ATIONAL Assessment Conti	e Services	Date &Time Completed	Done by	
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	i-Motor W/O (With			
DD TP ! Peporting Only	i-Photo Uploaded			
	Assessment/Survey		1	
TP Insurer:	Ass't Report by Fa	x / Hand to Owner/Wksp	Fax:	)
reforred Wksp / INC Assign Wksp / QW: (		Tel: INC( )/Non-INC( )	T da.	
P Particulars: Veh No:	JRT3	Tel:	)	
Owner / Driver: (		) Cover Type: (	)	
Policy No: ( )	Period: (	Date: Time:	)	
Confirmed by: (	blate Bat States (WO	): N: 0-20%; P: 21-79%. F: 8	0-100%]	
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Year of Registration: ( )  Excess: (S ) Loading: S	Waltuney.	)		
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General Remarks:-  ( ) Walk-In Customer's	Literatus Confir	tential & Strictly NO rafer of repair	er.	
( ) Walk-In Customer's	information strictly Collin	gendal d otto		
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Drive-In ( ) / Towed-In ( ); Inv Remarks:- (INC horline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  Claimant's Particulars:-  Driver/Owner:	oice: YES ( ) / NO  6)  ) / Courtesy Car ( )  ( )  > \$3000] ( )	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100);  3) TF: Towing Fee  4) FT: Follow-Through Survey  For claiming against INC Only (wef 10)	Anit (\$)  1st Bill  INC (\$80)  \$40/\$45  \$120  \$300  Jan 2005)  \$75	- Amt (\$)
Drive-In ( ) / Towed-In ( ); Inv Remarks: (INC horline: 6788-661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:	oice: YES ( ) / NO  6)  ) / Courtesy Car ( )  ( )  > \$3000] ( )	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100);  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurvey  For claiming against INC Only (wef 10  6) TR: Re-inspection  The later DA + SMRT Survey	Ant (5)  1st Bill  INC (\$30)  \$40/\$45  \$120  \$300	- Amt (\$)
Prive-In ( ) / Towed-In ( ); Inv Remarks: (INC horline: 6788-661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  Claimant's Particulars:	oice: YES ( ) / NO  6)  ) / Courtesy Car ( )  ( )  > \$3000] ( )	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100);  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurvey  For claiming against INC Only (wef 10  6) TR: Re-inspection  7) NI: Idac DA + SMRT Survey  8) NTUC Additional Services;	Anit (S)  1st Bill  INC (\$80)  \$40/545  \$120  ) \$30  Jan 2005)  \$75  \$160	- Amt (\$)
Drive-In ( ) / Towed-In ( ); Inv Remarks: (INC horline: 6788-661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:	oice: YES ( ) / NO  6)  ) / Courtesy Car ( )  ( )  > \$3000] ( )	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100);  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey  For claiming against INC Only (wef 10  6) TR: Re-inspection  7) NI: Idae DA + SMRT Survey  8) NTUC Additional Services;  OD*  *N5: Courtesy Car / Tpt Allowance	Ant (5)  Ist Bill  INC (\$30)  \$40/\$45  \$120  \$300  Jan 2905)  \$75  \$160	- Amt (\$)
Drive-In ( ) / Towed-In ( ); Inv Remarks: (INC horline: 6788-661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:	oice: YES ( ) / NO  6)  ) / Courtesy Car ( )  ( )  > \$3000] ( )	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100);  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurvey For claiming against INC Only (wef 10  6) TR: Re-inspection  7) N1: Idac DA + SMRT Survey  8) NTUC Additional Services:  OD*  *N5: Courlesy Car / Tpt Allowance  *N6: Repair Co-ordination	Ant (5)  Ist Bill  INC (\$30)  \$40/\$45  \$120  \$30  Jan 2905)  \$75  \$160  \$\$5  \$10  \$\$25	Amt (3)
Drive-In ( ) / Towed-In ( ); Inv Remarks: (INC horline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	oice: YES ( ) / NO  6)  ) / Courtesy Car ( )  ( )  > \$3000] ( )	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100);  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurvey For claiming against INC Only (wef 10  6) TR: Re-inspection  7) NI: Idac DA + SMRT Survey  8) NTUC Additional Services;  OD*  *N5: Courtesy Car / Tpt Allowance  *N6: Repair Co-ordination  *N7: Post Repair Inspection  *N7: Post Repair Inspection	Ant (5)  Ist Bill  INC (\$30)  \$40/\$45  \$120  \$300  Jan 2905)  \$75  \$160  \$55  \$100  \$25  \$35	Amt (3)
Drive-In ( ) / Towed-In ( ); Inv Remarks: (INC horline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	oice: YES ( ) / No 6) ) / Courtesy Car ( ) ( ) > \$3000] ( )	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100);  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey  For claiming against INC Only (wef 10)  6) TR: Re-inspection  7) N1: Idae DA + SMRT Survey  8) NTUC Additional Services;  OD*  *N5: Courtesy Car / Tpt Allowance  *N6: Repair Co-ordination  *N7: Post Repair Inspection  *N7: Post Repair Inspection  *N8: DV / Collect Excess Coordination  *N8: DV / Collect Excess Coordination  TP (N11): TP (N:n INC) against INC	Ant (5)  Ist Bill  INC (\$30)  \$40/\$45  \$120  \$300  Jan 2905)  \$75  \$160  \$55  \$100  \$25  \$35	Amt (3) Add biin

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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 ability.
- 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 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

Mary State of the	ACCIDENT STATEMENT
Date Of Report	28/11/2017 13:07
Date Of Accident	28/11/2017 11:50
Exact Location Of Accident	TO WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
Control of the contro	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP1800A
Insured/Policyholder	
Name Of Registered Owner	TAY CHEE SIONG (DAI ZHIXIONG)
NRIC No	S7303713A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97478505
Alternative Phone No	OTHERS-97478505
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	ORLANDO 1.4AT TURBO
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092050199
Cover Note Number	
Driver	
Name of Driver	TAY CHEE SIONG (DAI ZHIXIONG)
NRIC No	S7303713A
Date Of Birth	27/01/1973
Occupation	INDOOR
Date Of Driving Pass	02/02/1998
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97478505
Fax Number	
Contact Number	OTHERS-97478505
	N. C. C. L.

NOEMAIL

5 FERNVALE CLOSE Address

#07-12

Postcode 797487

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 3

**Details of Police Action** 

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

YES

NO

JRT3

NO

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

Email Address

### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- 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:
  - 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 wood (ands & checkpoint

Vehicle	A	is	wa	iting	act	a	queul	to	tre	Woo	rdteno
Checkpe	trie	WK	18U1	vei	ricle	B	queul	from	bel	rind	and
hit	vehi	cle	A	at	tre	ba	CK.				

# DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

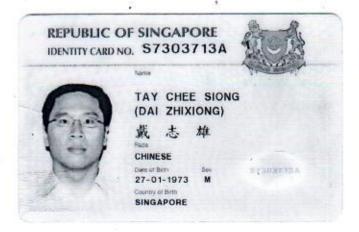
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

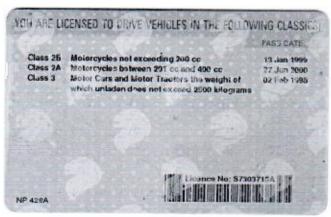
Name:

NRIC/FIN No .:









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cy No.				Date of Acci	dent	28/11/	2017 11:50	
ticle No.(For Motor)	SLP1800A							
				Search				
ect Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5092050199	TAY CHEE SIONG (DAI ZHIXIONG)	57303713A	GPC	drivo PREMIUM	SLP1800A	SLP1800A	08/06/2017	07/06/2018
	cy No. icle No.(For Motor) ect Policy No.	cy No.  SLP1800A  SLP1800A  SLP1800A  Policy No. Policyholder Name TAY CHEE S10NG (DAI	cy No.  SLP1800A  SLP1800A  String No.  SLP1800A  Policyholder Name NRIC TAY CHEE S092050199 SIONG (DAI 57303713A	ect Policy No. Policyholder Name NRIC TAY CHEE STONG (DAI 57303713A GPC	cy No.  Date of Acci  Color Motor)  SLP1800A  Search  Scarch  Policy No.  Policyholder Name NRIC Product Cover Type TAY CHEE S10NG (DAI S7303713A GPC drivo PREMIUM	cy No.  Date of Accident  Search  Search  Policy No.  Policyholder NRIC Product Cover Type No.  TAY CHEE SIONG (DAI \$7303713A GPC drivo PREMIUM SLP1800A	cy No.  Date of Accident  28/11/2  28/11/2  Search  Search  Policy No.  Policyholder Name Policyholder NRIC Product Cover Type Vehicle No.  TAY CHEE  5092050199  SIONG (OAI 57303713A GPC drivo PREMIUM SLP1800A SLP1800A	policy Query  Sy No.  Date of Accident  28/11/2017 11:50  Search  Search  Policy No.  Policyholder NRIC NRIC TAY CHEE S10NG (DAI S7303713A  GPC drivo PREMIUM SLP1800A  Self-11/2017 11:50  Z8/11/2017 11:50  Z8/11/2017 11:50  Z8/11/2017 11:50  Search  Search  Object Date Tay CHEE S10NG (DAI S7303713A  GPC drivo PREMIUM SLP1800A  SLP1800A  OB/06/2017

Policy No.	5092050199	Policyholder Name	TAY CHEE SIONG (DAI ZHIXION	Policyholder NRIC	S7303713A
Address	5 FERNVALE CLOSE #07-12 LU	SH ACRES SIN	GAPORE 797487		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/07/2017	Effective Date	08/06/2017 00:00	Expiry Date	07/06/2018 23:59
Third		Own		Windscreen	
Party Excess	0	damage Excess	600	Excess	100
Additional Excess	0	OS Premium	0		
Outside		Outside			
Singapore OD Excess	600	Singapore TP Excess	0		
Agent	ALPINE CREDIT PTE LTD	Agent Tel.	62529133	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	nolder Mailing Address		91		
Address 1	5 FERNVALE CLOSE	Address 2	#07-12 LUSH ACRES	Address 3	SINGAPORE 797487
Address 4		Address Type	Singapore address	Post Code	797487
Unit No.		Related Policy Number	5092050199		
1 Insure	d Object: SLP1800A				
<b>⊕</b> Endors	ements				
	ce Date of Endorsement	Cadama	ment Type Endorsemen	at Ctatue	Endorsement Content

Claim Handling						
Accident MT/0971520						4
Policy No.	5092050199		Vehicle No.	SLP1800A	GST Registration No.	
Policyholder Name	TAY CHEE SIONG (DAI ZHI	XIONG)			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo PREMIUM	Loading	
Contact No.(Mobile)	97478505		Contact No.(Office)	0	Contact No.(Home)	
Email Address			Special Remark		eCode	
KFK	No        Yes		TCA	@ No ○ Yes	eCode Reason	
NCD Protection	Yes		NCD Entitlement(%)	50		
<b>▽</b> Accident Details						
Report Date	28/11/2017 14:55		Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	28/11/2017		Time of Accident hh:mm	11:50	Country of Accident	Singap
Reporting Centre			Orange Force		ICM No.	2010416
Accident Location	TO WOODLANDS CHECKPO	DINT	(1.4.10.4.0.0.cm)			
♥ Benefits						
♥ Excess						
Own damage Excess	>60	00.00	Additional Excess	0.00	Windscreen Excess	
Innamed Driver Excess		0.00	Outside Singapore OD Excess	600.00	Trinage carrieration	
hird Party Excess		0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa	ation	0.00	Outside Singapore in Excess	919-9		
ST Registered	No			GST Registration Date		
SST Registered SST Registration No.	PNO			GST Status Verified	Yes	
fodification History					0,000	
AND THE PERSON NAMED IN COLUMN TWO						
Policyholder Mailing Ad	dress					
Address 1	S FERNVALE CLOSE		Address 2	#07-12 LUSH ACRES	Address 3	
Address 4			Address Type	Singapore address	Post Code	
Jnit No.			Related Policy Number	5092050199		
OI Driver Info						
Oriver Name	Tay Chee Siong		Driver Type	Main Driver		
Innamed driver Name	-33		Driver NRIC	57303713A	Driver DOB	
Register Date of Driver License	02/02/1998		Driver Age	44	Driving Experience	
Contact No.(Mobile)	97478505		Contact No.(Office)	0	Contact No.(Home)	
Address 1	5 FERNVALE CLOSE		Address 2		Address 3	
Address 4			Address Type	Singapore address	Post Code	
Jnit No.	#07-12		NOSAS ANDRONES		AUTO CONTRACTOR OF THE PARTY OF	
Does he own a Singapore			122 - 120 - 125			
Registered car?	Yes      No		Driver Vehicle No.		Driver Insurer Company	
eclaration						
Breathalyser or Blood Test	0 mg		And the latest to the latest t	Yes      No		
Reading?	O mg		Any injury?	tes as no		
Modification History						
51-1- 551 55 MV	5					
Claim 001 OD-MX New						
Claim Type *	OD-MX	10.78	Insured Name	TAY CHEE SIONG (DAI ZHIXION	Insured NRIC	
	97478505	- 6	Contact No.(Home)	63868505	Contact No.(Office)	
contact No.(Mobile)			OI Vehicle Number	SLP1800A	TP Vehicle Number	
	TAYYEE2012@GMAIL.COM					
mail Address	TAYYEE2012@GMAIL.COM SLP1800A / JRT3 ON 28 No	ov 2017			Name of Preferred Workshop	
mail Address Jaim Description referred Workshop Contact		ov 2017	Insured Liability *	Not at Fault	Name of Preferred Workshop	
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