VATIONAL Assessment Centre	Services West 18	1	Date &Time Complete	di Do	one by	
Date In: 10/02/18	Job description		Jane 1971	-		Ì
Re[No: NA/INC18002735/13	SAS e-filing			1		14
Vch No SFA3380G	E-mail (within 8hrs, AfC	2hrs;	7			
DOA 10/02/18 1025	i-Motor Claim For		mT/0981839			
	i-Motor W/O (Within	: OD 2hrs. T	'P 4hrs)	+	m ++ + + *	
OD TP (Reporting Only	i-Photo Uploaded					
	Assessment/Survey R					
TP Insurer:	Ass't Report by Fax	/ Hand to	Owner/Wksp			-
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Yeh No:	SON4543C	INC ()/Non-INC(,)	
Owner / Driver: (Tel:		<u>/</u>	
Policy No: () Pe	eriod: ()	Cover Type: ()	
	Da	te:		80-100%]		Desir Control
Insured/Driver Liability: (%) [Note-Est. Status (WO):		%; P: 21-7970. 1.			
Year of Registration: ()	Warranty: YES ()/	NO()			
Excess: (\$) Loading: \$1,0	000 () / \$2,000 ()	V 2-2023		-	
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General Remarks:- () Walk-In Customer's info	ormation strictly Confide	ntial & St	rictly NO refer of repo	eirer.		
	rer URGENTLY.	•				```
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Drive-In ()/ Towed-In (); Invoice	CC. 125 ()		Committee and the second section	798 F4-1777 9	5 1	
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	Courtesy Car ()		Date&Time Comple	ed ?	Done by	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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
Date Of Report	10/02/2018 16:30
Date Of Accident	10/02/2018 10:25
Exact Location Of Accident	PAYA LEBAR RD TWDS SIMS AVE AFT JLN AFIFI(SHELL ST
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFA3380G
Insured/Policyholder	
Name Of Registered Owner	TAN KOON JIN
NRIC No	S0301750H
Email Address	EVELYNCHANHL@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92392366
Alternative Phone No	OTHERS-92392366
Vehicle Particulars	the same of the sa
Manufacturer	TOYOTA
Model	PREMIO
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	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 5028269280-09

Cover Note Number

Driver

Name of Driver TAN KOON JIN NRIC No S0301750H Date Of Birth 12/11/1940 Occupation INDOOR Date Of Driving Pass 28/09/1960

Driving Experience 57 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92392366

Fax Number

Contact Number OTHERS-92392366

EVELYNCHANHL@YAHOO.COM.SG EMail Address

338 ONAN ROAD Address

424730 Postcode 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 - CHANGE/CROSS LANE

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

YES Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver) 5

Passenger 1 NAME: : TAN AIK MENG

> : MALE GENDER:

Passenger 2 : CHAN HWEE LENG NAME:

> GENDER: : FEMALE

Passenger 3 : TAN AIK LEE NAME:

> GENDER: : FEMALE

Passenger 4 NAME: : KOH KING ENG

> GENDER: : MALE

Details of Police Action

YES Was the accident reported to the police?

If Yes.Please state which Police Station

JOO CHIAT NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE Police Station Address

TEL NO: 1800-3459999 - FAX NO: 64474181 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180210/2065

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SDN4543C Vehicle Registration Number HONDA CIVIC Vehicle Make/Model/Colour

Page 2 of 15

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SKETCH PLAN

IMPORTANT NOTICE

- 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 <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 .:

SCRIBE CIRCUMSTANCES OF THE	SHELL PETROL KIOSK ACCIDENT		PORD BI	180210/20
SCRIBE CIRCUMSTANCES OF THE	ACCIDENT PETROL			180210/20
SCRIBE CIRCUMSTANCES OF THE	ACCIDENT PETROL			180210/20
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SCRIBE CIRCUMSTANCES OF THE	ACCIDENT PETROL		1:5/20	180210/20
	ACCIDENT PETROL		1:5/20	180210/20
	ACCIDENT		1:5/20	180210/20
		report	1:5/20	180210/20
P/s refu to s	the police	report	1:5/20	180210/20
P/s refu to s	the police	upor	f: 5 /20	180210/20
P/s repr to s	the police of	repor	f: T /20	180210/20
ECLARATION				
We declare the foregoing particulars ar	re true in every respect.		Λ.	
			A.	10/02/18
U.S.			gu	
licyholder's Signature	Driver's Signature (If driver is not the policyholder)		Reporting Centr	re Personnel's Signatur

Date & Time:





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773

Report No. T/20180210/2065

1 of 3

Tel No: 1800-3459999

Retiree

REPORT OF A TRAFFIC ACCIDENT			Vide Report No.:	Station Diary No.:
	0ate/Time Report Made: 0/02/2018 13:31		vide Report No	12
Informa	nt's Particu	ulars		
	Informant:		Address: 338 ONAN ROAD SINGAPOR	RE 424730
ID Type / ID No.: NRIC NO / S0301750H		50H	Contact No.: Home/Office:	Mobile: 92392366
National			Email:	
Sex: Male	Age:	Date of Birth: 12/11/1940	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/02/2018 10:25	Type of Location Straight Road	
Location: Along Road 1 PAYA LEBAF Towards Sim Weather: Clear		(Shell Station) Road Surface: Dry		Road Speed Limit:	
		Traffic Control:		Traffic Volume: Heavy	
Type of Collis Between Mor		Anyone conveyed by ambulance:			

Details of V	ellicie ilivo	CONTRACTOR STREET, STR		Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model	Color		INO OF F doooningo
SDN4543C	Car	HONDA	CIVIC 1.6L VTI AUTO	Grey	Slightly Damaged	0
SFA3380G	Car	TOYOTA	PREMIO 1.5F A	Red	Slightly Damaged	4

Details of V	ehicle Insurance			Eurlas Data
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
A CONTRACTOR OF THE PARTY OF TH		5028269280-09	25/04/2017	24/04/2018
SFA3380G	NTUC Income Insurance Co-Operative Limited	5026269260-09	23/04/2011	Eugnesis





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

Report No. T/20180210/2065

CONTINUATION OF REPORT

Details of Person	No. of the last of						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA				
Driver							
Name	TAN KOON JIN			ID No).	S0301750H	
Related Vehicle	SFA3380G (Car)			Conta	act No.	92392366	
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class; 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc				
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

Brief Details.

On 10/02/2018 at about 1025hrs, I was driving my car along Paya Lebar Road and was heading towards Sims Ave. I was on the 2nd lane and the location is just after Shell Station (Jalan Afifi). Traffic was heavy. I signaled my intention to change lane to the left. It was clear for my to change lane and as such I proceeded slowly. When the front left side of my car inched into the left lane, there was a grey Honda car, SDN4543C, moved forward. The speed of the car was not fast. We felt a little impact and sound. When the grey Honda car moved forward, we saw scratches on right side of the car. I followed the car from the rear as I expected him to stop as we intended to do so. However, after a few metres, the car moved to right and drove away.





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

3 of 3 Report No. T/20180210/2065

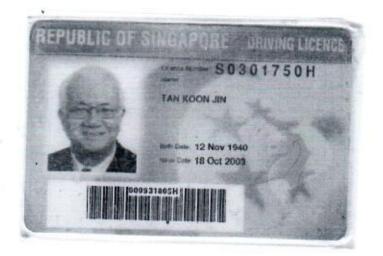
CONTINUATION OF REPORT

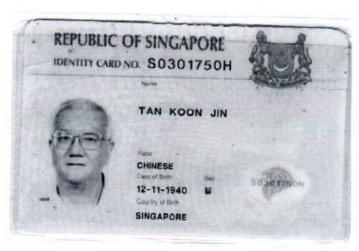
Sketch Plan

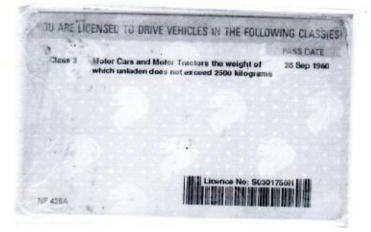
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Staff Sgt MAZLAN BIN MIAT	a p
Signature Of Interpreter:	Date/Time:
Not applicable	10/02/2018 13:31
Officer In Charge Of Case:	Classification Of Case:
SI KALESWARI PALANI	
Contact No.: 65476902	
Authentication Stamp	
law.	





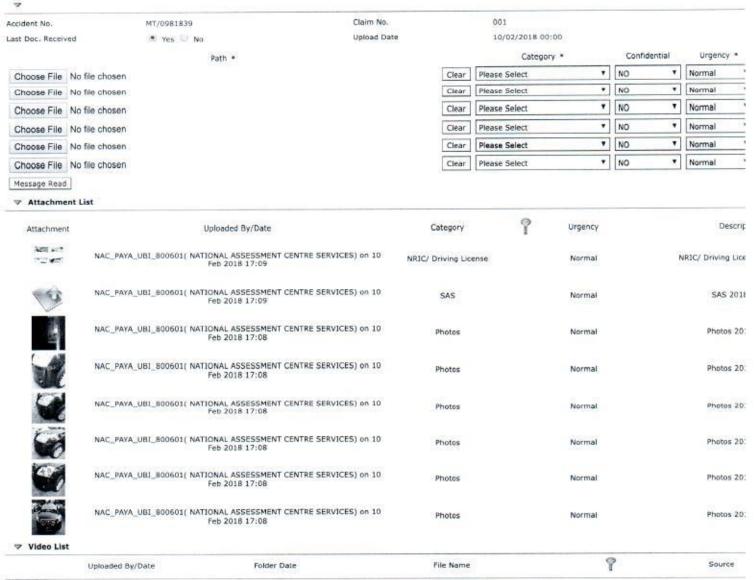




eBao Tech									Gen	eralClaim
lello, NAC_PAYA_UBI_800	601					,	Change Lar	guage	· Change Passw	ord • Log O
		cy Query								
Notice of Loss	Policy N	No.				Date of Acc	cident	10/02	2/2018 10:25	
	Vehicle	No.(For Motor)	SFA3380G							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5028269280-	TAN KOON JIN	S0301750H	GPC	drivo CLASSIC	SFA3380G	SFA3380G	25/04/2017	24/04/2018

Claim Handling

Policy No.	5079760790.00		Vehicle No.	SFA3380G		GST Registration No.	
Policy No.	5028269280-09		venicle NO.	00000A16			2.0
Policyholder Name	TAN KOON JIN					Policyholder NRIC	5
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile)	92392366		Contact No.(Office)	0		Contact No.(Home)	0
Email Address			Special Remark			eCode	1
KFK:	• No Yes		TCA	e No Yes		eCode Reason	
NCD Protection	Yes		NCD Entitlement(%)	50		Private Hire	N
→ Accident Details							
Report Date	10/02/2018 17:06		Accident Report Within 24 hrs	Yes		Accident Type	C
Date of Accident	10/02/2018		Time of Accident hh:mm	10:25		Country of Accident	S
Reporting Centre			Orange Force			ICM No.	
Accident Location	PAYA LEBAR RD TWDS SI	MS AVE AFT II N AF	FI/SHELL ST				
▽ Benefits	ALTER ECONOMIC TROO OF	TO THE PART OF THE	A CONTRACTOR OF THE CONTRACTOR				
Coverage				Sum Insured			
Excess Waiver				99999999999999			
Transport Allowance							
				9999999999.99			
₩ Excess		B-22-11	24.05.06.20 W(C) V(c)		27227	Marketon Access	
Own damage Excess		0.00	Additional Excess		0.00	Windscreen Excess	
Unnamed Driver Excess		0.00	Outside Singapore OD Excess		0.00		
Third Party Excess		0.00	Outside Singapore TP Excess		0.00		
GST Registered Informa	ation						
GST Registered	No			GST Registration	Date		
GST Registration No.				GST Status Verifi	ed	Yes	
Medification History							
▼ Policyholder Mailing Ad	dress						
Address 1	338 ONAN ROAD		Address 2	SINGAPORE 424730		Address 3	
Address 4			Address Type	Singapore address		Post Code	4
Unit No.			Related Policy Number	5028269280-09			
→ OI Driver Info							
Driver Name	TAN KOON JIN		Driver Type	Main Driver			
Unnamed driver Name			Driver NRIC	50301750H		Driver DOB	1
Register Date of Driver License	28/09/1960		Driver Age	77		Driving Experience	5
Contact No.(Mobile)	92392366		Contact No.(Office)	0		Contact No.(Home)	0
Address 1	338 ONAN ROAD		Address 2	SINGAPORE 424730		Address 3	
Address 4			Address Type	Singapore address		Post Code	4
Unit No.							
Does he own a Singapore Registered car?	Yes • No		Driver Vehicle No.			Driver Insurer Company	
Declaration							
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No			
Modification History							
Claim 001 OD-MX New	4						
Claim Type *	OD-MX	•	Insured Name	TAN KOON JIN		Insured NRIC	E
Contact No.(Mobile)	92392366		Contact No.(Home)	63441718		Contact No.(Office)	Ī
The second second second second	EAMTAN@GMAIL.COM		OI Vehicle Number	SFA3380G		TP Vehicle Number	E
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