NATIONAL Assessment Ce	nire Services.	M 50,021 W			
Date In: 19512 -1650	Jeb description		Date & Time Completed	Done	by.
ReiNo: Na INC 200679 /24	SAS e-filing				
Veh No: 447167	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 18/hu- 07: to	i-Motor Clair	m Form	m/1097657-01	18/5/20 1	7:01
	i-Motor W/O	(Within: OD 2hr	- Salicional and a second		
OD : TP-Y Reporting Only	i-Photo Uplos	aded	1		
	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	: (Tel:	Fax:	74 - 7
	12 8 2 V C	INC ()/Non-INC()	¥2.	
Owner / Driver: (Tel:)	
Policy No: (Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading:	\$1,000 ()/\$2,000	()			
General Remarks;-				Salah Ali	
() Walk-In Customer: Customer's	s information strictly Cor	nfidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Ir					
	voice: YES () / N	(O () · T	owing Co: ()
		0 (), .		PURINGER TO	ON P
Remarks:- (INC holline: 6788 661	(6)	S. Similar	Date&Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection	()		3 3		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ())	4.7		000000
Injury:					
		SAN SERVER A FRANCIS	Salar Fragule	332.04(E-7, E-7	· · · · · · · · · · · · · · · · · · ·
Date/Time Actions				REPORT CONTRACTOR	-
	1				
	ercurran monac			Anit (S)	Amt (3
HAZOZAZZ			paration Checklist	fu Bill	Add Bil
aimant's Particulars :-		1) AR : Acciden	t Reporting (\$30); Assessment (\$100); INC (\$	(80)	
		3) TF : Towing I	Fee . S	10/\$45	
iver/Owner:		4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120	
ntact No:	_C/	For claiming	goinst INC Only (wef 10 Jan 200	(5)	
maged Portion:		6) TR: Re-inspe		\$160	
		7) N1 : Idac DA 8) NTUC Additi		3100	
3.61 1.11 63 1.61		OD.			
Checked by (Engr-In-Charge):		The second second second	Cer / Tpt Allowance	\$5 \$10	
TO THE SHIP IS A RESULT OF THE OWNER OF THE SERVICE	SEASON DESCRIBER	*N6: Repair C *N7: Fost Rep	mir Inspection	\$25	
uditors! Comments :-		*N8: DV / Co	llect Excess Coordination	\$20	
.1:	White the state of	TP (N11): TI 9) N12: Idne Mo	(Non INC) against INC	30	-
	The same of the sa	9) N 1 4: 10nc No			
2/3:		Invoice dated	Fee Charged	MARKET AND A	All the same

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

	ACCIDENT STATEMENT
Date Of Report	18/05/2020 16:50
Date Of Accident	18/05/2020 07:40
Exact Location Of Accident	PIE (TUAS) AFTER CLEMENTI EXIT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA8716T
Insured/Policyholder	
Name Of Registered Owner	WONG SHOON KEAT
NRIC No	SXXXX801J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96302463
Alternative Phone No	OFFICE-96302463
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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	5101635755-01
Cover Note Number	
Driver	

JAMIE WONG WEI LIANG Name of Driver

SXXXX887E NRIC No. 07/04/1994 Date Of Birth INDOOR Occupation

Date Of Driving Pass 12/08/2015

4 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96302463 Mobile Number

Fax Number

OFFICE-96302463 Contact Number

NOEMAIL **EMail Address**

BLK 537 SERANGOON NORTH AVENUE 4 Address

#04-161

550537 Postcode

Was driver an employee of the Insured's Company

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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.

NO

Number of Passengers (Including Driver)

1

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?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SJV3890T

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)

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 truthful 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.
- 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 insurers) 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)

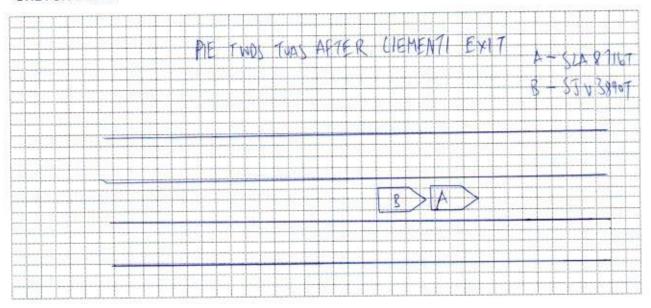
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE AHEAD SLOWED	DOWN AND STOP, I FOLLOWED SUIT. MOMENT
ATER VEH B REAR-ENDED	MY VEHICLE.

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:

Reporting Centre Personnel's Signature

Name:

NRIC / FIN No .:

Accident Reporting Draft

VEHICLE NO: SLA8716T

MODEL: NISSAN SYLPHY

DATE OF ACCIDENT	18/5/2020
TIME OF ACCIDENT	0740 HRS AM/PM
LOCATION OF ACCIDENT	PIE TOWARDS TUAS AFTER CLEMENTI EXIT
EXACT PURPOSE USE DURING ACCIDENT	
	WONG SHOON KEAT
NAME OF OWNER	WONG SHOON KEAT
CONTACT NO.	96302463, 97853595
NRIC	\$1245801J
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P
INSURANCE CO.	NTUC SAPTIVE S
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY THIRD PARTY FIRE & THEFT
POLICY NO.	
NAME OF DRIVER	AS ABOVE / IF NO: JAMIE WONG WEI LIANG
	S9411887E ANY PASSENGER: 0
NRIC DATE OF BIRTH	33411007E 744117732170E
	OUTDOOR (INDOOR)
OCCUPATION DATE OF DRIVING PASS	COTDOON INDOON
DATE OF DRIVING PASS	MALE FEMALE
GENDER	96302463, 97853595 OFFICE: HOME:
CONTACT NO.	APT BLK 537 SERANGOON NORTH AVE 4 #04-161 S(550537)
ADDRESS DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.
	EMPLOYEE/ IF NO: Son.
RELATIONSHIP	CLEAR / RAINY/ OTHER: CLEAR
WEATHER CONDITION	(DRY)/ WET/ OTHER: DRY
ROAD SURFACE	
ANY INJURIES	NO) IF YES:
CONTACT NO.	NO (JEVES
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	SJV3890T ANY PASSENGER:
NAME	
CONTACT NO.	ANY PASSENGER:
VEHICLE C NO.	ANY PASSENGER:
VEHICLE D NO.	ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANT FASSENGEN.
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	SAME AND SOCIAL
MOBILE NO.	Ryder Auto Pte Ltd
CONTACT PERSON	Auto Pte Ltd
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,
	Singapore 417921
	Email: ryderautoworkshop@gmail.com
	Tel: 67418277 Fax: 67468277



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number

: 5101635755-01

The Policyholder

: WONG SHOON KEAT

BLK 537 #04-161

SERANGOON NORTH AVENUE 4

SINGAPORE 550537

Period of Insurance

: 19 Sep 2019 To 18 Sep 2020

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Loyalty Discount : 5%

Premium (inclusive GST)

: S\$1,067.82

Interest Insured

Cover Type : drivo CLASSIC

Primary Driver : WONG SHOON KEAT
Named Driver (1) : WONG JIA LIANG SHAWN
Named Driver (2) : JAMIE WONG WEI LIANG

Make/Model : NISSAN/SYLPHY Capacity : 1600cc Registration Number : SLA8716T Registration Year : 2016 Chassis Number : MNTBBAB17Z0025845 Off-peak Car : No Repair at Owner's Preferred Workshop: No Insure with COE : Yes Excess (Section 1) : \$\$600 NCD Entitlement : 50% Excess (Section 2) : N/A NCD Protection : Yes

Windscreen Excess : \$\$100 Additional Excess : N/A

Unnamed Driver Excess : Please refer to Terms and Conditions

Hire Purchase Company : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Optional Cover

Transport Allowance : No Excess Waiver : No

Memo A : N/A

Endorsement Operative: M4

100

Agency : VICOM LTD (00000612210)
Date of Issue : 02 Sep 2019 14:47 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Am

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						Change	Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Va.				Date o	f Accident	[8/05/2020 (7:40	
	Vehicle	No.(For Motor)	SLAS7:	L6T		Certific	cate Number	[
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101635755- 01		WONG SHOON KEAT	51245801)	GPC	drivo CLASSIC	SLA87167	SLA8716T	19/09/2019	18/09/2020
					C	Continue		-			

- Elidora							
T Endors	sements						
) Insure	d Object: SLA8716T						
Unit No.		Relate Numb	ed Policy er	5101635755-01			
Address 4		Addre	ss Type	Singapore address		Post Code	550537
Address 1	BLK 537 #04-161	Addre	ss 2	SERANGOON NORT	TH AVENUE 4	Address 3	SINGAPORE 550537
→ Policyl	nolder Mailing Address						
Certificate Info							
Open Policy Info							
Flag	NV.						
Co-	No						
Agent	VICOM LTD	Agent Tel.	66975221		GST Flag	Y	
Singapore OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Excess Dutside	0	Premium Outside	0				
Excess Additional		Excess OS			Excess		
Third Party	0	Own damage	600		Windscreen	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	02/09/2019	Effective Date	19/09/2019	00:00	Expiry Date	18/09/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 537 #04-161 SERANGOO	N NORTH AVENU	JE 4 SINGAP	ORE 550537	CROWNS.		
Certificate No.							
Policy No.	5101635755-01	Policyholder Name	WONG SHO	ON KEAT	Policyholder NR1C	S1245801J	

Ecy No.	5101635755-01	Vehicle No.	SLA8716T	GST Registration No.	
ertificate No.	W. V. All Colonian and				
Hicyholder Name	WONG SHOON KEAT			Policyholder NR3C	\$1245801)
roduct Code	PRIVATE CAR INSURANCE	Cover Type	driva CLASSIC	Loading	0
oguct Code oncact No.(Mobile)	96302463	Contact No.(Office)	0	Contact No.(Home)	0
	90302403	Special Remark	<i>A</i>	eCode	N. V
mail Address	- Revious		® No ○ Yes	eCode Reason	1
PK	® No ○Yes	TCA			22
CD Protection	Yes	NCD Entitlement(%)	50	Privaté Hire	No
Accident Details					CONTRACTOR AND AND AND ADDRESS.
eport Date	18/05/2020 15:59	Accident Report Within 24 hrs		Academt Type	Collision - Head to Rear
ace of Accident	18/05/2020	Time of Accident hh:mm	07:40	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
coldent Location	PIE (TUAS) AFTER CLEMENTI EXIT				
♥ Total Excess Applicable					
xcess Type	Per Acodent	Windscreen Excess	100.00		
O Standard Excess	600.00	TP Standard Excess	0.00		
IED OO Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0,00		
♥ Benefits					
GST Registered Informa	tion				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad					
ddress 1	BLK 537 #04-161	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550537
odress 4		Address Type	Singapore address	Post Code	550537
nit No.		Related Policy Number	\$101635755-01		
© OI Driver Info					
river Name	JAMIE WONG WEI LIANG	Driver Type	Named Driver	AN THE COLUMN TO	a variable and a second a second and a second a second and a second a second and a second and a second and a
nnamed driver Name		Driver NRIC	59411887E	Driver DOB	07/04/1994
egister Dace of Driver License	12/08/2015	Driver Age	26	Driving Experience	4
Contact No.(Mobile)	96302463	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 537	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550537
ddress 4	V 100 () () () () () () () () () (Address Type	Singapore address	Post Code	\$50537
	04-161			25500 22	
oes he own a Singapore	04-161 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
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ooes he own a Singapore egistered car? edaration restraiyser or Blood Test eading? Claim 001 New Jaim Type * Lonsact No. (Mobile) mae Address	○ Yes No 0 mg 0 mg DD-No: 96302463 kaatsports@gmail.com	Any injury? Insured Name Concact No. (Home) DI Vehicle Number	WONG SHOON KEAT 65562302 SLA8716T	Insured ARSC	Commission and Commission of C
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