of Benefit   V	ontact No.(Mobile)	94371611				-		
Save   Submit   Save	mail Address		Of Vehicle Number		TP Vehicle Number	SCX9928C		
Service of the content of the conten	aimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select				
Save Submit  Attachment  Attachment  Print AK letter  Attachment  Print Print AK letter  Print P	amant Name *	2.2	Claimant NR3C *					
Service Servic	ermant Address							
Insured Labrity * Not at Fault   Sequer Preferand Repair Option Preferand Workshop, Name unknown V G1A report Received   07/04/2020 15:49		SKN2598A / SCX9928C ON 6 Apr 2020			Name of Preferred Workshop	8		
Preference Repair Option Preference Repair Opt			diameter -	Direct Facility 527				
Date Received 07/04/2020 15:49 Claim Close Date Date Date Date Received 07/04/2020 00:00 Print AK letter  Save Submit Attachment  Save Submit Attachment  Codent No. MY/1090996 Claim No. 001  Sat Doc. Received 07/04/2020 15:51  Path * Category * Confidential Urgency * Description of the Codential Strowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse. Claim Please Select V No V Normal V Sirowse.	0.				( (0.231908)	_		
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