NATIONAL Assessment Centre	Services.	puet i Janibist .	MNA 1200	49620		
Date In. 4/6/20 17:14	Jeb description		Date &Time Co.		Done by	· 
I and the second	SAS c-filing					1
MAI INC 20000173111	E-mail (setata	llas, AIC 2hrs)				
	I-Motor Cini	n Form	M7/10937	53001 4	16/20	1713
314720 23:48:	1-Motor W/O	(Wilder OD 2ho				
(11) - IP ' Recording Only	I-Photo Uplo	nded				
	Assessment/Su	rvey Report				
IP Insurer:	Ass't Report b	y Fax / Hand t	Owner/Wksn	Name of the second	120 A TO THE PARTY OF THE PARTY	
Proformed Wicap / IMC Assign Wikap / QW; (			Tel:	Fix:		
TP Particulars: Veb No: E	Q166.	, INC(	. )/Non-INC (	).		
Owner/Driver: (			Tel:			
Palicy No: ( ) Perio	nd: (	)	Cover Type: (			-
Confirmed by : (		Date:	Time:	11. 00. 1000	/	
Insured/Driver Liability: ( %) [No	ote-Est. Status (V		)%; P: 21-79%.	P; 80-100	/a]	
Year of Registration: ( ) W	arranty; YES (	)/NO(	)			-
Excess: (S ) Loading: \$1,000	The second secon	Control of the Park of the Par	Samuel R. F. W. Co.	######################################	- Hillian State	**********
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( ) Walk-In Customer : Customer's Inform	nation strictly Cor	riidential & Str	ictly NO refer of a	repolier.		
( ) Total Loss Case : to e-mall Insurer	URGENTLY.		, · .)			
Drive-In ( ) / Towed-In ( ); Invoice:	YES( )/N	T; ( ) OI	owing Co: ( -	1		
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2) QC Check / Post Repair Inspection	( - )	/	,	- ·		
1) Upload Resurvey Photo [Repair Cost> \$30		) :				
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	201535142454	3) TF 1 Towing P		240/243		
river/Owner:		4) FT : Pollow-T	country Survey (Resurv	\$120 (ay) \$30	-	
onlact No:		For claiming a	minating Only (well	10 Jon 2005) 573		
amaged Portion:	8 01.00000000000000000000000000000000000	7) NI : Idao DA	SMICT Survey	· 5160	-	
3		8) NTUC Addition	nal Services;-	-		
C Checked by (Engr-In-Charge):	F( (1))	*NS; Courtesy	Car / Tpt Allowance	7.		
or contract of Court of Section 1		*NG: Rapale C	n-ordination	510		
arditory Community : 15 (25)		VIJO: DV / Col	Sual Expess Coordinati	án I	3	
<u>(i. 1)</u>	A Solitary and Charlet ?	TP (N11): TP 9) N12: Idao Mo	(Non INC) against IN	G 52	0	
		Invalor dated	. Fe	· Charged	MENTS V	WAY IN
17.7.37		Involve dated	Fe	e Charged	PARTITION	

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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> 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

A PARTY OF THE PAR	ACCIDENT STATEMENT
Date Of Report	04/06/2020 17:14
Date Of Accident	03/06/2020 23:20
Exact Location Of Accident	PIE TWDS CTE
Country/State of Loss	SINGAPORE
D Company of the Comp	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX6854D
Insured/Policyholder	
Name Of Registered Owner	TOH JUN DA
NRIC No	SXXXX693H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90059438
Alternative Phone No	OFFICE-90059438
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	5115264719
Cover Note Number	
Driver	
Name of Driver	TOH JUN DA
NRIC No	SXXXX693H
Date Of Birth	25/09/1994
Occupation	INDOOR
Date Of Driving Pass	28/09/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90059438
Fax Number	
Contact Number	OFFICE-90059438

NOEMAIL

Address

BLK 151 AMK AVE 5 #03-3044

Postcode

560151

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

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)

3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

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)

YES

Are accident photos available for attachment?

NO

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

EQ16G

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

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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 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)

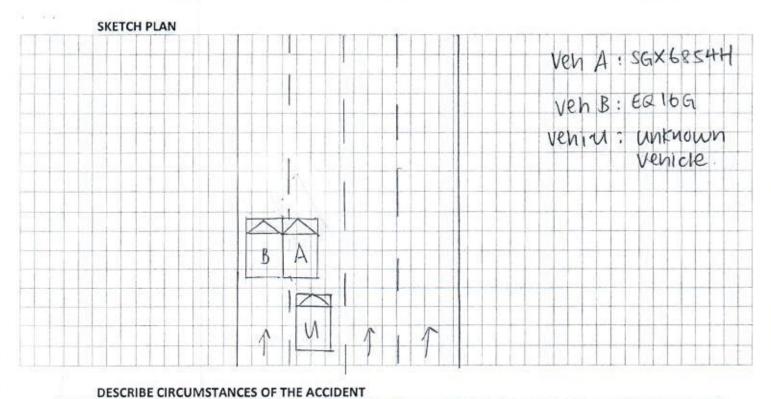
I understand, acknowledge, agree and consent that:

- (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 :
  - (1) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (11) Investigations the accident and/or my claims;
  - (111) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (IV) Administering my claims (including the mailing of correspondence, statement, 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 envelops/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' 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:



June 2020, about 2322 hrs was travelling towards CTE. behind PIE The UNKNOWN vehicle 1+6 to give me and Suddenly beam Nas high for decided change lane the unknown to him . May vehicle B(EQIGG) onto vehicle and collided

DECLARATION

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

H

Policy holder's signature Date & time: A

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

reporting centre personnel's Signature NRIC/FIN No.:

eBaoTech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		March Show (1984)			• Chang	e Language	chang	je Password	· Log Out
My Desktop	<b>Policy Query</b>			-						¥
Notice of Loss	Policy No.				Date	of Accident		03/06/2020	17:12	
	Vehicle No.(For Motor)	SGX68	354D		Cert	ificate Numbe	er			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5115264719		TOH JUN DA	59435693H	GPC	drivo CLASSIC	SGX6854D	SGX6854D	30/12/2019	29/12/2020
					Continue					

## 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.

Date of accident	03/06/2020	(DD/MM/YY)
Time of accident	2372	(HH:MM)
Exact location of accident	PIE towards CTE	

<b>拉</b> 尔斯特	No. of the last of	DETAILS OF	OF VEHICLE				
Vehicle registration number	3	56 X 68	854 H				
Vehicle make and model		Honda civic					
Type of vehicle	Saloon D	MPV 🗆 Bus 🗆					
Vehicle category	Private	Comm	mercial   Motorcycle				
Purpose of using at said time			The state of the s				
Are you claiming under your own insurance company?	Yes  Third part	No 🗹	if no, please select: Reporting only				

	INSURANCE IN	FORMATION	A STATE OF THE STA
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only

	INSURED / POLICY HOLDER		
Name	Ton Jun da	Male 🗹	Female 🗆
NRIC / Fin / Passport number	594356934		
Contact	9005 9438		
Address	BIK 151 Ang Mio Kio Avenue S(560151)	· 5 # 03	3-3044

DRIVER	SAME A	AS INSURED A	ABOVE I (SKIP	TO D.O.B)	
Name				Male □	Female 🗆
NRIC / Fin / Passport number					
Contact					
Address					
Email address					
Date of birth	25/09/	1994			
Occupation	Indoor C	Outdoor			
Driving date pass	28 Sep 2	2017			

	GENERAL	INFORMAT	ION OF THE A	CCIDENT		Section beauty
Was driver an employee of	Yes 🗆	No 🗸				<b>对并是由他的比较级</b>
the insured's company?	If no, rel	ationship of	the driver and	d insured:	owner	
Accident captured by camera?	Yes 🗆	No				
Weather condition	Clear	Raining	□ Others	:		
Road surface	Dry &	Wet 🗆				
No of passenger	3				(Inclusi	ive of driver
delication in the second						
AND THE SECOND SECOND		PASSE	NGER 1		PERMIT	<b>学业主义</b>
Name						
Gender	Male	Female :	)			
		PASSE	NGER 2		And the Control of	awers in the day
Name	Name and Address of the Owner, where	The second secon	And delicate and the same		A STATE OF THE STA	Ser Artist
Gender	Male 🗆	Female 5	ν			
						and the second
<b>郑启、张明</b>		PASSE	NGER 3	program as	AND LONG TO SAME	
Name						
Gender	Male	Female				
Mary Mary and San Paris	No. of the least o	DACCE	ICED A		Motor State Charles	NOT THE OWNER OF THE OWNER.
Name		PASSE	NGER 4	明朝。李沙兰公	<b>新疆外的</b>	
Gender	Male 🗆	Female				
	I wate 🗆	Telliale L				
25年4年4月2日 日本		PASSEN	IGER 5	AND PROPERTY OF		
Name			SOCIETA PROPERTY AND ADDRESS OF THE PARTY OF		SHIP INCOME TO SHIP IN THE SHI	THE PERSON NAMED IN
Gender	Male 🗆	Female 🗆				
	NOTE OF THE OWNER, WHITE OWNER,					Contract of the same of
		PASSEN	IGER 6	<b>阿林中国</b>	Depart of the state of	
Name						
Gender	Male 🗆	Female 🗆				
		OTHER INFO	RMATION			STATE OF THE PARTY AND ADDRESS OF THE PARTY AN
Was anybody injured?	Yes 🗆	No				
Was other vehicle damaged?	Yes	No 🗆				
	CONTRACTOR OF STREET			- Philippine and		
Poported to police?			STATION ACT		<b>经过来的基金支持</b>	
Reported to police?	Yes 🗆	Not 1	f yes, please st	tate which p	olice station.	
Police station name						
		WITNE	SS 1			
Name			THE RESERVE THE PERSON NAMED IN		AND ROOM BUILDING	
				MINISTER STATE OF THE PARTY OF		
Name	<b>在</b>	WITNE	SS 2	er characters	<b>经数分的通过</b>	公司主题的

<b>自</b> 然的"5000"。这种是最级的	THIRD PARTY VEHICLE 1
Vehicle registration number	EQ 169
Vehicle make model	BMW 240i
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
(A)	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THE CONTRACTOR
Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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	
Vame	
NRIC / Fin / Passport number	
Contact	
AT CHEST AND AND ADDRESS OF THE PARTY OF THE	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	

Name

Contact

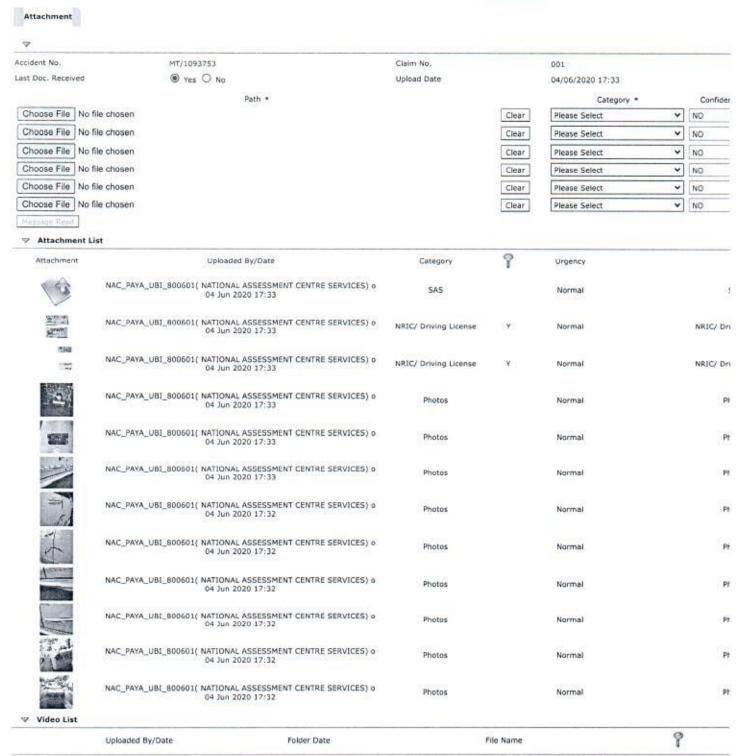
NRIC / Fin / Passport number

A CONTRACTOR OF THE PARTY OF TH		INJURED PERSON 1
Name	The Later of Con-	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	140-000-00-00-00-00-00-00-00-00-00-00-00-	
And the Section of the Late		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
<b>建设设施</b> 2 年 1885年		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆 /
hospital by ambulance?		
	SERVICE COLUMN STATES	
		INJURED PERSON 4
Name	-	
Injuries sustained	-	
Which vehicle person in?	1	
Were seat belts worn?	Yes 🗆 /	No 🗆
Was injured conveyed to	Yes p	No 🗆
hospital by ambulance?	1/_	
	TOTAL STREET,	
Name	1	INJURED PERSON 5
Injuries sustained	-	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	ies 🗆	110 🗆
nospital by ambulance:		
The second second second second	NEW YORK	INITIDED DESCON 6
Name /		INJURED PERSON 6
Injuries sustained		
Which vehicle person in?		
TATION VEHICLE DELOUIT III!		
The state of the s	Ves	No. II
Were seat belts worn?	Yes 🗆	No 🗆
	Yes 🗆 Yes 🗆	No 🗆

### Claim Handling

Accident MT/1093753				
Policy No.	5115264719	Vehicle No.	SGX6854D	GST Registrat
Certificate No.				
Policyholder Name	TOH JUN DA			Policyholder #
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90059438	Contact No.(Office)		Contact No.(F
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
Report Date	04/06/2020 17:30	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/06/2020	Time of Accident hh:mm	23:20	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS CTE			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	***			
VIED OD Excess	600,00	TP Standard Excess	0.00	114.00000000000000000000000000000000000
	0.00	YIED TP Excess	0.00	Driver is Cove
Additional Excess	0		20000	
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
♥ Benefits	•200			
	MARCH.			
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified	W
Modification History			GST Status Vernieu	Yes
	ress			
Address 1	BLK 151 ±03-3044	Address 2	ANG MO KIO AVENUE 5	Address 3
Address 4	SINGAPORE 560151	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5115264719	
♥ OI Driver Info				
Driver Name	TOH JUN DA	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9435693H	Driver DOB
Register Date of Driver License	01/01/2000	Driver Age	25	Driving Exper
Contact No.(Mobile)	90059438	Contact No.(Office)		Contact No.(F
Address 1	BLK 151 #03-3044	Address 2	ANG MO KIO AVENUE 5	Address 3
Address 4	SINGAPORE 560151	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes in No	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test	0 mg	Any injury?	○ Yes ⊚ No	
Reading?	DOMESTIC .	0000 No. (400 80)		
Modification History				
The state of the s				
10 10 No. 10				
Claim 001 New				
Claim 001 New				
			OD-MX	Insured TO
			OD-MX	Name III
Claim Type *			OD-MX	Name Contact No.
Claim Type + Contact No.(Mobile)			ОД-МХ	Name Contact No. (Home)
Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address			OD-MX	Name Contact No. (Home)
Claim Type • Contact No.(Mobile) Email Address			QD-MX SGX6854D / EQ160	Contact No. (Home) OI Vehicle Number
Claim Type *  Contact No. (Mobile)  Email Address  Claim Description				Contact No. (Home) OI Vehicle Number
Claim Type •  Contact No. (Mobile)  Email Address  Claim Description  Preferred  Workshop	Freiere	y at Fault GIA	SGX6854D / EQ160	Contact No. (Home) OI Vehicle Number
Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop  Bankiet No. Finalisation  Yes	Insured Liability Partiall  Preferered  Repair Preferred Worksho	GIA	SGX6854D / EQ160	Name Contact No. (Home) OI Vehicle Number  S ON 3 Jun 2020
Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop  Bankiet No. Finalisation  Yes	Preference Preferred Worksho	n Name unknown GIA Deceived	SGX6854D / EQ160	Name Contact No. (Home) OI Vehicle Number GON 3 Jun 2020
Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred  Workshop	Preference Preferred Worksho	n Name unknown GIA Deceived	SGX6854D / EQ160	Name Contact No. (Home) OI Vehicle Number  5 ON 3 Jun 2020  Claim Close

Save Submit



Display in New Window Scan and uploading