NATIONAL Assessment Centre S	services. well	NE NO 150, uer	10004)06		D1	
Date In: 111/12-11:30	Job description		Date & Time Comple	ted	Done by	,
Ref No: (A) 14C 2304>324	SAS e-filing					
Vch No: 5 94364	E-mail (within Shrs, A	AIC 2hrs)			· ·	
D.O.A: 16/11/2-11:12	i-Motor Claim Fo	rm	M7 1113997 204	17	11/2	11:30
OD TP ! Reporting Only	i-Motor W/O (with i-Photo Uploaded		P 4hrs)			
	Assessment/Survey					
TP Insurer:	Ass't Report by Fa:		Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: Juf 724	э Д.	INC()/Non-INC()		
Owner / Driver: (•	Tel:)	
Policy No: () Period	i: () (Cover Type: () .	
Confirmed by : (Do	ate:	Time:)	
Insured/Driver Liability: (%) [Not	te-Est. Status (WO):	N: 0-20%	%; P: 21-79%. P:	80-100%		
		NO()				
Excess: (\$) Loading: \$1,000)				
General Remarks;						
() Walk-In Customer: Customer's information	etian etrictly Confide	ntial & Stric	tly NO refer of repa	eirer.	4.3	
		·				
() Total Loss Case : to e-mail Insurer I) · Tox	wing Co: ()
Drive-In () / Towed-In (); Invoice: Y	YES () / NO (32	CS-804715-80-5	wasan wij	.,,,,
Remarks:- (INC hotline: 6788 6616)			Date&Time Comple	•54	Done	ry ·
1) Apply for Transport Allowance ()/Cou	rtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$300	0] ()					
Injury:						
Date/Time Actions					ger aller Nowansel	r Charles
Date time Actions						
			•			
	1					
- Vill		0	aration Checklist		A 17 . 35 . 35 . 35 . 3	Amt (3)
MUDONY	1888	X	(1980)		THE BILL	Add Bill
Claimant's Particulars:	1) /	R: Accident R	seesment (\$100);	INC (\$80)		
	3) 7	F : Towing Fee		\$40/\$45 \$120		
Driver/Owner:	5))	T : Follow-Thr	rough Survey (Resurvey)	\$ 30		
Contact No:	F	or claiming age	sinst INC Only (wef 10.	(an 2005) \$75		
Damaged Portion:		R: Re-inspect		. \$160		
3	8) 1	VTUC Addition	al Services:-			
QC Checked by (Engr-In-Charge):		OD* .	Car / Tpt Allowance	\$5		
AC Checken by (publi-in-charge).		N6: Repair Co	ordination	510		
	Transfer to the Proof	N7: Fost Repa	ir Inspection ect Excess Coordination	\$25 \$5		
Auditors' Comments ::	30(9)(3)(4)(4)	N8: DV / Colle	(Non INC) against INC	\$20		·
Cat. 1:	9) 1	N12: Idac Mob	ile	hargea 30		动物的
Cat. 2/3;	1	oice dated		harged	SERVIN	

in part of the

SN0920CH0001 / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 17/12/2020 11:30 (SGT)

SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (17/12/2020 11:30 (SGT))



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.

ACCIDENT STATEMENT

17/12/2020 11:30 (SGT) Date of Submission 16/12/2020 11:10 (SGT) Date of Accident Exact Location of Accident Penang Rd, Singapore Additional Location Information twds buyong rd Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT9436H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner JIREH GOH EN CI NRIC No SXXXX678F Email Address jireh@jgecpteltd.com Mobile Phone No (Phone) +65-81577555 Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer Shuttle Model Variant Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 5118376556 Cover Note Number

DRIVER

TOH HUI YING, SELINA Name of Driver SXXXX659C NRIC No 05/08/1991 Date Of Birth Indoor Occupation

Date Of Driving Pass 17/02/2010 Driving experience 10 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-96262939 Alt. Phone Number Email Address jireh@jgecpteltd.com BLK 573C WOODLANDS DRIVE 16 Address Address complement #05-674 Postcode 733573 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? No 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 Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLF7240D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name

Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH HUI YING, SELINA
Address	-
Address Complement	-
Post Code	DE
Approximate Age Years Old	
Injuries Sustained	BODY
Injured person in which vehicle?	SMT9436H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 completely by the Policyholder and/ or the Authorised Driver.
- 3) Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material fact may allow insurance companies to <u>repudiate policy liability</u>.
- 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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:
 - 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 purposed stated, or;

ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature
Date & Time:

Oriver's Signature (If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/ FIN No:

	SKETCH PLA	N
poor	(buyond ->)	Veh A: SMT 9436 H
somersat Road	マトク・ク・カ・ア・ア	Veh B: SLF 72400
Read tounds	A impact	stationary
Penang	6 11 5 1 4 3 2 1 1	
Oh	the Stated time & Date , I was	Driving my vehicle (SMT9436H)
on pe	many Road turning towards buyong road	on lone 2 of 6 layes. When I
0.0	THE PARTY COME TO SERVE THE PARTY OF THE PAR	
Was	about to exit to buyong Road , Say	dealy vehicle (SLF72400) from
lane	1 cut into my lane as lane 1 w	as congested. After the accident
ve b	orth alighted our vehicle we exchange	publicular and left the scence
short	<u> </u>	
DECLARA	ATION clare the foregoing particulars are true in every respect.	
i/ we de	date the foregoing particulars are true in every respect.	
	all.	
9/1	1	V

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

Date of Accident	: 16/12/2020 Accident Time: 11 10 (24-HR-Format)
Accident Place	: Penang Road turning towards buyong Road
Vehicle. No. (Car Plate No.)	SMT 9436 H Make/Model: Hondon Shuttle
Insurace Company	: NTUC Policy No: 51183 76556
Owner or Company Name /IC No.	: Jirch Goh en ci (58928678F)
Owner or Company Contact No.	: 8\511 555 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Toh hai ying, Selina (591276596)
DRIVER'S Date Of Birth	: 5/8/1991 DRIVER'S License Pass Date 17/2/2010
Relationship of Owner & Driver	Spouse Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address	Bik 573 c woodlands Drive 16 \$05-674 5783573
DRIVER'S Contact No./ Alt No.	:1) 9626 2939 2)
DRIVER'S Occupation	:(NDOOR) OUTDOOR (e.g. working inside or outside office)
Email Address	: lirch 6 Igeopteltd - com
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	Priver): Ol
Was there any video Captured by can Exact purpose for which vehicle was Any Injury (If YES, Pls state):	ar camera: YES \NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle. No: SLF 7240 D	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

G13 Accident reporting Egenail - com

eBao Tech	General									lClaim	
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	e → Chan	ge Password	· Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date	of Accident		16/12/2020 1	1:10	
	Vehicle	No.(For Motor)	SMT94	36H		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5118376556		JIREH GOH EN CI	S8928678F	GPC	drivo CLASSIC	SMT9436H	SMT9436H	24/07/2020	23/07/2021
						Continue					

Policy No.	5118376556	Policyho Name	lder JIREH GO	H EN CI	Policyholder NRIC	S8928678F			
Certificate		Name			INIC				
ddress	BLK 573C #05-674 WOODLAN	DS DRIVE	16 WOODLANDS	S GLEN SINGAPORE 7	33573				
Product Name	PRIVATE CAR INSURANCE Plan				Group Policy Flag	N			
Policy ssue Date	24/07/2020	Effective			Expiry Date	Expiry Date 23/07/2021 23:59			
xcess	Per Accident	All Clair Excess	ns						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100			
Additional Excess	0	OS Premiur	n 0						
Outside Singapore OD Excess	600	Outside Singapo TP Exce	re 0			You	ing/Inexperience Driver Excess		
Agent	INSURE LINK PTE LTD	Agent T	el. 6444464	1	GST Flag	Y			
lag	No								
Flag Open Policy Info Certificate Info	nolder Mailing Address								
Flag Open Policy Info Certificate Info Policy		A	oddress 2	WOODLANDS DRI	VE 16	Address 3	WOODLANDS GLEN		
nsurance Flag Open Policy Info Certificate Info Policyh Address 1	nolder Mailing Address	-	ddress Type	WOODLANDS DRI Singapore address		Address 3 Post Code	WOODLANDS GLEN 733573		
Flag Open Policy Info Certificate Info Policyh Address 1	nolder Mailing Address BLK 573C #05-674	, A							
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address BLK 573C #05-674 SINGAPORE 733573	, A	address Type Related Policy	Singapore address					
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 573C #05-674 SINGAPORE 733573 05-674 d Object: SMT9436H	, A	address Type Related Policy	Singapore address					
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	BLK 573C #05-674 SINGAPORE 733573 05-674 d Object: SMT9436H	F	address Type Related Policy	Singapore address		Post Code			

Claim Handling							
Accident MT/1113997							
olicy No.	5118376556	Vehicle No.	SMT9436H	GST Registration No.			
ertificate No.							
licyholder Name	JIREH GOH EN CI			Policyholder NRIC	S8928678F		
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0		
ntact No.(Mobile)	81577555	Contact No.(Office)	0	Contact No.(Home)	0		
nail Address		Special Remark		eCode	NC V		
ĸ	No ○ Yes	TCA	No ○Yes	eCode Reason			
CD Protection	No	NCD Entitlement(%)	50	Private Hire	No		
Accident Details		1130 2111113111311(15)			No		
	Section Control of the Control of th		Mana	Andrea Torr	Collision - Change / Cross lane		
port Date	17/12/2020 11:33	Accident Report Within 24 hrs	Yes	Accident Type			
ite of Accident	16/12/2020	Time of Accident hh:mm	11:10	Country of Accident	Singapore		
porting Centre		Orange Force		ICM No.			
cident Location	Penang Rd						
7 Total Excess Applicable							
cess Type	Per Accident	Windscreen Excess	100.00				
Standard Excess	600.00	TP Standard Excess	0.00				
ED OD Excess	500.00	YIED TP Excess		Driver is Covered?			
Iditional Excess	0						
tal OD Excess Applicable	1100.00	Total TP Excess Applicable					
7 Benefits							
GST Registered Informa	ition						
T Registered	No No		GST Registration Date		Not 10		
T Registration No.			GST Status Verified	Yes			
dification History							
	WOOD IN						
Policyholder Mailing Ad							
ddress 1	BLK 573C #05-674	Address 2	WOODLANDS DRIVE 16	Address 3	WOODLANDS GLEN		
ddress 4	SINGAPORE 733573	Address Type	Singapore address	Post Code	733573		
nit No.	05-674	Related Policy Number	5118376556				
OI Driver Info							
iver Name	Unnamed Driver	Driver Type	Unnamed Driver				
named driver Name	TOH HUI YING, SELINA	Driver NRIC	S9127659C	Driver DOB	05/08/1991		
gister Date of Driver License	17/02/2010	Driver Age	29	Driving Experience	10		
entact No.(Mobile)	96262939	Contact No.(Office)	0	Contact No.(Home)	0		
dress 1	BLK 573C	Address 2	WOODLANDS DRIVE 16	Address 3	WOODLANDS GLEN		
				Post Code	733573		
idress 4	SINGAPORE 733573	Address Type	Singapore address	Post Code	/335/3		
nit No.	05-674						
oes he own a Singapore egistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company			
eclaration							
reathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No				
ading?	o mg	,,,	00				
edification History							
ALCOHOLOGO PARE A PERSONAL DE COMPANSA DE							
Claim 001 New							
aim Type *	OD-MX	Insured Name	JIREH GOH EN CI	Insured NRIC	S8928678F		
ontact No.(Mobile)	81577555	Contact No.(Home)		Contact No.(Office)			
nail Address	JIREH@JGECPTELTD.COM	OI Vehicle Number	SMT9436H	TP Vehicle Number	SLF7240D		
aimant Type Claimant Type *		Type of Benefit *	Please Select	AC 4 (ACT C 12 (C. The state of th		
aimant Type Claimant Type *	Prease Select ≥≥	Claimant NRIC *					
aimant Name •	J22						
	CHANGE OF THE COLUMN OF THE CO			Name of Preferred Workship			
aim Description	SMT9436H / SLF7240D ON 16 Dec 2020			Name of Preferred Workshop			
eferred Workshop Contact		Insured Liability *	Not at Fault				
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
ate Registered	17/12/2020 11:35	Claim Close Date		Date Received	17/12/2020 00:00		
eport Taken By	Jackson						
Print AK letter							
			Save Submit				
Attachment							
-							
♥		2	22200				
ccident No.	MT/1113997	Claim No.	001				
ast Doc. Received	● Yes ○ No	Upload Date	17/12/2020 11:37				
	Path *		Category *	Confidential Urger	cy * Descriptio		
		Browse	Clear Please Select	NO V Normal	V		
		Browse		NO V Normal			
		Browse		NO V Normal	<u> </u>		
		Browse	Clear Please Select	NO V Normal	<u> </u>		
		Browse	Clear Please Select	NO V Normal	V		

ttachment	Uploade	By/Date	Category	7	Urgency	Desc	ription	Msg Sent? (CO)	
sali i Ju V il		NAL ASSESSMENT CENTRE SERVI ec 2020 11:37	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lie	cense 2020-12-17		
9		NAL ASSESSMENT CENTRE SERVI ec 2020 11:37	SAS		Normal	SAS 20	20-12-17		
3	NAC_PAYA_UBI_800601(NATIO CES) on 17 D	NAL ASSESSMENT CENTRE SERVI ec 2020 11:36	Photos		Normal	Photos 2	020-12-17		
	NAC_PAYA_UBI_800601(NATIO CES) on 17 D	NAL ASSESSMENT CENTRE SERVI ec 2020 11:36	Photos		Normal	Photos 2	020-12-17		
		NAL ASSESSMENT CENTRE SERVI ec 2020 11:36	Photos		Normal	Photos 2	020-12-17		
انو		NAL ASSESSMENT CENTRE SERVI ec 2020 11:36	Photos		Normal	Photos 2	020-12-17		
		NAL ASSESSMENT CENTRE SERVI ec 2020 11:36	Photos		Normal	Photos 2	020-12-17		
1		NAL ASSESSMENT CENTRE SERVI ec 2020 11:36	Photos		Normal	Photos 2	020-12-17		
		NAL ASSESSMENT CENTRE SERVI ec 2020 11:36	Photos		Normal	Photos 2	020-12-17		
	NAC_PAYA_UBI_800601(NATIO CES) on 17 D	NAL ASSESSMENT CENTRE SERVI ec 2020 11:36	Photos		Normal	Photos 2	020-12-17		
Video List		Folder Date		ile Name		9	Source		Act