NATIONAL Assessment Ce		Date & Time Completed	Done	by
Date In: (9) 1/8-14:05	Jeb description	Date & Timo Completed	2011	-
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Veh No: SCICST99M	E-mail (within 8hrs, AIC 2hrs)			A
D.O.A: 19/3/18-08:40	i-Motor Claim Form	M7/0987732	10/2/18	33:32
02:42	I-Motor W/O (Within: OD 2hr	s, TP 4brs)		
OD TP Reporting Only	i-Photo Uploaded	1	0	
m	Assessment/Survey Report	Ì		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	:(	Tel:	Fax:	
TP Particulars: Veh No:	01430K INC	)/Non-INC( ).	#	
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	) .	
Confirmed by: (	Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: (	) Warranty: YES ( )/NO (	)		
	\$1,000()/\$2,000()			
Seneral Remarks :-	Asserted to the Control of the Contr	Harper States	Con 9	
The state of the s	s information strictly Confidential & St	rictly NO refer of repairer.		10
( ) Total Loss Case : to e-mail In	surer URGENTLY.			
Drive-In ( )/ Towed-In ( ); In	voice: YES( ) / NO( ); T	owing Co: (		)
) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost	( ) >\$3000] ( )	<u> </u>		
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ate/Time / Actions			MARIO DE LA	4
	X		## ### ###############################	
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	1	Control to Section 1	10	
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## 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.
- 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 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	19/02/2018 14:05
Date Of Accident	19/02/2018 08:40
Exact Location Of Accident	JUNG UBI LINK & UBI AVE 4
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SCK5599M
Insured/Policyholder	
Name Of Registered Owner	TAN CHENG KIAT
NRIC No	S1134774F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96525555
Alternative Phone No	OFFICE-96525555
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5G CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	INSTRUCTION CAR
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	5083995229-01
Cover Note Number	
Driver	
Name of Driver	STELLA SOON JIA YI
NRIC No	S9800173E
Date Of Birth	02/01/1998
Occupation	INDOOR
Date Of Driving Pass	07/12/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-83125992
Fax Number	
Contact Number	OFFICE-83125992
EMail Address	NOEMAIL

BLK 27 CHAI CHEE ROAD Address #18-357

460027 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - DRIVING INSTRUCTOR

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY 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? I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

YES

2

NO

NAME:

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

ON STATED DATE AND TIME, I WAS STATIONARY WAITING ALONG THE JUNCTION AS THE MAIN ROAD HAVE INCOMING VEHICLE PASSING BY, SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SJU1420K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

PRIVATE CAR

#### 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.

Memory

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.:

Policyholder's Signature Date & Time:

(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9800173E





STELLA SOON JIA YI

Race CHINESE

Date of birth
02-01-1998
Country/Place of birth
SINGAPORE



5232678



23-10-2013

APT BLK 27 CHAI CHEE ROAD #18-357 SINGAPORE 460027



# ELECTRONIC POLICE CENTRE

# E-APPLICATION OF PROVISIONAL DRIVING LICENCE (PDL)

LOGOUT

### STEP 4: ACKNOWLEDGEMENT

Receipt for e-PDL application (P000003541)

Dear STELLA SOON JIA YI (NIRC: 59800173E),

- 1. Your application for PDL for Class 3 is successful!
- 2. You have made payment of Se25.00 for PDL for Class 3 on 07 Dec 2017 at 09:01 PM.
- 3. The expiry date of your PDL for Class 3 is on 06 Dec 2019.

You can print out this page using your Internet browser. Click the Logout button to end the transaction. Thank you for using this e-service.

Click on the buttons or links once only

Do not use the Back or Forward button on your browser as this may end your transaction.

If you encounter problems with this e-Service, you may give us your comments here

This website is optimised for IE version 10.0 and 11.0

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798 220 000			000			TRANSPORT	J.C.		Gene	ralClaim
eBaoTech Hello, NAC_PAYA_UBI_80	00601						Change Lan	guage '	Change Passwor	rd • Log Out
My Desktop Notice of Loss	Policy Query  Policy No.  Vehicle No.(For Motor)  SCK5599		SCK5599M	Date of Records		19/02/	2018 08:40	3		
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5083995229- 01	TAN CHENG	51134774F	GPC	drivo CLASSIC	SCK5599M	SCK5599M	15/09/2017	14/09/2018
		2000				Continue				

y Information				
5083995229-01	Policyholder Name	TAN CHENG KIAT	Policyholder NRIC	S1134774F
55 PARRY TERRACE SINGAPO	RE 547154			
PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
18/08/2017	Effective Date	15/09/2017 00:00	Expiry Date	14/09/2018 23:59
0	Own damage Excess	600	Windscreen Excess	100
1000	OS Premium	0		
600	Outside Singapore TP Excess	0		
CHENG HOE ENTERPRISE	Agent Tel.	67556142	GST Flag	Y
No				
holder Mailing Address				
55 PARRY TERRACE	Address 2	SINGAPORE 547154	Address 3	
	Address Type	Singapore address	Post Code	547154
	Related Policy Number	5083995229-01		
ed Object: SCK5599M				
sements				
nce Date of Endorsemen	- Endore	ement Type Endo	rsement Status	Endorsement Content
	5083995229-01  55 PARRY TERRACE SINGAPORAL PRIVATE CAR INSURANCE  18/08/2017  0  1000  600  CHENG HOE ENTERPRISE  No  holder Mailing Address  55 PARRY TERRACE  ed Object: SCK5599M  sements	5083995229-01 Policyholder Name  55 PARRY TERRACE SINGAPORE 547154  PRIVATE CAR INSURANCE Plan  18/08/2017 Effective Date  Own damage Excess OS Premium  Outside Singapore TP Excess  CHENG HOE ENTERPRISE Agent Tel.  No  holder Mailing Address  55 PARRY TERRACE Address 2 Address Type Related Policy Number  and Object: SCK5599M  sements	5083995229-01 Policyholder Name TAN CHENG KIAT  55 PARRY TERRACE SINGAPORE 547154  PRIVATE CAR INSURANCE Plan  18/08/2017 Effective Date 15/09/2017 00:00  0 Own damage Excess OS Premium 0  600 Outside Singapore TP Excess  CHENG HOE ENTERPRISE Agent Tel. 67556142  No  holder Mailing Address  55 PARRY TERRACE Address 2 SINGAPORE 547154  Address Type Related Policy Number Sements  sements	Policyholder Name  TAN CHENG KIAT Policyholder NRIC  SPARRY TERRACE SINGAPORE 547154  PRIVATE CAR INSURANCE Plan  Group Policy Flag  18/08/2017  Effective Date  Own damage Excess OS OS Premium Outside Singapore TP Excess  CHENG HOE ENTERPRISE Agent Tel.  Address 2 SINGAPORE 547154  Address 3  Address 3  Address 5 SPARRY TERRACE Address 2 Singapore address Type Related Policy Number  Bed Object: SCK5599M  Sements

ident MT/0982732			SERVINGER CO.	GST Registration No.	
cy No.	5081995229-01	Vehicle No.	SOX5599M	and the Contract of the Contra	S1134774F
	TAN CHENG KIAT	792-499 (23-94)	ALL CARRES	Policyholder NR IC	0
duct Code	PRIVATE CAR INSURANCE	Cover Type	Bryon CLASSIC	Contact No.(Home)	0
tact No.(Mobile)	96525555	Contact No. (Office)	0	#Code	To V
il Address	was transfer or	Special Remark	® No ○Yes	eCode Reason	-
	® No ○ Yes	TCA. NCD Entitlement(%)	50	Private Hire	Yes
Protection	ves	NED suitemment(20)			
Accident Details		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ort Date	19/02/2018 23:30			Country of Accident	Singapore
of Accident	19/02/2018	Time of Accident hh:mm	08:40	ICM No.	
orting Centre		Grange Force			
dent Location	JUNC UBI LINK & UBI AVE 4				
Benefita					
Excess					100.00
samage Excess	600.00	Additional Excess	1,000.00	Windscreen Excess	200.00
amed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
d Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa	rtion				
Registered	No.		GST Registration Date	Yes	
Registration No.			GST Status Venfield	7.3	
Acation History					
	****				
Pelicyholder Hailing Ad		Address 2	SINGAPORE 547154	Address 3	
iress t	55 PARRY TERRACE	Address Type	Singapore address	Post Code	547154
treisi 4		Related Policy Number	5083995229-01		
t No.		Meneral Policy retirition	0.250.00.00.00		
Of Driver Info	Linnamed Driver	Driver Type	Unnamed Driver		
er Name	STELLA SOON JIA YI	Driver NR1C	S9800173E	Driver DOB	02/01/1998
amed driver Name		Driver Age	20	Driving Experience	0
exter Date of Driver License		Contact No.(Office)	0	Contact No.(Home)	0
nact No.(Mobile)	83125992	Address 2	CHAL CHEE ROAD	Address 3	SINGAPORE 460027
iress 1	8LK 27	Address Type	Singapore address	Post Code	460027
dress 4		7,000			
	18-357	Convert Meharie No.		Driver Insurer Company	
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is he own a Singapore istered car?  Isration  Isration  Isration  Isration History  Islam 001 New  Isration No. [Mobile]	○ Yes <b>®</b> No	Any injury?  Insured Name  Contact No. (Home)		Insured NRIC	51134724F 5301420K
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is he own a Singapore listered car?  Isration  annalyser or Brood Test  ding?  Sheation History  Claims 001 New  ann Type * nited No. (Mobile)  half Address  lim Description  derred Workshop Contact  quite Finalination  te Registered  port Taxen By	O mg  O mg  OO-MV  SCK5599M / SJU1420K ON 19 Feb 2036  Ves  19902/2018 23:32	Any injury?  Insured Name  Contact No. (Home)  Of Vehicle Number  8  Insured Liability *  Preference Repair Option	TAN CHENG KIAT SCK5599M  Not at Pault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work on  GIA report	SJU1420K
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