NATIONAL Assessment Centre Services. MATIONAL Assessment Centre Services. MATIONAL Date In: 7812-17: 16 Date & Time Completed Done by Jeb description Ref No: 4 [14/(2000)16/14 SAS e-filing E-mail (within Shrs, AIC 2hrs) Veh No: JMR385TL 118/20 18:06 i-Motor Claim Form m1109951-201 i-Motor W/O (Within: OD 2hrs, TP 4hrs) 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: 36/08 978 K)/Non-INC(TP Particulars: INC (Owner / Driver: (Tel: Cover Type: (Policy No: (Period: (Confirmed by : (Time: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (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 (); Invoice: YES () / NO (); Towing Co: (Remarks: (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: . Date/Time Actions Amt (3) Anit (S) Invoice Preparation Checklist HADOYOTY. fit Bill Add Bill 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For cleiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey 3) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Car / Tpt Allowance \$10 *N6: Repair Co-ordination \$25 * N7: Fost Repair Inspection Auditors' Comments :-\$5 +N8: DV / Collect Excess Coordination TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idao Mobile Fee Chargea Invoice dated Cat. 2/3: Fee Charged Invoice dated

i spant to

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 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.

aforesaid.	
Action to the second second	ACCIDENT STATEMENT
Date Of Report	05/08/2020 17:56
Date Of Accident	04/08/2020 21:15
Exact Location Of Accident	AMK AVE 5 TWDS BUANGKOK DR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMQ3855L
Insured/Policyholder	
Name Of Registered Owner	HEE YEN JULIA
NRIC No	SXXXX048D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90273787
Alternative Phone No	OFFICE-90273787
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5114610940
Cover Note Number	
Driver	
Name of Driver	JULIA HEE YEN (JULIA XU YAN)
NRIC No	SXXXX048D
Date Of Birth	14/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2006
Driving Experience	14 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90273787
Fax Number	
Contact Number	OFFICE-90273787
EMail Address	NOEMAIL

BLK 248 COMPASSVALE ROAD Address #03-626 540248 Postcode 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 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) 3 involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station NO Was notice of intended Prosecution given? 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? NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SGK8978K Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** PRIVATE CAR Vehicle Category Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver) DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBK3666C

Page 2 of 19

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

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 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 malling 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 Signipture

Date & Time:

Driver's Signature

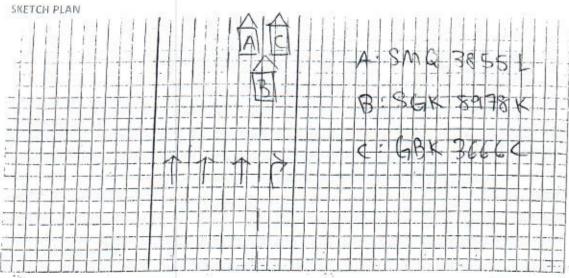
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated	time, date & location, I was
Stationery wonting	for the traffic light to turn green.
Suddenly 1 felt	a huge invaid on my rear- It was
a correction o	collided onto both my vehicle 'A'
8 a van 1 C	V
A 0 C S	- 1- V
A: SM & 38	
B: SGK 89	
C: GBK 366	6 C

DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature (Il driver is not the policyholder) Date & Time: Reporting Centre Personnel stignature Name:

NRIC/FIN Mo.:

astroni starelativationa ses

Date of Accident	: 4 8 2020 Accident Time: 2 \ \ 5 (24-HR-Format)
Accident Place	: Arg MO KIO AND 5 towards Bloodkok Dr
Vehicle Reg. No. (Car Plate No.)	: SMQ3855L
Vehicle Make/Model	: Honda Vezel
Insurance Company	NTVC Policy No. 5114610940
Owner or Company Name /IC No	Hee Men Julia
Owner or Company Contact No.	: 9027 3787 Owner's Hp Company Tel
DRIVER'S Name / IC No.	Hee Hen Julia
DRIVER'S Date Of Birth	: 14 10 1984 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWNET
DRIVER'S Address	: 248 compassible Road # 03-626.
DRIVER'S Contact No./ Alt No.	2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: juliaheeyen@gmail.com
Weather & Road Surface	: CLEAR DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Offe Party \ Claim Own Insurance
Number of Passengers (Including	Driver):
Was there any video Captured by Exact purpose for which vehicle w	car camera: YES\NO as being used at the time of accident: Private use\Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: (B) SGK	(8978 K Vehicle Reg. No.(() GBK 3666 C
Vehicle Make\Model:	1000 SERVICE REPORT VALUE OF
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	
benjzhang38@gma	1. com

9 9 5 5

eBaoTech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601						• Chang	e Languag	e • Chan	ge Password	• Log Out
My Desktop	Policy Query Policy No. Date of Accident 04/08/2 Vehicle No. (For Motor) SMQ3855L Certificate Number Search										
Notice of Loss	Policy N	io.				Date	of Accident		04/08/2020 2	1:15	
	Vehicle No. (For Motor) SMQ			3855L Certificate Number							
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114610940		HEE YEN JULIA	S8431048D	GPC	drivo CLASSIC	SMQ38551	SMQ3855L	04/12/2019	03/12/2020
					1	Continue	1				

Sequer	ice	Date of Endorsemen	t E	ndorsement	Type	Endorsement	Status	Endorsement Content
	ements							
▶ Insure	d Object: S	MQ3855L	110000000000000000000000000000000000000					
Jnit No.	03-	526	Related Numbe		5114610940			
Address 4			Addres	s Type	Singapore address		Post Code	540248
Address 1	BLK	248 #03-626	Addres	s 2	COMPASSVALE ROA	AD	Address 3	SINGAPORE 540248
Policyl	older Maili	ng Address						
Open Policy Info Certificate Info								
Co- insurance Flag	No							
Agent	STAR CAPI	TAL INSURANCE AGE	Agent Tel.	62762735		GST Flag	Υ	
Outside Singapore OD Excess	600		Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
Additional Excess	0		OS Premium	0				
Third Party Excess	0		Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Acciden	t	All Claims Excess					
Policy ssue Date	04/12/2019	•	Effective Date	04/12/2019	00:00	Expiry Date	03/12/2020 23:	59
Product Name	PRIVATE CA	AR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 248 #0	3-626 COMPASSVALI	E ROAD SINGA	PORE 54024	84			
Certificate No.			Name			MAIC.		
Policy No.	511461094	0	Policyholder Name	HEE YEN JU	LIA	Policyholder NRIC	S8431048D	

laim Handling						
ocident MT/1099051	5114610940	Vehicle No.	SMQ3855L	GST Registration No.		
ertificate No.	5114610940	Vende no	arcount.	ast negational no.		
	HEE YEN JULIA			Policyholder NRIC	\$8431048D	
olicyholder Name roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	O .	
ontact No.(Mobile)	90273787	Contact No.(Office)	0	Contact No.(Home)	0	
	. 302/3/0/		50000	eCode	r v	
ned Address		Special Remark	0.0.	eCode Reason	113	
×	® No ○ Yes	TCA	® No ○ Yes			
ID Protection	No	NCD Entitlement(%)	0	Private Hire	No	
Accident Details						
port Date	05/08/2020 L8:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
tte of Accident	04/08/2020	Time of Acoders hhomm	21:15	Country of Accident	Singapore	
parting Centre		Drange Force		SCM No.		
cident Location	AMK AVE S TWDS BUANGKOK DR.					
Total Excess Applicable						
сиях Тури	Per Accident	Windsgreen Excess	100.00			
Standard Excess	800.00	TP Standard Excess	0.00			
D OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
ditional Excess	0					
tal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00			
Benefits	1999 95 1979		100000			
	ation.					
GST Registered Informa			POT A			
T Registered	No		GST Registration Date			
T Registration No.			GST Status Verified	Yes		
diffication History						
	g-13-1					
Policyholder Mailing Ad					Name and Address of the Control of t	
dress t	BUK 248 #03-626	Address 2	COMPASSVALE ROAD	Address 3	SINGAPORE 540248	
dress 4		Address Type	singapore address	Post Code	540248	
et Na.	03-626	Related Policy Number	5114610940			
OI Driver Info						
ver Name	Hee Yen Julia	Driver Type	Main Driver			
named driver Name		Driver NRDC	\$8431048D	Driver DOB	14/10/1984	
gister Date of Driver License	01/04/2006	Driver Age	35	Driving Experience	14	
intact No. (Mobile)	90273787	Contact No.(Office)	0	Contact No.(Home)	0	
dress t	BLK 248	Address 2	COMPASSIVALE ROAD	Address 3	SINGAPORE 540248	
		Address Type	Singapore address	Post Code	540248	
Idress 4		Homeso (Abs	angapare and tas		672777	
nit No. ses he own a Singapore	03-626					
igstered car?	○ Yes ③ No	Driver Vehicle No.		Driver Insurer Company		
ciaration						
eathalyser or Blood Test leding?	0 mg	Any injury?	☐ Yes ® No			
50						
dification History						
discacon restory						
Claim 001 New						
km Type +	ор-их	Insured Name	HEE YEN XULIA	Insured NRIC	\$8431048D	
ntact No. (Mobile)		Contact No.(Home)		Contact No.(Office)		
nari Address		Of Vehicle Number	SMQ3859L	TP Vehicle Number	SGK8978K	
imant Type Claimant Type *	Please Select	Type of Benefit *	Mease Select		11.00000000	
simant Name +	>>	Claimant NRIC *				
	100	II ACONTAIN AND THE SA				
smant Address	CAPTARED COMMANDO NO. 1 C. 1022			Name of Preferred Workshop		
sim Description	SMQ3855L / SGK8978K DN 4 Aug 2020	DOMESTIC STATE OF THE STATE OF		or Preserved Workshop		
eferred Workshop Contact -		Insured Liability *	Not at Fault		IN A THOUSANDS	
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received S	
re Registered	05/08/2020 18:06	Claim Close Date		Date Received	05/08/2020 00:00	
port Taken By	Jackson					
Print AK letter	And the second second					
			240/2810-000-000			
			Save Submit			
Attachment						
9						
cident No.	MT/1099051	Claim No.	001			
at Doc. Received	® Yes ○ No	Upload Date	05/08/2020 18:08			
m and represent		Shoen rate			0.00	
	Path *	- Penno	Category *	Confidential Urgan	STATE OF STA	
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Attachmen	t List							Send Messa
Attachment	Upl	paded By/Date	Category	9	Urgency		Description	Msg Sent? (CO)
States .	NAC_PAYA_UBI_B00601(N CES) on	ATTOMAL ASSESSMENT CENTRE SERVE 05 Aug 2020 18:08	NRJC/ Driving License	33	Normal	NRIC/ Dri	ving License 2020-8-5	(CD)
10	NAC_PAYA_UBI_B00601 N CES) on	ATTOMAL ASSESSMENT CENTRE SERVI 05 Aug 2020 18:08	NRIC/ Driving License	٧	Normal	NRJC/ On	ving License 2020-8-5	
27	NAC_PAYA_UB1_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI OS Aug 2020 18:08	NRIC/ Driving License	×	Normal	NRIC/ Driv	ring License 2020-8-5	
467	NAC_PAYA_UB1_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 05 Aug 2020 18:08	NRIC/ Driving License	Y	Reprimal .	NRIC/ Driv	ring License 2020-8-5	
19	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVE 05 Aug 2020 18:07	SAS		Normai	s	AS 2020-8-5	
	NAC_PAYA_UBI_BQG601(Na CES) on	ATTOWAL ASSESSMENT CENTRE SERVE DS Aug 2020 18:07	Photos		Normal	Ph	otos 2020-8-5	
	NAC_PAYA_UBI_800601(N CES) on	ATTONAL ASSESSMENT CENTRE SERVI 25 Aug 7020 18:07	Photos		Normal	Phi	otos 2020-8-5	
8	NAC_PAYA_UB1_800601(N/ CES) on	CTIONAL ASSESSMENT CENTRE SERVI 25 Aug 2020 18:07	Photos		Normal	Pho	otas 2020-8-5	
9	NAC_PAYA_UBL_800601(NU CES) on	A*AuBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2020 18:07		Photos Normal		Photos 2020-8-5		
1	NAC_PAYA_UBI_BOOSD1[NacC_PAYA_UBI_BOOSD1] NacC_PAYA_UBI_BOOSD1[NacC_PAYA_UBI_BOOSD1] NacC_PAYA_UBI_BOOSD1] NacC_PAYA_UBI_BOOSD1[NacC_PAYA_UBI_BOOSD1] NacC_PAYA_UBI_BOOSD1[NacC_PAYA_UBI_BOOSD1] NacC_PAYA_UBI_BOOSD1] NacC_PAYA_UBI_BOOSD1[NacC_PAYA_UBI_BOOSD1] NacC_PAYA_UBI_BOOSD1[NacC_PAYA_UBI_BOOSD1] NacC_PAYA_UBI_BOOSD1] NacC_PAYA_UBI_BOOSD1[NacC_PAYA_UBI_BOOSD1] N	TTOMAL ASSESSMENT CENTRE SERVE 35 Aug 2020 18:07	Photos		Normal	Pre	rtos 2020-8-5	
	NAC_PAYA_UBI_800601(NAC_PAYA_UBI_800601)	TIONAL ASSESSMENT CENTRE SERVI 5 Aug 2020 18:07	Photos		Normal	Pho	xos 2020-8-5	
4	NAC_PAYA_UB1_800801(NA CES) on (TIONAL ASSESSMENT CENTRE SERVI IS Aug 2020 18:07	Photos	Photos Normal		Pho	tos 2020-8-5	
0	NAC_PAYA_UBI_B00601(NA CES) on (TIONAL ASSESSMENT CENTRE SERVI IS Aug 2020 18:07.	Photos		Normal	Pho	tos 2020-8-5	
0	NAC_PAYA_UBI_B00601(NA CES) on I	TIONAL ASSESSMENT CENTRE SERVI IS Aug 2020 18:06	Photos		Normal	Pho	tos 2020-8-5	
**	NAC_PAYA_URI_800601(NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 6 Aug 2020 18:06	Photos		Normal	Pho	tes 2020-8-5	
-	NAC_PAYA_UB]_800601(NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 6 Aug 2020 18:06	Photos		Normal	Pho	nos 2020-8-5	
4	NAC_PAYA_LIST_800601(NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 5 Aug 2020 18:06	Photos		Normal	Pho	tos 2020-8-5	
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9		TIONAL ASSESSMENT CENTRE SERVI S Aug 2020 18:06	Photos		Normal	Pho	tos 2020-8-5	
ideo List	Uploaded By/Date	Folder Date	The state of the s	s Name		9	Source	A

https://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do