NATIONAL Assessment Centre	Services.  well la	1051 SK109 N 1000E		
Date In: 13/1/44 - 17:36	Jeb description	Date & Time C	ompleted	Done by
	SAS e-filing			
Ref No: 44 1400649 124	E-mail (within Shrs, AIC	(2hrs)	,	
Veh No: SIE MVE	i-Motor Claim For	m _M7[11]716	7 000 10/11	קנידו מ
D.O.A: 11/1/1/19:15	i-Motor W/O (Within			
OD / TP / Reporting Only	i-Photo Uploaded	_		
	Assessment/Survey F	Report		
TP Insurer:	Ass't Report by Fax	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No: JUND	ρ	INC( )/Non-INC	C( )	
Owner / Driver: (		Tel:		
Policy No: ( ) Perio	od: (	) Cover Type:		1
Confirmed by : (	Dat			,
Insured/Driver Liability: ( %) [No		N: 0-20%; P: 21-799	%. P: 80-100%]	
Year of Registration: ( ) W	arranty: YES ( )/1	NO( )		
Excess: (\$ ) Loading: \$1,000	0()/\$2,000(	)	er archest mass	
General Remarks:-				
( ) Walk-In Customer: Customer's inform	nation strictly Confider	itial & Strictly NO refer	of repairer.	
( ) Total Loss Case : to e-mail Insurer	URGENTLY.		<u> </u>	
Drive-In ( )/Towed-In ( ); Invoice:		); Towing Co: (		
Remarks;- (INC hotline: 6788 6616)		Date&Time (	ompleted.	Done by
	ourtesy Car ( )	1		
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()		<u> </u>	
Injury:				
Injury:		- 1		10.8788/
Date/Time Actions				
		· · · · · · · · · · · · · · · · · · ·		
•				
. Yav.	Ins	oice Preparation Che	cklist	Ant (S) Amt (S)
MN00126.	188980	R: Accident Reporting (\$30	));	
Claimant's Particulars :-	2) D	A: Damage Assessment (\$10	00); INC (\$80) \$40/\$45	
Driver/Owner:	ALE	F: Towing Fee T: Follow-Through Survey	\$120	
		T: Follow-Through Survey (R	(wef 10 Jan 2005)	
Contact No:	6) T	R: Re-inspection	\$75	
Damaged Portion:	7)7	II : Idac DA + SMRT Survey ITUC Additional Services:-	. 3100	
		)T)*	\$5	
QC Checked by (Engr-In-Charge):		NS: Courtesy Car / Tpt Allower N6: Repair Co-ordination	310	
TO THE PROPERTY OF THE PROPERT	**************************************	N7: Post Repair Inspection	dination S:	
Auditors! Comments ::		N8: DV / Collect Excess Coor P (N11): TP (N:n INC) again	nst INC \$20	.,
2at. 1:	9) 1	V12: Idac Mobile	Fee Chargea	<b>《新教育教》</b>
Pat. 2/3;		oice dated oice dated	Fee Charged	STATE OF THE STATE

Fryst of Com

SN09211D000E / National Assessment Centre Services [408933] ENTRY DATE & TIME: 13/01/2021 17:36 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (13/01/2021 17:36 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 Gala 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

13/01/2021 17:36 (SGT) Date of Submission 11/01/2021 19:15 (SGT) Date of Accident AYE, Singapore Exact Location of Accident twds tuas before clementi rd exit Additional Location Information Singapore Country/State of Loss

#### DETAILS OF OWN VEHICLE

SLE292E Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN SIEW CHOO SXXXX856J NRIC No cassansw@gmail.com Fmail Address (Phone) +65-85687667 Mobile Phone No Alternative Phone No

#### VEHICLE PARTICULARS

Honda Manufacturer Vezel Model 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?

Vehicle Category

No - Reporting only

Private car

#### INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy 5070838877-05 Policy Number Cover Note Number

#### DRIVER

NG SHI WEI, CASSA Name of Driver SXXXX255A NRIC No 30/04/1997 Date Of Birth Indoor

Date Of Driving Pass	28/03/2016
Driving experience	4 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-85682772
Alt. Phone Number	-
Email Address	cassansw@gmail.com
Address	292 WESTWOOD AVENUE
Address complement	-
Postcode	648485
Is the driver the policyholder?	No 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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
Troad Guilace	****
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?	No
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	No
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
If yes, against whom?	-
ii yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
16 2 25 - 16 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
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
was there any addio recorded:	110
DETAILS OF OTHE	R VEHICLE PROPERTY 1
DETAILS OF OTHE	N VEHICLE I NOI ENTIT
Vehicle Registration Number	SJL1213P
venicie Registration Number	
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	
Vehicle Colour	D. Contractor
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)

#### 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 <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.
- 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 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 Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	ATE towards trus before clementi road.
	TAT Vehicle A: SLEZ92E
***	Vehicle B: STL 1213 P
A CONTRACTOR OF THE CONTRACTOR	
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT
I was travel	ing along AYE towards twas before clementi road.
I was traveli	ing on my own lane at lane 2,5 uddenly vehicle B
cut into my	lane from lane land brake suddenly. I cannot stop
in diam and I	hit anto him.
IN TIME ONE	ALT ONED LIM.
	N N
ECLARATION	
We declare the foregoing part	ficulars are true in every respect.
	Carlo
licyholder's Signature	Driver's Signature Reporting Centre Personne's Signature
te & Time:	Oriver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:

MARKE Skyll-Pharmary

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

### **Accident details**

Date and time of accident	Date:   1 /1 /2021	(DD/MM/YY) Time:	7:17 Pm (HH:MM)
Exact location of accident	ATE toward +	uns belose cleme	enti roal exit.

#### **Details of vehicle**

Vehicle registration number	SLE29 2E	
Vehicle make and model	Hunda rezel	
Type of vehicle	Saloon MPV CRV Van CRV Others:	
Vehicle category	Private Commercial Motorcycle	
Purpose of using at said time	Ou the way home	
Are you claiming under your own insurance company?	Yes  No if no, please select: Third part claim  Reporting only  Reporting only	

#### **Insurance information**

Insurance company	NTVC		
Policy number	5070838877-	05	
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

#### Insured / Policy holder

Name	Tan siew chop	Male 🗆	Female
NRIC / Fin / Passport number	569158565		
Contact	8568 7667		
Address	292 westwood Avenue 51648488)		

#### <u>Driver</u> Same as insured above □ (skip to D.O.B)

Name	NG SHI WEL, CASSA	Male 🗆	Female 🗷
NRIC / Fin / Passport number	59715255A		
Contact	856842772		
Address	292 werthood avenue 5 (648485)		
Email address	cassansw Egmail-com		
Date of birth	30-04-1497		
Occupation	Indoor Outdoor		•
Driving date pass			

### **General information of the accident**

Was driver an employee of	Yes 🗆	No.		
the insured's company?	If no, rel	ationship of the	Iriver and insured: Pargu	ter
Accident captured by camera?	Yes 🗆	No o/		
Weather condition	Clear	Raining 🗹	Others:	
Road surface	Dry 🗆	Wet 🗹		
No of passenger	1		(1	nclusive of driver)

### Passenger 1

Name	NG	SHI WELL	CASSA	
Gender	Male 🗆	Female	1	

### Passenger 2

Name			
Gender	Male □	Female	······································

### Passenger 3

Name		
Gender	Male 🗆	Female □

### Passenger 4

Name			1
Gender	Male □	Female □	

### Passenger 5

Name			
Gender	Male □	Female 🗆	

### Passenger 6

Name		
Gender	Male □	Female

# Other information

Was anybody injured?	Yes 🗆	No	
Was other vehicle damaged?	Yes	No 🗆	

# **Details of police action**

Reported to police?	Yes 🗆	No.	If yes, please state which police station.
Police station name		W . W . W .	

### Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	5JL1213P	
Vehicle make model	Hund a tit	

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	12.0
Vehicle make model	

W	/it	ne	SS	1
V	///	IIE	22	-

Were seat belts worn?

Was injured conveyed to

hospital by ambulance?

Yes 🗆

Yes 🗆

No 🗆

No 🗆

Witness 1			
Name			
Witness 2			
Name			
Injured person 1			
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
Injured person 2  Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
Injured person 3			
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes □	No 🗆	
hospital by ambulance?			
Injured person 4			
Name			
Injuries sustained			
Which vehicle person in?			
val	Vac	Non	

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	e Languag	e • Char	nge Password	· Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy N	ło.		Date of Accident 11/0				11/01/2021	1/01/2021 19:15		
	Vehicle	No.(For Motor)	SLE292E			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5070838877- 05		TAN SIEW CHOO	S6915856J	GPC	drivo CLASSIC	SLE292E	SLE292E	07/04/2020	06/04/2021
	NAMES OF THE OWNER, WHEN PERSON NAMES OF THE OWNER, WHEN PERSO					Continue					

					1/2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-					
y No.	5070838877-05	Vehicle No.	SLE292E		GST R	egistration No.				
icate No.								060150561		
holder Name TAN SIEW CHOO						holder NRIC		S6915856J		
uct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loadin			0		
act No.(Mobile)	NA	Contact No.(Office)				ct No.(Home)		Nc 🗸		
il Address	● No ○ Yes TCA				eCode			NC 🗸		
			No     Yes			eCode Reason				
Protection			50		Privat	e Hire		Not available		
Accident Details	10.00.000.10.00	Accident Report Within 24 hrs	Yes		Accide	ent Type		Collision - Hea	d to Rear	
port Date	13/01/2021 10:05							Singapore		
e of Accident	11/01/2021	Time of Accident hh:mm	me of Accident hh:mm 20:00				Country of Accident			
porting Centre		Orange Force			ICM N	10.				
ident Location	Along AYE Near 6 Jin Lempeng									
Total Excess Applicable										
	Per Accident	Windscreen Excess		100.00						
ess Type	Per Accident									
Standard Excess	600.00	TP Standard Excess		0.00						
		YIED TP Excess			Drive	r is Covered?		Not Applicable		
D OD Excess										
ditional Excess	0			0.00						
tal OD Excess Applicable	600.00	Total TP Excess Applicable		0.00						
Benefits										
GST Registered Informa	ition									
F Registered	No No		GST Regist			V				
T Registration No.			GST Status	Verified		Yes				
dification History										
Policyholder Mailing Ad	dress									
	292 WESTWOOD AVENUE	Address 2	Address 2 SINGAPORE 648485							
idress 1	292 WESTWOOD AVENUE		Singapore address		Post	Code		648485		
ddress 4		Address Type								
nit No.		Related Policy Number	5114978054-01							
OI Driver Info										
river Name		Driver Type			Dela	as DOB				
nnamed driver Name		Driver NRIC				Driver DOB				
egister Date of Driver License	er Date of Driver License Driver Age			Driving Experience						
ontact No.(Mobile)		Contact No.(Office)			Contact No.(Home)					
ddress 1		Address 2			Address 3					
		Address Type	Foreign address	Foreign address		Post Code				
ddress 4										
Init No.					Drive	er Insurer Com	nany			
	○ Yes  No	Driver Vehicle No.			DHV	er Insurer Com	pany			
oes he own a Singapore egistered car?	0 100 111									
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oes he own a Singapore egistered car?										
oes he own a Singapore egistered car? odification History	0.430.11									
egistered car?										
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odification History  Claim 002 New		Insured Name Contact No.(Home)	TAN SIEW CHOO 67920313		Con	itact No.(Office)				
claim 002 New					Con			S0158560		
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claim 002 New  Claim 002 New  claim Type *  ontact No.(Mobile)  mail Address  laimant Type Claimant Type  claimant Name *  claimant Address  claimant Description  referred Workshop Contact	OD-MX V Please Select V	Contact No.(Home) OI Vehicle Number Type of Benefit *	67920313  SLE292E  Please Select  Fully at Fault	>	Con	tact No.(Office) vehicle Number		SJL1213P		
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