LIGHT IN THE STREET	Jeb description	NA 180353 44 Date & Time Completed	Done by
Date In: 14/3/18-15:47	SAS e-filing		
Ref No: 114/1NC18004859/24	E-mail (within Shrs, AIC 2hrs)		
Veh No: 1742213D	i-Motor Claim Form	M10985975	14/3/18 16:02
D.O.A: D/3/8-8:10	i-Motor W/O (Within: OD 2hr	THE RESERVE AND THE PARTY OF TH	
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	Assessment/Survey Report		
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1000	CARLO CONTRACTOR OF THE PARTY O		Fax:
Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC().	
TP Particulars: Veh No: St	CF3937	Tel:)
Owner / Driver: (Period: ()	Cover Type: ()
Policy No: () Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	-100%]
Year of Registration: ())	
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Farence Contract

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 14/03/2018 15:58

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

- The issue and acceptance of this Point by insurance companies is not an admission of policy maximy of 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

	ACCIDENT STATEMENT
Date Of Report	14/03/2018 15:47
Date Of Accident	12/03/2018 18:10
Exact Location Of Accident	MCE TWDS ECP
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH2213D
Insured/Policyholder	
Name Of Registered Owner	TAN XINYI CYNTHIA
NRIC No	S9349020G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90276333
Alternative Phone No	OFFICE-90276333
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT 1.2XG 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	5090171006
Cover Note Number	
Driver	
Name of Driver	TAN XINYI CYNTHIA
NRIC No	S9349020G
Date Of Birth	22/12/1993
Occupation	OUTDOOR
Date Of Driving Pass	24/02/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90276333
Fax Number	
Contact Number	OFFICE-90276333

NOEMAIL

BLK 451 PASIR RIS DRIVE 6 Address

#08-186

510451 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

4

NO

YES

NO

1

NO

NO

General Information of the Accident

CHAIN COLLISION 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

YES Was any body injured in the Accident?

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)

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SHC8395Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

SZU TOO KOK SUM Name of Driver

S7421644G NRIC/Passport Number 93676160 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SH8080Z

4

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NG LYE CHIN

NRIC/Passport Number

S1354867F

Contact Number

85896788

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

10

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLJ8975P

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)

1

DETAILS OF INJURED PERSON 1

Name

TAN XINYI CYNTHIA

Approximate Age

Injuries Sustain

NECK, CHEST & HEAD

Injured person in which vehicle?

SJH2213D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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.
- 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.

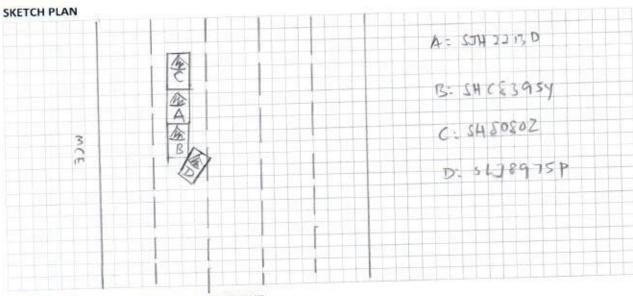
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



20-for to	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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG MCE TWDS ECP.
SUDDENLY VEHICLE C BRAKE HIS VEHICLE. I BRAKE MY VEHICLE
ACCORDINGLLY, IM NOT SURE I HIT ONTO VEHICLE C AND MY VEHICLE VERY
CLOSE TO VEHICLE C. SUDDENLY VEHICLE B HIT ONTO MY REAR PORTION AND
MY VEHICLE MOVE FORWARD AND HIT ONTO VEHICLE C REAR PORTION.
VEHICLE D HIT ONTO VEHICLE B REAR RIGHT PORTION.

ACCIDENT STATEMENT

۸۵	cin	ENT DATE: 12 / 3 / 18)(DD/MM/YYYY), TIME: (18:10)(HH:MM)	* .
LO	CAT	ION: MCE twds ECP	7.0
11.5		DETAILS OF VEHICLE	•
	1.	a) VEHICLE NUMBER: 1742330	
		GIVERICLE NUMBERS	
	2008	b)INSURANCE COMPANY: NTJC	¥5
		C)POLICY NUMBER: 5090171006 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	88
		d)POLICY TYPE: (COMPREHENSIVE)	
		e)MAKE & MODEL: (MOTORCYCLE, OTHERS)	
		6) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)	
		g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
•			
*			0.3
		IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
	2.	INSURED / POLICY HOLDER [MALE / FEMALE]	30
		AINAME: 190 XIAVI (MATING)	0
	50	THE PROPERTY OF THE PARTY OF TH	X HO OF
		CIADDRESS: Blk 451 Pasir Ris Drive 6 * 08-186 (51043)	poscenger
	*		. Uncluding d
		* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	(1)
	3.	DRIVER(MALE / FEMALE)	
		-INIAME:	
		b)NRIC/FIN/PASSPORT	S 88 (SA)
		c)ADDRESS:	
		- 12 (1997 VDD/MM/YYYY)	
133		*d)DATE OF BIRTH: () (DD/MM/YYYY) : -	71 59
		e)OCCUPATION: (INDOOR / OUTDOOR)	
		f)YEARS OF DRIVING EXPRERIENCE: 14 7 2017 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	45 101
	4.	THE DRIVER WITH INSURED	-
		a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	٥,
			_
	-	WAS ANYBODY INJURED (YES / NO) Nede , chest & head	, T. W.
	6.	WAS ANYBOUT INJURED TIES / NOT	
+	7.	GIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	
		IF YES, PLEASE STATE WHICH I CHOCOM	. 0
8	8.	THIRD PARTY VEHICLE a) VEHICLE NUMBER: SHC 3954 MODEL:	- *No of passo
		a) VEHICLE NUMBER. STUDY TOO KOL SUM	- Clududing do
		c) NRIC/FIN/PASSPORT: 574216446 CONTACT: 93676160	- (4)
	-	THIRD PARTY VEHICLE	C-77
	9.	d) VEHICLE NUMBER: SH 808 0 Z MODEL:	- * Ho of possi
		DDIVER'S NAME: NA WE SHIT	(Including d
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9349020G





TAN XINYI CYNTHIA

陈欣怡 CHINESE Date of birth 22-12-1993

SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 24 Feb 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



4330381

NRIC No. S9349020G

Date of leque 31-12-2008

APT BLK 451 PASIR RIS DRIVE 6 #08-186 SINGAPORE 510451

B T 1			1000						Gene	ralClaim
eBaoTech Hello, NAC_PAYA_UBI_800	601					, (Change Lan	guage '	Change Passwo	rd • Log Out
My Desktop Notice of Loss	Policy N	o. No.(For Motor)	S)H2213D			Date of Acc	ident	12/03	/2018 18:10	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090171006	TAN XINYI CYNTHIA	S9349020G	GPC	drivo CLASSIC	SJH2213D	SJH2213D	17/04/2017	28/07/2018
			STANSACTION CONTRACTOR		- 1	Continue				

ent MT/0985975					0.0144	- CONTRACTOR - CONT				
No.	5090171006	Vehicle No.	\$3H2213D			Registration		1,543	13.400.555	
older Name	TAN KINYS CYNTHIA					yholder NR3	5		9349020G	
Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Load			0		
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Registered	No.			egistration Date		40				
Registration No.			GST S	tatus Verified		Yes				
fication History										
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Policyholder Mailing A		Address 2	PASIR RIS DE	RIVE 6	Ade	dress 3			SINGAPORE	510451
iress 1	BLK 451 #08-106	Address Type	Singapore ad		Pos	et Code			510451	
oress 4	26.188	Related Policy Number	5090171906							
t No. OI Driver Info	08-186	X1122000 100								
or Name		Driver Type								
named driver Name		Driver NRIC				iver DOB				
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