	itre Services wet Janos M	The state of the s	
Date In:30 8/18 -16:24	Jeb description	Date &Time Completed	Done by
Ref No: 49) 114(18 > 1555/24	SAS e-filing	i	
Veh No: 2746785 D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30 8/18-11:45	i-Motor Claim Form	m po 9499-001	30/2/18 16146
	i-Motor W/O (Within: OD 2hr		and the second control of the second control
OD TP Reporting Only	i-Photo Uploaded		
T. 1	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: JU	(/or3) INC()/Non-INC()	
Owner / Driver: (6	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%]
Year of Registration: ()	Warranty: YES ()/NO ()	7,000,000,000,000,000,000
	1,000 ()/\$2,000 ()		
General Remarks:	ARREST SECTION OF	4 Maria America	
() Walk-In Customer: Customers in		<u> </u>	
() Total Loss Case : to e-mail Inst		Total or reported	
		owing Co: (
		owing co. (
Remarks: (INC horline: 6788 6616)	nie sach diene stag	Dates: Time Comple 34	Done by
Apply for Transport Allowance ()	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		9
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Injury:			Section 5 Section 5 Section 5
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Date/Time: Actions	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 3) NTUC Additio OD: *N5: Courtesy *N6: Repair Cc *N7: Fost Repair Cc *N7: Fost Repair Cc *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$80); ee \$40/ brough Survey \$ brough Survey (Resurvey) reinst INC Only (wef 10 Jan 2003) filion SMRT Survey \$ brough Survey \$ car / Tpt Allowance broadination in Inspection lect Excess Coordination (Non INC) against INC	Ant (5) Am (5) fit Bill Add Bill) 545 120 530 575 160 55 510 525 55

SINGAPORE ACCIDENT STATEMENT

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.
- 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.

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.

	ACCIDENT STATEMENT
Date Of Report	30/08/2018 16:24
Date Of Accident	30/08/2018 11:45
Exact Location Of Accident	UPPER SERANGOON RD AFTER JUNC HOUGANG ST 21
Country/State of Loss	SINGAPORE
Commence of the Commence	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY6785D
Insured/Policyholder	
Name Of Registered Owner	TAN WELL ENGINEERING PTE LTD
Co Reg No	199307554H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62859808
Vehicle Particulars	
Manufacturer	TOYOTA

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Control of the Contro	

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5097662233 Policy Number

Cover Note Number

Driver

CHIA SIEW HOON Name of Driver S6933838J NRIC No 30/09/1969 Date Of Birth

INDOOR Occupation 21/02/2005 Date Of Driving Pass

13 YEARS AND 6 MONTHS **Driving Experience**

FEMALE Gender

(LOCAL) +65-97546805 Mobile Number

Fax Number

OFFICE-97546805 Contact Number

EMail Address NOEMAIL

BLK 110B PUNGGOL FIELD Address

#11-580

822110 Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

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?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 3 UPPER SERANGOON RD TWDS CITY... SUDDENLY I REALIZE THAT VEHICLE B AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SLX1023J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

TAN KOK THONG (CHEN GUODONG) Name of Driver

S8241067H NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME: GENDER: : Passenger 2 NAME: GENDER: Passenger 3

GENDER: :

NAME:

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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.
- 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signatu

Date & Time:

Petts to stage ment

DECLARATION

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

Policyhology's Signature of Date & Times, 19186-6

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

NRIC/FIN No.:

upper Rorangoon 7 d. Spc.

> A: 57 67850 BS SLX1023J

2 V Bus etup upper forangon Rd toward city.

Houseng Pt 21

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6933838J



Nan

CHIA SIEW HOON



CHINESE
Date of Birth S
30-09-1969

SINGAPORE







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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 pessengers, exclusive 21 Feb 2005 of the driver; and other motor vehicles << 2500kg

NP 428A

Licence No: \$6933838J

eBao Tech							GeneralClaim				
Hello, NAC_PAYA_UBI_80	0601			THE PERSON NAMED IN		Manager Interest	+ Change	Language	• Chang	e Password	· Log Out
My Desktop	Polic	y Query									ř
Notice of Loss	Policy N	lo.				Date (of Accident	3	0/08/2018 1	1:45	
	Vehicle No.(For Motor)		SJY678	SJY6785D		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097662233		TAN WELL ENGINEERING PTE LTD	199307554H	GPC	drivo CLASSIC	SJY6785D	SJY6785D	25/01/2018	24/01/2019
						Continue	l				

Policy No.	5097662233	Policyholder Name	TAN WELL E	NGINEERING PTE LT	Policyholder NRIC	199307554H	
Certificate No.					14 25 gg/201		
Address	10 DEFU LANE 5 DEFU INDUSTR	IAL PARK A S	INGAPORE 53	19397			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	25/01/2018	Effective Date	25/01/2018	00:00	Expiry Date	24/01/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	BENEFIT AUTO INSURANCE AGE	Agent Tel.	64445313		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	10 DEFU LANE 5	Addr	ess 2	DEFU INDUSTRIAL	PARK A	Address 3	SINGAPORE 539397
Address 4		Addr	ess Type	Singapore address		Post Code	539397
		Relat Num	ted Policy ber	5097662233			
Unit No.							
	ed Object: SJY6785D						
	to the last						

aim Handling					
ident MT/1009499					
cy.No.	5097662233	Vehicle No.	\$7Y6785D	GST Registration No.	M201191866
tificate No.					
cyholder Name	TAN WELL ENGINEERING PTE LTD			Policyholder NRIC	199307554H
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
tact No. (Mobile)	0	Contact No.(Office)	62859808	Contact No.(Home)	0
of Address		Special Remark		eCode	To Control
(® No ○Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Emitlement(%)	0	Private Hire	No
Accident Details					
ort Date	30/09/2018 16:44	Accident Report Within 24 hrs.	Yes	Accident Type	Side Swipe
e of Accident	30/08/2018	Time of Accident hindmin	11:45	Country of Accident	Singapore
	Mindisore		44.43	ICM No.	per garante.
oorting Centre	UPPER SERANGOON RD AFTER JUN	Orange Force		ALPI NO.	
Excess	DIPER SERANGOON RD AFTER JUN	IC HOUSENG ST 21			
		1000	1	Windscreen Excess	***
n damage Excess	600.00	Additional Excess	٥	Windscreen Excess	100.00
named Driver Excess		Outside Singapore DD Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ition				
Registered	Yes		GST Registration Date	01/01/2015	
T Registration No.	MQ01191866		GST Status Verified	No	
dification History					
Policyholder Mailing Ad					
Iress 1	10 DEFU LANE S	Address 3	DEFU INDUSTRIAL PARK A	Address 3	SINGAPORE 539397
dress 4		Address Type	Singapore address	Post Code	539397
ė No.		Related Policy Number	5097662233		
OI Driver Info					
ver Name	CHIA SIEW HOON	Driver Type	Named Driver		
named driver Name		Driver NRJC	569338383	Oriver DOS	30/09/1969
gister Date of Driver License	21/02/2005	Driver Age	48	Driving Experience	13
ntact No.(Mobile)	97546805	Contact No. (Office)	0	Contact No.(Home)	0
dress 1	8UK 1108	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 822110
dress 4		Address Type	Singapore address	Post Code	822110
e No.	11-580				
ses he own a Singapore		172007000000000			
gistered car?	○ Yes ® No	Onver Venice No.		Driver Insurer Company	
claration					
eathalyser or Blood Test		70000083			
eding?	0 mg	Any injury?	○ Yes ® No		
diffication History					
and the ball of th					
Claim 001 New					
im Type *	OD-MX	Insured Name	TAN WELL ENGINEERING PTE LT	Insured NRIC	199307554H
ntact No.(Mobile)	NIL	Contact No. (Home)		Contact No.(Office)	62859808
nail Address		Oli Vehicle Number	SJY6785D	TP Vehicle Number	SLX10233
smant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	202222222	CONTRACTOR .
imant Name *		700 C 200 m	Para sami		
imant Address	<u>></u>	2			
	Programme American	2618		Name of Budget and Associated	
im Description ferred Workshop Contact	SIV6785D / SLX10233 ON 30 Aug :	(10)N		Name of Preferred Workshop	
		Insured Liability *	Not at Fault	or p	St
quire finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	30/08/2018 16:46	Claim Close Date		Date Received	30/08/2018 00:00
port Taken By	Jackson				
Print AK letter					
			racerna experience		
			Save Submit		
ttachment					
2					
cident No.	MT/1009499	Claim No.	100		
st Doc. Received	® Yes ○ No	Upload Date	30/08/2018 16:47		
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