NATIONAL Assessment Co	ntre Services. [wet 1 Jan'05]	85020811ANM	
Date In: 18/5/18-18:30	Job description	Date &Time Completed	Done by
Ref No: NA) INC 180 0 9 103/24	SAS e-filing	i	
Veli No: 56 M8849 P	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 13/4/18-12:20	i-Motor Claim Form	MT 0991376-002	18/5/18 20:13
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
OD : TP : Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
IF Insurer.	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	:(Tel: F	ax:)
TP Particulars: Veh No:	JV5889K . INC	()/Non-INC()	24
Owner / Driver: (Tel:)
Policy No: (Period: (Cover Type: () _
Confirmed by: (Date:	Time:)
	%) [Note-Est. Status (WO): N: 0-	-20%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Warranty: YES ()/NO ()	
	\$1,000()/\$2,000()	established by the second	THE THE PARTY OF T
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() Total Loss Case : to e-mail Ir		- 1 C / /	
Drive-In ()/ Towed-In (); In	voice: YES() / NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 661	6) -	Date&Time Completed	Done by
) / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		
Injury:			
Date/Time Actions			022
715 45 State Control C			70 W.C. (March 1927)
Carrette III			
•			www.ac.ab.log.szee.co
NA180 3148.	Invoice Pr	eparation Checklist	Ant (5) Ant (5)
aimant's Particulars :-	1) AR : Accide		
	2) DA : Dames 3) TF : Towing		0) / 5 45
iver/Owner:	4) FT : Follow	Through Survey (Resurvey)	\$120 \$30
ntact No:	For claiming	against INC Only (wef 10 Jan 2005)
maged Portion:	6) TR : Re-ins		\$75
	8) NTUC Addi	tional Services:-	
Checked by (Engr-In-Charge):	OD* *N5: Courte	sy Car / Tpt Allowance	\$5
Fifty apple the w. s. over action of the stand	*N6: Repair	Co-ordination epair Inspection	510 525
ditors Comments :-	*N8: DV/C	ollect Excess Coordination	55
1:	TP (N11): 7 9) N12: Idac N	P (Non INC) against INC	30
2/3;	Invoice dated	Fee Charged	国情况了 新
management (Invoice dated	Fee Charged	SEATON

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 18/05/2018 18:42

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Contact Number EMail Address

Fax Number

- Please report <u>correctly</u> 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	18/05/2018 18:30
Date Of Accident	13/04/2018 12:20
Exact Location Of Accident	9 CHANGI SOUTH ST 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM8849P
Insured/Policyholder	
Name Of Registered Owner	JETSON TAN WEI LONG
NRIC No	S8946599J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81138174
Alternative Phone No	OFFICE-81138174
Vehicle Particulars	
Manufacturer	тоуота
Model	VIOS 1.5E M
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5094054104
Cover Note Number	
Driver	
Name of Driver	JETSON TAN WEI LONG
NRIC No	S8946599J
Date Of Birth	31/12/1989
Occupation	INDOOR
Date Of Driving Pass	29/06/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE

(LOCAL) +65-81138174

OFFICE-81138174

NOEMAIL

BLK 911 JURONG WEST STREET 91 Address

#03-293

Postcode 640911

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

NO

NO

1

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES 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? NO

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? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJV5889K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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

- 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.
- 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:

18-05-18

- 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: Oriver's Signature

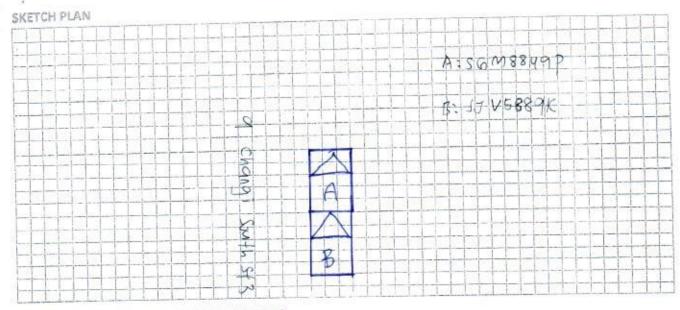
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was reversing my vehicle, I did not notice vehicle B was behind me and I accidently collided onto vehicle B's front portion.	
	-
	Dell pro

DECLARATION

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

JT 18/5/18

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

my

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

-IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process. 4 4

This form must be filled up by the policy holder and/or authorised driver.

- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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. Any false reporting may be referred to the traffic police department for investigation. 4

	ACCIDENT DETAILS	A SECTION OF THE PERSON OF THE
Date of accident	13 04 2018	
Time of accident	191911	(DD/MM/YY)
Exact location of accident	12: 20pm	(HH:MM)
and the state of t	9 changi South St 3	

	DETAILS OF VEHICLE
Vehicle registration number	36H8849P
Vehicle make and model	Touota Vios
Type of vehicle	Salcon MPV CRV Van CRV
Vehicle category	Deliver Others:
Purpose of using at said time	Commercial Motorcycle
Are you claiming under your own insurance company?	Yes No p if no, please select: Third part claim Reporting only p

	INSURANCE IN	FORMATION	All respondent to the second
Insurance company	NTUC		
Policy number	1,1,7(0)		
Type of policy	Comprehensive	Third party fire & theft	
		Time beity life of their	TP only

Name	INSURED / POLICY HOLDER JULISON Tan Wil Long
NRIC / Fin / Passport number	Stan Tan Wi Long Male Female 1
Contact	81138174
Address	BIK 911 Jurong Wist 8+ 91 #03-203

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	
NRIC / Fin / Passport number	Male Female
Contact	
Address	
Email address	
Date of birth	31 12 1989
Occupation	Indoor D Qutdoor D
Driving date pass	29 06 2011

G	NERAL IN		N OF THE ACCIDE		
as driver an employee of	Yes 🗆	No□	and in	ured:	
ne insured's company?	If no, rela	tionship of t	the driver and ins	GI CO.	
ccident captured by camera?	Yes 🗆	No	-11		
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RIC / Fin / Passport number	
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Were seat belts worn?	Yes 🗆 No 🗆
Was Injured conveyed to	Yes D No D
hospital by ambulance?	
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Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
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Was injured conveyed to	Yes - No -
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

29 Jun 2011

Class 3

29 Jun 2011

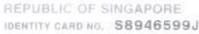
Class 4

NP 428A

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg

Licence No:S8946599J











JETSON TAN WEI LONG

08-01-2018

APT BLK 911 JURONG WEST STREET 91 #03-293

SINGAPORE 640911

陈 偉 龍

CHINESE

31-12-1989

SINGAPORE

68946599.

Policy Search Page 1 of 1



ident MT/0991376					
ley No.	5094054104	Vehicle No.	5GM8849P	GST Registration No.	
icyholder Name	JESTON TAN WEI LONG			Policyholder NRIC	589465993
fuct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
tact No (Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
iil Address		Special Remark		eCode	Do. V
it Address	Water Control	TCA	® No ⊜ Yes	eCode Reason	130.7
2	® No ○ Yes				
Accident Details	No	NCD Entitlement(%)	ū	Private Hire	Not available
		ADMINISTRAÇÃO DE CONTRACTOR DE CASA DE		P2000000000000000000000000000000000000	40.400
rt Date	23/04/2018 10:54	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
of Accident	13/04/2018	Time of Accident Inhomm	12/20	Country of Accident	Singapore
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		Outside Singapore TP Excess	0.00		
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ess 4		Address Type	Singapore address	Post Code	640911
No.	03-293	Related Policy Number	5094054104		
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