			The community of the contract						
	NAL Assess.	ment Centr	e Services 📑	kef I Janföil					
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TP Insurer	**		Assessment/Sur	vey Report	i				
TI THISTICA	75.00 To 100 To		Ass't Report by	Fax / Hand t	o Owner/Wksp		210212		
Preferred W	/ksp / INC Assign	Wksp / QW: (Tel: Fa	x:			
TP Particul	lars:	Veh No:	CKR5596P	INC ()/Non-INC()				
Owner / D	Priver: (Tel:)	2		
Policy No	: () Per	riod: ()	Cover Type: ()	wones-are		
	onfirmed by : (Date:	Time:)			
	Priver Liability: (%) [1	Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. F: 80-10	0%]			
	legistrat 🥀 () /	Warranty: YES ()/NO()				
Excess: (§)	Loading: \$1,0	00 ()/\$2,000 ()					
General Re	835 C.	Sork Sucreminant		and the second of	ictly NO rafer of repairer.				
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Latina and an	THE REAL PROPERTY AND ADDRESS.	001099) AR : Accident		1st Bill	Add Bil		
laimant's Pa			2) DA : Damage A	Assessment (\$100); INC (\$80)				
river/Owner:			4	3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120					
ontact No:			5	5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)					
amaged Portion:			The state of the s	6) TR : Re-inspection \$75 7) N1 : Idae DA + SMRT Survey \$160					
) NT : Idae DA +) NTUC Addition	The state of the s	00			
C Checked by (Engr-In-Charge):			-	OD* *N5: Courtesy	Car / Tpt Allowance	\$5			
				*N6: Repair Co	-ordination 5	10			
uditors' Co	mments :-	1.00		*N7: Post Repa *N8: DV / Coll-	THE RESERVE OF THE PARTY OF THE	25 \$5			
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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.

- Inclusive and acceptance of this Form by insurance companies is not an authority in a policy naturally of the part of the Police for investigation.
 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

	ACCIDENT STATEMENT	
Date Of Report	22/02/2018 14:40	
Date Of Accident	16/02/2018 11:00	
Exact Location Of Accident	ANG MO KIO AVE 5	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW2177Y	
Insured/Policyholder		
Name Of Registered Owner	CAR41 PTE. LTD.	
Co Reg No	201541640H	
Email Address	DARRICK@LIVE.COM.SG	
Mobile Phone No		
Alternative Phone No	OFFICE-91441766	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	MAZDA 6	
Exact Purpose for which vehicle was being used at time of accident	WORKING	
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	THIRD PARTY	
Fleet Policy	NO	
Policy Number	5076230393-02	
Cover Note Number		
Driver		
Name of Driver	TAN KOK SIN	
NRIC No	S7047694J	
Date Of Birth	09/10/1970	
Occupation	INDOOR	
Date Of Driving Pass	04/01/2011	
Driving Experience	7 YEARS AND 1 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-91441766	
Fax Number		
Contact Number		
EMail Address	DARRICK@LIVE.COM.SG	
		Dama 1 of 1

Address 124 LUXUS HILL AVENUE

Postcode 804936

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

NO

NO

NO

NO

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?

Number of vehicles involved in the accident

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.

Number of Passengers (Including Driver) 1

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?

Circumstances of Accident

I WAS TRAVELLING FROM CTE TURNING RIGHT TO ANG MO KIO AVE 5. THERE WAS VEH QUEUE AT THE 2ND LANE. I SWERVED MY VEH TO MY RIGHT LANE NOT TO BLOCKED ONCOMING VEH. WHEN I SWERVED TO THE RIGHT, MY VEH HIT ONTO VEH B REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment? YES

YES

Was there any video captured by Car Camera?

NO SD CARD INSIDE

Remarks/ Reasons:

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKR5596P

Vehicle Make/Model/Colour

Was there any audio recorded?

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

- 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.
- 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:
 - (i) 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.

CAR47 STREET

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.:

ANG MO KID SKETCH PLAN - SLW2177Y B-SKR5596P DESCRIBE CIRCUMSTANCES OF THE ACCIDENT the statement DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

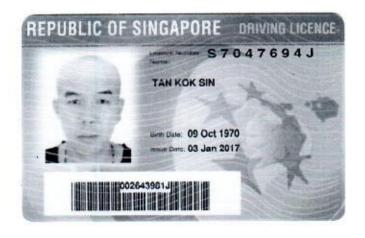
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7047694J

TAN KOK SIN

陈

CHINESE Date of birth 09-10-1970 Country/Place of birth SINGAPORE



5689507

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 04 Jan 2011 vehicles with unladen weight =< 2500kg

NP 428A



MPIC No. S7047694J

Date of lanear

27-12-2016

124 LUXUS HILL AVENUE SINGAPORE 804936

GeneralClaim **eBao**Tech · Change Password Log Out · Change Language Hello, NAC_PAYA_UBI_800601 My Desktop **Policy Query** Notice of Loss 16/02/2018 11:00 Date of Accident 5076230393-02 Policy No. Vehicle No.(For Motor) Search Vehicle No. Commence Date Policyholder NRIC Policyholder Expiry Date Insured Object Product Cover Type Select Policy No. DARRICK TAN CHUN TIEN/S7823464D_KELVIN TAN CHUN KEONG/S8110425E_TAN KOK SIN/S7047694J 5076230393-CAR41 PTE. 08/12/2017 07/12/2018 201541640H GMT Third Party LTD. 02 Continue

Claim Handling

ccident MT/0983230				GST Registration No.		
Policy No. 5076230393-02		Vehicle No.		20.0		
Policyholder Name	CAR41 PTE, LTD.		-5569852000	Policyholder NRIC Loading		
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	2000	0 S70-	
Motor Trade Plate No.	SLW2177Y	Motor Trade Driver Name	TAN KOK SIN		0	
Contact No.(Mobile)	91441766	Contact No.(Office)	0	2000	_	
Email Address		Special Remark		eCode	No	
KFK	» No Yes	TCA	No Yes	eCode Reason	Ma	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No	
Accident Details						
Report Date	22/02/2018 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Colli	
ner and exercise	16/02/2018	Time of Accident hh:mm	11:00	Country of Accident	Sing	
Date of Accident	16/02/2016	Orange Force		1CM No.		
Reporting Centre	NE NO MO AVE E	ASAN AT A PARAMETER				
Accident Location	ANG MO KIO AVE 5					
♥ Benefits						
♥ Excess	(a. ba)	Additional Excess		Windscreen Excess		
Own damage Excess	0.00	Outside Singapore OD Excess				
Unnamed Driver Excess		Outside Singapore TP Excess				
Third Party Excess	0.00	Quiside Singapore Tr Excess				
GST Registered Info			GST Registration Date			
GST Registered	No		GST Status Verified	No		
GST Registration No.						
Modification History						
	Address				restri	
Address 1	67 UBI ROAD 1	Address 2	#09-08 OXLEY BIZHUB	Address 3	SIN	
Address 4		Address Type	Singapore address	Post Code	408	
Unit No.	05-03	Related Policy Number	5076230393-02			
→ OI Driver Info						
Driver Name	TAN KOK SIN	Driver Type	Named Driver	200	ner	
Unnamed driver Name		Driver NRIC	570476943	Driver DOB	09/	
Register Date of Driver Lice	ense 04/01/2011	Driver Age	47	Driving Experience	7	
Contact No.(Mobile)	91441766	Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	124 LUXUS HILL AVENUE	Address 2	SINGAPORE 804936	Address 3		
	127 20/00 ///	Address Type	Singapore address	Post Code	804	
Address 4						
Unit No. Does he own a Singapore	No No.	Driver Vehicle No.		Driver Insurer Company		
Registered car?	Yes = No	53575553355				
Declaration	Station		Vec © No			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes • No			
Modification History						
Claim 001 OD-MX	New					
Claim out ou via						
Claim Type *	OD-MX ▼	Insured Name	CAR41 PTE, LTD.	Insured NRIC	20	
Contact No.(Mobile)	91441766	Contact No.(Home)		Contact No.(Office)	+	
Email Address		OI Vehicle Number		TP Vehicle Number	SK	
Claim Description	/ SKR5596P ON 16 Feb 2018			Name of Preferred Workshop		
Preferred Workshop Conta	ect	Insured Liability *	Fully at Fault ▼			
Lifetenier and and separate and and		Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report	R	
No.		A OFFICE OF THE PARTY OF THE PA			22	
	tes	Claim Clore Date		Date Received	1	
No. Require Finalisation Date Registered	22/02/2018 15:21	Claim Close Date		Date Received Total Loss but Repaired	-	
No. Require Finalisation	tes	Claim Close Date Workshop Repairer			1	

Attachment

	Feb 2	018 15:20	2110100				
2	NAC PAYA UBI 800601(NATIONAL	ASSESSMENT CENTRE SERVICES) on 22	Photos	Norma			Photos 20
1	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) or Feb 2018 15:20		Photos	Photos Normal		Photos 2	
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200	NAC_PAYA_UB1_800601(NATIONAL Feb 2	ASSESSMENT CENTRE SERVICES) on 22 018 15:20	Photos	Photos Normal		Photos	
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60	NAC_PAYA_UBI_B00601(NATIONAL Feb 2	ASSESSMENT CENTRE SERVICES) on 22 018 15:20	SAS	Normal			SAS 2018
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	ist			The state of the s			000000
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Choose File No	file chosen		Clear	Please Select Please Select	v NO		Normal '
	Path	•		Category *	▼ NO	¥	Normal
ast Doc. Received	• Yes No	Upload Date		22/02/2018 00:00	Confid	ontial	Urgency *
ccident No.	MT/0983230	Claim No.		001			

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