

NATIONAL Assessment Centre Services.

1st Jan 2021

1/20059087

| | | | |
|-----------------------------|--|-----------------------|------------------|
| Date In: 13/07/2020 16:59 | Job description | Date & Time Completed | Done by |
| Ref No: N1308/ACC2000724474 | SAS e-filing | | |
| Veh No: SJM 98052 | E-mail (Adjuster, A/C, etc) | | |
| DOA: 13/07/2020 09:25 | I-Motor Claims Form | m/109677-001 | 13/07/2020 17:16 |
| OID: TP Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/VLH2 | | |

| | | |
|--|--|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: () | Tel: () | Fax: () |
| TP Particulars: | Veh No: SL26733A | INC () / Non-INC () |
| Owner / Driver: () | Tel: () | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: () | Date: () | Time: () |
| 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 () | |

| |
|---|
| () 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 () ; Invoice: YES () / NO () ; Towing Co: () |
| 1) Apply for Transport Allowance () / Courtesy Car () |
| 2) QC Check / Post Repair Inspection () |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () |

| |
|-------------|
| Injury: () |
| |
| |
| |
| |

| | | |
|---------------------------------|---|-------|
| NA2003686 | 1) All Accident Reporting (\$30) | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$10) | |
| Contact No: | 3) TP: Towing Fee | \$120 |
| Damaged Portion: | 4) PT: Follow-Through Survey | \$30 |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) | \$75 |
| | 6) TR: Re-inspection | \$160 |
| | 7) NI: 1 day DA + SMRT Survey | |
| | 8) NTUC Additional Services | |
| | 9) ON: Courtesy Car / Tpl Allowance | \$3 |
| | 10) NG: Repairs Coordination | \$25 |
| | 11) PT: Post Repair Inspection | \$3 |
| | 12) NG: DV / Collect Excess Coordination | \$30 |
| | 13) TP (NI) / TP (W) / INC / Adjuster | \$30 |
| | 14) NI: 1 day Mobile | |
| | Invoice dated | |
| | Invoice dated | |

1/2/2

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.
- 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. This report will be forwarded by the insurers of the GlA 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.

| ACCIDENT STATEMENT | |
|--|--|
| Date Of Report | 13/07/2020 16:50 |
| Date Of Accident | 13/07/2020 09:25 |
| Exact Location Of Accident | WOODLANDS AVE 9 TWRDS WOODLANDS AVE 5(B/F SHELL) |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SJM9805Z |
| Insured/Policyholder | |
| Name Of Registered Owner | WANG JIANGUO |
| NRIC No | SXXXX303A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81020177 |
| Alternative Phone No | OTHERS-81250957 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | ESTIMA AERAS |
| 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 | 5107260396-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | KHO SWEE TIANG |
| NRIC No | SXXXX092I |
| Date Of Birth | 21/02/1985 |
| Occupation | INDOOR |
| Date Of Driving Pass | 03/02/2012 |
| Driving Experience | 8 YEARS AND 5 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-81250957 |
| Fax Number | |
| Contact Number | OTHERS-81020177 |
| Email Address | NOEMAIL |

| | |
|---|------------------------|
| Address | BLK 139 MARSILING ROAD |
| | #09-2036 |
| Postcode | 730139 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| 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 ambulance? | NO |
| 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

PLEASE REFER TO SKETCH PLAN AND ATTACHMENT

Attachment(s)

| | |
|---|------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH OWNER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SLZ6733A |
| 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 | KHO SWEE TIANG |
| Approximate Age | |
| Injuries Sustain | BODY PAIN |
| Injured person in which vehicle? | SJM9805Z |
| 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.
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 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:
 - (i) 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:
 - (i) 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:

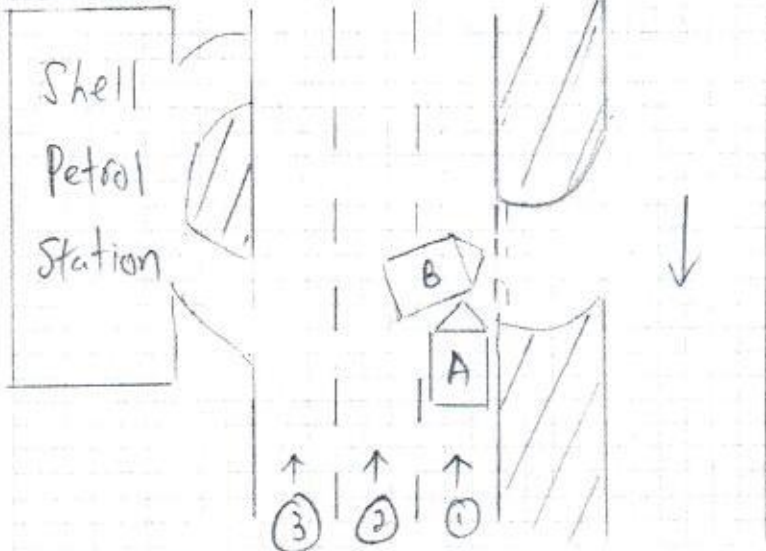
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

13/07/2020

Res L. Hartono

SKETCH PLAN



A= SJM 9805Z

B= SLZ 6733A

Woodlands Avenue 9
towards
Woodlands Avenue 5
(Before Shell Petrol Station)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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.:

13/07/2020

Rosa V. H. H. H.

On 13.07.2020 at about 09:25 hours along Woodlands Avenue 9 towards Woodlands Avenue 5 (Before Shell Petrol Station). I was travelling straight on lane 1, suddenly vehicle (B) from my left cut into my lane without checking the traffic condition and collided onto front portion of my vehicle (A).

Vehicle (A): SJM 9805Z

Vehicle (B): SLZ 6733A

Car
13/07/2020

[Signature]

SINGAPORE ACCIDENT STATEMENT

| | | | | |
|---|---|---------------------|--------------|----------------------|
| Accident Date: | 13/07/2020 | Time: | 09:25 | (hh:mm) 24 hr format |
| Location | Woodlands Avenue 9 towards Woodlands Avenue 5. (Before Shell Petrol Station) | | | |
| Vehicle Number | 5JM9805Z | | | |
| Insured Name | Wang Jianguo | | | |
| NRIC / FIN | S8438303A | Contact Number | 8102 0177 | |
| Make | Toyota | Model | Estima Aeris | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | | | |
| Insurance Company | NTUC | | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | | | |
| Policy Number | 5107260396-01 | | | |
| Name of Driver | Kho Swee Tiang | () Same as Insured | | |
| NRIC / FIN | S8506092I | Contact Number | 8125 0954 | |
| Date of Birth | 21/02/1985 | | | |
| Driving Pass Date | 03/02/2012 | | | |
| Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor | | | | |
| Gender () Male (<input checked="" type="checkbox"/>) Female | | | | |
| Email Address | xu.r222@gmail.com | () NO EMAIL | | |
| Address of Driver | BLK 139 Marsiling Road # 09-2036 Singapore 730139 | | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| If No, Relationship of the Driver with the Insured | | | | |
| (<input checked="" type="checkbox"/>) Owner (<input checked="" type="checkbox"/>) Spouse () Friend () Relative () Children () Sibling | | | | |
| Does the Driver Own Any Other Vehicle? () Yes () No | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | |
| Insurance Company of Driver's Own Vehicle | | | | |
| Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others | | | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No | | | | |
| If yes, injured detail Kho Swee Tiang Body Pain | | | | |
| Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No | | | | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | | | |
| DETAILS OF 3 rd party Name / Nric Contact | | | | |
| Veh B | SLZ 6733A | | | |
| Veh C | | | | |
| Veh D | | | | |
| Veh E | | | | |
| Veh F | | | | |

Driver Only

Claim Handling

Accident MT/1096717

| | | | | | |
|---------------------|-----------------------|---------------------|---------------|----------------------|-----------|
| Policy No. | 5107260396-01 | Vehicle No. | SJM9805Z | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | WANG JIANGUO | Cover Type | drive CLASSIC | Policyholder NRIC | S8438303A |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 81020177 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | No Yes | eCode | No |
| KFK | No Yes | NCD Entitlement(%) | 50 | eCode Reason | |
| NCD Protection | Yes | | | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|--|-------------------------------|-------|---------------------|---------------------------------|
| Report Date | 13/07/2020 17:11 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Change / Cross lane |
| Date of Accident | 13/07/2020 | Time of Accident hh:mm | 09:25 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | WOODLANDS AVE 9 TOWARDS WOODLANDS AVE 5(B/F SHELL) | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | Driver is Covered? | Covered |
| YIED OD Excess | 500.00 | YIED TP Excess | 0.00 | | |
| Additional Excess | 0 | | | | |
| Total OD Excess Applicable | 1100.00 | Total TP Excess Applicable | 0.00 | | |

Benefits

GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 215 #22-810 | Address 2 | MARSILING LANE | Address 3 | SINGAPORE 730215 |
| Address 4 | | Address Type | Singapore address | Post Code | 730215 |
| Unit No. | 09-359 | Related Policy Number | 5107260396-01 | | |

01 Driver Info

| | | | | | |
|---|------------------|---------------------|-----------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 21/02/1985 |
| Unnamed driver Name | KHO SWEE TIANG | Driver NRIC | S65060921 | Driving Experience | 8 |
| Register Date of Driver License | 03/02/2012 | Driver Age | 35 | Contact No.(Home) | |
| Contact No.(Mobile) | 81250957 | Contact No.(Office) | | Address 3 | SINGAPORE 730139 |
| Address 1 | BLK 139 #09-2036 | Address 2 | MARSILING ROAD | Post Code | 730139 |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | 09-2036 | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | SJM9805Z | Driver Insurer Company | NTUC |

Declaration

| | | | |
|-------------------------------------|------|-------------|--------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No |
|-------------------------------------|------|-------------|--------|

Modification History

Claim 001 New

| | | | | | |
|---------------------------------|------------------------------------|----------------------------------|--------------|----------------------------|----------------|
| Claim Type * | OD-MX | Insured Name | WANG JIANGUO | Insured NRIC | S8438303A |
| Contact No.(Mobile) | 81020177 | Contact No. (Home) | NIL | Contact No. (Office) | |
| Email Address | mindfreakattack@hotmail.com | Ol Vehicle Number | SJM9805Z | TP Vehicle Number | SL26733A |
| Claim Description | SJM9805Z / SL26733A ON 13 Jul 2020 | | | Name of preferred Workshop | |
| Preferred Workshop Finalisation | Yes | Insured Liability | Not at Fault | GIA report | Received |
| Date Registered | 13/07/2020 17:15 | Preferred Workshop, Name unknown | | Claim Close Date | |
| Report Taken By | RDSLI WAHAB | | | Date Received | 13/07/2020 00: |

Print AK letter

Save Submit

Attachment

MT/1096717

Claim No. 001

13/07/2020 17:16

| | | | | | | |
|-------------|----------------|-------|---------------|----|--------|--|
| Choose File | No file chosen | Clear | Please Select | NO | Normal | |
| Choose File | No file chosen | Clear | Please Select | NO | Normal | |
| Choose File | No file chosen | Clear | Please Select | NO | Normal | |
| Choose File | No file chosen | Clear | Please Select | NO | Normal | |
| Choose File | No file chosen | Clear | Please Select | NO | Normal | |
| Choose File | No file chosen | Clear | Please Select | NO | Normal | |

Attachment List

| | | | | | |
|--|------------------|----------|---------|------------------|----------------|
| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jul 2020 17:16 | | Photos | Normal | Photos 2020-7-13 | |

<https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107260396-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJM9805Z**
Chassis Number : ACR507061064
2. Name of Policyholder : **WANG JIANGUO**
3. Effective Date of Insurance : **01 Feb 2020**
4. Expiry Date of Insurance : **31 Jan 2021**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|--------------------------------------|---|
| EXCESS (SECTION 1) | : \$5600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : \$5100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : YES |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : WANG JIANGUO |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : SPEEDO CAPITAL PTE. LTD. |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : SPEEDO CAPITAL PTE. LTD. (00000615301)

Date of Issue : 30 Jan 2020 20:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive