N. C.				
NATIONAL Assessment Cor	Job description	Date &Time Comple	eted Done by	- 0000
Date In 21/08/18				
Ref No NA/INC 18015236/13			1	
Veh No SKIZISE	E-mail (within 8hr			
DOA 21/08/18 09	i-Motor Claim	Form :M7/100823	1-1001	
OD . TP (Peporting Only)		Vithin: OD 2hrs, 7'P 4hrs)		
	i-Photo Upload	NAME OF TAXABLE PARTY.		
TP Insurer	Assessment/Surv			-
		ax / Hand to Owner/Wksp	F-wi	
Preferred Wksp / INC Assign Wksp / QW: ((Tel:	Fax:	
P Particulars: Veh No:	5451765	INC()/Non-INC(,	
Owner / Driver: (Tel:		
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date: Time:)	
	Note-Est. Status (WC		80-100%]	
Year of Registration: ())/NO()		
Excess: (S) Loading: S	\$1,000 () / \$2,000 (\$ 000 St. \$2 \$ 55 Nov. 1 1 1 1 1		
eneral Remarks:-) Walk-In Customers	State Contraction of the Contrac	COLORADA BONTA STANDAYA		
Apply for Transport Allowance () QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost >) / Courtesy Car ()	Sc. Daje&Time Comple	Done by	
Injury :		**************************************		
NAIBOS	377	nvoice Preparation Checklist		nt (\$)
umant's Particulars :-	2	Dr. Danie	NC (\$80)	
ver/Owner:	3	TF : Towing Fee	\$40/\$45 \$120	_
ntact No:	3	For claiming against INC Only (wef 10 J	\$30 en 2005)	-1000
	6) TR : Re-inspection	\$75	
naged Portion:	7	NI : Idao DA + SMRT Survey NTUC Additional Services:-	\$160	
Checked by (Engr-In-Charge):		OD* *N5: Courtesy Car / Tpt Allowance	\$5	
Checken by (Engr-in-Charge).		*N6: Repair Co-ordination	510	
iditors' Comments :-		*N7: Post Repair Inspection *N8: DV / Collect Excess Coordination	\$55	
1:		TP (N11): TP (Non INC) against INC	\$20	
) N12: Idao Mobile	harged E	7
2/3:		nvoice dated Fee C		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

7.000.700.00	
Control of the State of the Sta	ACCIDENT STATEMENT
Date Of Report	21/08/2018 16:25
Date Of Accident	21/08/2018 09:45
Exact Location Of Accident	WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT2158E
Insured/Policyholder	
Name Of Registered Owner	TAN WAI HONG (CHEN HUIFANG)
NRIC No	S7502869E
Email Address	AMANDATWH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93626789
Alternative Phone No	OTHERS-93626789
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	145
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070906889-03
Cover Note Number	
Driver	
Name of Driver	TAN WAI HONG (CHEN HUIFANG)
NRIC No	S7502869E
Date Of Birth	23/01/1975
Occupation	INDOOR
Date Of Driving Pass	01/09/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93626789
Fax Number	

OTHERS-93626789

AMANDATWH@YAHOO.COM.SG

BLK 504 BEDOK NORTH ST 3 Address

#06-140

Postcode 460504

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

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?

NO

NO

3

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)

NAME:

: TAN CHEE HWEE

GENDER: * MALE

Passenger 2

Passenger 1

NAME:

: PEH POO YONG

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING MY VEH AT WOODLANDS CHECKPOINT TWDS ZONE B, SUDDENLY VEH(B)BEARING REG NO SLS176J FROM MY LEFT LANE ENCROACHED INTO MY LANE. THE VEH B DRIVER ALIGHT FROM HIS VEH SAID THAT I CUT INTO HIS LANE AND HIT ONTO HIS VEH. HE TOOK SOME PHOTOS AT SCENE,I DON'T FELT ANY IMPACT. THERE'S NO ANY DAMAGE ON MY VEH.

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

Vehicle Registration Number SLS176J

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)

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:
 - 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

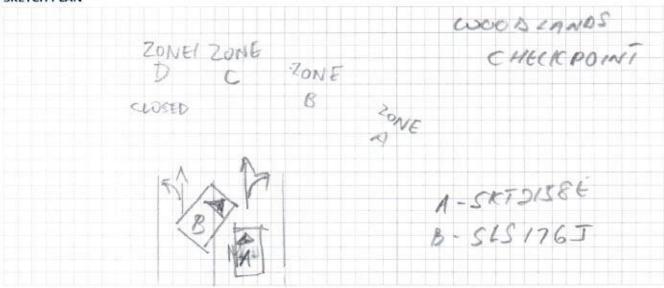
Date & Time: 21/8

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

Pls repe to the statement.	

DECLARATION

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

Policyholder Sygnature Date & Time: 2/8

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

Name: NRIC/FIN No.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7502869E





TAN WAI HONG (CHEN HUIFANG) 陳惠芳, CHINESE 23-01-1975

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE 01 Sep 2004

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

Licence No: \$7502869E



28-11-1997

APT BLK 504 BEDOK NORTH STREET 3 #06-140 SINGAPORE 460504

NRIC No: \$7502869E

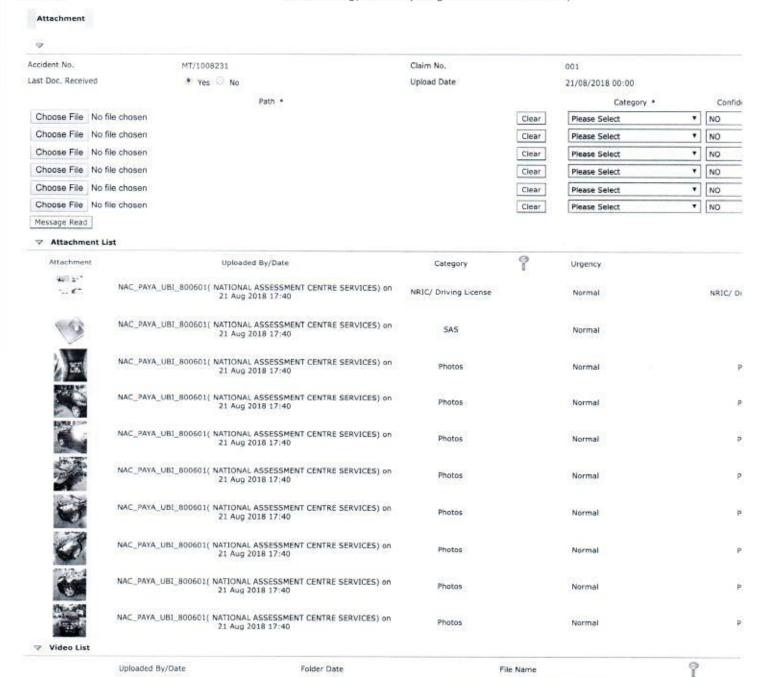
Date: 11/02/2009

NP 428A

eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					· Chang	e Languag	e · Chan	ge Password	+ Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		21/08/2018	09:45	
,	Vehicle No.(For Motor)	SKT215	58E		Certi	ficate Numbe	r		2-20-00-0	- 53
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5070906889- 03		TAN WAI HONG (CHEN HUIFANG)	S7502869E	GPC	drivo CLASSIC	SKT2158E	SKT2158E	07/04/2018	06/04/2019
					Continue]				

Claim Handling

5070906889-03					
	Vehicle No.	SKT2158E	GST Registra		
TAN WAI HONG (CHEN HUIFANG)			Policyholder		
PRIVATE CAR INSURANCE	Cover Type	drivo-CLASSIC	Loading		
93626789	Contact No.(Office)	0	Contact No.		
	Special Remark		eCode		
» No Yes	TCA	» No Yes	eCode Reas		
No	NCD Entitlement(%)	30	Private Hire		
21/08/2018 17:35	Accident Report Within 24 hrs	Yes	Accident Ty		
21/08/2018	Time of Accident hh:mm	09:45	Country of		
	Orange Force		ICM No.		
WOODLANDS CHECKPOINT					
600.00	Additional Excess	0	Windscreen		
	Acres andabate it ruses	0.44			
		GST Registration Date			
510.		GST Status Verified	Y		
ress					
BLK 504 #06-140	Address 2	BEDOK NORTH STREET 3	Address 3		
	Address Type	Singapore address	Post Code		
		5070906889-03			
Unnamed Driver	Driver Type	Unnamed Driver			
			Driver DOB		
			Driving Exp		
			Contact No.		
			Address 3		
			Post Code		
	3,743,455 (1)				
	West Company and		Driver Inc.		
Yes = No	Driver venicle No.		Driver Insur		
T ms	Anu Intima?	C Vac G No			
0 mg	Any injurys	1es # NO			
ř.					
		OD-MX	▼ Insured		
		OD-MX	10.00		
		93626789	Contact No.		
		(4)	(Home)		
			OI Vehicle		
			Aminimi		
			Number		
		SKT2158E / SLS1	Number 76J ON 21 Aug 2018		
		SKT2158E / SLS1	Number		
Insured Liability Not at Fa	GIA		Number		
Preferered Usbliity Not at Fa Preferred Workshop, Option	GIA	•	76J ON 21 Aug 2018		
Preferred Preferred Workshop,	Name unknown GIA Deceived		76J ON 21 Aug 2018		
Preferred Preferred Workshop,	Name unknown GIA Deceived	21/08/2018 17:4	763 ON 21 Aug 2018 Claim Close Date Workshop		
Preferred Preferred Workshop,	Name unknown GIA Deceived	•	Claim Close Date		
Preferred Preferred Workshop,	Name unknown GIA Deceived	21/08/2018 17:4	763 ON 21 Aug 2018 Claim Close Date Workshop		
Preferred Preferred Workshop,	Name unknown GIA Deceived	21/08/2018 17:4	763 ON 21 Aug 2018 Claim Close Date Workshop		
Preferred Preferred Workshop,	Name unknown GIA Deceived	21/08/2018 17:4	763 ON 21 Aug 2018 Claim Close Date Workshop		
	21/08/2018 17:35 21/08/2018 WOODLANDS CHECKPOINT 600,00 500,00 0.00 tion No. Iress BLK 504 #06-140 Unnamed Driver TAN WAI HONG (CHEN HUIFANC 01/09/2004 93626789 BLK 504 SINGAPORE 460504 #06-140 Yes = No 0 mg	21/08/2018 17:35 21/08/2018 Time of Accident hh:mm Orange Force WOODLANDS CHECKPOINT 600,00 600,00 Coutside Singapore OD Excess O.00 Outside Singapore TP Excess BLK 504 ±06-140 Address 2 Address Type Related Policy Number Unnamed Driver TAN WAL HONG (CHEN HUIFANC O1/09/2004 93626789 BLK 504 SINGAPORE 460504 #06-140 Yes = No Driver Vehicle No. Omg Any Injury?	21/08/2018 17:35 21/08/2018 Time of Accident Nitrim		



Display in New Window Scan and uploading