CURS BASIS PROPERTY CONTROL OF THE C	Jeb description	Date &Time Completed	Done, by
Date In: - 9/1/21 10:22			
Ref Ha MA INC 21000 388/44	SAS c-filing		
. Veh No SDJ 303 B	E-mull (white spis, AIC thrs)		
110A - 811/21 21/10	i-Motor Claim Form	EMT/1116667 -01	9/11/21 11:2
OD Reporting Only	I-Motor W/O (Within; OD :	Elses, TP 4 hrs)	
Cit. (3D: Kepinting, Only	I-Photo Uplonded		
TP Insurer:	Assessment/Survey Report		
11 history	Ass't Report by Fax / Han	d to Owner/Wksn	L
Profested Wisp / INC Assign Wisp / QW: (Tol: -	Fax:
TP Particulars: Veh No: 56	× 48977 . INC	(,)/Non-INC(+),	
Owner / Driver: (Tel:)
Policy No: () Perio	od: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 8d-	-100%]
1	arranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000	0()/\$2,000()		
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() Walk-In Customar : Customer's inform	nation strictly Confidential &	Strictly NO refer of repoliter	·
() Total Loss Case : to e-mall Insurer	URGENTLY. ·	, "na 1 3	
Drive-In ()/ Towed-In (); Invoice:	YES()/NO()	Towing Co: (# . ,	.)
			PERSONAL PROPERTY .
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SN0921190004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 09/01/2021 10:22 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (09/01/2021 10:22 (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

Date of Submission 09/01/2021 10:22 (SGT) Date of Accident 08/01/2021 21:10 (SGT) Exact Location of Accident 476A Upper Serangoon View, Singapore 531476 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDJ303B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOW NGIAP HOOR NRIC No SXXXX208C Email Address XYLOW39@GMAIL.COM Mobile Phone No (Phone) +65-96386875 Alternative Phone No +65-96386875

VEHICLE PARTICULARS

Manufacturer Mercedes Model C200 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?

No - Claiming third party Private car

INSURANCE COMPANY

Vehicle Category

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5116350483 Cover Note Number

DRIVER

Name of Driver LOW XIN YI NRIC No TXXXX741G Date Of Birth 09/03/2000 Occupation Indoor

Date Of Driving Pass	18/04/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-85336765
Alt. Phone Number	(Filotie) +03-03330703
Email Address	XXI ON30@CMAIL COM
Address	XYLOW39@GMAIL.COM
	70 UPPER SERANGOON VIEW #01-33
Address complement	M
Postcode	533883
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
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?	- V
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	MOTHER
Gender	Female
Conce	remale
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No.
Was notice of intended Prosecution given?	No
[[] 등 경기 (1882) 1883 (1884) 1883 (1884) 1884 (1884) 1	No
If yes, against whom?	(5)
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SGX4897T
Vehicle Manufacturer	- SGA-4007 I
Vehicle Model	15
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private ass

Private car

Vehicle Category

Name of Driver Contact Number

Address	-
Address complement	_
Postcode	-
Insurance Company Name	3343
Nature Of Damage	7.4
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,
- 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>.
- 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,
- 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, 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' 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 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' 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), which may be sited outside of Singapore, for one or more of the above Purposes.

(A)

Policyholder's Signature / Date & Time

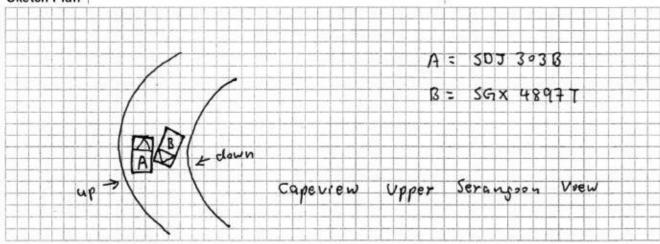
09/01/2021

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

THE

Witnessed by Reporting Centre Personnel

Sketch Plan



Enas dring along the spiral ramp towards the minitistorey carport at Capersew along Upper serangeon View at around 9.09 pm on 8 January 2021. While I was travelling up the spiral ramp I saw a vehicle's headlight shine as the vehicle lowing down at a relatively fost pace. I was alerted to stop immediately but the vehicle tried to pass me inthant slaving down or stapping at all and hence it collided into the right side of my car back door and ecropped against the car. The drange on my vehicle includes the right back door and not side of the rear bumper. The drange on the other vehicle includes its right headlight right side of the front bumper and front of car body. Afterhood are the videas of this accordant from my car recording comern which includes both the front and back comern.	I was	during along the spiral ramp towards the multi storey corpork at	
While I was travelling up the spiral rang. I saw a vehicle's headlight shine a the vehicle Lowing dawn at a relatively fast pace. I was alerted to stop immediately but the vehicle thread to poss me without slaving down or stopping at all and hence it collided into the right side of my car book door and accorpped against the car. The damage on my vehicle includes the right back door and right side of the rear bumper. The damage an the other vehicle includes its right headlight nght side of the front bumper and front of car body. Attached are the rideas of this occident from my car recording camera which includes both the front and back comera.	(aperser	along Upper Serangoon View at around 9.09 pm on 8 January 207	41.
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car body. Attached are the videos of this occident from my car recording camera which includes both the front and back comera.	includes	its right headlight point side of the front brumer and front	0 4
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	camer	a which includes both the fourt and back camera.	
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		W.	

Declaration

We declare the foregoing particulars are true in every respect.

D.

Policyholder's Signature / Date & Time

700

09/01/2021

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

H

Witnessed by Reporting Centre Personnel

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Languag	e • Chan	ge Password	→ Log Ou
Notice of Loss Policy No. Vehicle No.	Poli	Policy Query									
	ło,				Date	of Accident		08/01/2021	10:13		
	Vehicle No.(For Motor)		SD330	SD3303B		Certificate Number		0			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116350483		LOW NGIAP HOOR	S2165208C	GPC	drivo PREMIUM	SD3303B	SDJ303B	25/02/2020	24/02/2021
					Г	Continue					

ACCIDENT STATEMENT

AC	CCIDENT DATE: 08 / 01 / 1021	_)(DD/MM/YYYY), TIME:	(21:09)(HH:MM)
LO	CATION: Lapeview Upper Seran	goon view	***************************************
	1. DETAILS OF VEHICLE	15. 4	
	a) VEHICLE NUMBER:_ SDJ	2 N 2 D	7 5 9
	b)INSURANCE COMPANY:		
	C)POLICY NUMBER: 511635		
	d)POLICY TYPE: (COMPREHEN	ISIVE / THIRD PARTY / THI	RD PARTY FIRE &THEFT)
	e)MAKE & MODEL:		
	f)TYPE: (SALOON / COUPE / M g) VEHICLE CATEGORY: (PRIVA	PV /V AN / LORRY / MOT TE / COMMERCIAL / MC	ORCYCLE / OTHERS)
	h) PURPOSE OF USING AT ACC	IDENT TIME: Privat	e vse
	I) ARE YOU CLAIMING UNDER		
	IF NO, PLEASE STATE (THIRD P		
	2. INSURED / POLICY HOLDER		
	A)NAME: LOW Mgiap	Hoor.	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:	CON	TACT: 96386875
	c)ADDRESS:		
2 2 2	<u>-</u>		
Μ	* CONTINUE TO 3.d IF DRIVER A	ALSO POLICY HOLDER	1
* Ho of passenga	DRIVER	All	
Claduding driver) WINAME.		(MALE / FEMALE)
(2)	DJAKIC/FIN/FASSFORT.	CON	TACT: 85336765
	c)ADDRESS:		
<u></u>	*-110-415-05-010-11-4		
F	*d)DATE OF BIRTH: (/_		Υ)
	e)OCCUPATION: (INDOOR / O		E 28
4	f)YEARS OF DRIVING EXPRERIEN		
4.	 WAS DRIVER AN EMPLOYEE (IF NO, RELATIONSHIP OF TH 		
5.	a) WEATHER CONDITION: (CLEA	E OCTACK MILL INSOL	RED: CHITEM
	b)ROAD SURFACE: (DRY / WET	/ OTHERS	
6.	WAS ANYBODY INJURED (YES /	NO)	
	a) REPORTED TO POLICE (YES / I		
	IF YES, PLEASE STATE WHICH P		
8.	THIRD BARTY VEHICLE		
· No of passenger	a) VEHICLE NUMBER: SG	1× 4897 T. MODE	EL:
Induding driver)	b) DRIVER'S NAME:		
()	c) NRIC/FIN/PASSPORT:	CON	TACT:
9.	THIRD PARTY VEHICLE		
tho of passenger	d) VEHICLE NUMBER:		L:
Indudica distan	e) DRIVER'S NAME:		
. Induany ariver	f) NRIC/FIN/PASSPORT:	CON1	ACT:
(_)			i.

email = xylon39@gmail.com fax = VIDEO = Yes.