NATIONAL Assessment Centre Services	(net - savos) Mine	A1/20093>12	
Date In: 26 W 2020 10,44. Ich description		& Time Completed	Done by
Ref No. NA JACC 200/15/3/ SAS e-filing			
Veh No SGH 3698 . E-mail (within	Abra, AliC Shray	1	
D.O.A: MICORD 12:40 I-Motor Clai		11107400-002	26/14/2020
OD : TP ' Reporting Only - I-Motor W/C	(Within: OD 2hrs, TP 4hrs		11:12
I-Photo Uplo		-	
TP Insurer: Assessment/Su	py <u>Fax / Hand</u> to <u>Owne</u>	- NVI-en	
Proferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	x:
TP Particulars: Veh No: SK7 999	10-1935-1	Ion-INC()	
Owner/Driver: (Tel:)
Policy No: () Period: (Type: (
Confirmed by : (Dates	Times	
Insured/Driver Liability: (%) [Note-Est Status ()			0%1
Year of Registration: () Warranty: YES ()/NO()		3.07
Excess: (\$) Loading: \$1,000 ()/\$2,000	EXAMPLE AND SERVICE SE		
Benefal Remarks: 100 100 100 100 100 100 100		E CAN PART	
			**
() Walk-In Customar : Customer's information strictly Co	nnoential & Strictly M	rater of repairer.	
() Total Loss Case : to e-mail Insurer URGENTLY.		<u> </u>	
Drive-In () / Towed-In (); Invoice: YES () / N	NO(); Towing	Ço, (
Remarks: 4 % (INC harling: 6788 6616)		Timo Comple ode	Done by
1) Apply for Transport Allowance ()/Courtesy Car ()	1 1 1 1 1 1 1	
2) QC Check / Post Repair Inspection (1	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	500	12
	<u> </u>		
Injury:			. ,
Date Time Action 19 19 19 19 19 19 19 19 19 19 19 19 19		The state of the s	80 d d 200 d
	Wallandows - College No.	7. 14. 00	
		! !	Anic(S) Anic(S
NA2005625	Invoice Preparation	h Chekkist i	
Individues Particulars	1) AR : Assident Reportin	g (\$30);	18-57,341-32
CONTRACTOR	2) DA : Damage Assessmu 3) TF : Towing Fee	int (\$100); INC (\$30	
river/Owner:	4) FT : Fellow-Through S	urvey 5	120
Contact No:	5) FT : Follow-Through S		\$30
	6) TR : Re-impection		\$75
Damäged Portion:	7) NI : Idao DA + SMRT		160
20	8) NTUC Additional Serv	(0081+	
C Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tp		\$5
TOWN IN THE PARTY OF THE PARTY WAS TO BE AND THE PARTY OF	*N6: Repair Co-ordina *N7: Post Repair Inspe		\$10
Auditors Comments :	*N8: DV / Collect Exe	as Coordination	\$3
at 1:	TP (N11): TP (Non IN 9) N12: Idao Mobile	C) against INC	30
Cal. 2/3:	Involce dated	Fee Charged	17:100
handele dan Miserian diseb	Invalce dated	Fue Charged	2)[0.0]

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,
- 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.
- 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.

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distiller and the last of the same	ACCIDENT STATEMENT
Date Of Report	24/10/2020 10:44
Date Of Accident	21/10/2020 12:40
Exact Location Of Accident	ALONG JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGH3698S
Insured/Policyholder	
Name Of Registered Owner	SEE CHOON SENG
NRIC No	SXXXX551F
Email Address	THOMASSEE@YMAIL.COM
Mobile Phone No	(LOCAL) +65-98192551
Alternative Phone No	OTHERS-97666827
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION
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	5108781152-01
Cover Note Number	

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Name of Driver SEE SZE CHUN (SHI SHICHUAN)

 NRIC No
 SXXXX420A

 Date Of Birth
 11/01/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/12/1994

Driving Experience 25 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97666827

Fax Number

Contact Number OTHERS-98192551

EMail Address THOMASSEE@YMAIL.COM

Address

BLK 656 JALAN TENAGGA

#11-100

Postcode

410656

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

NO

Was any body injured in the Accident?
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

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKZ8489D

Vehicle Make/Model/Colour

HONDA VEZEL

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)

2

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 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 Perso

Name:

NRIC/FIN No.:

SKETCH PLAN	Albais	Julians	Janes	Hou	from		
		MA	12/1	14			
			IZI				
A) SGH.	3685		B	1			
MADMI	SUNJ		F	H			
3)SKZ	248915						
DESCRIBE CIRCUMS	TANCES OF THE	ACCIDENT					
	1600						
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THE CO	10 000						
ECLARATION							
We declare the foregoin	ng particulars are	true in every resp	ect.		j.	/ nel 1	/
olicyholder's Signature		100			por	24/10/	ALL STORY
ate & Time:	(If	iver's Signature driver is not the po te & Time: 24	가 없었다. 리셔츠	*	eporting Cent lame: IRIC/FIN No.:	re Personper's Sig	hature (18) V/0)
ARMC SketchPaoForm, V3		24	10120 139 an		MIC/FIN NO.:	100	3

ACCIDENT STATEMENT

ACCIDENT DATE: 21/10, 2620 (DD/MM/YYY), TIME: 12:40 (HH:MM)
LOCATION: HOW PLRAY JOHN HOL RODE
1. DETAILS OF VEHICLE
alvehicle number: 54H 36985
DINSURANCE COMPANY: " HNCOME
CIPOLICY NUMBER: 5108 781152 - 01
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)
THE TOP I WILL TOP I
G) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE / OTHERS) h) PURPOSE OF USING AT ACCIDENT TIME: OUT TO THE YOUR CLAIMING UNDER YOUR PROPERTY OF THE P
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLES
THE DRIVE OF USING AT ACCIDENT TIME: DRIVE USE
TO COMMING UNDER TOTAL COMMINISTRATION WERE TO A
IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
ANAME SEE CHAMAC COM
DINRIC/FIN/PASSPORT.
CIADDRESS: BK 337 UBI AVE 1 # 03-845
3 (+00327)
THE of passengs DRIVER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Conduding dim) a) NAME SEE SZE CHW
b)NRIC/FIN/PASSPORT STICOST
CIADDRESS: 12 337 40 0 (2001ACI: 160602)
S (400337)
*d)DATE OF BIRTH: (_\U_O_/_197\)(DD/MM/YYYY)
SOCCUPATION: (INDOOR / QUIDOOR)
f)YEARS OF DRIVING EXPRERIENCE: 25
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SO
THEN CONDITION TO FAR A PAINTING A CONTINUE
DINCAD SURFACE: IDRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES (NO) 7. a) REPORTED TO POLICE (YES (NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
o. THIRD PARIT VEHICLE
He of passenger a) VEHICLE NUMBER: SKZ 8489 D MODEL: HUNDA VEZEL
mading driver) DI DRIVER'S NAME:
(2) NRIC/FIN/PASSPORT:CONTACT:
d) VEHICLE NI MARED
Includion days of Driver's NAME:
() NRIC/FIN/PASSPORT:CONTACT:
* 31 31 32 32 33 32 33 33 33 34 35 35 36
email = thomassee @ y mail . com.
fax =
VIDEO =

Claim Handling Accident MT/1107400

Palicy No.	Anna Charles Tail Charles Tail Charles					
72 00	5108781192/01		Vehicle No.	SGH3698S	GST Registration No.	
Certificate No.						
Policyhelder Name	SEE CHOON SENG				Policyholder NRIC	and the same and
Product Code	PRIVATE CAR INSUR	RANCE	Cover Type	three CLASSIC	Loading	52094551F
Contact No. (Mubile)	NA		Contact No.(Office)		Contact No.(Home)	0
Email Address			Special Remark		eCode	process of
KFK	# No Yes		TCA	■ No □ Yes	eCode Reason	No w
NCD Protection	Yes		NCD Entitlement(%)	50		
* Accident Details			(50%)		Private Hire	Not available
Report Date	22/10/2020 10:58		Accident Report Within 24 hrs	Yes		
Date of Accident	21/10/2020		Time of Accident hhimm		Accident Type	Collision - Head to
Reporting Centre			Orange Force	12)15	Country of Accident	Singapore
Acadent Location	JURONG TOWN HALL	Lenan	Victoria Victoria		SCM No.	
₩ Total Excess Applicable						
fixtess Type	Per Accident		Windscreen Excess	100.05		
OD Standard Excess		- CON TAX	HALVANIVA I CAUCOSCO	1727374		
VIED OD Excess		600.00	TP Standard Excess	0.00		
Additional Excess		2	VIIID TP Excess		Driver is Covered?	Not Applicable
Total OD Excess Applicable		₩				
♥ Benefits		600.00	Total TP Excess Applicable	0.00		
♥ GST Registered Informat						
iST Registered Informat	779.75					
IST Registration No.	No	9		GST Registration Date		
Addition History				GST Status Verified	Yes .	
Policyholder Hailing Add	rees					
Address 1	BLK 337 #03-849		Address 2	THE STATE OF		
Address 4			Address Type	UBI AVENUE 1	Address 3	SINGAPORE 40033
Joit No.	03-849		Related Policy Number	Singapore address	Post Code	400337
P OI Driver Info			State of the state	5106781152-02		
Driver Name			Driver Type			
Unnamed driver Name			Driver NRIC			
Register Date of Driver License			Driver Age :		Driver DOB	
Contact No.(Mobile)					Driving Experience	
Address 1			Contact Ap. (Office)		Contact No.(Hume)	
Address #			Address 3	MAKANG NANGSA (Max.	Address 3	
init No.			Address Type	Foreign address	Fost Code	
nies ne dwn 2 bingspare	The Mark State State		Driver Vehocle No.			
begintered car?	> Yes @/ No				Driver Insurer Company	
Registered car?	Yes @ No				Driver Insurar Company	
Claim 002 New	Yes @ No				Driver Insurer Company	
odification History Claim 002 Max	Ves a No				14000056-7400000 55006500 Tro	
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Claim 002 Max Nam Type *	Ves al No			96862557	V Insured SEE CHOON SERG Contact No. (Hume) (Hume) OI	NRIC Contact Fig. (Office)
Claim 002 Next	Ves al No			1200	V Insured SEE CHOON SERG Contact No. (Hume) (Hume) OI	NRIC Contact No. (Office) TP Venicle Number
Claim 002 Max Claim 7ype * untact No.(Mubiir) mail Address Nam Description	Yes a No			96862557	V Insured SEE CHOON SERG Contact No. (Home) 67450085 Venice SGH36985	NRIC Contact file, (Office) TP Vencie Number Name of Preferred
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10/24/2020

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Hensaga Read

Claim Handling(Claim Task)

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