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Preferred Wksp / INC Assign Wksp / QW: (			Tel:		Fax;		
TP Particulars: Veh No: 😘	91092	, INC(	-	u-lýc ( )			
Owner / Driver: (			Tel:				
Policy No: ( ) Perio	od: (	)	Cover	Туре: (			
Confirmed by : (		Date:	AT 10-12	Time:	n	)	-
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Remarks - (INC horline: 6788 6616)			Dated	Time Complet	2000年	Don	e.by
	ourtesy Car ( )	Tally St. P. Carlot					
2) QC Check / Post Repair Inspection	( )						
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3) Upload Resurvey Photo [Repair Cost > \$3	000] ( )		1.			_	. ,
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:		CONTRACTOR		ACCEPTANCE OF THE PARTY OF THE		95	; <u>;</u>
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#### 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.
- 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.

HALLO MILLISHER NE THE RES	ACCIDENT STATEMENT
Date Of Report	29/08/2018 12:13
Date Of Accident	28/08/2018 14:25
Exact Location Of Accident	CITY SQUARE MALL CARPARK EXIT SLOPE
Country/State of Loss	SINGAPORE
1910年1915年1915日 1910年1915日 1910年1911日 1910年191日 1910年1911日 1910年1911日 1910年1911日 1910年1911日 1910年1911日 1910年1911年191日 1910年1911日 1910年191日 1910年191年191日 1910年191日 1910年191日 1910年191日 1910年191日 1910年191日 1910年191年191日 1910年191日 1910年1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK9554H
Insured/Policyholder	
Name Of Registered Owner	TAN THIAM THEAM
NRIC No	S0154780A
Email Address	TTTANEDWARD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97908041
Alternative Phone No	OTHERS-97908041
Vehicle Particulars	
Manufacturer	тоуота
Model	VIOS-1.5 E (A)
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	5074709788-02
Cover Note Number	
Driver	
Name of Driver	TAN THIAM THEAM
NRIC No	S0154780A
Date Of Birth	17/09/1953
Occupation	INDOOR
Date Of Driving Pass	16/01/1999
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97908041
Fax Number	

OTHERS-97908041

TTTANEDWARD@GMAIL.COM

Address

BLK 48 STRATHMORE AVENUE

#06-221

Postcode

140048

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?

Number of vehicles involved in the accident

Was any body injured in the Accident?

2 NO

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

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

PLEASE REFER TO SKETCH PLAN

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

SGQ109Z

Vehicle Make/Model/Colour

BMW 5201

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHOONG POOLCHAN

NRIC/Passport Number

S8176038A

Contact Number

97338498

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:

Minimar's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN			
T Pryment Mach	43 C		
Eit <			
1-70 119 Z			
	Min		
	offing Centre (STK 95544)		
City Square S	hopping Centre		
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car continued to mor	ve forward, knocking	the back portion of the	BMV,
	-/	1	
DECLARATION	see tougle puopurarenet		
I/We declare the foregoing particulars	are true in every respect.		.0
Jan 20/10/18		11/29/08/20	96
Policyhelder's Signature 1770	Driver's Signature	Reporting Centre Personnel's Sig	nature /
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No. 400 de la	BAROB

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utcy Ne.	5074709788-03	Vahicle No.	\$3K9554H		OST Registre	dian No.			
erfdicate No									
Heytudar Name	TAN THIAM THEAM				Pulicyhulder	NRIC	501547	7894	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading		0		
untact No.(Mubile)	MA	Contact No.(Office)			Contact No.(	Hume)		411	
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leport Dete	29/08/2018 11:51	Accident Report Within 24 hrs	Yes		Accident Typ		25000	in - Head to Hai	
Sale of Accident	28/08/701E	Time of Accident Intones	14.48		Country of A	codent.	Singap	SFE :	
laporting Curitre		Orange Force			ICM No.				
Accutemt Location	CITY SQUARE MALL CARPARK EXIT	Prote							
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₩ Benefits	1277								
♥ GST Registered Information  To Continue 6			GST Regist	tration Date					
IST Registered IST Registration No.	No		GST Statu		2.76	n.			
fod frestran History							- 11		
- Martin Andrew Martin & Address									
→ Pullcyholder Mailing Addr Address 1	BLX: 48 ¥06+221	Address 2	STRATHMORE AVE	NUE .	Address 3		SZNO	APORE 140048	
Address 4	CHOCK VININGSTREE	Addresa Type	Singapore address		Post Code		14008	18	
Dett No.		Related Pulicy Number	5074709788-02						
▼ OI Driver Info									
Driver Name	TAIS THEAM THEAM	Driver Type	Main Driver				95.1		
Unnamed Silver Name		Driver NRIC	S0154780A		Driver DOB		17/09	1/1953	
Register Date of Driver License	01/01/2900	Driver Age	64		Driving Exp		18		
Contact No.(Mottle)	97908041	Circuit No. (Office)			Contact No.	(Hema)	9819		
Address 1	BLK 48 #96-221	Andreas 2	STRATHMORE AVE		Address I		10.4	APORE 14004E	
Address A		Address Type	Singapore address		Post Code		1400	10	
LIFET THE.									
Does he own a firegapore Registered car?	746 a NO	Driver Vehicle No.			Oriver Insu	rer Company			
Declaration									
Breathalyser or Blood Test Reading?	U mg	Any injury?	Yes - No						
Chalms 003									
Claim Type *				ор-мк	• Imported	TAN THIAM THEA	det	Insured	5015
				annone as	Contact	88948629		Lentact No.	
Contact No.(Mobile)				97998641	(home)	Palverta		(Office)	
Email Address				edwardtffan@futmail.com	m Vehicle Number	53KS\$54H		Vehicle Number	960
Claim Description				EXVISAN / SEQUOUS ON				frame of fraferred Workshop	
Preferred Workshop	Insured Liability	Fully at Fault *						3134134134	
Eswart no. Finalisation Yes	* Repair Preferred	Workshop, Name unknown . GIA Roco	ved	•	Claim				
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Uploaded By/Date

#### Claim Handling( Claim Task )

(Ra				
6	NAC_BURDT_MERAH_MODS76( NATIONAL ASSESSMENT CENTRE SERVICE 9 (BURDT MERAH)) on 29 Aug 2018 14:17	Photos	Normal	Fruitom 2018-8-29
<b>(5)</b>	NAC_BURIT_MERAH_BOOKFU  NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)  on 29 Aug 2018 14-17	Phone	Marrosi)	Photos 2018-0-29
2.5	NAC_BLKIT_MERAH_BOOK76( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 14:17	Photos	Normal:	Phobia 2016-8-29
THE	NAC_BUKIT_MERAM_BDB676( NATIONAL ASSESSMENT CENTRE SERVICE \$ (BUKIT MERAM)) on 29 aug 2018 14:17	Photos	Normali	Photos 2018-8-29
5	NAC_BUKIT_MERAM_BOOGPG  NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAM) on 29 Aug 2016 14(17	Photos	Nurmal	Phutos 2018-8-29
	NAC BURIT MERAH 200676[ NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 29 Aug 2018 14 16	Photos	Normal	Photos 2018-8-29
0	NAC_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (ILIKIT MERAH)) on 29 Aug 2018 14 18	Photos	Normal	Profits 2018-8-29
-	MAC_BLMIT_MERAH_BOOGFS( NATIONAL ASSESSMENT CENTRE SERVICE \$ (BURIT MERAH)) on 39 Aug 2018 24:16	Phobus	Normal	Photos 2018-0-29
	WAL BURIT MERAH BODGTO( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) ON 25 Aug 2018 14:16	Photos	FADETTI-9E	Photos 2018-8-29
423	NAC_BURIT_MERAH_ROBERS NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 29 Aug 2018 14:16	SAS	Normal	SAS 2018-8-29
C. AL	MAC_BUNIT_MERAH_300674(_MATIONAL_ASSESSMENT CENTRE SERVICE \$ (BUNIT MERAH)] on 29 Aug 2018 14:18	NRTC/ Driving Liowise	Nonnai	NRIC/ Driving License 3018-8-29
♥ Video List				

Display in New Window Scen and uploading

File Name

Folder Date

Source

# ACCIDENT STATEMENT

ACCIE	DENT DATE: 28,08,2	018 1100/1	AM/YYYY), TI	ME: 14 :=	35 (HH:MM)
w. (4)	HON: CITY SQUARE	mme	Car F	Park Exit	LScope
Defice the	1	Title			
1,	DETAILS OF VEHICLE	SJK 95	5417	91 Ta	19
	DINSURANCE COMPANY	TNC	OME		
	c)POLICY NUMBER:	074709	788-02		
	dipolicy Type: (COMPRI	EHENSIVE / T	HIPD PARTY	/ THIRD PART	FIRE &THEFT)
	e)MAKE & MODEL:	Jayoon	Vinc 1	r mino	
	fitype:(SALOON / COUPE	THE CALL	NALOPRYA	MOTORCYCI	F / OTHERS)
	HTYPE: (SALOON / COUPE	I MAN / Y A	NA LORKIA	MOTORCYC	1F)
	g) VEHICLE CATEGORY: (P	RIVATE	DAMMER DELL	ate Use.	
			Contract to the contract of th		
	IJARE YOU CLAIMING UNI	DER YOUR C	OWN INSURA	NCE (AESVIGO	1
	IF NO, PLEASE STATE (THI	RD PARTY C	LAIM / REP.C	RTING ONLY)	
2.	INSURED / POLICY HOLDE	R _			
	AINAME Jan Thian	n Incom			A REMATEDUI
	MINIONS A GVINIST STORY A	00071	80A	CONTACT:	7 190 804
	CIADDRESS: BIK 48	, Strathm	ore Aven	49	
	+06-2	21 (5146	7048)		
	· CONTINUE TO 3.d IF DRI	VER ALSO P	OLICY HOLD	ER	
Alus of passangs	DRIVER	1	ř.		
1. The second se		115 a	bove-	(MALE	E / FEMALE)
(Including driver)	bINRIC/FIN/PASSPORT:			CONTACT:	
( )	c)ADDRESS:			118400 911100 911110 91110	
	C/MODILES.				
	*d)DATE OF BIRTH: (	09,19	63/(DD/MA	A/YYYY)	Tô.
20.	eloccupation: (INDOC				25
	DATE OF DRIVING PA		16/1/1999	1.4	
- A	WAS DRIVER AN EMPLO	YER OF TH	E INSURED	'S COMPANY	? (YES / NO)
	WAS DRIVER AN EMPLO	OF THE DRI	VER WITH		
-	p) WEATHER CONDITION:	CLEAR / R	AINING / OTI	HERS . CIE	4R.
J.	b)ROAD SURFACE: (DRY	/ WFT / OTH	FRS	DRY	
020	WAS ANYBODY INJURED		- Marie - Mari		(+)
	a)REPORTED TO POLICE (				
1069	IF YES, PLEASE STATE WH	HICH POLICE	STATION	NO-	
	THIRD PARTY VEHICLE				-021
8.	HIRD PARTI VEHICLE	SGQ 10	92	MODEL BI	MW 5200/
as use as besteradan	a) VEHICLE NUMBER:	CHOONG		CHAN.	
in Industrial State (	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:	SRITE	5038A	CONTACT:_	97338498
1 1	C) NRIC/FIN/FASSFORT	- 0114	00-01		
	THIRD PARTY VEHICLE			MODEL:	2
April of malanger	d) VEHICLE NUMBER:			MODEL.	D. L.
world the first term of the control of the	e) DRIVER'S NAME:			CONTACT	
DOTAL SHEEP MORES	1) NRIC/FIN/PASSPORT			_CUNIAGI:_	
4	*				
- Charles					Ħ

email = TITANKONBROQ GIMENL.









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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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