NATIONAL Assessment Centre Services. part 1 January . SN 092121 000 G	
Date (1): 02/02/2021 15:08 Jeb description Date & Time Completed	Done, by
1. TAIL 11	
RCI FO NA / NC 2100 1563 / NT	·
VCD NO SL3 192	2012 15:25
1-Motor W/O (Within; OD 2hrs, TP 4hrs)	
OD (IP)! Reporting Only I-Photo Uploaded	
Assessment/Survey Report	
The Insurer: Ass't Report by Fax / Hand to Owner/Wksp	
Proformed Wksp / INC Assign Wksp / QW: ( Tol: * Fax:	)
INC ( ) / Non-INC ( *)	
Owner/Driver: ( Veh No: SER TITE	)
Policy No: ( ) Period: ( ) Cover Type: (	)
Date: Time:	)
Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 8d-100%	<u> </u>
Year of Registration: ( ) Whrranty: YES ( )/NO ( )	•••
Excess: (\$ ) Loading: \$1,000( )/\$2,000( )	17. 1. 1
Control Reliables & S. T. S. C. S. C	161
( ) Walle-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.	,
( ) Total Loss Case : to e-mall Insurer URGENTLY.	, )
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co; ( )	Transporter of the state of the
TO THE TAX SELECTION OF THE PROPERTY OF THE PR	he triviale in
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	:
1) Upload Resurvey Photo [Repair Cost>\$3000] ( )	
Injury:	11 1 1 - A - Garage 119, 15,50
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	Sanda Disk ivalipin
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Driver/Owner:  4) FT: Follow-Through Survey 310	
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C Checked by (Engr-In-Charge):  *NS: Courlesy Car / Tpl Allowance 510  *NG: Rapair Co-tordination 510  *NG: Rapair Co-tordination 520	
C Checked by (Engr-In-Charge):  *NS: Gourlesy Car / Tpt Allowance 510  *NG: Rapair Co-ordination 510  *NT: Post Repair Inspection 522  *NT: Total Repair Inspection 522  *NT: Total Repair Inspection 522  *NT: Total Repair Inspection 522	
C Checked by (Engr-In-Charge):  *NS: Courlesy Car / Tpt Allowance 510  *NG: Rapsir Co-ordination 510  *NT: Post Repair Inspection 522  *NT: Post Repair Inspection 522	

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SN092121000G / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/02/2021 15:08 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (02/02/2021 15:08 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
  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**

02/02/2021 15:08 (SGT) Date of Submission 30/01/2021 18:30 (SGT) Date of Accident Exact Location of Accident Upper Paya Lebar Rd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

SLJ19C Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **K&T CARS** Company Reg No 5XXXX965X KNTCARS@GMAIL.COM **Email Address** (Phone) +65-68442475 Mobile Phone No +65-68442475 Alternative Phone No

#### VEHICLE PARTICULARS

Toyota Manufacturer Vios 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 your vehicle? Private car Vehicle Category

#### INSURANCE COMPANY

NTUC Name of Insurance Company **ThirdParty** Type of Coverage Fleet Policy 5119923077 Policy Number Cover Note Number

#### DRIVER

CALLURN LIM YUAN JIN Name of Driver SXXXX600D NRIC No 23/10/1991 Date Of Birth Outdoor Occupation

Date Of Driving Pass 06/09/2017 Driving experience 3 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-98782341 Alt. Phone Number Email Address CALLURNLIM@OUTLOOK.COM Address BLK 965 HOUGANG AVENUE 9 #09-632 Address complement Postcode 530965 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 2 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) 3 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 TAY HUI YI TRICIA Name Gender Female PASSENGER 2 NG SIEW TENG Name Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No 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? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SJK1111E** Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	<del>-</del> 8
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

BACK AND NECK

SLJ19C

Yes

11	NI	11	IL		1

Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	CALLURN LIM YUAN JIN BACK AND NECK
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SLJ19C Yes No
Name of injured person Address Address Complement	NG SIEW TING -

Post Code Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle? Were seat belts worn?

Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	TAY HUI YI TRICIA
Address	<b></b> 2
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	<b>BACK AND NECK</b>
Injured person in which vehicle?	SLJ19C
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 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, 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

> A: SLJ19C B: SJK1111E

Sketch Plan

I Was also a Harry David Labor Dood at the according When Lwas
I was travelling along Upper Paya Lebar Road at the second lane. When I was
travelling straight, vehicle B suddenly cut into my lane abruptly and hit onto my front left
portion of my vehicle.

# Declaration

WWe declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Or

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

H7

Witnessed by Reporting Centre Personnel

<b>eBao</b> Tech									Genera	alClaim	
Hello, NAC_PAYA_UBI_80	00601						› Change	Languag	e Cha	nge Password	› Log Ou
My Desktop	Pol	icy Query									,
Notice of Loss	Policy	No.				Date	of Accident		30/01/2021	15:26	
	Vehicl	e No.(For Motor)	SLJ190			Certifi	cate Number				
						Search					
	Selec	t Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5119923077		K&T CARS	53208965X	GPC	Third Party	SLJ19C	SLJ19C	17/11/2020	16/11/2021
	***************************************					Continue					

# 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				
30   01   20 21	(DD/MM/YY)			
1830	(HH:MM)			
Upper Paya Lebar Rvad				
	30   01   20 21 1830			

DETAILS OF VEHICLE						
Vehicle registration number	SLJ 19 C					
Vehicle make and model	Toyota Vros					
Type of vehicle	Saloon MPV CRV Van C					
	Lorry Bus Motorcycle Others:					
Vehicle category	Private   Commercial Motorcycle					
Purpose of using at said time						
Are you claiming under your	Yes  No if no, please select:					
own insurance company?	Third part claim Reporting only					

	INSURANCE IN	FORMATION	1457 ALTO
Insurance company	NTUC		
Policy number			-
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

INSURED / POLICY HOLDER							
Name	K&T Cars	Male □	Female				
NRIC / Fin / Passport number	5320 8965 X						
Contact	6844 2475 kntcars @ gmail. com						
Address							

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	Callum Lim Yuan Jin	Male	Female 🗆			
NRIC / Fin / Passport number	89140600D					
Contact	9878 2341					
Address	BIK 965 Hougang Avenue 9 #09-632	8(230	965)			
Email address	callumlim @ outlook.com					
Date of birth	23/10/1991					
Occupation	Indoor  Outdoor					
Driving date pass	06/09/2017					

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes □ No ☑
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes No D
Weather condition	Clear Raining Others:
Road surface	Dry D Wet a
No of passenger	(Inclusive of driver)
	PASSENGER 1
Name	Ng Siew Teng
Gender	Male  Female
	PASSENGER 2
Name	Tricia Tay Hui Yi
Gender	Male   Female
Local State	
	PASSENGER 3
Name	
Gender	Male  Female
	PASSENGER 4
Name	
Gender	Male  Female
- Contact	
<b>全分的基础工作的图像和图象</b> 的	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 STATION ACTION
Reported to police?	Yes No D If yes, please state which police station.
Police station name	
	WITNESS 1
Name	
	WITNESS 2

	THIRD PARTY VEHICLE 1
Vehicle registration number	SJK III I E
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	/ /
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 8:
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>建筑和</b> 是以下2000年,1000年,1000年	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle registration number	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD DARTY VEHICLE 7
	THIRD PARTY VEHICLE 7
Vehicle registration number	/
Vehicle make model	
Name	/
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1  Name  Callurn Lim Yuan Jin  Injuries sustained  Back & neck  Which vehicle person in?  Were seat belts worn?  Was injured conveyed to hospital by ambulance?	
Injuries sustained  Which vehicle person in?  Were seat belts worn?  Was injured conveyed to hospital by ambulance?  Back & neck  No □  Yes □ No □  No □  No □	
Injuries sustained  Which vehicle person in?  Were seat belts worn?  Was injured conveyed to hospital by ambulance?  Back & neck  No □  Yes □ No □  No □  No □	
Which vehicle person in?  Were seat belts worn?  Was injured conveyed to hospital by ambulance?  Ves No	
Were seat belts worn?  Was injured conveyed to hospital by ambulance?  Yes No D  No D	
Was injured conveyed to Yes No	
hospital by ambulance?	
INJURED PERSON 2	
Name Ng Siew Teng	
Injuries sustained Back & neck	
Which vehicle person in? SLJ19C	
Were seat belts worn? Yes ✓ No □	
Was injured conveyed to Yes  No	
hospital by ambulance?	
INJURED PERSON 3	
Name Tricia Tay Hui Yi	
Injuries sustained Back & neck	
Which vehicle person in? SLJ19C	
Were seat belts worn?  Yes  No  No	
Was injured conveyed to Yes No	
hospital by ambulance?	
INJURED PERSON 4	
INJURED PERSON 4 Name	
INJURED PERSON 4  Name Injuries sustained	
INJURED PERSON 4  Name Injuries sustained Which vehicle person in?	
INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn?  Yes  No	
INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes □ No □ Was injured conveyed to  Yes □ No □	
INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn?  Yes  No  No  No	
INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 4  No □	
INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 5	
INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 5  Name	
INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 5  Name Injuries sustained	
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INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 5  Name Injuries sustained Which vehicle person in? Were seat belts worn?  Yes □ No □	
INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 5  Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes □ No □  No □  No □  No □  No □  No □  No □  No □  No □  No □  No □  No □  No □  No □  No □  No □  No □  No □  No □  No □	
INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 5  Name Injuries sustained Which vehicle person in? Were seat belts worn?  Yes □ No □	
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INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 5  Name Injuries sustained Which vehicle person in? Were seat belts worn? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 6	
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INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 5  Name Injuries sustained Which vehicle person in? Were seat belts worn? Were seat belts worn? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 6  Name Injuries sustained	
INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 5  Name Injuries sustained Which vehicle person in? Were seat belts worn? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 5  No □  Was injured conveyed to hospital by ambulance?  INJURED PERSON 6  Name Injuries sustained Which vehicle person in?	
INJURED PERSON 4  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 5  Name Injuries sustained Which vehicle person in? Were seat belts worn? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 5  No □  Was injured conveyed to hospital by ambulance?  INJURED PERSON 6  Name Injuries sustained Which vehicle person in?	