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Veh No: Ske VJITT	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 2/3/18-17:30	i-Motor Clai		MT 0980782	3/2/18 11	:21
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OD TP Reporting Only	i-Photo Uplo				
NAME OF THE OWNER OWNER OF THE OWNER OWNE	Assessment/Su			(*	
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		-1
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 516	NOVI93T	INC ()/Non-INC()	i.	
Owner / Driver: (1424 121		Tel:)	
	Period: ()	Cover Type: ().	
Confirmed by : (Date:	Time:)	
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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 <u>completed</u> 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	03/02/2018 11:00
Date Of Accident	02/02/2018 17:30
Exact Location Of Accident	ALONG UPPER CHANGI RD E BEFORE JUNC BEDOK RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE4517T
Insured/Policyholder	
Name Of Registered Owner	TAN PENG SOON
NRIC No	S1786176Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96355909
Alternative Phone No	OFFICE-96355909
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA AERAS G-EDITION 2.4 A
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	5087853277
Cover Note Number	

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_			m	

GÜİK MEI ENG Name of Driver S2614019F NRIC No 28/11/1967 Date Of Birth INDOOR Occupation Date Of Driving Pass 04/12/1998

19 YEARS AND 1 MONTH **Driving Experience**

FEMALE Gender

(LOCAL) +65-98362921 Mobile Number

Fax Number

OFFICE-98362921 Contact Number

NOEMAIL **EMail Address**

BLK 33 SIMEI RISE Address

#09-06 528780

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions WET Road Surface

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)

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG UPPER CHANGI RD E AND THE TRAFFIC CONDITIONS WAS HEAVY AND THERE WAS ROADWORKS ON THE EXTREME MOST RIGHT LANE. SUDDENLY VEHICLE B COLLIDED ONTO MY VEHICLE REAR PORTION.

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

SKN2493T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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.
- 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.
- 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:

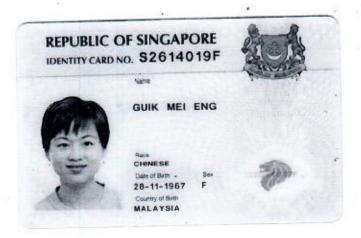
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

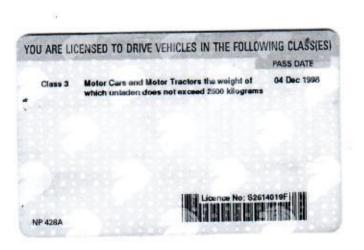
KETCH PLAN		
	6	A: SKEUS 177 B: SKN24937
The Company	A	
DESCRIBE CIRCUMSTANCES C	DE THE ACCIDENT	
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	p.	
15		
-		
DECLARATION	*	
I/We declare the foregoing partic	ulars are true in every respect.	Am
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholded Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm, V3









eBao Tech		LOUGH							Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	02/02	/2018 17:30	
	Vehicle	No.(For Motor)	SKE4517T							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087853277	TAN PENG SOON	S1786176Z	GPC	drivo CLASSIC	SKE4517T	SKE4517T	01/03/2017	28/02/2018
	3				8	Continue				

▽ Endors	ements		***		
▶ Insure	d Object: SKE4517T		ÿ.		
Unit No.		Related Policy Number	5087853277		
Address 4		Address Type	Singapore address	Post Code	528780
Address 1	33 SIMEI RISE	Address 2	#09-06 SAVANNAH CONDOPAR	Address 3	SINGAPORE 528780
Info Policyl	nolder Mailing Address		(F		
Policy Info Certificate					
Open					
Co- insurance Flag	No				
Agent	I CARE GENERAL INSURANCE A	Agent Tel.	67485585	GST Flag	Y
OD Excess	1730770	TP Excess			
Outside Singapore	600	Outside Singapore	0		
Additional Excess	0	os Premium	0		
Excess	0	Excess		Excess	
Third Party	0	Own damage	600	Windscreen	100
Policy ssue Date	07/02/2017	Effective Date	01/03/2017 00:00	Expiry Date	28/02/2018 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
ddress	33 SIMEI RISE #09-06 SAVANNA	AH CONDOPAR	RK SINGAPORE 528780		
Policy No.	5087853277	Policyholder Name	TAN PENG SOON	NRIC	S1786176Z

im Handling					
ident MT/0980782					
icy No.	5087853277	Vehicle No.	SKE4517T	GST Registration No.	
	TAN PENG SOON			Policyholder NR3C	51786176Z
auct Code	PRIVATE CAR INSURANCE	Cover Type	erwo CLASSIC	Loading	•
react No.(Mobile)	96355909	Contact No.(Office)	0	Contact No. (Home)	0
ari Address		Special Remark		eCode	rac 🗸
C:	® No ⊜Yes	TCA	® No ⊜Yes	eCode Reason	
D Protection	Yes	NCD Enginement(%)	50	Private Hire	No
Accident Details					
	03/02/2018 11:18	Accident Report Within 24 hrs	ves	Academ Type	Collision - Head to Rear
ort Dete		Time of Accident Inform	17:39	Country of Accident	Singapore
e of Accident	02/02/2016		17/30	ICM No.	250
orting Centre		Orange Force		(Cre no.	
ident Location	ALONG UPPER CHANG! RD & BEFORE JU	NC BEDOK RD			
Benefits					
Excess					
n damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.0
named Driver Excess	0.00	Outside Singapore OO Excess	600.00		
nd Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa		17877788981500000000000			
	No		GST Registration Date		
Registered Registration No.	(MA)	1	GST Status Verified	Yes	
Sfication History					
CONTRACTOR OF STREET					
Policyholder Mailing Ade	dress				
ress 1	33 SIMEI RISE	Address 2	#09-06 SAVANNAH CONDOPARI	Address 3	SINGAPORE 528780
	CANODANTISCONOMIC	Address Type	Singapore address	Post Code	528780
dress 4		Related Policy Number	5087853277		
t No.		medical ranky marriage.	3007030277		
OI Driver Info	GUEK MET ENG	Oriver Type	Named Driver		
ver Name	GODE PET ENG	Driver NRIC	S2614019F	Driver DOB	28/11/1967
named driver Name				Driving Experience	19
pater Date of Driver License	04/12/1998	Driver Age	50	Appropriate Control of the Control	
ntact No.(Mobile)	98362921	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	33 SIMEI RISE	Address 2	SAVANNAH CONDOPARK	Address 3	SINGAPORE 529790
dress 4		Address Type	Singapore address	Post Code	528780
it No.	09-06				
es he own a Singapore	The state of the s				
	O Yes ® No	Driver Vehicle No.		Driver Insurer Compa	eny
	○ Yes No	Driver Vehicle No.		Driver Insurer Compa	ny
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Attachment		Uploaded By/Date	Category	?	Urgency	Description	Sent? (CO)	Action
61 800 61 -	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2018 11:24	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-2-3		Edit
1	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 03 Fe D 2018 11:24	SAS		Normal	SAS 2018-2-3		Edit
-	NAC_PAYA_UBI_800501(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2018 11:21	Photos		Normal	Photos 2018-2-3		Edit
44	NAC_PAYA_UBI_600601(NAT	DONAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2016 11:21	Photos		Normal	Photos 2018-2-3		Edit
	NAC_PAYA_UBI_800601(NAT	SONAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2018 13:21	Photos		Normal	Photos 2018-2-3		Edit
-	NAC_PAYA_UB1_800601(NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2018 11:21	Photos		Normal	Photos 2018-2-3		Edit
	NAC_PAYA_UBI_800601(NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2018 11:21	Photos		Normal	Photos 2018-2-3		Edit
1	NAC_PAYA_UBI_BD0601(NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2016 11:21	Photos		Normal	Photos 2018-2-1		Edit
	NAC_PAYA_UBI_800601(NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2018 11:21	Photos		Normal	Photos 2018-2-3		Edit
	NAC_PAYA_UBI_800601(NA	(IONAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2018 11:21	Photos		Normal	Photos 2018-2-3		Edit
	NAC_PAYA_UBI_800501[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2018 11:21	Photos		Normal	Photos 2018-2-3		Edit
♥ Video List								
	Uploaded By/Date	Folder Date	File Name		9	Source	Action	