Date In: 11 3 18-12:30	Jcb description	Date &Time Completed	Done l)Ņ
	SAS e-filing			
Ref No: MA INC 1800 1908 24	E-mail (within Shrs, AIC 2hrs)			
Veh No: SCU2185J	i-Motor Claim Form	M+10988361	31/3/18 19	28
D.O.A : 31/3/18-10:15	i-Motor W/O (Within: OD 2	-		-
OD TP Reporting Only	i-Photo Uploaded	inta, // Total		
			1//2-	
TP Insurer:	Assessment/Survey Report			
7.70.073.000.000	Ass't Report by Fax / Han			-
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: Jk	43112 E INC		•	
Owner / Driver: (Tel:		
	Period: (Cover Type: (Time:		
Confirmed by : (Date:		100%]	
	Note-Est. Status (WO): N: 0	-20%, P. 21-79%. 1. 50-	10070	
Year of Registration: ()	Warranty: YES ()/NO (E-1/2-1-12-150	
Excess: (\$) Loading: \$			मञ्जू देशहर गुरु	1
General Remarks:-	The state of the s			
() Walk-In Customer : Customer's in	nformation strictly Confidential &	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins	urer URGENTLY.	N 10 10 17		
Drive-In ()/ Towed-In (); Invo	oice: YES() / NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616) · ·	Date&Time Completed	Done	oy .
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	530003		S 5	
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Pate/Time Actions A 80200 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice P 1) AR: Accid 2) DA: Dam 3) TF: Towin 4) FT: Follor 5) FT: Follor For claimin 6) TR: Re-in 7) N1: Idao I 8) NTUC Ad OD*	reparation Checklist. lent Reporting (530); lige Assessment (5100); INC (6) ling Fee Sey-Through Survey Parthrough Survey (Resurvey) lige against INC Only (wef 10 Jan 20) spection OA + SMRT Survey ditional Services.	580) 40/545 5120 530 25) 575 5160	
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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.
- 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.

- 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,	
State of the same section of the same of	ACCIDENT STATEMENT
Date Of Report	31/03/2018 12:30
Date Of Accident	31/03/2018 10:15
Exact Location Of Accident	BLK 367 BUKIT BATOK ST 31 GANTRY
Country/State of Loss	SINGAPORE
Desired and the property of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU2185J
Insured/Policyholder	
Name Of Registered Owner	TAN HWAI PHUAN
NRIC No	S0479187H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98289758
Alternative Phone No	OFFICE-98289758
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 CVT
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095864999
Cover Note Number	

Cover Note Number	
Driver	
Name of Driver	TAN HWAI PHUAN
NRIC No	S0479187H

 NRIC No
 S0479187H

 Date Of Birth
 08/08/1949

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/11/1969

Driving Experience 48 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98289758

Fax Number

Contact Number OFFICE-98289758

EMail Address NOEMAIL

Address 74 DA SILVA LANE

Postcode 549797

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 - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

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.

Number of Passengers (Including Driver)

Passenger 1 NAME: : -

GENDER: : MALE

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, AFTER PASS BLK 367 BUKIT BATOK ST 31 GANTRY I SAW THE PEDESTRIAN CROSSING BY SO I STOP MY VEHICLE. SUDDENLY VEHICLE B HIT 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 SKA3112E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MAIDEEN MOSAFAR ABDUL KASIM

1

NRIC/Passport Number S9875416D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 19

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 .:

SKETCH PLAN			
		A: SLU2185J	
		A: 2002. J	
		B: SKA 5112 E	
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25 75			
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SE GA			
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Series Se			
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	1335		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
Refer to state	-0004		
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DECLARATION	/		
	ticulars are true in every respect.		74
1/2			
Cultur			1 m
Policyholder's Signature	Driver's Signature		Personnel's Signature
Date & Time:	(If driver is not the policyho Date & Time:	lder) Name: NRIC/FIN No.:	

GWRMC StortchPlanForm V3









eBao Tech									GeneralClaim		
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 Acci	dent	31/03/	2018 10:15		
	Vehicle	No.(For Mator)	SLU2185J								
						Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5095864999	TAN HWAI	S0479187H	GPC	drivo PREMIUM	SLU2185)	SLU21853	27/11/2017	26/11/2018	
					8	Continue					

Policy No.	5095864999	Policyholder Name	TAN HWAI P	HUAN	Policyholder NRIC	S0479187H	
Address	74 DA SILVA LANE FORTUNA GA	ARDEN SINGA	PORE 549797				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	14/11/2017	Effective Date	27/11/2017 00:00		Expiry Date	26/11/2018 23:59	
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500				
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	74 DA SILVA LANE	Address 2	FORTUNA G	ARDEN	Address 3	SINGAPORE 549797	
Address 4		Address Type	Singapore a	ddress	Post Code	549797	
Unit No.		Related Policy Number	509586499	9			
) Insure	d Object: SLU2185J						
	sements						
Sequen	ce Date of Endorsement	Endorse	ement Type	Endorsem	ent Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of	
1	27/11/2017 00:00	POI Move		Endorsement Ta	ke Effective	Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 27 Nov 2017 TO 26 Nov 2018	
2	27/11/2017 00:00 Basic Information Endorseme					Thank you for giving us the opportunity to serve you. V confirm that from 27 Nov 2017, the following amendment(s) is/are made this policy: VEHICLE REGISTRATION NUMBER: SLU2185J	

ccident MT/0988361									
olicy No.	5095864999		Vehicle No.	SLU2185)	G	ST Registration No.			
glicyholder Name	TAN HWAI PHUAN					oncyholder NRIC	18	50479187H	
roduct Code	PRIVATE CAR INSURANCE		Cover Type	drivo PREMIUM	- 1	pading	19	0	
Contact No.(Mobile)	98289758		Contact No. (Office)	0	C	Contact No.(Home)	99	a .	
			Special Remark			Code	1	Nr. V	
mail Address				@ bu O bu		Code Reason			
PK.	® No ○ Yes		TCA	® No ○Yes			- 9	res	
ICD Protection	No		NCD Entitlement(%)	0	,	rivate Hire	Co		
Accident Details									
Seport Date	31/03/2018 14:26		Accident Report Within 24 hrs	Yes	A	socident Type	9.5	Collision - Head to	Rear
	31/03/2018		Time of Accident hhomm	10:15		Country of Accident		Singapore	
hate of Accident	31/03/2010		Orange Force		1	CM No.			
reporting Centre			Grange Force						
accident Location	BLK 367 BUKIT BATOK ST 3	II GANTRY							
□ Benefits									
* Excess									100.00
Own damage Excess	2,000	0.00	Additional Excess		0.00	Windscreen Excess			100.00
Jonamed Driver Excess			Outside Singapore OD Excess		2,000.00				
Third Party Excess	1,900	0.00	Outside Singapore TP Excess		1,500.00				
GST Registered Informa									
	No			GST Reg	stration Date				
2ST Registered 2ST Registration No.					us Verified	No			
									1
Modification History									
	4								
Policyholder Mailing Ad			Address 2	FORTUNA GARD	EN	Address 3		SINGAPORE \$49	797
Address 1	74 DA SILVA LANE					Post Code		549797	
Address 4			Address Type	Singapore addre	55	- USI LUGO		130/2	
Umit No.			Related Policy Number	5095864999					
 OI Driver Info 									
Driver Name	TAN HWAL PHUAN		Onver Type	Mein Driver		Driver DOB		08/08/1949	
Unnamed driver Name			Driver NRJC	30479187H					
Register Date of Driver License	15/11/1969		Driver Age	68		Driving Experience		48	
Contact No.(Mobile)	98289758		Centact No.(Office)	0		Contact No.(Home)		0	
Address 1	74 DA SILVA LANE		Address 2	FORTUNA GARD	EN	Address 3		SINGAPORE 549	797
			Address Type	Singapore addre	155	Post Code		549797	
Address 4			Address Type	Singapore addre	ess	Post Code		549797	
Unit No.				Singapore addre			arry	549797	
	○ Yes ® Ne		Address Type Driver Vehicle No.	Singapore addre		Post Code Driver Insurer Comp	arry	549797	
Unit No. Does he own a Singapore Registered car?	☐ Yes ® No			Singapore addre			arry	549797	
Unit No. Does he own a Singapore Registered dar? Declaration Breathalyser or Blood Yest			Driver Vehicle No.	Singapore addre			arry	549797	
Unit No. Does he own a Singagore Registered dar? Declaration	☐ Yes ● No			TO THE CONTROL OF			atry	549797	
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Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Chaim 001 New Claim Typs + Contact No. (Mobile)	Ømg	9	Driver Vehicle No. Any injury? Insured Name Comact No.(Home)	○ Yes ② No	an.	Driver Insurer Comp	any		
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Chaim 001 New Claim Type + Contact No. (Motria) Emgê Address	0 mg		Driver Vehicle No. Any injury? Insured Name	○ Yes ® No	an.	Driver Insurer Compo Insured NR3C Contact No.(Office)		S0479187H	
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim Type + Contact No. (Mobile) Emgl. Address Claim Description	0 mg		Any injury? Any injury? Insured Name Comact No.(Home) Of Vehicle Number	O Yes @ No. Tan HWAI PHU SLUZIOSO	AN	Driver Insurer Comp. Insured NR3C Contact No.(Office) TP Vehicle Number		S0479187H	
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Chaim 001 New Claim Type + Contact No. (Motria) Emgê Address	0 mg		Driver Vehicle No. Any injury? Insured Name Comact No.(Home)	○ Yes ② No	AN V	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W		S0479187H	
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 100 New Contact No. (Mobile) Empl. Address Claim Description Preferred Workshop Contact	0 mg		Any injury? Any injury? Insured Name Comact No.(Home) Of Vehicle Number	O Yes ® No. TAN HWAI PHU BLUZ1050 Nor at Fault	AN	Driver Insurer Comp. Insured NR3C Contact No.(Office) TP Vehicle Number		S0479187H SKA3112E Received	V
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Chaim 001 New Claim Type * Contact No. (Motria) Emgé Address Claim Description Preferred Workshop Coreact No. Require Finalisation	0 mg [QD-MX [+ SLU21853 / SKA3112E CN	21 Mar 2018	Onver Vahide No. Any injury? Insured Name Centact No.(Home) Of Vehicle Number	O Yes ® No. TAN HWAI PHU BLUZ1050 Nor at Fault	AN V	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W		S0479187H	V
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Chaim 001 New Claim Type + Contact No. (Motria) Email Address Claim Description Preferred Workshop Cornact No. Require Finalisation Date Registered	0 mg [OD-MX +	21 Mar 2018	Any injury? Any injury? Insured Name Comact No.(Hame) Of Vehicle Number Insured Liability * Preferend Regair Option	O Yes ® No. TAN HWAI PHU BLUZ1050 Nor at Fault	AN V	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report		S0479187H SKA3112E Received	V
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Motels) Email Address Claim Description Preferred Workshop Cortact No. Require Finalization Date Registered Report Taken By	0 mg [GD-MX +	21 Mar 2018	Any injury? Any injury? Insured Name Comact No.(Hame) Of Vehicle Number Insured Liability * Preferend Regair Option	O Yes ® No. TAN HWAI PHU BLUZ1050 Nor at Fault	AN V	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report		S0479187H SKA3112E Received	V
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Chaim 001 New Claim Type + Contact No. (Motria) Email Address Claim Description Preferred Workshop Cornact No. Require Finalisation Date Registered	0 mg [OD-MX +	21 Mar 2018	Any injury? Any injury? Insured Name Comact No.(Hame) Of Vehicle Number Insured Liability * Preferend Regair Option	TAN HWAI PHU SLUZ185J Not at Fault Preferred Worl	an vishoo, Name unknown v	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report		S0479187H SKA3112E Received	V
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Attachment	Uploaded By/Date		Category	P	Urgency	Description	Msg Sent? Action (CO)
KTS NAME KTS STORY		IAL ASSESSMENT CENTRE SERVICES) on 31 Ma r 2015 14:29	NR3C/ Driving License		Normal	NkIC/ Driving License 2018-3-31	Edit
49	NAC_PAYA_USI_800501(NATION	IAL ASSESSMENT CENTRE SERVICES) on 31 Ma r 2018 14:29	SAS		Normal	SAS 2018-3-71	Edit
76	NAC_PAYA_UB1_800501(NATION	IAL ASSESSMENT CENTRE SERVICES) on 31 Ma r 2018 14:29	Photos		Normal	Photos 2018-3-31	Edit
E	NAC_PAYA_UBI_800601(NATION	IAL ASSESSMENT CENTRE SERVICES) on 31 Ma r 2018 14:29	Photos		Normal	Photos 2018-3-31	Edit
	NAC_PAYA_UBI_800601(NATION	AL ASSESSMENT CENTRE SERVICES) on 31 Ma - 2018 14:29	Photos		Normal	Photos 2018-3-31	Edit
	NAC_PAYA_UBI_800601(NATEON	IAL ASSESSMENT CENTRE SERVICES) on 31 Ma + 2018 14:28	Photos		Normal	Priotos 2018-3-31	Edit
No.	NAC_PAYA_UB1_BD0601(NATION	IAL ASSESSMENT CENTRE SERVICES) on 31 Ma r 2018 14:28	Photos		Normal	Photos 2018-3-31	Edit
Y	NAC_PAYA_UB1_800601(NATION	(AL ASSESSMENT CENTRE SERVICES) on 31 Ma r 2018 14:28	Photos		Normal	Photos 2018-3-31	Edit
785.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Ma r 2018 14-28		Photos		Normal	Photos 2018-3-31	Edit
	NAC_PAYA_UBI_B00601(NATIO	VAL ASSESSMENT CENTRE SERVICES) on 31 Ma 7 2018 14:28	Photos		Normal	Photos 2018-3-31	Edit
200	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRÉ SERVICES) on 31 Ma r 2016 14:28	Photos		Normal	Photos 2018-3-31	Edit
1	NAC_PAYA_US1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 31 Ma r 2018 14:28	Photos		Normal	Photos 2018-3-31	Edit
SED.	NAC_PAYA_UB1_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 31 Ma r 2018 14:28	Photos		Normal	Photos 2018-3-31	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Ma = 2018 14:28		Photos		Normal	Photos 2018-3-31	Edit
	NAG_PAYA_UB1_800601(NATIO	Photos		Normal	Photos 2018-2-31	Edit	
13	NAC_PAVA_URI_R00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Ma r 2018 14:28		Photos		Normal	Photos 2018-3-31	Edit
	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 31 Ma r 2018 14:28	Photos		Normal	Photos 2018-3-31	Edit
Video List						*****	Larra
	Uploaded By/Date	Folder Date	File Name		9	Source	Action