NATIONAL Assessment Cen	tre Services.	[we! 1 Jan'05] M	NAN 0066722					
Date In: 7/972-14:04	Jeb description		Date & Time Completed	Done	by			
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Veh No: ( L LYYZZZ	E-mail (within	Shrs, AIC 2hrs)	Value of the second sec					
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ALTERNATION CONTRACTOR OF THE PROPERTY OF THE	i-Motor W/6	i-Motor W/O (Within: OD 2hrs, TP 4hrs)						
OD : TP)! Reporting Only	i-Photo Upl	oaded						
TD	Assessment/S	urvey Report						
TP Insurer:	Ass't Report	by Fax / Hand	to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	)			
TP Particulars: Veh No: 50	YZZZA	. INC(	)/Non-INC( )					
Owner / Driver: (	***************************************		Tel:	)				
Policy No: ( )	Period: (	)	Cover Type: (	)				
Confirmed by : (		Date:	Time:	)	Alexander of the Section 1			
Insured/Driver Liability: ( %)	[Note-Est. Status (	WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]				
Year of Registration: ( )	Warranty: YES (	)/NO(	)	W = = = = = 111=111===				
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000	)( )						
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Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( ) / 1	NO( );T	owing Co: (					
Remarks;- (INC hotline: 6788 6616)		11111	Date&Time Completed	Done	by			
1) Apply for Transport Allowance ( )	Affilia and the second	)						
2) QC Check / Post Repair Inspection	(	<u>,                                      </u>	The state of the s					
	52000] (		<del></del>					
3) Upload Resurvey Photo [Repair Cost>	\$3000] (	)						
Injury:	<del></del>	- 10 C - 10 - 10 - 10						
Date/Time Actions		7.7	1.090		er - Central de la desira del desira de la desira della			
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MA220 4116		Invoice Pre	paration Checklist	fit Bill	Add Bill			
Claimant's Particulars :-		1) AR : Acciden		400				
Chamant's Particulars :-	THE PERSON NAMED IN	2) DA : Damage 3) TF : Towing I	Assessment (\$100); INC (\$	10/\$45				
Driver/Owner:		4) FT : Follow-I	hrough Survey	\$120				
Contact No:		5) FT : Follow-T	hrough Survey (Resurvey) reainst INC Only (wef 10 Jan 200	530				
		6) TR: Re-inspe		\$75	- continue to the			
Damaged Portion:		7) N1 : Idac DA	+ SMRT Survey	\$160				
	•	8) NTUC Additi	onal Services:-					
QC Checked by (Engr-In-Charge):		*N5: Courtes;	Cor / Tpt Allowence	\$5				
/ T		*N6: Repair C	Co-ordination	\$10				
Auditors' Comments:			llect Excess Coordination	53				
'at. 1:	74.4 (8.1) and (10.1) and (10.1) and (10.1)	TP (N11): TI	(Non INC) against INC	\$20	1			
		9) N12: Idno Mo	bile Fee Charges	30	and a series			
at 2/3:		Invoice dated	Fee Charges	BOOK OF THE REAL PROPERTY.	L			
Name and the		2255						

### 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.

Philosophic and the Control of the C	ACCIDENT STATEMENT
Date Of Report	07/08/2020 14:04
Date Of Accident	07/08/2020 07:40
Exact Location Of Accident	KJE TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG4473A
Insured/Policyholder	
Name Of Registered Owner	LOH SOON HENG BENJAMIN
NRIC No	SXXXX603B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98282899
Alternative Phone No	OFFICE-98282899
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B 160
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	5109826614
Cover Note Number	
Driver	
Name of Driver	BENJAMIN LOH SOON HENG
NRIC No	SXXXX603B
Date Of Birth	06/12/1977
Occupation	INDOOR
Date Of Driving Pass	11/09/2002
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98282899
Fax Number	
Contact Number	OFFICE-98282899
EMail Address	NOEMAIL

BLK 222 YISHUN STREET 21 Address #05-445 760222 Postcode Was driver an employee of the Insured's Company NO OWNER If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident CHAIN COLLISION Type Of Accident Weather Conditions CLEAR DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 4 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2 Number of Passengers (Including Driver) Passenger 1 NAME: . . GENDER: : FEMALE **Details of Police Action** NO Was the accident reported to the police? 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? Was there any video captured by Car Camera? NO NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SCY332A Vehicle Make/Model/Colour

Vehicle Nake/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

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)

SMJ199D

PRIVATE CAR

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

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)

FV272U

MOTORCYCLE

## SKETCH PLAN

#### 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.
- 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 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 Personner's Signature Name:

NRIC/FIN No.:

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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involved in H	acq dent	
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# 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 Personner's Signature Name:

NRIC/FIN No.:

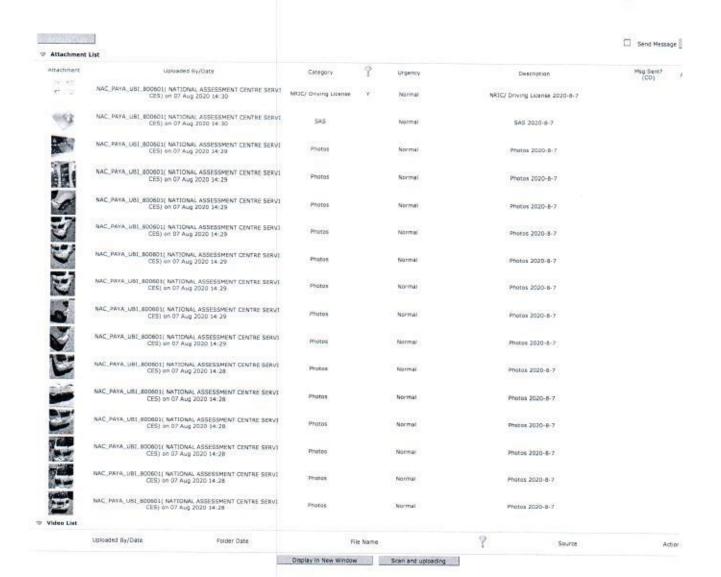
# ACCIDENT STATEMENT

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<b>eBao</b> Tech	<b>eBao</b> Tech				GeneralClair						alClaim
Hello, NAC_PAYA_UBI_80	0601						· Chang	je Languag	e • Chan	ge Password	• Log Out
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Notice of Loss	Policy N	ło.				Date of Accident			07/08/2020 07:40		
	Vehicle No.(For Motor)		SKG44	SKG4473A		Certificate Number					
				7	//	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109826614		LOH SOON HENG BENJAMIN	\$7736603B	GPC	drivo CLASSIC		SKG4473A	27/05/2019	18/08/2020
						Continue	1				

D. Carrier	rinonners.	Policyholder		Company Company Company	Policyholder		
Policy No. Certificate	0. 5109826614 Name		LOH SOON HENG BENJAMIN NRIC		S7736603B		
No.							
Address	BLK 222 #05-445 YISHUN STRE	ET 21 YISHUN	GARDENS S	INGAPORE 760222	-		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	24/05/2019	Effective Date	27/05/2019	00:00	Expiry Date	18/08/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore	600	Outside Singapore	0			You	ng/Inexperience Driver Excess
DD Excess		TP Excess				22	
Agent Co-	SEA & LAND INSURANCE BROKE	Agent Tel.	62279703		GST Flag	Y	
insurance Flag Open Policy Info Certificate Info	No						
→ Policyh	older Mailing Address					Individual value	
Address 1	BLK 222 #05-445	Addre	is 2	YISHUN STREET 21		Address 3	YISHUN GARDENS
Address 4	SINGAPORE 760222		s Type	Singapore address		Post Code	760222
Jnit No.	05-445	Numb	d Policy er	5109826614-01			
Insured	d Object: SKG4473A						
	ements						
Sequen	ce Date of Endorsement 21/01/2020 00:00	Basic I	nformation ement	0.075.00	Endorsement		Endorsement Content  Thank you for giving us the opportunity to serve you. We confirm that from 21 Jan 2020, th following amendment(s) is/are made to this policy: 1. This Policy does not cover usage of vehicle for hire or reward 2. The Excess (Section 1) of this Policy is amended to \$\$600.00 3. The Excess (Section 2) of \$\$1,500.00 is not applicable. In view of this amendment, a refund of \$144.58 (inclusive of GST) will be credited
							to your credit card account within seven business days. Please note that you need to continue servicing the balance instalment any) with your bank. Thank you for giving us the
2	21/01/2020 00:00	Basic I Endors	nformation ement	Endorse	ment Undo		opportunity to serve you. We confirm that from 28 Jan 2020, the following amendment(s) is/are made to this policy: In view of the amendment, a cheque refund of \$136.62 (inclusive of GST) will be mailed to you separately.  Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 27 May 2019 TO 18

Claim Handling					
Accident MT/1099197					
Policy No.	5109025614	Vehicle No.	SKG4473A	GST Registration No.	
Certificate No.					
Policyholder Name	LOH SOON HENG BENJAMIN			Policyholder NRIC	57736603B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	98282899	Contact No.(Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	0.9
KFK	® No ○Yes	TCA	No   Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
P Accident Details					
Report Date	07/06/2020 14:26	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	07/08/2020	Time of Accident his min	07:40		Singapore
	0770002020	Orange Force	07.40	Country of Accident	Singapore
Reporting Centre Accident Location	KIE TWDS PIE (TUAS)	Grange Force		ICM No.	
Total Excess Applicable					
		40010000	12272		
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
		NEO IT ENCES	2.50	Driver is Covered?	Contract
Additional Excess		2010/2010/1000/2010	0.200		
Total DD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
♥ Benefits					
□ GST Registered Informa					
GST Registered	No.		GST Registration Date		
GST Registration No. Modification History			GST Status Verified	Yes	
Production History					
Policyholder Mailing Ad	idrana				
	BLK 222 #05-445	YAMATA W	District of Property St.	Games	Single Co. Co. Co. Co. Co.
Address 1		Address 2	YISHUN STREET 25	Address 3	YISHUN GARDENS
Address 4	SINGAPORE 760232	Address Type	Singapore address	Post Code	760222
Unit No.	05-445	Related Policy Number	5109826614-01		
OI Driver Info					
Driver Name	Loh Soon Heng Benjamin	Driver Type	Main Driver		
Unnamed driver Name		Driver NR3C	\$77366038	Driver DDS	06/12/1977
Register Date of Driver License	11/09/2002	Driver Age	42	Driving Experience	17
Contact No. (Mobile)	98282999	Contact No.(Office)	a .	Contact No.(Home)	0
Address 1	BLK 222	Address 2	YISHUN STREET 21	Address 3	YISHUN GARDENS
Address 4	SINGAPORE 760222	Address Type	Singapore address	Post Code	760222
Unit No.	05-445				
Does he own a Singapore Registered car?	○ Yes ⊕ No	Driver Vehicle No.		Oriver Insurer Company	
the grantes and sales					
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
. nonunity:					
Modification History					
Claim 001 New					
Claim Type *	DD-MX 💙	Insured Name	LOH SOON HENG BENJAMIN	Insured NRIC	\$7736603B
Contact No.(Mobile)		Contact No.(Home)	67525603	Contact No. (Office)	62675579
Email Address		OI Vehicle Number	SKG4473A	TP Vehicle Number	SCY332A
Claimant Type Claimant Type *	Please Select.	Type of Benefit *	Please Select		
Claimant Name *	88	Claimant NRIC +			
Claimant Address					
Claim Description	SKG4473A / SCY332A ON 7 Aug 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability +	Not at Fault		
No. Require Finalisation	Yini	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/08/2020 14:28	Claim Close Date		Date Received	07/08/2020 00:00
Report Taken By	Jackson				Section by Charles
	pocason				
Print AK letter					
			Save Submit		
Attachment					
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to to					
Accident No.	MT/1099197	Claim No.	001		
Last Doc. Received	® Yea ○ No	Upload Date	07/08/2020 14:30		
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	Path *	Browse,	Category *	Confidential Urgeni	ty * Description *
		7/86136			
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