Date In: (1) 6 /18 - 14:00			Date &Time Completed	Done	137
	Jeb description	1	Date & Time Completed	Done	U,
Res No: NA INC 1801 0638 /24	SAS e-filing				
Veh No: SB7287M	E-mail (within	8hrs, AIC 2hrs)			
D.O.A : 9/6/8-10:00	i-Motor Clai	im Form	M7/0998775-001	11/6/18 10	1:17
OD TP Deporting Only	i-Motor W/0	(Within: OD 2hr	s, TP 4hrs)		
OD : IF , teporting Only	i-Photo Uplo	aded	1		3
TDI	Assessment/S	urvey Report			
TP Insurer:	Ass't Report !	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	l: (Tel: F	ax:)
TP Particulars: Veh No:	SLJ 50066 .	. INC()/Non-INC()	76	
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%. F: 80-1	00%]	
Year of Registration: () Warranty: YES ()/NO()		
	: \$1,000 ()/\$2,000				
General Remarks:-				Son Serve	
() Walk-In Customer: Customer's				New York and the last	
() Total Loss Case : to e-mail I	nsurer URGENTLY.				-
Drive-In ()/Towed-In (); In	voice: YES () / I	NO();T	owing Co: (ii.)
			Date&Time Completed	Done	Shiv .
Remarks: (INC hotline: 6788 66) 1) Apply for Transport Allowance () / Courtesy Car ()	Lyaceoc to the Contipue 34	Mani A. strong	303
) / Courtesy Car (,	*****		and the second
A THE THEORY / MOUTH MEMORIT INCHACION		1			
2) QC Check / Post Repair Inspection 3) Unload Resurvey Photo (Repair Cost)	((())			
3) Upload Resurvey Photo [Repair Cost	t>\$3000] ()			
	t>\$3000] ()			
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3) Upload Resurvey Photo [Repair Cost	t>\$3000] ()		and the second	on our
3) Upload Resurvey Photo [Repair Cost	t>\$3000] ()		ALP CALL	
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3) Upload Resurvey Photo [Repair Cost	t>\$3000] ()			
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions	t>\$3000] (Invoice Pre	paration Checklist	Amt (S)	Amt(t)
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3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA 803675	t>\$3000] (1) AR : Accident 2) DA : Damege	Reporting (\$30); Assessment (\$100); INC (\$1	fá Bill	Control of the Contro
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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</u> 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	11/06/2018 14:00
Date Of Accident	09/06/2018 10:00
Exact Location Of Accident	BLK 109 EDGEDALE PLAINS MULTISTORY CARPARK
Country/State of Loss	SINGAPORE
Contract of the Contract of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJB7787M
Insured/Policyholder	
Name Of Registered Owner	TAN HOCK CHUAN
Co Reg No	53358312L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS SPORTS 4A/T SR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5097551075
Cover Note Number	
Driver	
Name of Driver	TAN HOCK CHUAN
NRIC No	S1308096H
Date Of Birth	12/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	14/02/1978
Driving Experience	40 YEARS AND 3 MONTHS

MALE

NOEMAIL

(LOCAL) +65-98283381

OFFICE-98283381

BLK 109A EDGEDALE PLAINS Address

#04-109 821109

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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) NO soliciting/offering accident claims assistance. 0 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ALONG BLK 109 EDGEDALE PLAINS MULTISTORY CARPARK. THE NEXT MORNING I RECEIVED A NOTE THAT VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

NO

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLJ5006G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver DAVID NRIC/Passport Number S1823847J Contact Number 91082582

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.

Policyholder's Signature Date & Time:

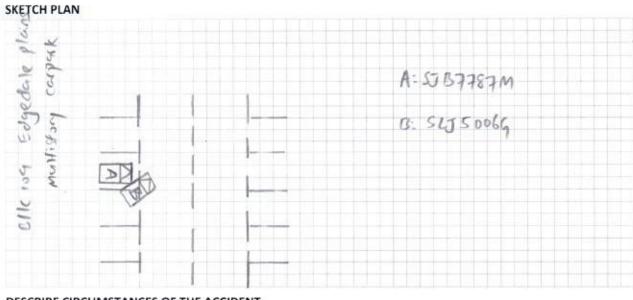
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	AND SERVICE		86334320		
Refer	to	statement.			
			/		
		19			

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)

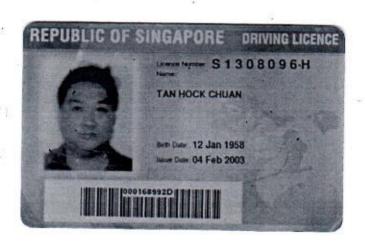
Date & Time:

Reporting Centre Personnel's Signature

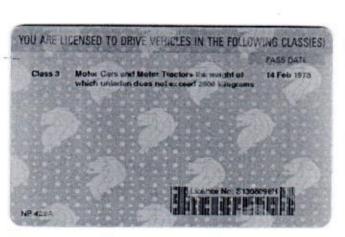
Name:

NRIC/FIN No .:









eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601			- artistical and and	and the second		Change Lan	guage	· Change Passwo	ord • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Acc	ident	09/06	3/2018 10:00	
	Vehicle	No.(For Motor)	SJB7787M							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097551075	TAN HOCK CHUAN	53358312L	GPC	drivo CLASSIC	SJ87787M	SJB7787M	23/01/2018	22/01/2019
			90-300000		1	Continue				

olicy No.	5097551075	Policyholder Name	TAN HOCK	CHUAN	Policyholder NRIC	53358312L	
ddress	BLK 109A #04-109 EDGEDALE P		PORE 82110	9			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Oate	19/01/2018	Effective Date	23/01/2018	8 00:00	Expiry Date	22/01/2019	23:59
xcess ype		All Claim Excess					
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
dditional xcess	0	OS Premium	0				
outside ingapore DD xcess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
gent	ASSURE (SINGAPORE) PTE. LTC	Agent Tel.	68038751		GST Flag	Υ	
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nsurance	No						
lag)pen olicy	No						
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nsurance lag)pen lolicy nfo certificate nfo		Addr	ess 2	EDGEDALE PLAINS		Address 3	SINGAPORE 821109
nsurance lag Open lolicy Info Certificate Info Policyh	nolder Mailing Address		ess 2 ess Type	EDGEDALE PLAINS		Address 3 Post Code	SINGAPORE 821109 821109
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nsurance lag Open Olicy Info Policy oddress 1 Address 4 Unit No. Insure	nolder Mailing Address BLK 109A #04-109 04-109 d Object: SJB7787M	Addr Relat Num	ess Type ed Policy	Singapore address 5097551075		Post Code	

Claim Handling					+ Ext
Accident MT/0998225			151 602 101		
Policy No.	5097551075	Vehicle No.	SJB7787M	GST Registration No.	
Policyholder Name	TAN HOCK CHUAN			Policyholder NR1C	53358312L
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)		Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N. V
KFK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	(Although
NCD Protection	No.	NCD Entitlement(%)		Private Hire	Yes
S Accident Details	- 10	man annual mang sep	70		0.75
	Company of the Company	2002004000000004440	45.7	Na Paramagana	-
Report Date	11/06/2018 19:15	Accident Report Within 24 hrs	Yes	Academ Type	Damaged whiist parked
Date of Accident	09/06/2018	Time of Accident hhomm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 109 EDGEDALE PLAINS MULTISTOR	Y CARPARK			
♥ Benefits					
* Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
		Outside singapore IP Excess	1,900.00		
□ GST Registered Informa					
GST Registered GST Registration No.	No		GST Registration Date GST Status Ventied	Yes	
Modification History				197.0	
- Common Contract Con					
♥ Policyholder Mailing Ad	toress				
Address 1	BLK 109A #04-109	Address 2	EDGEDALE PLAINS	Address 3	SINGAPORE 821109
Address 4	CONTRACTOR AND	Address Type	Singapore address	Post Code	
	022223			-un Louis	821109
Unit No.	04-109	Related Policy Number	5097551075		
□ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN HOOK OHUAN	Driver NRIC	\$1308096H	Driver DOS	12/01/1958
Register Date of Driver License	14/02/1978	Driver Age	60	Driving Experience	40
Contact No (Mobile)	98283381	Contact No.(Office)	٥	Contact No.(Home)	0
Address 1	BLK 109A	Address 2	EDGEDALE PLAINS	Address 3	SINGAPORE 821109
Address 4		Address Type	Singapore address	Post Code	821109
Unit No.	04-109				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	923
Barrier Co.					
Declaration Breathalyser or Blood Test			74300 043000		
Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
Claim 001 New					
Charles .	DA NO.	400004000	THE USE CALLED	The seal before	essensis.
Claim Type *	00-MX	Insured Name	TAN HOCK CHUAN	Insured NRIC	53358312L
Contact No. (Mobile)	98283381	Contact No.(Home)		Contact No. (Office)	•
Email Address	michaeltan2u@yahoo.com	OI Vehicle Number	SJB7787M	TP Vehicle Number	SL15008G
Claim Description	SJ87787M / SLJ5006G ON 9 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes 🗸	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/06/2018 19:17	Claim Close Date		Date Received	11/06/2018 00:00
Report Taken By	Dackson				
Print AK letter					
			Save Submit		
Attachment			David Davide		
Attachment					
9					
Accident No.	MT/0998225	Claim No.	001		
Last Doc. Received	® Yes □ No	Upload Date	11/06/2018 19:19		
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1	NAC PAYA UBI 800001(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 11 Ju in 2018 19:17	Photos	Normal	Photos 2018-6-11	Edit
	NAC_PAYA_UB1_800801(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 11 July n 2018 19:17	Photos	Normal	Photos 2018-6-11	Edit
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2	NAC_PAYA_UBI_800601[NAT	TOWAL ASSESSMENT CENTRE SERVICES) on 11 July 0 2016 19:16	Photos	Normal	Photos 2018-6-11	Edit
19	NAC_PAYA_UBI_600601(NAT	TOWAL ASSESSMENT CENTRE SERVICES) on 11 July n 2018 19:18	SAS	Normal	SAS 2018-6-11	Edit
473.00E	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 11 Ju n 2018 19:19	NRIC/ Driving Ucense	Normal	NRIC/ Driving License 2018-6-11	Edit
Attachment		Uploaded By/Date	Category	Urgency	Description	Sent? Action (CO)