	· (1)		p.et st		
<u> </u>	Countral Duel 14	arioùi 🗢	: SN 0921210	VOV.	
ATIONAL Assessment Centre	Sel-bides buris	1	Date & Time Completed	Done,	ρ7,
Date In: - 1/2/21 17:54	Jeb description				
ROTHE MALING 210,0 1516164	SAS c-filing			11 20	
N(4) 1NC 215	E-mail (while the ones, Al	(C 2hrs)		2/2/12	20115
Veh No SLG 147 G	I-Motor Cinim For	rin	MT/1119617001	212112	04.10
DICIA: 29/1/2/ 15:30.	1-Motor W/O (With				
(1) Pepoting Only	I-Photo Uploaded			 	
	Assessment/Survey	7.43.18			
TP Insurer:	Ass't Report by Fax	x / Hand to	Owner/Wksn		-
			Tolt of	Fax:	1
Professed Wissp / INC Assign Wissp / QW: (INC (.)/Non-INC(+)		
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	77972R		Tel:)	
Owner / Driver: (ladi f)	Cover Type: ()	
Policy No: (lod: (ate:	Time:)	
Confirmed by: (Inte Her Status (WO)	N: 0-2	0%; P: 21-79%. P: 8	d-100%]	. 1
THE COLUMN TO SERVICE STATE OF THE COLUMN TWO SERVICES STATE OF TH	Varranty: YES ()	/NO()		
Year of registration (00 ()/\$2,000 () .		• •	
Excess: (\$) Loading: \$1,97	190 (1973) 1980 (1980)	WANTE OF THE PARTY	主社会。包括部署	1. 18. 18. 18. 18.	. y <u>. ' ' .</u>
Continuent : Customer's Info	STATE CAMERICAN	iential & S	trictly NO refer of repol	rer.	
() Walk-In Curromar : Customer's Info	rmation strictly Corne		8 1 .)		•
() Total Loss Case : to e-mail Insure	er UlcGENILI.		1		1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/NO	1 1:	Towing Co: (#		
Drive-In ()/Towed-In (); Invoice	YES()/NO	();	Towing Co: (# · .		tower
	: YES()/NO	();	rowing Co: (ing by
Drive-in ()/ Towed-in (); Invoice	Courtesy Car ()	();	rowing Co: (and by
Drive-In ()/ Towed-In (); Invoice (Contacts of CIN Catalines of Distriction 1) Apply for Transfort Allowance ()/ C	Courtesy Car ()	();	rowing Co: (hre by
Drive-In ()/ Towed-In (); Invoice (Contacts of CIN Catalines of Distriction 1) Apply for Transfort Allowance ()/ C	Courtesy Car ()	();	rowing Co: (nie,by
Drive-In ()/ Towed-In (); Invoice (Contacts of (IN Calculates 6719) (645) 1) Apply for Transfort Allowance ()/ (2) QC Check / Post Reprir Inspection 1) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ()	();	rowing Co: (nno by
Drive-In ()/ Towed-In (); Invoice (Contacts of CIN Catalines of Distriction 1) Apply for Transfort Allowance ()/ C	Courtesy Car ()	();	rowing Co: (najby
Drive-In ()/ Towed-In (); Invoice (Contacts of (IN Calculates 6719) (645) 1) Apply for Transfort Allowance ()/ (2) QC Check / Post Reprir Inspection 1) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ()				nne by
Drive-In ()/Towed-In (); Invoice (Linturks)	Courtesy Car ()	();	rowing Co: (neby
Drive-In ()/Towed-In (); Invoice (Linturks)	Courtesy Car ()	();			nappy
Drive-In ()/Towed-In (); Invoice (Linturks)	Courtesy Car ()				neby
Drive-In ()/Towed-In (); Invoice (Linturks)	Courtesy Car ()				Transpy
Drive-In ()/Towed-In (); Invoice ICHITICAL (IN CALULATION AND ADDRESS OF TRANSPORT Allowance ()/C 2) QC Check / Post (Ceptir Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury: Defections (A) (In the content of the	Courtesy Car ()				ing by
Drive-In ()/Towed-In (); Invoice (In Calulting Transport Allowance ()/C 2) QC Check/Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury: Drive China () Supply Sup	2: YES() / NO Courtesy Car() .() 3000] ()		G G G G G G G G G G G G G G G G G G G		The second secon
Drive-In ()/Towed-In (); Invoice (INCALLIFE TRANSPORT Allowance ()/O 2) QC Check/ Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury: Drive China ()/O M	2: YES() / NO Courtesy Car() .() 3000] ()	I) AIL 1 Aac 2) DA 1 Dan	Gin-ultisi dent Reporting (330); aga Assessment (5100);	240/245 240/245	The second secon
Drive-In ()/Towed-In (); Invoice [Running (IN Calutting	2: YES() / NO Courtesy Car()	1) AL: Aaa 2) DA: Dar 3) TF: Tew	Chillist Carting (330); and Free Carting Free Carting Free Carting (5100); and Free Carting Free	240/245 240/245	The second secon
Drive-In ()/Towed-In (); Invoice (INCALLIFE TRANSPORT Allowance ()/O 2) QC Check/ Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury: Drive China ()/O M	2: YES() / NO Courtesy Car()	Olicino (Ali Accidente de Control (Ali Accid	dent Reporting (530); ing Fee ow-Through Survey	1NC (3.10) 540/545 - \$120	The second secon
Drive-In ()/Towed-In (); Invoice [Running (IN Calutting	2: YES() / NO Courtesy Car()	VOIDE 1) All Acci 2) DA: Daw 4) FT: Follow 5) FT: Follow 6) TV: Fellow 6) TV: Fellow 7) TV: Fellow 7) TV: Fellow 7) TV: Fellow 7) TV: Fellow 7) TV: Fellow 8) T	dent Reporting (330); ing Presented (5100);	1NC (500) 540/545 - \$120) 530 Jan 3095) 575	The second secon
Drive-In ()/Towed-In (); Invoice (INCaluttain (INCAlut	2: YES() / NO Courtesy Car()	O Inc. I Solve To Sol	dent Reporting (330); ing Pre-	1NC (3.10) 540/545 - \$120	The second secon
Drive-In ()/Towed-In (); Invoice (IN Caluttain () Calutt	2: YES() / NO Courtesy Car()	1) AR: Assi 2) DA: Dan 3) TF: Foll 5) FT: Foll Forglain 6) TR: Ra- 7) N1: Idau 8) NTUC A	dent Reporting (\$30); ing President Survey ing aning Survey ing aning Survey ing aning Survey ing aning Survey deliant Survey	TMC (500) 540/545 5120) 5310 391/3093) 775	The second secon
Drive-In ()/Towed-In (); Invoice (INCaluttain (INCaluttain) 1) Apply for Transfort Allowance ()/O 2) QC Check/ Post Reprir Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury): Districtions: () () Classifications: () () Driver/Owner: () Contact No: Damaged Portion:	2: YES() / NO Courtesy Car()	1) AR; Asol 2) DA; Dan 3) TF; Foll 5) FT; Foll 6) TR; Re- 7) NI; Ida 8) NTUCA 0]L'	dent Reporting (\$30); ing Free ow-Through Survey ow-Through Survey (Resurve) int atalog INC Only (wef 10 appeation DA + SMRT Survey dditional Services:-	1NC (500) 540/545 5120) 530 575 . 5160 53	The second secon
Drive-In ()/Towed-In (); Invoice (INCaluttain (INCAlut	2: YES() / NO Courtesy Car()	1) All : Asso 2) DA : Dan 3) TV : Tow 4) FT : Fell 5) FT : Fell 6) TR : Re- 7) N1 : Ida 8) NTUCA 9D.* *N5: Co *N6: Ila	dent Reporting (330); ing Fise war and (5100); ing Fise war Through Survey (Resurvey interestion DA + SMRT Survey interestion arrives (250 on the continuous contin	TMC (500) 540/545 5120) 530 Jan 3093 - 5160 - 510 - 510 - 510	The second secon
Drive-In ()/Towed-In (); Invoice (INCally Hallowance ()/C 1) Apply for Transfort Allowance ()/C 2) QC Check/ Post Reprir Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury: Determines A Supplementary Determines A Supplementary Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	2: YES() / NO Courtesy Car()	1) All : Asso 2) DA : Dan 3) TF : Tow 4) FT : Follo 5) FT : Follo 6) TR : Re- 7) N1 : Idan 8) NTUCA 9D' *N5: Co *N6: Ila *N7: Fo	dent Reporting (330); ing Fise war Survey (Resurvey interestion of the Control o	TMC (500) 540/545 5120) 530 Jan 3095) 575 5160 53 510 525	
Drive-In ()/Towed-In (); Invoice (INCaluttain (INCaluttain) 1) Apply for Transfort Allowance ()/O 2) QC Check/ Post Reprir Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury): Districtions: () () Classifications: () () Driver/Owner: () Contact No: Damaged Portion:	2: YES() / NO Courtesy Car()	1) All : Asso 2) DA : Dan 3) TF : Tow 4) FT : Follo 5) FT : Follo 6) TR : Re- 7) N1 : Idan 8) NTUCA 9D' *N5: Co *N6: Ila *N7: Fo	dent Reporting (330); sega Assessment (5100); ing Fee ow-Through Burvey (Resurvey) inz atsinst INC Only (well) appealion DA + SMRT Survey delitonal Services:- urlesy Car / Tpt Allowance pair Ca-ardination et Repair Inspection / Collect Excess Coordination i) TP (Nea INC) against INC as Mobile	240/245 240/245 2120 310 275 275 275 275 275 275 275 275	The second secon

SN092121000V / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 01/02/2021 17:54 (SGT)

SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (01/02/2021 17:54 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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.

- Any false reporting may be referred to the Police for investigation.
 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

01/02/2021 17:54 (SGT) Date of Submission 29/01/2021 15:30 (SGT) Date of Accident Upper Paya Lebar Rd, Singapore Exact Location of Accident Additional Location Information

Singapore

DETAILS OF OWN VEHICLE

SLG147G Vehicle Registration Number

INSURED/POLICYHOLDER

Country/State of Loss

No Is company? TANG CHONG KIAT Name Of Registered Owner SXXXX281H NRIC No TANGCHONGKIAT07022020@GMAIL.COM **Email Address** (Phone) +65-83335394 Mobile Phone No +65-83335394 Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer Civic 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

No - Claiming third party Private car

INSURANCE COMPANY

your vehicle?

Vehicle Category

NTUC Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5118656460 Policy Number Cover Note Number

DRIVER

TANG CHONG KIAT Name of Driver SXXXX281H NRIC No 09/06/1993 Date Of Birth Indoor Occupation

02/09/2015 Date Of Driving Pass 5 YEARS AND 4 MONTHS Driving experience Gender (Phone) +65-83335394 Mobile Number +65-83335394 Alt. Phone Number TANGCHONGKIAT07022020@GMAIL.COM Email Address BLK 693B WOODLANDS AVE 6 #04-743 Address Address complement 732693 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? 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 Clear Weather Conditions Dry Road Surface OTHER INFORMATION No Was any foreign vehicle involved in the accident? 2 Number of vehicles involved in the accident Yes Was anybody injured in the Accident? 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? DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes No Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SKJ7972R Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category 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	TANG CHONG KIAT
Address	-
Address Complement	-
Post Code	•
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLG147G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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.
- 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

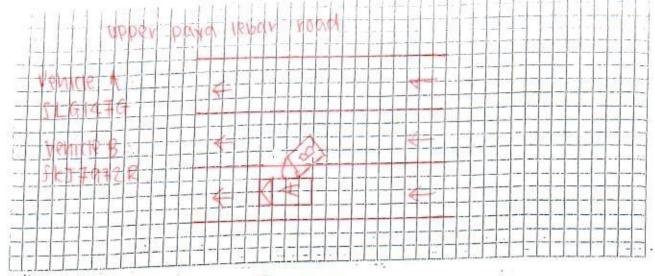
l understand, acknowledge, agree and consent that:

- (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 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
 - 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:
 - 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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signatura Name:

NRIC/FIN No.:



aware of my stationary venicle which then colleged onto my venicle, due to the impact of the bang, I felt unwell and seeked medical actions as a 24 hour clinic the next day and was given 2 day
paya lebar square on lane 3 and the traffic flow was heavy. While I was stationary on the lane and decided to change lane due to the traffic but there were too many on-going raiss thus I was unable to do a lane change and suddenly I felt a huge impact on the driver's side of my venicle then I realized that exercise 8 aid a lane change from lane 2 to my lark and wasn't aware of my stationary venicle which then collided onto my venicle due to the impact of the bang. I felt unwell and seeked medical attention at a 24 hour clinic the next day and was given 2 day are other party and I had exchanged particulars and both
paya lebar square on lane 3 and the traffic flow was nearly. While I was stationary on the land and decided to change lang one to the traffic but there were too many on-going cars thus I was unable to do a lane change and suddenly I felt a huge impact on the driver's side of my venicle then I realized that empact on the driver's side of my venicle then I realized that enable of my stationary venicle which then colled onto my venicle due to the impact of the bang, I felt unwell and seeked medical attention at a 24 hour clinic the next day and was given 2 day and the other party and I had exchanged particulars and both
while I was stationary on the land and gecided, to change land one to the traffic but there were too many on-going cars thus I was unable to do a lane change and suddenly I felt a huge impact on the driver's side of my venicle then I realized that empact on the driver's side of my venicle then I realized that evenicle B aid a lane change from lane 2 to my lane and wasn't aware of my stationary venicle which then colleded onto my venicle due to the impact of the bang, I felt unwell and seeked medical attention at a 24 hour clinic the next day and was given 2 day are other party and I had exchanged particulars and both
due to the traffic but there were too many on-going rars thus I was unable to do a lane change and suddenly I felt a nuge impact on the driver's side of my venicle then I realized that enhance of my stationary venicle which then collided onto my venicle due to the impact of the bang, I felt unwell and seeked medical attention at a 24 nour clinic the next day and was given 2 day are other party and I had exchanged particulars and both
I was unable to do a lane change and suddenly I tell a hage impact on the driver's side of my venicle then I realized that enhance of my stationary venicle which then collided onto my venicle and to the impact of the bang, I felt unwell and seeked medical attention at a 24 nour clinic the next day and was given 2 day. The other party and I had exchanged particulars and both
impact on the driver's side of my venicle then I reditted that vehicle B aid a lane change from lane 2 to my lank and wasn't aware of my stationary vehicle which then collided onto my vehicle due to the impact of the bang, I felt unwell and seeked medical attention at a 24 nour clinic the next day and was given 2 day. The other party and I had exchanged particulars and both
evenicle B aid a lane change from lane 2 to my lark and wasn't aware of my stationary venicle which then collided onto my venicle aue to the impact of the bang. I felt unwell and seeked medical attention at a 24 nour clinic the next day and was given 2 day. We the other party and I had exchanged particulars and both
aware of my stationary remicle which then college onto my remicle due to the impact of the bang, I felt unwell and seeked medical attention at a 24 nour clinic the next day and was given 2 days are the other party and I had exchanged particulars and both
attention at a 24 nour clinic the next day and was given 2 day. Mr. The other party and I had exchanged particulars and both
attention at a 24 nour clinic the next day and was given 2 day
attention at a 24 nour clinic the next day and was given 2 day
MC THE Other party and I had exchanged particulars and corn
agreed to proceed with insurance claim.
Majveen 10 Francis

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (II driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

112021			1000							Genera	IClaim
eBaoTech Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	• Log Out
My Desktop Notice of Loss	Policy N	cy Query lo. No.(For Motor)	SLG14	.7G			of Accident		29/01/2021	17:40	
	Venicie	Policy No.	Certificate	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5118656460	Number	TANG CHONG KIAT	S9319281H	GPC Continue	drivo CLASSIC	SLG147G	SLG147G	18/08/2020	17/08/2021

Date of Accident Accident Place Vehicle Reg. No. (Car Plate No.) Vehicle Make/Model Insurance Company Owner or Company Name /IC No.	Accident Time: 1530 (24-HR-Format) UDDFIR PAYA LEBAY ROAD (24-HR-Format) SLY 14+6. HUNDA CINFIC NTUC INCOMFOLICY NO. 511865 460 TANG CHUNG KIAT
Owner or Company Contact No. DRIVER'S Name / IC No. DRIVER'S Date Of Birth	O 333 S394 Owner's HpCompany Tel AS ABVOVE O 199 BRIVER'S License Pass Date 9 2 2016.
Relationship of Owner & Driver DRIVER'S Address DRIVER'S Contact No./ Alt No.	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: BIX 693B WOO COLORS AND 6 #04-748 1) A ARONR. 2) \$732693
DRIVER'S Occupation Email Address Weather & Road Surface	: INDOOR \ OUTDOOR (e.g. working inside or outside office) : Tangehongkiat 07022020@gmqil. (om : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type Number of Passengers (Including Di Was there any video Captured by ca Exact purpose for which vehicle was	
	Vehicle Reg. No: SKJ 7972 P. Vehicle Reg. No: SKJ 7972 P. Vehicle Make Model: BMW 216 Vehicle Make Model: BMW 216 Name Driver: Louis A Fang Ju XIA4 IC No. Driver: S 9837 663 A.
TC inside who topps	# Yes Insury