· All and the second se	ntre Services   puet 1 Jan'05  M		-
Date In: 3/1/18-10-44	Jeb description	Date & Time Completed	Done by
Ref No: NA / MC1800/863/24	SAS e-filing	i	
Veh No: SKN 4360E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/1/18-15-15	i-Motor Claim Form	MT 0980263	72:01 81/1/18
OD / TP:/ Reporting Only	1-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OB . IT TROPICING ONLY	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: F	ax:
TP Particulars: Veh No:	1KR94184 . INC (	)/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: (	Period: (	Cover Type: (	).
Confirmed by: (	Date:	Time:	)
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$	\$1,000()/\$2,000()		
General Remarks;-		COLUMN TO STATE OF THE STATE OF	
( ) Walk-In Customer : Customer's			
( ) Total Loss Case : to e-mail Ins		Tiony NO Island of Tepolion	
<del></del>		Couring Co. (	<del></del>
		Towing Co: (	
Remarks: (INC hotline) 6788 6616		Date& Tarib Comple 54	Done by
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )	***	
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost >	>\$3000] = ( )		
AND DESCRIPTION	>\$3000] · ( )		
Upload Resurvey Photo [Repair Cost >      Injury:			
AND DESCRIPTION			
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Injury:  Date/Time: Actions			Ant(S) Ant(
Injury:  Date/Time: Actions	Invoice Pre	paration Checklist	
Injury:  Date/Time Actions	Invoice Pre	paration Checklist Reporting (\$30);	Ant(\$) Am(\(\frac{1}{2}\) Add B
Injury:  Date/Time: Actions  NA/Poo666  Aimant's Particulars:-	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing I	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	Ant (5) Am (5)  (6) Add B
Injury:  Date/Lime Actions  NA/Poo666  nimant's Particulars:- iver/Owner:	Invoice Pre  1) AR: Acciden 2) DA: Darnage 3) TF: Towing I 4) FT: Follow-T	paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$8 lee \$40  hrough Survey	Ant(\$) Am(\$)  75 Bill Add B
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NA/Poo 666  Actions  NA/Poo 666  Alimant's Particulars:- iver/Owner: ontact No: amaged Portion:  Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Damege 3) TF: Towing It 4) FT: Follow-T 5) FT: Follow-T For cleiming It 6) TR: Re-inspe 7) N1: Idao DA 3 8) NTUC Additi OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 2005 otton + SMRT Survey onal Services:- Car/Tpt Allowanse fo-ordination air Inspection liect Excess Coordination (Non INC) against INC	35 510 525 55

### SINGAPORE ACCIDENT STATEMENT

## 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.
- 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.

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 STATEMEN	ı
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 Date Of Report
 31/01/2018 10:44

 Date Of Accident
 30/01/2018 10:10

 Exact Location Of Accident
 ALONG STEVENS RD

Country/State of Loss SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKN4360E

Insured/Policyholder

Name Of Registered Owner TNG GAY YEN STEPHANIE

NRIC No S8128603E Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-83228428
Alternative Phone No OFFICE-83228428

Vehicle Particulars

Manufacturer AUDI

Model A3 SEDAN 1.4 TFSI (AMBIENTE)

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY

If No, Please state action to be taken REPORTING C Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

NO

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5081126459-01

Cover Note Number

Driver

Name of Driver TNG GAY YEN, STEPHANIE

 NRIC No
 S8128603E

 Date Of Birth
 05/09/1981

 Occupation
 INDOOR

 Date Of Driving Pass
 07/04/2008

Driving Experience 9 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-83228428

Fax Number

Contact Number OFFICE-83228428

EMail Address NOEMAIL

Address

23 ANDERSON ROAD

#05-02

Postcode

259985

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

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

2 "

Passenger 1

NAME:

: -

GENDER:

: MALE

**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

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKQ9418A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

### SKETCH PLAN

## IMPORTANT NOTICE

- 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.
- 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 Persannel's Signature

Name:

NRIC/FIN No .:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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## 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.:

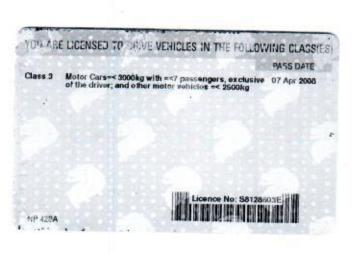
# ACCIDENT STATEMENT

ACC	IDENT DATE: 30/ 1/ 18 (DD/MM	/YYYY), TIME:( 13: 13 )(HH:MM)	E
	ATION: Along sevens Rd		
LOCA			
1	DETAILS OF VEHICLE		
	a) VEHICLE NUMBER: SKN 4360 E	mi//L-	
	DINSURANCE COMPANY: NTOC	. 1	20
	CIPOLICY NUMBER: 50 81/3 6479-0	1	93.0
	d)POLICY TYPE: (COMPREHENSIVE / THIR	D PARTY / THIRD PARTY FIRE &THEFT)	
		DIAMITY IIIII	- AT
	e)MAKE & MODEL:	CTHEPS!	7/4
	FITYPE: (SALOON / COUPE / MPV /VAN /	LORRY / MOTORCYCLE. / OTHERS)	
	ALVERICLE CATEGORY (PRIVATE / COM	MERCIAL / MOTORCYCLE)	23
	HIPURPOSE OF USING AT ACCIDENT TIME	E. Lindie 1.76	
	HAPFYOU CLAIMING UNDER YOUR OW	N INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAI	M / REPORTING ONLY	At
72	INSURED / POLICY HOLDER		*.
2	A)NAME: Ing gay yen yephon	MALE FEMALE	- M
	AJNAME.	CONTACT: 86.12.8438	
88		( 25 99 15)	THO OF
	c) ADDRESS: 23 Anderson Road &		bascenger.
		- VIIOIDED	. (Including d
	* CONTINUE TO 3.d IF DRIVER ALSO POLI	CY HOLDER	(2)
3.	DRIVER (as above)	(MALE / FEMALE)	
	a)NAME:		(4)
	b]NRIC/FIN/PASSPORT:	CONTACT:	
	c)ADDRESS:		<del>.</del>
	100		
	*d)DATE OF BIRTH: ( 9 / 9 / 1781	)(DD/MM/YYYY)	
•	e OCCUPATION: (INDOOR / OUTDOOR)	1. 20-1-01 22	40
¥1.	EVELDS OF DRIVING EXPRERIENCE: 7	1 MOR CUMS > 9	
4.			)
22.07	IF NO, RELATIONSHIP OF THE DRIVER	R WITH INSURED:	<del>-</del>
5.		NG / OTHERS	
	DIROAD SURFACE: (DRY / WET / OTHERS		
6.	WAS ANYBODY INJURED (YES / NO)		
	a) REPORTED TO POLICE (YES LNO)	790	
/.	IF YES, PLEASE STATE WHICH POLICE STA	ATION:	
- 20			20
· 8.	THIRD PARTY VEHICLE	MODEL: Private lire	· * No of passo
	a) VEHICLE NUMBER: UIC Q 94 18 A	MODELMODEL.	The state of the s
	b) DRIVER'S NAME:	CONTACT	- Clududing do
	c) NRIC/FIN/PASSPORT:	CONTACT:	- (4)
9.	THIRD PARTY VEHICLE	MODEL.	
	d) VEHICLE NUMBER:	MODEL:	- * Ho of passi
3000	e) DRIVER'S NAME:	COUTLOT	Cindudina d
1	f) NRIC/FIN/PASSPORT:	CONTACT::-	
	We independ the second of the		(-)
	190	i	

email = Stephanie tng. soh@gwail.com fax =











Policy No.	5081126459-01	Policyholder Name	TNG GAY YEN STEPHANIE	Policyholder NRIC	S8128603E		
Address	23 ANDERSON ROAD #05-02 A	VALON SINGAR	PORE 259985				
Product Name	PRIVATE CAR INSURANCE	Plan	A	Group Policy Flag	N		
Policy ssue Date	24/05/2017	Effective Date	12/06/2017 00:00	Expiry Date	11/06/2018 23:59		
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100		
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0				
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514549	GST Flag	Y		
Co- Insurance Flag Open Policy Info	No						
Certificate Info							
Policyh	nolder Mailing Address		4				
Address 1	23 ANDERSON ROAD	Address 2	#05-02 AVALON	Address 3	SINGAPORE 259985		
Address 4		Address Type	Singapore address	Post Code	259985		
Unit No.	05-02	Related Policy Number	5081126459-01				
▶ Insure	d Object: SKN4360E						
	ements		#				
Sequenc	ce Date of Endorsement	Endorse	ment Type Endo	rsement Status	Endorsement Content		

PHANIE URANCE  RD  600.00  0.00  0.00	Cover Type Contact No. (Office) Special Remark TCA NCO Entitlement(%) Accident Report Within 24 hrs Time of Accident Inhumm Grange Force Additional Excess Dutaide Singapore DO Excess	SKN4360E  drive PREMIL 0  ® No ○Yes 20  Yes 10:10		GST Registration N Policyholder NR3C Lizading Contact No. (Home) eCode eCode Reason Private Hire Accident Type Country of Accident ICM No.		SS128607E 0 0 To: V No Collision - Hee	d to Rear	
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MD	Address 2	#05-02 AVA	LON	Address 3		SINGAPORE 2	59985	
	Address Type	Singapore ad	idress	Post Code		259985		
	Related Policy Number	5081126459	-01					
PHANIE	Driver Type	Main Driver						
	Driver NRIC	\$8128603E		Driver DOB		05/09/1981		
	Driver Age	36		Driving Experience		9		
	Contact No.(Office)	0		Contact No.(Home	)	0		
DAD	Address 2	AVALON		Address 3		SINGAPORE 2	259945	
	Apdress Type	Singapore at	idress	Post Code		259985		
	Driver Vehicle No.			Driver Insurer Cor	nparty			
	Any injury?	○ Yes ® No	•			100		
								-
चा	Tonicad Name	THE GAY VE	N CTEDWANIE	Insured NRIC		561286038		
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		CHRADEOE				SK09418A		
	Of Venice Number	SKNAJOGE				angerau.		
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7	Claim Close Date	8		Date Received		3 100 1120 10 4	20.00	
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	upload bate		31/01/2018 10:58					
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3	29418A ON 30 3an 2018  29418A ON 30 3an 2018  3 No Pach *	Related Policy Number  PHANIE Driver Type Driver NRIC Driver Age Contact No. (Office) Address 2 Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Petiph GN 30 2an 2018  Insured Liability * Preferenced Repair Option Claim Close Date  Path *  Browss  Browss  Browss  Browss  Browss	Related Policy Number 3081120455  EPHANIE Driver Type Main Driver S8128603E Driver Age 36 Contact No. (Office) 0. Address 2 AVALON Address Type Singapore at Driver Vehicle No.  Driver Vehicle No.  Any injury? Yes ® No. (Pome) Of Vehicle Number SKN4260E Office) Office No. (Pome) Office Number SKN4260E Office Number Skn42	Related Policy Number 5081126459-02  EPHANIE Driver Type	Related Policy Number 5081126459-03  EPHANIE Driver Type Mein Driver Driver NRIC S8128603E Driver DOB Driver Age 36 Driving Experience Contact No. (Office) 0 Contact No. (Home Address 2 AVALON Address 3 Address Type Singapore address Driver Vehicle No.  Driver Unioner Cor  Any injury? Ves ® No  Insured Name Cornact No. (Home) OI Vehicle Number StRN350E Th Vahicle Number This GAY VEN STEPHANTIE Contact No. (Office) Name of Preferred Philips Any 10 Vehicle Number StRN350E The Vahicle Number of Preferred The Street Repair Option Freferred Workshop, Name unknown V GIA report Date Received  Save Submit  Save Submit  Browse Cest Phase Select V No Vehicle Number	Related Policy Number  S081128459-02  Dinver Type Dinver Main Dinver RRIC Dinver Age Contact No. (Office) O. Contact No. (Office) O. Contact No. (Office) Address 3 Address 3 Address 3 Address 3 Divver Vehicle Na.  Divver Vehicle Name Contact No. (Yome) Of Vericle Number Stitht360E The Vehicle Name This Gay YEN STEPHANIE Contact No. (Office) The Vehicle Name This Name of Preferred Workshop Details Name of Preferred Workshop Name of Preferred Workshop The Vehicle Name The Vehicle Name This Related Vehicle Name This Related Vehicle Name The Vehicle Name This Related Na	Related Policy Number  Driver Type  Main Driver Driver NRIC  SRI 28603E  Driver Que Contact No. (Office)  Address 7 2  AVALON  Address 7 3  Any injury?  Trisured Name  TNG GAY YEN STEPHANIE  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  TNG GAY YEN STEPHANIE  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle Number  TNG GAY YEN STEPHANIE  Driver Vehicle Number  SELEMODE  TO Valve Britanie  TNG GAY YEN STEPHANIE  Driver Vehicle Number  TNG GAY YEN STEPHANIE  Driver Vehicle Number  SELEMODE  TO Valve Britanie  TNG GAY YEN STEPHANIE  Driver Insured NRIC  SELEMODE  TO Valve Britanie  TNG GAY YEN STEPHANIE  Insured NRIC  Contact No. (Police)  TO Valve Britanie  TNG GAY YEN STEPHANIE  Insured NRIC  Contact No. (Police)  TO Valve Britanie  TNG GAY YEN STEPHANIE  Insured NRIC  Contact No. (Police)  TO Valve Britanie  TNG GAY YEN STEPHANIE  Insured NRIC  SELEMODE  Name of Preferred Workshop, Name unknown Workshop, N	Related Policy Number  Driver Type  Driver Page  Driver Age  Driver Age  Driver Age  Driver Age  Driver Age  Driver Age  Driver No (Office)  Drive

Attachment		Uploaded By/Date	Category	9	Urgency	Description	Meg Sent? Action (CO)
100 and	NAC_PAYA_UBI_800501{ NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 31 34 n 2018 10:58	NRIC/ Driving Ucerse		Normal	NRIC/ Driving License 2018-1-31	Edit
10	NAC_PAYA_UBI_800601( NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 31 3a n 2018 10:58	SAS		Normal	SAS 2018-1-31	Edit
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A		TIONAL ASSESSMENT CENTRE SERVICES) on 31 38 n 2018 10:58	Photos		Normal	Photos 2018-1-31	Edit
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	WAC_PAYA_UBI_800601( NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 31 3a n 2018 10:56	Photos		Normal	Photos 2018-1-31	Edit
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♥ Video List							
	Uploaded By/Date	Folder Date	File Name		8	Source	Action

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