NATIONAL Assessment Cen	tre Services.	[wei 1 Jan'05] JN	20 20 C J 000B		
Date In: (9/12/22-13:32	Jeb descripti	ion	Date & Time Completed	Doi	ne by
Ref No: NA INCLOSIVITA 124	SAS e-filin	ıg			
Veh No: GKW866M	E-mail (with	hin Shrs, AIC 2hrs)		Ì	
D.O.A: 18/190-09:10	i-Motor Ci	laim Form	100-70[VIII [CM]	19/12/2	13:7
OD : The Reporting Only	i-Motor W	7/O (Within: OD 2hrs		111111111111111111111111111111111111111	
- Traporting Only	i-Photo Up	oloaded			
TP Insurer:	Assessment/	Survey Report			
TI HISUTOI.	Ass't Report	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JH	AUNZ	. INC()/Non-INC()	,	
Owner / Driver: (Tel:)	
	Period: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)			%; P: 21-79%. F: 30-1	00%]	
Year of Registration: ())/NO(
Excess: (\$) Loading: \$1,	,000 ()/\$2,00	0()			
General Remarks;					
() Walk-In Customer: Customers inf			tly NO refer of repairer.		
() Total Loss Case : to e-mail Insur	rer URGENTLY.				
			wing Co: (
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Remarks: (INC horline: 6788 6616)			Date&Time Completed	Done	by
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Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car (: Done	hy
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: ————————————————————————————————————	Courtesy Car (Done	by
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\$N0920CJ000B / National Assessment Centre Services [408933] ENTRY DATE & TIME: 19/12/2020 13:32 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (19/12/2020 13:32 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- 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

Date of Submission 19/12/2020 13:32 (SGT) Date of Accident 18/12/2020 09:10 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information before amk ave 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW8661M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **CHENG JUNJIE** NRIC No SXXXX993D Email Address jakejunjie@gmail.com Mobile Phone No (Phone) +65-91059992 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer BMW Model 316i Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5110862555-01 Cover Note Number

DRIVER

Name of Driver **CHENG JUNJIE** NRIC No SXXXX993D Date Of Birth 11/03/1991 Occupation Indoor

Date Of Driving Pass	00/07/0040
Driving experience	
Gender	, 12 the first 5 Months
Mobile Number	Wale and the second sec
Alt. Phone Number	(Phone) +65-91059992
Email Address	
Address	, -, -, -, -, -, -, -, -, -, -, -, -, -,
Address complement	- TOO OLINDA WATER OLOGIC
Postcode	#03-473
・ 「	750335
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	<u> </u>
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Cide O. i
Weather Conditions	Side Swipe
Road Surface	drizzling
	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
f yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
are accident photos!	
re accident photos available for attachment?	Yes
Vas there any video captured by Car Camera?	No
Vas there any audio recorded?	No
DETAILS OF STUES	
DETAILS OF OTHER	VEHICLE PROPERTY 1
Table D. Co. C. C. C.	
ehicle Registration Number	SHA4127S
ehicle Manufacturer	-
ehicle Model	
ehicle Variant	
ehicle Colour	-
ehicle Category	Taxi
ame of Driver	-
ontact Number	-
ddress	*
ddress complement	-
ostcode	-
surance Company Name	-

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed 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 facts 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 for 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, 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' law yers/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 the settlement of the claims and any necessary investigations relating to
- (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
- (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' law yers/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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A; Sicwolform

R=SHAY1275

A | Stephen | Steph

Describe Circumstances of the Accident As I wanted filter onto and lone. I two on my which indicator light
and check my Windspot before I filter and. As fightic was cleared, I filter
and onto 3rd lone. and of sudden, I tell in impact of my vehicle and realise
that vehicle B change lane from the rear of my vehicle B
ich only may vehicle man right postion.

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 12 / 100	O/MM/YYYYI TIAATI'
LOCATION: CIE Le POR AMIC	AJe 1.
1. DETAILS OF VEHICLE	
CIVELIO =	W
DINSUPANCE OF	W861m.
. OL COMPANY.	TUC
C)POLICY NUMBER:	G.
COMPREHENSIVE /	THIPD BARTY (TIME
e)MAKE & MODEL:	THIRD PARTY / THÏRD PARTY FIRE &THEFT
111 E.ISAI DON / COURT	
g) VEHICLE CATEGORY: (PRIMATE / CC	LORRY / MOTORCYCLE / OTHERS)
THE ONE OF THE AT A SOLD	TO TORCYCLE
VARE YOU CLAIMING UNDER YOUR	
IF NO, PLEASE STATE (THIRD PARTY CL 2. INSURED / POLICY HOLDER	WN INSURANCE (YES NO)
2. INSURED / POLICY HOLDER	-AIM / REPORTING ONLY)
A)NAME:	,
b) NRIC/FIN/PASSPORT:	(MALE / FEMALE)
c)ADDRESS:	CONTACT: 9105 999 2
* CONTINUE TO 3.d IF DRIVER ALSO PO	
* CONTINUE TO 3.d IF DRIVER ALSO PO	LICY HOLDER
Clindudina di any alNAME:	
b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
c)ADDRESS:	CONTACT:
*d)DATE OF BIRTH: (// e)OCCUPATION: (INDOOR / QUIDOOR)	
e)OCCUPATION: (INDOOR / OUTDOOR)	_)(DD/MM/YYYY)
T) YEARS OF DRIVING	
DILIVER AN EMPLOYEE OF	<u> </u>
4. WAS DRIVER AN EMPLOYEE OF THE INTERPRETATION OF THE DRIVER 5. a) WEATHER CONDITION: (CLEAR / RATION	NSURED'S COMPANY? (YES / AID)
WINDLANDER CONDITIONS (CLEAR)	WITH INSURED: DWN &
DIROAD SURFACE: (DD)	NG / OTHERS DATING.
O. WAS ANYBODY IN HIRED WES LICENS	
- THE ONLED TO POTTCE MES (16)	
IF YES, PLEASE STATE WHICH POLICE STATE 8. THIRD PARTY VEHICLE	
8. THIRD PARTY VEHICLE	TION:
1 - SSENGER OI VELICIE	
ncluding driver) b) DRIVER'S NAME.	MODEL:
THICKPIN PASSPORT.	
" INKUPARTY VEHICLE	CONTACT:
O OF DASCENOS DI VEHICLE NUMBER.	
duding driver) f) DRIVER'S NAME: NRIC/FIN/PASSPORT	MODEL:
() NRIC/FIN/PASSPORT:	CONTACT
* .	
email = JAKETUN	SIFEGMAIL (OM
	OTT COM
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VIDEO -X

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My Desktop	Policy Query Change Language Change Password								· Log Ou		
Notice of Loss	Policy	No.				Date	of Accident		18/12/2020 (09:10	
	Vehicle	No.(For Motor)	SKW86	661M			ficate Numbe		10/12/2020	79.10	
						Search					3
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence	Expiry Date
	0	5110862555- 01		CHENG JUNJIE	S9109993D	GPC	drivo CLASSIC	SKW8661M	Object SKW8661M	Date 17/07/2020	16/07/2021

Sequenc	e Date of Endorsement	En	dorsemen	t Туре	ndorsement S	Status	Endorsement Content
Endorse	ments				V		
Insured	Object: SKW8661M						
nit No.	03-473	Related Number		5110862555-01			
ddress 4		Address	Туре	Singapore address		ost Code	750335
ddress 1	BLK 335 #03-473	Address	s 2	SEMBAWANG CLOSE	. A	ddress 3	SINGAPORE 750335
Policyho	older Mailing Address						
nfo							
Policy Info							
lag Open							
co- nsurance	No				-		
gent	I INSURANCE AGENCY	Agent Tel.	66411407		GST Flag	Υ	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
xcess	0	OS Premium	0				
Excess		damage Excess	600		Windscreen Excess	100	
Third Party	0	Own			140. 1		
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	26/06/2020	Effective Date	17/07/20	20 00:00	Expiry Date	16/07/2021	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 335 #03-473 SEMBAWANG	CLOSE SING	APORE 750	335			
Certificate No.					MAZ		
Policy No.	5110862555-01	Policyholder Name	CHENG J	UNJIE	Policyholder NRIC	S9109993D	

Policy No.	Claim Handling							
CHESTANS	Accident MT/1114305	No.						
CHICATION STORY S	Policy No.	5110862555-01	Vehicle No.	SKW8661M				
Montant Common Mon	Certificate No.			SKW6601PI	GST Registration No.			
Marcian Marc	Policyholder Name	CHENG JUNJIE						
Content Cont	Product Code		Cover Type	37.07.2 (E	Policyholder NRIC	S9109993D		
State Stat	Contact No.(Mobile)				Loading	0		
March Marc	Email Address			0	Contact No.(Home)	0		
March Marc	KFK	● No ○ Yes			eCode	Nc 🗸		
## Address 10 10 10 10 10 10 10	NCD Protection				eCode Reason			
March Marc			NCD Entitlement(%)	40	Private Hire	No		
Column C	Report Date	19/12/2020 13:34						
Marche M				Yes	Accident Type	Side Swipe		
Control Cont		16/12/2020		09:10	Country of Accident	Singapore		
## PAY ACCIONED PA		CTE	Orange Force		ICM No.			
Part Accidence Part								
Description								
Part	1,700	Per Accident	Windscreen Excess	100.00				
Part	DD Standard Excess	600.00						
March Control Contr				0.00				
## 2000 10 10 10 10 10 10 10 10 10 10 10 10			YIED TP Excess	0.00	Driver is Covered?	Covered		
## Market								
## Companies Part		600.00	Total TP Excess Applicable	0.00				
## Separation No		nation						
## Properties No.								
### PRINCIPATION MARKET NATIONAL MARKET NATIO		NO				WEETEN TO THE RESIDENCE OF THE PERSON OF THE		
MINITERS 1				GST Status Verified	Yes			
Minor Min								
ARBITRATE	Policyholder Mailing A	ddress						
## STONE AND COLORS STONE AND	ddress 1	BLK 335 #03-473	Address 3					
## No.	ddress 4				Address 3	SINGAPORE 750335		
## STUDIES ST	nit No.	03-473		Singapore address	Post Code	750335		
Main Oniver Main	OI Driver Info	03-4/3	Related Policy Number	5110862555-01				
Hand Driver Name Driver Name Driver Na		CHEN MANUE						
Direct Policy Septiment		CHEN JONJIE						
Driving Experience 7 Contact No. (Office) O		03/07/2012			Driver DOB	11/03/1991		
Series SUX 335				29	Driving Experience	7		
## SEMBAMANG CLOSE				0	Contact No.(Home)	0		
## Singspore address		BLK 335	Address 2	SEMBAWANG CLOSE	Address 3	SINGAPORE 750335		
Ores (No. M. 1999) Ores			Address Type	Singapore address	Post Code			
Driver Insurer Company Driver Insurer Company		03-473						
Any Injury?	gistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company			
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