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	Assessment/Surv					
TP Insurer:	Ass't Report by	Fax / Hand to	Tol: 4	F	ax:	)
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TP Particulars: Veh No: S.	LE 9249Y	· inc (	Tel:		)	
Owner / Driver: (	11/	)	Cover Type: (		)	
Policy No. (	riod: (	Date:	Time	:	)	
Confirmed by: (	Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%	P; 8d-1	00%]	
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3) Upload Resurvey Photo [Repair Cost > \$	3000] ( · )	**				
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## **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

Accident report SN09213G0006

3. Information provided must be as information 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.

ACCIDEN	T STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	16/03/2021 10:59 (SGT) 15/03/2021 17:53 (SGT) 308 Gombak Dr, Singapore 669646 CARPARK Singapore
DETAILS OF	F OWN VEHICLE
Vehicle Registration Number	SLK2306E
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No LEONG SIOW FERN SXXXX769H CATZFISHZ@YAHOO.COM.SG (Phone) +65-96903852 +65-96903852
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category	Audi A5 - Private use No - Claiming third party Private car
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Comprehensive No 5087200061-03
DRIVER	
Name of Driver NRIC No Date Of Birth Occupation	LEONG SIOW FERN SXXXX769H 18/07/1978 Indoor

Page 1 of 16

Date Of Driving Pass	13/10/2000	
Driving experience	20 YEARS AND 5 MONTHS	
Gender	Female	
Mobile Number	(Phone) +65-96903852	
Alt. Phone Number	+65-96903852	
Email Address	CATZFISHZ@YAHOO.COM.SG	
Address	BLK 5 TANJONG PAGAR PLAZA #18-04	
Address complement		
Postcode	081005	
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		
insurance company of other vehicle owned by briver	-	
GENERAL INFORMATION OF THE ACCIDENT		
T (A :1)	0.00	
Type of Accident	Collision - Major/Minor Rd	
Weather Conditions	Clear	
Road Surface	Dry	
OTHER INFORMATION		
Managed for the control of the section of	N	
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?	-	
Was any other material or property damaged?	Yes	
Number of Passengers (Including Driver)	1	
Has the driver been approached by unknown person(s)		
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	
	No	
If yes, against whom?	-	
CIRCUMSTANCES OF ACCIDENT		
REFER TO STATEMENT.		
ATTACHMENT(S)		
ATACIMENT(e)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
Was there any audio recorded?	No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	
DETAILS OF OTHER	R VEHICLE PROPERTY 1	
Vehicle Registration Number	SLE9249Y	
Vehicle Manufacturer	SLL92491	
Vehicle Model	-	
	•	
Vehicle Variant	-	
Vehicle Colour	2	
Vehicle Colour Vehicle Category	- Private car	
Vehicle Colour Vehicle Category Name of Driver	- Private car	
Vehicle Colour Vehicle Category Name of Driver Contact Number	- Private car	
Vehicle Colour Vehicle Category Name of Driver Contact Number Address	Private car	
Vehicle Colour Vehicle Category Name of Driver Contact Number	- Private car	
Vehicle Colour Vehicle Category Name of Driver Contact Number Address	- Private car	
Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	- Private car	

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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 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, w hich 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")

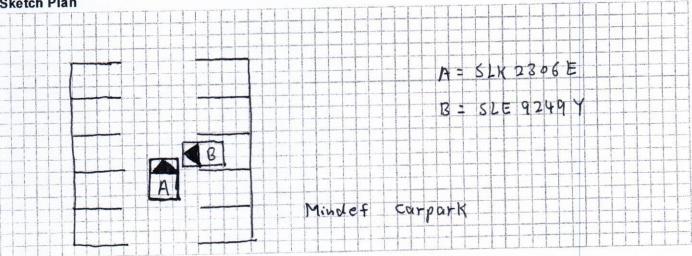
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident	
I was diving at the straight road when the other party	
I was driving on the straight road when the other party moved out of the parking lot and hit into my car.	
moved our of the parting for and art title ing	

### Declaration

WWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

THE

Witnessed by Reporting Centre Personnel

Continue

GeneralClaim **eBao**Tech Change Password Log Out Change Language Hello, NAC\_PAYA\_UBI\_800601 My Desktop **Policy Query** 15/03/2021 10:45 Notice of Loss Date of Accident Policy No. Certificate Number SLK2306E Vehicle No.(For Motor) Search Policyholder NRIC Vehicle No. Insured Object Commence Policyholder Name Certificate Number Expiry Date Product Cover Type Select Policy No. Date LEONG SIOW FERN 5087200061-03 drivo CLASSIC SLK2306E SLK2306E 01/05/2020 30/04/2021 S7820769H GPC 0

# ACCIDENT STATEMENT

ACCID	ENT DATE: 15/3/21 (DD/MM/YYYY), T	IME: ( 17:53) (HH:MM)
LOCAT	1 5 - 4	
	DETAILS OF VEHICLE  a) VEHICLE NUMBER: SLK 23 0 6 E	
	b)INSURANCE COMPANY:	
	c)POLICY NUMBER:	/ THIPD PARTY FIRE &THEFT)
	Audi AS	
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY /	MOTORCYCLE / OTHERS)
	CATEGORY: (PRIVATE / COMMERCIAL	MOTORCICLE
	hipurpose of using at accident time: P	rivate use
	ILARE YOU CLAIMING UNDER YOUR OWN INSURA	VICE (AERIMO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPO	ORTING ONLY)
2.	INSURED / POLICY HOLDER A) NAME: Leong Soow Fern.	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT: 9690 3852
	c)ADDRESS:	
	· · · · · · · · · · · · · · · · · · ·	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLD	DER
*No of passengat	DRIVER	(MANIE / FEMALE)
(Including driver)	DRIVER  a) NAME: As Above  b) NRIC/FIN/PASSPORT:	CONTACT:
(1)	c)ADDRESS:	_com/com
<u> </u>		
	*d)DATE OF BIRTH: ()(DD/M	M/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)	
	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED	'S COMPANY? (YES / NO)
4.	IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED: Owner
5.	DIWEATHER CONDITION: (CLEAR / RAINING / OT	THERS
	b)ROAD SURFACE: (DRY / WET / OTHERS	
6.	WAS ANYBODY INJURED (YES / NO)	
7.	a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:_	•
0		
4 Ho of passenger	a) VEHICLE NUMBER: SLE 42444	_MODEL:
(Induding driver)		
	-1	_CONTACT:
9.	THIRD PARTY VEHICLE  d) VEHICLE NUMBER:  e) DRIVER'S NAME:	MODEL:
* No of passenger	a) VEHICLE NUMBER:	_MODEL
(Induding driver)	e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	CONTACT:
(_)	TJ THIOTHER TOOL OWN	

email = catefishe @ yahoo.com.sp fax = VIDEO = No.