NATIONAL Assessment C	entre Services	twel 1 Jam'05] M	HA1200663T4		
Date In: 6 1/2 -11:35	Jeb description	on .	Date & Time Completed	Done	by by
Roll No: Haline 12008 120 24	SAS e-filing				
Veh No: JKN74461	E-mail (with	n Shrs, AIC 2hrs)			
D.O.A: 1/8/10 - 71:33	i-Motor Cla	im Form	100-180 PP CI LLW	618/20 11	1:45
La constant and the second and the s	i-Motor W/	O (Within: OD 2hr			
OD / TP / Reporting Only	i-Photo Upl	oaded			Maria Sacre
TP Insurer:	Assessment/S	Survey Report			
II IIbuioi.	Ass't Report	by Fax / Hand	to <u>Owner/Wksp</u>		
Preferred Wksp / INC Assign Wksp / QW	V: (		Tel:	Fax:	)
TP Particulars: Veh Nos	FH87782	. INC(	)/Non-INC( )	www.Z	
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (	(WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading	: \$1,000 ( )/\$2,00	0()			
General Remarks:-	计算是 有 5000	av NY	a esa Pagisandores de a co	1831	
( ) Walk-In Customer : Customer		1 Mar 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND ADDRESS OF THE PARTY OF THE		
( ) Total Loss Case : to e-mail I			alouj 110 Total C. Topolion		
			- Co. (	·	
Drive-In ( )/ Towed-In ( ); In	ivoice: YES ( ) /	NO( );T	owing Co: (		
Remarks:- (INC hotline: 6788 66	16)		Date&Time Completed	Done	by
1) Apply for Transport Allowance (	) / Courtesy Car (	)			
2) QC Check / Post Repair Inspection	(	)			
3) Upload Resurvey Photo [Repair Cos	t > \$3000] (	)			
Injury:					
			**************************************	77 (4 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	
Date/Time Actions	3:23 <b>1</b> 5:23:00			PREPLOXUE	*
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- 10					-
	1				
				ATTORIGE SANS	Amt (\$)
of chock		Invoice Pre	paration Checklist	Amt (S) fat Bill	Add Bill
aimant's Particulars :-		1) AR : Accident		200	
		2) DA : Damage 3) TF : Towing F	Assessment (\$100); INC (\$	0/\$45	
iver/Owner:		4) FT : Follow-T	hrough Survey	\$120	
ontact No:		5) FT : Follow-T	hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200)	530	
maged Portion:		6) TR : Re-inspec	ction	\$75	
		7) N1 : Idae DA 8) NTUC Addition		\$160	
Checked by (Face In Charme)		OD:			
Checked by (Engr-In-Charge):		*N5: Courtesy *N6: Repair C	Car / Tpt Allowance	\$5 510	
C.Verroegistrie bolderererere	Barrier Love For Carlo	*N7: Fost Rep	mir Inspection	\$25	
iditors' Comments :-		de de	Heet Excess Coordination	\$3 \$20	
li ·	40	9) N12: Idna Mo		30	
2/3;		Invoice dated	Pee Charged	MARKET VYTON	and the second
		Involce dated	Fee Charged	PROPERTY.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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## 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	06/08/2020 11:35
Date Of Accident	02/08/2020 21:30
Exact Location Of Accident	HOUGANG AVE 4
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN7946X
Insured/Policyholder	The second secon
Name Of Registered Owner	KOH CHONG YI JARED
NRIC No	SXXXX738G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93824082
Alternative Phone No	OFFICE-93824082
Vehicle Particulars	
Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
Exact Purpose for which vehicle was being used time of accident	at PRIVATE USE
Are you claiming under your own insurance polic for repair to your vehicle?	y 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	5115637721
Cover Note Number	
Driver	
Name of Driver	KOH CHONG YI, JARED
NRIC No	SXXXX738G
Date Of Birth	28/04/1989
Occupation	INDOOR
Date Of Driving Pass	26/11/2007
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93824082
Fax Number	
Contact Number	OFFICE-93824082
EMail Address	NOEMAIL

BLK 196D PUNGGOL FIELD Address #03-479 Postcode 824196 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 COLLISION - HEAD TO REAR 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? YES Was any injured conveyed to hospital by NO 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) 3 Passenger 1 NAME: GENDER: : FEMALE Passenger 2 NAME: GENDER: : FEMALE **Details of Police Action** Was the accident reported to the police? NO 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) Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

NO

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

NISSAN

PRIVATE CAR

Name of Driver

NRIC/Passport Number

SXXXX886B

Contact Number

81602323

Was there any audio recorded?

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

KOH CHONG YI, JARED

BODY

SKN7946X

YES

NO

### 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.
- 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.
- 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:
  - 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 dalms;
  - (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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

vonicle A SEN7946X venicle B SFH87787



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				11100-10-0		SA COMPLEX				
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DECLARATION

/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.:

artifold state fallow to come see

Date of Accident	: 02 08 2020 . Accident Time: 9.30pm . (24-HR-Format)
Accident Place	: Hougang Ave 4.
Vehicle Reg. No. (Car Plate No.)	22 WV
Vehicle Make/Model	: Byw 316i
Insurance Company	: NTUC Policy No
Owner or Company Name /IC No	
Owner or Company Contact No.	93824082 . Owner's HpCompany Tel
DRIVER'S Name / IC No.	: koh (hong Yi, Jared.
DRIVER'S Date Of Birth	28 04 1989 . DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 1960 PUNGGOI FIELD #03-479 5824196.
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: Chear & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim her Party \ Claim Own Insurance
Number of Passengers (Including	Driver): 3 injuries 2 days. (Passenger - wife &
Was there any video Captured by Exact purpose for which vehicle w	car camera: YES\NO vas being used at the time of accident: Private use\Work purpose
in an extension	Party Driver's Particular (if anv)
Vehicle Reg. No: SFH 87782	Vehicle Reg. No:
Vehicle Make\Model: NISSAN	Vehicle Make\Model:
Name Driver: NIAM KING	00. Name Driver:
IC No. Driver: \$9927886B	IC No. Driver:
Driver's Contact & Add: 81602	323 Driver's Contact & Add:

<b>eBao</b> Tech				GeneralClaim							
Hello, NAC_PAYA_UBI_80	601					-	• Chang	e Languag	e · Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	Policy No. Date of Accident					02/08/2020	21:30			
	Vehicle No.(For Motor)		SKN79	SKN7946X		Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115637721		KOH CHONG YI JARED	S8914738G	GPC	drivo CLASSIC	SKN7946x	SKN7946X	18/01/2020	17/01/2021
						Continue	]				

		Excess	000		Excess	100	
Excess Additional	0	damage Excess OS	600		Excess	100	
Excess	0	Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	I INSURANCE AGENCY	Agent Tel.	66411407		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	BLK 196D #03-479	Addres	ss 2	PUNGGOL FIELD	- 3	Address 3	SINGAPORE 824196
Address 4		Addres	ss Type	Singapore address		Post Code	824196
Jnit No.		Relate	d Policy	5115637721			
<b>▶</b> Insured	d Object: SKN7946X						

Claim Handling					
Accident HT/1099081					
PORCY NO.	5115637721	vende No.	3KN7946X	DST Registration No.	
Certificate No.					
Policyholder Name Product Code	KOH CHONG YI JARED		drivo CLASSIC	Policyholder NRIC	58914738G
Contact No.(Mobile)	PRIVATE CAR INSURANCE 93824082	Cover Type Cornact No. (Office)	0	Loading Contact No.(Home)	0
Email Address	Para Time	Special Remark		eCode	E-V
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	W. C. C.
WCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details		10353			
Report Date	06/08/2020 11:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/08/2020	Time of Accident his mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force	22.00	TCM No.	- and above
Accident Location	HOUGANG AVE 4	STATE STATES			
▼ Total Excess Applicable	Pg.				
Excess Type	Per Accident	Windscreen Excess	300.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
VIED OD Excess	0,00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total DD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
→ Benefits  → GST Registered Inform.					
□ GST Registered Information     □ GST Registered	ation No		GST Registration Date		
GST Registration No.	140		GST Status Ventled	Yes	
Modification History			New York Control of the Control of t	87000	
⇒ Policyholder Mailing Ad	Idress				
Address 1	BLK 1960 #03-479	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 824196
Address 4		Address Type	Singapore address	Post Code	824196
Unit No.		Related Policy Number	5115637721		
○ OI Driver Info		Ultranscer autoministration			
Driver Name	KOH CHONG YI JARED	Driver Type	Hain Driver		
Unnamed driver Name		Driver NR3C	S8914738G	Driver DDB	28/04/1989
Register Date of Driver License		Driver Age	31	Driving Experience	12
Cornect No. (Mobile)	93824062	Contact No. (Office)	0	Contact No.(Home)	. 0
Address t	BLK 196D	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 824196
Address 4		Address Type	Singapore address	Post Code	824196
Unn No.	03-479				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle Na.		Driver Insurer Company	
Declaration Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History					
Sales BOX OD MY	Sp.				
Claim 001 OD-MX New	9				
Claim Type *	OD-MX 🔻	Insured Name	KOH CHONG YI JARED	Insured NRIC	S891473BG
Contact No. (Mobile)	93824082	Contact No.(Home)	MIL	Contact No.(Office)	
Email Address	JAREDWTG@GMAIL.COM	Of Vehicle Number	SKN7946X	TP Vehicle Number	SFH8778Z
Claimant Type Claimant Type •	Please Select	Type of Benefit +	Please Select		
Claimant Name *	>>>	Claimant NR3C +		7	
Claimant Adoress					
Claim Description	SKN7946X / SFH8778Z ON 2 Aug 2020	SAMPLE CONTRACTOR OF THE PARTY	process and the same of the sa	Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		15
Require Finalisation	Yes 💟	Preference Repair Option	Preferred Workshop, Name unknown.		Received
Date Registered	06/08/2020 11:45	Claim Close Date		Date Received	06/08/2020 11:45
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
			Save Submit		
Attachment					
w.					
Accident No.	MT/1099081	Claim No.	001		
Last Doc Received	Yes  No	Upload Date	06/08/2020 11:46		
	Pach +		Category *	Confidential Organ	cy * Description *
		Browse	Cear Please Select	V (ii) V Normal	· ·
E Transie or		Browse	Clear Please Select	V Normal	<u> </u>
		Browse.	Cear Please Select	V Normal	<u> </u>
		Browse	Clear Please Select	V Normal	v
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0			Concessor Inc.		

