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I-Photo Uploaded Assessment/Survey Report Ass't Report by Eax/Hand to Owner/Wiss		i-Motor W/O	(Within: OD 2hrs			
Preferred Wksp / INC Assign Wksp / QW: (OD . P. Reporting Only	i-Photo Uplo	aded			
Ass't Report by Eax/Hand to Owner/Wksp Fax: Fax: Tol: Fax: Fax: Tol: T	TRI	Assessment/Su	rvey Report		+	
TP Particulars:	IP Insurer:	Ass't Report by	y Fax / Hand t	Owner/Wksp		
Owner / Driver: (Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	***************************************
Owner / Driver: (TP Particulars: Veh No: 4	Neve Al	INC ()/Non-INC()		
Confirmed by: (In .)	
Insured/Driver Liability	Policy No: ()	Period: ()	Cover Type: ()	
Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks:- () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Remarks:- (INC hotline: 6788 6616) 1) Apply for Transp-ort Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost> \$3000] () Injury: Date/Time Actions Actions	Confirmed by : (Date:	Time:)	-0.9%
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1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)	A180729 1		Invoice Prep	aration Checklist	Strike and Diving the Tree	Add Bi
2 DA: Darrage Assessment (\$100); INC (\$30) INC (\$10) INC (\$10)	laimant's Particulars :-	engaga Gabata ang menang kangunangan ang kang menang kang kang kang kang kang kang kang				
4) FT : Follow-Through Survey \$120					Charles of the last of the las	-
For claiming against INC Only (wef 10 Jan 2005) For claiming aga	nver/Owner:					
TR: Re-inspection \$75	ntact No:					
7) N1 : Idao DA + SMRT Survey 5160 3) NTUC Additional Services:- OD* *N5: Courlesy Car / Tpl Allowance 55 *N6: Repair Co-ordination 510 *N6: Repair Inspection 525 *N7: Fost Repair Inspection 525 *N8: DV / Collect Excess Coordination 53 1: TP (N11) : TP (N:n INC) against INC 520 9) N12: Idae Mobile 30 2/3: Invoice dated Fee Charged	ampaid Besties				- YCACC	
Checked by (Engr-In-Charge): OD* *NS: Courtesy Car / Tpt Allowance S5 *N6: Repair Co-ordination S10 *N7: Fost Repair Inspection S25 *N8: DV / Collect Excess Coordination S5 *N8: DV / Collect Excess Coordination S5 *TP (N11): TP (N:n INC) against INC S20 *S10 S10 S10 *S10 S10 *S10 S10 *S10 S10 S10 *S10 S10 S10 *S10 S10 *S10 S10 S10 *S	maged Portion;		7) N1 : Idao DA +	SMRT Survey	\$160	
*N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 1: TP (N11): TP (N:n INC) against INC \$20 9) N12: Idae Mobile \$30 2 / 3: Invoice dated Fee Charged		•	A CONTRACTOR OF THE PROPERTY O	al Services:-		
*N6: Repair Co-ordination 510 *N7: Post Repair Inspection 525 *N8: DV / Collect Excess Coordination 55 TP (N11): TP (N:n INC) against INC 520 9) N12: Idae Mobile 30 2/3: Invoice dated Fee Charged	Checked by (Engr-In-Charge):		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	or / Tpt Allowance	\$5	
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1: TP (N11): TP (N:n INC) against INC 520 9) N12: Idae Mobile 30 2/3: Invoice dated Fee Charged	nditors' Comments :-		*N7: Fost Repni	Inspection		
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Invoice dated Fee Charged			TP (N11) : TP (Non INC) against INC	30	

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.
- 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 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.

建筑建筑的地位,是在 全面上是是一个	ACCIDENT STATEMENT
Date Of Report	08/11/2018 17:09
Date Of Accident	08/11/2018 14:00
Exact Location Of Accident	OUTRAM RD TWDS CTE
Country/State of Loss	SINGAPORE
CONTRACTOR OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ3649C
Insured/Policyholder	
Name Of Registered Owner	TAN BEE KAM
NRIC No	S2738830B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98342005
Alternative Phone No	OFFICE-98342005
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	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	5101201357
Cover Note Number	
Driver	
Name of Driver	TAN BEE KAM
NRIC No	S2738830B
Date Of Birth	07/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	23/11/1983
Driving Experience	34 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98342005
Fax Number	

OFFICE-98342005

NOEMAIL

BLK 519A TAMPINES CENTRAL 8 Address

#13-03

Postcode 521519

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? 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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

NO

5

GENDER: : FEMALE

Passenger 3

NAME:

. .

GENDER: : FEMALE

Passenger 4

NAME:

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?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

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 Witness 1

Name WOOJIAN SHENG

Phone Number 96967860

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SHA320B

TAXI

CHAN TIAN JIAN

S8014480F

81289700

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)

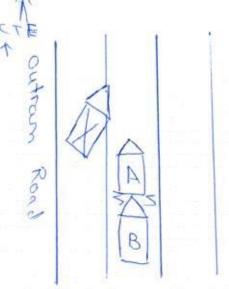
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



A) SLG 3649c B) SHA 320B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along outrom Rd in the center
large lone with the possengers in my car. I stopped my car when I saw a vehicle
I stopped my car when I saw a vehicle
trying to charge to my lare
trying to change to my lane Next second Yeh (B) collided onto the rear
of my car.
I then check my passenger if they were
injural
I then check my passenger if they were injured we stopped at the madside & exchange
Posticulars

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.:

Date of Accident	08.11. 2018 . Time: 2.00 PM	Foreign Veh Involved YES / NO	
Location of Accident		Foreign Veh No	_
Country of Loss	Outrain Rd towards CTE	roreign ven No	_
Vehicle Damaged		No. of Veh Involved :	
Claim Type	OD / TP / REPORTING	Was There Any Witness YES / NO	
INSURANCE CO	NTUC	Name of Witness : WOOTEN SHENG	
Coverage	Comprehensive/TPFT/Third Party Only .	Contact No : 9696 7860	
Policy No	5101201357		
Fleet Policy	YES /NO)		
		OTHER VEHICLES	
OWNER / CO. NAME	TAN BEE KAM.	VEHICLE B SHA 320B	
NRIC / Co's Reg No.	S2738830R	Category :	
Address	BUK 519A Tamping Central 8	Driver's Name : CHAN TIAN JU	*
	# 13-03 (621218)	NRIC NO : 58014480F	_
Contact / Mobile No	98342005	Contact No : 8128 9700	
Email Address	All Children Co.	No. of Passenger :	
Date of Birth	07.09.1958		
Gender	MITE	VEHICLE C	
DRIVER'S NAME	Hs game above.	Category :	
NRIC No		Driver's Name :	
Address		NRIC No :	
		Contact No :	100
Contact / Mobile No		No. of Passenge:	10.00
Email Address		- W.	
Date of Birth	_	VEHICLE D	
Gender	M/F	Category :	
LICENSE PASSED DATE	23 11 1883	Driver's Name :	
		NRIC No :	
Occupation	Indoor Outdoor	Contact No :	
Relation with Owner	Dione Y.	No. of Passenger :	
Does Driver Own Any	Other Veh ? YES / NO		_
Vehicle Reg No	Other ven : 1237 NO		
Insurance Co			_
	Series Movement XX		_
Weather Condition	Cleary Raining / Others	Video Captured (Yes \No	
Road Surface	Dry / Wet / Others	Video captured (Tes)/No	-
INJURED	: YES (NO		_
Name of Injured	:	Police Report : YES/NO	
Convey To Hospital by	Ambulance : YES / NO	If YES, Where :	
NO. OF PASSENGERS	: 31 (111 5-5		
Name of Passenger	4 (IM, 3F)	N/E	
Name of Passenger		M / F INJURED? YES/NO	
	•	M / F INJURED? YES/NO	
Name of Passenger		M / F INJURED? YES/NO	
Name of Passenger		M / F INJURED? YES/NO	
REMARKS			
Name of Workshop	SUCCESS UNITED PTE LTD	Contact No :	_
Address	- NON DUKIT AUTOHUB	Contact No : Email :	
	Kaki Bukit Ave 2, #01-33/#02-29	erriun.	



REPUBLIC OF SINGAPORE IDENTITY CARD NO \$2738830B





TAN BEE KAM

Race

CHINESE

07-09-1958 F

Country of birth MALAYSIA

m//388570

459:549

OU APEL CE ISED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PACIS DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 23 Nov 1983 of the driver; and other motor vehicles =< :500kg

cence No: S2738830 8

NRIC No. S2738830B

Date of lanue 23-06-2010

APT BLK 519A TAMPINES CENTRAL 8 #13-03

SINGAPORE 521519 NRIC No: \$2738830B

26/10/2014 Date:





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5101201357 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle SL03649C

Chassis Number : RU11209102 2. Name of Policyholder TAN BEE KAM

3. Effective Date of Insurance : 20 Jun 2018 4. Expiry Date of Insurance : 05 Jul 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

PRIMARY DRIVER : TAN BEE KAM

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : MAYBANK

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: ELAINE SOON LI LING (00000587181) Date of Issue

: 19 Jun 2018 16:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Countersigned By:



Policy No.	5101201357	Policyholder Name	TAN BEE K	AM	Policyholder NRIC	S2738830B	
Certificate No.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			on the contract of the contrac		
Address	BLK 519A #13-03 TAMPINES	CENTRAL 8 SINC	SAPORE 521	519			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	19/06/2018	Effective Date	20/06/201	8 00:00	Expiry Date	05/07/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	ELAINE SOON LI LING	Agent Tel.	65054100		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policy	holder Mailing Address						
Address 1	BLK 519A #13-03	Addre	ss 2	TAMPINES CENTRA	L8	Address 3	SINGAPORE 521519
Address 4		Addre	ss Type	Singapore address		Post Code	521519
		Relate Numb	ed Policy er	5101201357			
Jnit No.							
	ed Object: SLQ3649C						

label of Accident	>>	Contact No. (Hame) Of Vahicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	Save Submit Ool OS/11/2018 20:10 Category * Clear Please Select	Insured NAIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidencial Lings V Normal V Normal	S2739810B SHA320B Received 08/11/2018 00 00 Description *
Date of Accident Deporting Centre Deporting Centre Decorating Cen	≥≥ 5 ON 8 Nov 2018	Contact No. (Home) Of Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	Save Submet DOL DOL/11/2016 20:10 Category *	Conflict No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Conflicted Urge	Received 08/11/2018 00 00 Description *
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sport Dake OB/13/2018 Sporting Centre Coolant Location P Excess Ivin damage Excess Invariant Driver Info Invariant Dr	>> => B ON 8 Nov 2018	Contact No. (Home) Of Vehicle Number Type of Benefit * Claiment NRTC * Insured Liabitey * Preferend Repair Option Claim Close Date Claim No.	S2601669 S, Q3649C Please Select Not at Pault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SHA3208
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oport Date 08/11/2018 20:07		Time of Accident thromm	14:00	Country of Accident	Singapore
		Accident Report Within 24 hrs		Accident Type	Collision - Head to Rear
		12000000000000000000000000000000000000	7400	1943 927 VA 2414	Walter Committee
		NCD Entitlement(%)	50	Private Hire	Yes
K @ No ○ Yes © Protection Yes		TCA	® No ⊜Yes	eCode Reason	Van
nait Address:		Special Remark	R Mr C Var	eCode	Ar w
intact No. (Motivie) 98342005		Concact No. (Office)	O.	Contact No.(Home)	0
oduct Code PRZVATE CAR INSURAN		Cover Type	drive CLASSIC	Loading	0
kcyngider Name TAN BEE KAM	WILE	8 8	0.00000	Policyholder NRIC	527388308
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Hoy No. 5101201357	WCE	Vehicle No.	SLQ3649C	GST Registration No.	
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