Date In: 29/10/18-(1:21	Jeb description		Date & Time Completed	Done	by
Res No: NA NICIPO19690 24	SAS e-filing				
Vch No: SIX 60288	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 27/10/18-16:42	i-Motor Clair		W1/10/17651-001	1 8/11/26	9:45
27 110113 10 7	i-Motor W/O	(Within: OD 2hrs		- 11 110	1.14
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	Assessment/Su				
TP Insurer:			Owner/Wksp		****
Preferred Wksp / INC Assign Wksp / QW				Fax:	
TP Particulars: Veh No:	nu 15364	INC ()/Non-INC()		
Owner / Driver: (-	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	-
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	VO): N: 0-20	%; P: 21-79%. P: 80-	100%]	-
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading:	\$1,000 ()/\$2,000				
General Remarks:		MINISTRAL STATE	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> लग्ना स्ट्रा</u>	-
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Drive-In ()/ Towed-In (); Inv	voice: YES () / N	O(); To	owing Co: ()
				274:083844TW	garan.
Remarks:- (INC hotline: 6788 661			Date&Time Completed	Done	by
)/Courtesy Car ()			
2) QC Check / Post Repair Inspection	()				
 Upload Resurvey Photo [Repair Cost 	> \$3000] ()		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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Figure 1 to 10

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

ACCI	DEVI	т стл	T = 1		
ACC	DEN	T STA	I EN	H-IN	ш

 Date Of Report
 29/10/2018 11:21

 Date Of Accident
 27/10/2018 16:45

Exact Location Of Accident JUNC UPPER CHANGIRD E & EXPO DR

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX6058B

Insured/Policyholder

Name Of Registered Owner TAN GEOK CHYE NRIC No S1310085C

Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97711938

 Alternative Phone No
 OFFICE-97711938

Vehicle Particulars

Manufacturer TOYOTA

Model HARRIER G GRADE

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 5099750423

Cover Note Number

Driver

 Name of Driver
 TAN GEOK CHYE

 NRIC No
 \$1310085C

 Date Of Birth
 06/11/1958

 Occupation
 INDOOR

 Date Of Driving Pass
 16/10/1979

Driving Experience 39 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97711938

Fax Number

Contact Number OFFICE-97711938

EMail Address NOEMAIL

Address BLK 926 TAMPINES STREET 91

#02-301 520926

Was driver as appalators of the Institute of Comment NO.

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

Postcode

2

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING
Road Surface WET

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) soliciting/offering accident claims assistance.

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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 3 UPP CHANGI RD E. SUDDENLY I FELT AN IMPACT OF MY VEHICLE, I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

NO

2

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 SLV1536G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver CHUA ROBIN
NRIC/Passport Number S8029974E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME: :

GENDER: :

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

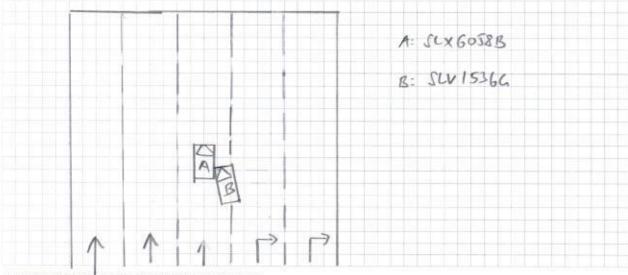
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.
35 DE CONTRACTOR

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

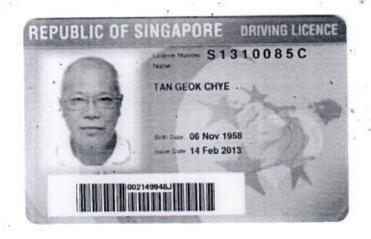
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

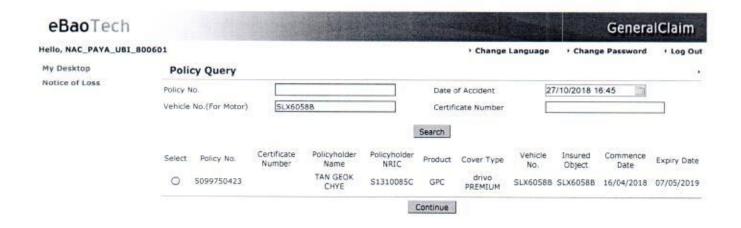
EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 16 Oct 1979

of the driver; and other motor vehicles =< 2500kg

Licence No: \$1310085C





Policy No.	5099750423	Policyholder Name	TAN GEOK	CHYE	Policyholder NRIC	S1310085C	
Certificate No.							
Address	BLK 926 #02-301 TAMPINES	STREET 91 SING	APORE 520	926			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	16/04/2018	Effective Date	16/04/201	8 00:00	Expiry Date	07/05/2019 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	g/Inexperience Driver Excess
Agent	INDEX AGENCY PTE LTD	Agent Tel.			GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 926 #02-301	Addre	ess 2	TAMPINES STRE	ET 91	Address 3	SINGAPORE 520926
		Addre	ess Type	Singapore addres	55	Post Code	520926
Address 4							
100		Relat Numb	ed Policy per	5100021033			
Address 4 Unit No.	ed Object: SLX6058B			5100021033			
Unit No.	Table a charter			5100021033			

ccident MT/1017651					
description of the second					
forcy No.	5099750423	Vehicle No.	SLX6058B	GST Registration No.	
Certificate No.					
Policyholder Name	TAN GEDIS CHYE			Poscyttolder NKIC	51310085C
Yoduct Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	97711938	Corriact No.(Office)	G .	Contact No.(Home)	0
mail Address		Special Remark		eCode	111
CFIC	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
eport Date	29/10/2010 19:43	Acodent Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ate of Accident	27/10/2018	Time of Accident hh: mm	16:45	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
coident Location	JUNC UPPER CHANGI RD & 8 EXPO DR				
♥ Excess					
wn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Inamed Driver Excess	0.00	Outside Singapore OO Excess	600.00		
nird Party Excess	0.00	Dubude Singapore TP Excess	0.00		
□ Senefits					
overage cossisery			Sum tritured 2000		
GST Registered Informa	ation		3000		
ST Registered	No.		GST Registration Date		
ST Registration No.	100		GST Status Verified	Yes	
adification History					
Policyholder Mailing Ad	dress				
doress 1	BLK 926 #02-301	Address 2	TAMPINES STREET 91	Address 3	53NGAPORE 520926
ddress 4		Address Type	Singapore address	Post Code	520926
nit No.		Related Policy Number	5100021033		
OI Driver Info					
nver Name	TAN GEOK CHYE	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	\$1310085C	Driver DOB	06/11/1958
egister Date of Driver License		Driver Age	59	Driving Experience	39
ontact No.(Mobile)	97711938	Contact No.(Office)	0	Contact No. (Home)	9
ddress. 1	Brx 639	Address 2	TAMPINES STREET 91	Adoress 3	SINGAPORE 520926
doress 4	220	Address Type	Singapore address	Post Code	520925
nit No. oes he own a Singapore	02-301				
egistered car?	○ Yes ③ No	Driver Vehicle No.		Driver Insurer Company	
edaration	***				
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