4 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jcb description	Date &Time Completed	Done	by.
Date In: 21/5/18 - /2:17				
Ref No: NA INC 1800 9235 /24	SAS e-filing			+
Veli No: 1cp36279	E-mail (within 8hrs, AIC 2hrs)	-		
D.O.A: 20/2/05: A.O.D	i-Motor Claim Form	MT/0995285-001	21/2/18	20:00
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	<u>j</u>		
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: JH	D66142 . INC ()/Non-INC().	<u>.</u>	
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: 30-1	00%]	1
Year of Registration: ()	Warranty: YES ()/NO()	6	08 B(6)
	1,000 ()/\$2,000 ()			
General Remarks:		ACCEPTAGE CONTRACTOR		
() Walk-In Customer: Customer's in				
() Total Loss Case : to e-mail Insu	urer URGENTLY.			
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO(); T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
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2) OC Check / Post Renair Inspection	()		*	
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Lagran Car

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.
- 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.	PARTY A DESCRIPTION OF THE CONTROL OF THE STATE OF THE ST
SERVICE AND RESIDENCE OF THE SERVICE	ACCIDENT STATEMENT
Date Of Report	21/05/2018 12:17
Date Of Accident	20/05/2018 15:00
Exact Location Of Accident	SIMEI AVE TWDS TAMPINES AVE 5
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP2627P
Insured/Policyholder	
Name Of Registered Owner	TAN LAY NAH LINDA
NRIC No	S7127029G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87812627
Alternative Phone No	OFFICE-87812627
Vehicle Particulars	
Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
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 5094430024

Cover Note Number

Driver

Name of Driver TAN LAY NAH LINDA (CHEN LINA LINDA)

 NRIC No
 \$7127029G

 Date Of Birth
 27/07/1971

 Occupation
 INDOOR

 Date Of Driving Pass
 25/04/2009

Driving Experience 9 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-87812627

Fax Number

Contact Number OFFICE-87812627

EMail Address NOEMAIL

BLK 585 PASIR RIS STREET 53 Address

#04-47 510585

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 WET

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

YES

2

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

CHANGKAT NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 109 TAMPINES STREET 11 #01-261, POSTCODE: 521109, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7819999 - FAX NO: 67832722

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180520/2057.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD6614Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 21

No. Of Passenger (Including Driver)

Passenger 1

2

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.

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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer 1	to police	report- 1/2018 1520/2057.	
	,	,	
		/	
	_		
		/	

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.:





Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999

1 of 4 Report No. T/20180520/2057

REPORT OF A TRAFFIC ACCIDENT

20/05/20	e Report I 18 16:27	Made:	Vide Report No.:	Station Diary No.:
Informar	t's Partic	ulars	PARTIES TO THE REAL PROPERTY.	The state of the s
TAN LAY	Informant: NAH LIN		Address: APT BLK 585 PASIR RIS ST 510585	REET 53 #04-47 SINGAPORE
ID Type / NRIC NO	ID No.: / S71270	29G	Contact No.: Home/Office:	Mobile: 87812627
Nationalit SINGAPO	y: DRE CITIZ	EN EN	Email:	
Sex: Female	Age: 46	Date of Birth: 27/07/1971	Type of Informant: Driver	59
Race: Chinese			Language:	Institution / School Name:
Occupation SELF EM			Driving Licence Information: Class: 3A	Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/05/2018 15:00	Type of Location Straight Road
Location: Along Road 1 SIMEI AVENU TAMPINES A Weather:		Road Surface:		Deed Constitution
		Road Surface.		Road Speed Limit:
Clear		Wet		rious opoos Emile.
		Wet Traffic Control: Traffic Light - Wor	king	Traffic Volume: Heavy

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SHD6614Z	Car	HYUNDAI		Blue	Slightly Damaged	1
SKP2627P	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D	White	Slightly Damaged	0

Details of Vehicle Insurance		
Vehicle No. Insurance Company	Insurance No	Effective Expiry Date





2 of 4 Report No. T/20180520/2057

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP2627P	NTUC Income Insurance Co-Operative Limited	5094430024	30/09/2017	29/09/2018

Details of Perso	n Involved			
Any Pedestrian I	nvolved: No			
No. of Pedestrian	ns Injured: NIL	Use of Pedes	trian Cross	sing: NA
Driver				
Name	TAIB	ID	No.	NIL
Related Vehicle	SHD6614Z (Car)	С	ontact No.	97511744
Hospital/Clinic	NIL .	D	lass of riving cence & xpiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dischar	ge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of Inj	ury NIL	
Driver				
Name	TAN LAY NAH LINDA	IC	No.	S7127029G
Related Vehicle	SKP2627P (Car)	С	ontact No.	87812627
Hospital/Clinic	NIL	D	lass of riving cence & xpiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Dischar	ge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of Inj	ury NIL	

Brief Details.

On the 20/05/2018 at about 1425hrs, I was travelling from Changi Safra club towards Tampines mall. I was travelling along Simei Avenue towards Tampines Avenue 5, I was on the second lane of a three lane road. As there was heavy traffic, there were a few vehicle stopped in front of me, hence I stopped my vehicle at the traffic junction. But I do not remember whether the traffic light is red.

On the same day at about 1500hrs, I felt a huge impacted from the rear of my vehicle, hence I got off my vehicle and made a check. I then saw a blue comfort taxi knocked onto the rear of my vehicle. The taxi driver then informed that it was due to the wet whether, and hence could not stop the vehicle in time.

Both the taxi driver and I did not sustain any injuries from the accident. I am lodging this report for insurance claim purposes.



Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999



T/20180520/2057

3 of 4

Report No. T/20180520/2057

CONTINUATION OF REPORT





4 of 4

Report No. T/20180520/2057

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording G /	The Report:	Signature Of Informant:	
Sgt 1 CHIU XIN LEONG	-	SP	
Signature Of Interpreter: Not applicable		Date/Time: 20/05/2018 16:27	
Officer In Charge Of Case: TP / GIA /		Classification Of Case:	
Staff Sgt TANG SIEW PING Contact No.: 65476430	SINGAPORE POLICE FORCE		
Authentication Stamp NP168			
	SIG	NATURE	

REPUBLIC OF SINGAPORE DENTITY CARD NO. \$7127029G



TAN LAY NAH LINDA (CHEN LINA* LINDA)

Place

CHINESE

27-07-1971

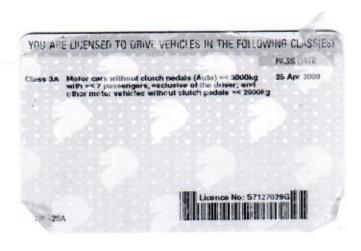
Country of both

SINGAPORE











Seque			Endorsemer	ALL WILLS	Endorsemen		Endorsement Content
₩ Endor	and the galactic						
Jnit No.	ed Object: SKP2627P	Num		5094430024			
			ed Policy				
Address 1 Address 4	BLK 113 #07-153	Addr	ess 2 ess Type	TAMPINES STREET Singapore address	11	Post Code	521113
		202		*********	22	Address 3	SINGAPORE 521113
nfo Reliev	holder Mailing Address						
Policy Info Certificate							
lag Open							
Co- nsurance	No						
Agent	LOO TZE KUEN (LU ZIKUN)	Agent Tel.	97668316		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
dditional xcess	0	OS Premium	0				
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
xcess ype		All Claim Excess					
olicy ssue ate	20/09/2017	Effective Date	30/09/2017	00:00	Expiry Date	29/09/2018 2	3:59
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 113 #07-153 TAMPINES S	TREET 11 SING	APORE 5211	13			
olicy No.	5094430024	Policyholder Name	TAN LAY NA	AH LINDA	Policyholder NRIC	57127029G	

coldent MT/0995285								
okcy No.	5094430024	Vehicle Na.	SKP2627P	GST Reg	istration No.			
okcyholder Name	TAN LAY NAH LINDA			Policyho	der NRIC	9	57127029G	
voduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading				
	87812627	Contact No.(Office)	0	Contact	No.(Home)			
mail Appress		Special Remark		eCode		Γ	4.9	
Fic	® No ☐ Yes	TCA	® No ○Yes	eCode R	eason			
ICD Protection		NCD Entitlement(%)	so	Private F	ire	5	in	
	765	ACC CHARACTER TO	7					
Accident Details			44.0	Landani	7.44	-	official . W	ead to Rear
eport Date	21/05/2016 19:59	Accident Report Within 24 hrs		Accident				eac to Near
ate of Acodem	20/05/2018	Time of Accident hh:mm	15:00	Country	of Accident	5	ingapore	
eporting Centre		Orange Force		ICM No.				
ocident Location	SIMELAVE TWDS TAMPINES AVE S							
⇒ Benefits								
· Excess								
	600.00	Additional Excess	0	Windson	een Excess		00.00	
wn damage Excess			600.00					
nnamed Driver Excess	0.00	Outside Singapore OD Excess						
hird Party Excess	0.00	Outside Singapore TP Excess	0.00					
GST Registered Informa	tion							
ST Registered	No.		GST Registration Date					
ST Registration No.			GST Status Verified		Yes			
edification History								
Policyholder Mailing Ads								
daress 1	BLK 113 #07-153	Address 2	TAMPINES STREET 11	Address	3	8	SINGAPORE	521113
ddress 4		Address Type	Singapore address	Post Co.	ie	8	521113	
Init No.		Related Policy Number	5094430024					
DI Driver Info								
	TAN LAY NAH LINDA (CHEN LINA LINDA)	Driver Type	Main Driver					
nnamed driver Name		Driver NRIC	\$7127029G	Driver D	108		27/07/197	i
	25/04/2009	Driver Age	46	Dowlan	Experience	- 9	9	
		25000000						
Contact No.(Mobile)	87812627	Contact No.(Office)	0		No.(Home)		0	2000
iddress 1	BLK 585	Address 2	PASIR RIS STREET 53	Address			SINGAPOR	E 510565
odress 4		Address Type	Singapore address	Post Co	ie .	100	510585	
Int No.	04-47							
loes he own a Singapore		Driver Vehicle No.		Driver I	nsurer Comp.	any.		
loes he own a Singapore	04-47 _ Yes @ No	Driver Vehicle No.		Driver I	nsurer Comp.	any		
oes he own a Singapore Registered car?		Driver Vehicle No.		Driver I	nsurer Comp.	any		
oes he own a Singagore segistered car? eclaration	⊖ Yes ® No		Over @No.	Driver I	nsurer Comp	any		
ant No. Does he own a Singagore Registered car? Reclaration Breathaiyser or Blood Test Reading?		Driver Vehicle No. Any injury?	○ Yes ® No	Driver I	nsurer Comp	any		
loes he own a Singapore legistered car? eclaration reathanyser or Blood Test leading?	⊖ Yes ® No		○ Yes ® No	Driver I	nsurer Comp	any		
oes he own a Singagore egistered car? eclaration reathayser or Blood Test eading?	⊖ Yes ® No			Driver I	nsurer Comp			
looks he own a Singapore segistered car? ectaration treathanyser or Blood Test reading? loodification History Claim 001 New	⊖ Yes ® No		○ YES ® NO TAN LAY NAH LINDA	Driver I			571270294	
ooes he own a Singapore Registered car? Reclaration Breathanyser or Blood Test Reading? Codification History Claim 001 New Daim Type *	∵res ® No 0 mg	Any injury?		Insured			571270294	
oes he own a Singagore egistered car? eclaration creatharyser or Blood Test eaching? odification History Claim 001 New Daim Type *	© Yes ® No 0 mg	Any injury? Insured Name	TAN LAY NAH LINDA	Insured Contact	NRIC		57127029X	
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