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	i-Motor W/O	(Within: OD 2hr		10411118-	B . 7 6
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(223)	Assessment/S	198		1	
TP Insurer:			o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	-
TP Particulars: Veh No. Jhx	94961	INC (10	
Owner / Driver: (Tel:)	
Policy No: () I	Period: ()	Cover Type: (-
Confirmed by : (Date:	Time:)	-507.00
Insured/Driver Liability: (%)	[Note-Est. Status (\	WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		F850-2451
Excess: (\$) Loading: \$1	,000 ()/\$2,000	()			- Total
General Remarks;-	建筑图 为2000年			Trans.	
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	Courtesy Car ()			
2) QC Check / Post Repair Inspection					
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3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions NAIR 7385	1	1) AR : Accident I	Reporting (\$30);	Tac Bill	
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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 <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.
- 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.
- 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.

MANUSCRIPTON AND AND AND AND AND AND AND AND AND AN	ACCIDENT STATEMENT
Date Of Report	12/11/2018 18:55
Date Of Accident	10/11/2018 17:45
Exact Location Of Accident	JUNC MOUNTBATTEN RD & TANJONG KATONG RD SOUTH
Country/State of Loss	SINGAPORE
Market Commencer Commencer	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFJ701L
Insured/Policyholder	
Name Of Registered Owner	TAN SECK YEOW
NRIC No	\$68344371
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96378931
Alternative Phone No	OFFICE-96378931
Vehicle Particulars	
Manufacturer	BMW
Model	X3 XDRIVE20I ABS 4WD SR HID DSC NAV
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5059566769-05
Cover Note Number	
Driver	
Name of Driver	TAN SECK YEOW
NRIC No	S6834437I
Date Of Birth	24/09/1968
Occupation	INDOOR
Date Of Driving Pass	26/06/1986
Driving Experience	32 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96378931
Fax Number	

OFFICE-96378931

NOEMAIL

48 MEYER ROAD Address

#16-48

Postcode 437872

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 - CROSS JUNCTION

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?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME:

GENDER: : MALE

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

REFER TO STATEMENT.

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 SGX9476S

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)

3

Passenger 1 NAME:

GENDER: :

Passenger 2 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)

Lunderstand, 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	00	the	Stated	date	ĭ	time,	Ĩ,	venicu	A',	2F	J701L,
		and	straigu have ei	ntered t	We VI	ellow b	04				
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onto	my	vehi	lle 's	nght	port	ion.					
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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 .:

ACCIDENT STATEMENT

South.

ACCIDENT DATE: 10 / 11 / 2018 HDE	D/MM/YYY), TIME: (17: 45 HHEMM)
LOCATION: Junction of Mountba	then road X Tanjong Fatong Pd
1. DETAILS OF VEHICLE SEJEC	nL .
alvericle Humber.	16
DJINSUKANCE COMI AITI	
CIPOLICY NUMBER:	THIRD PARTY / THIRD PARTY FIRE &THEFT)
	V1
	AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / C	COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT	TIME: PUVATE
I) ARE YOU CLAIMING UNDER YOUR	
IF NO, PLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	
ANAME: TAN SECT YEOU	MALE / FEMALE)
binric/fin/passport: \$6930	14371 CONTACT: 963 76931
CLADDRESS: 48 MKYEV	Road #16-48 (437872)
CJADDACOS.	* * *
* CONTINUE TO 3.4 IF DRIVER ALSO	POLICY HOLDER
14 No of passana3 DRIVER	
(Indicating driver) WINDOWN PASSEDOFT.	(MALE / FEMALE)
DJNKIC/FIN/FASSFORI	CONTACT:
(U) c)ADDRESS:	
male passenger d) Date of BIRTH: (24, 69, 19	PO TIDDIMMONY
e)OCCUPATION: (INDOOR / OUTDO	OORI
f) YEARS OF DRIVING EXPRERIENCE:_	32 YEAR
WAS DRIVED AN EMPLOYEE OF TH	IF INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DR	IVER WITH INSURED: OWNER
5. GIWEATHER CONDITION: (CLEAR / R.	AINING / OTHERS
BIROAD SURFACE: (DRY / WET / OTH	ERS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	E STATION:
No of passenger a) VEHICLE NUMBER: SEX 91	476C 4005
	TTOS MODEL:
Including driver) b) DRIVER'S NAME:	CONTACT:
(03) THINDS OF PRINCIPLE	CONTACT.
Y. IHIKU PAKIT VEHICLE	MODEL:
No of passenger at DRIVER'S NAME	
Including driver f) NRIC/FIN/PASSPORT:	CONTACT:
/) NRIC/FIN/FASSFORT.	
	70

email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 6 8 3 4 4 3 7 1

Name:

TAN SECK YEOW

Birth Date: 24 Sep 1968

Issue Date: 12 May 2003



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S68344371



Name



TAN SECK YEOW

陳錫耀

Race

CHINESE

Date of Birth

Sex

24-09-1968

M

Country of Birth

SINGAPORE



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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

26 Jun 1986

NP 428A



NRIC No. S68344371

Blood Group

Date of issue

B+

09-06-1998

48 MEYER ROAD #16-48 SINGAPORE 437872

NRIG No: \$68344371

Date: 10/10/2012 (R)

eBaoTech				10.03 miles						Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Languag	e • Char	ige Password	• Log Ou
My Desktop	Poli	cy Query									9
Notice of Loss	Policy 1	No.				Date	of Accident		10/11/2018	17:45	
	Vehicle	No.(For Motor)	SF)701	C.		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5059566769- 05		TAN SECK YEOW	S6834437I	GPC	drivo PREMIUM	SF3701L	SFJ701L	22/05/2018	21/05/2019
		27.5		111111111	F	Continue	LVCUIDA	3000	SCHLOOLS		270500

Policy Information

Sequenc	ce Date of Endorsement	Endorse	ement Type	Endorsement Status	Endorsement Content
▽ Endors	\$630 (800)	845 A. A.	0:-22	70 W W-500	10 10
Insure	d Object: SFJ701L				
Jnit No.		Related Policy Number	5059566769-05		
Address 4		Address Type	Singapore address	Post Code	437872
Address 1	48 MEYER ROAD	Address 2	#16-48 EQUATORIA	L Address 3	SINGAPORE 437872
Policyl	nolder Mailing Address				
Certificate Info					
Policy Info					
Flag Open					
Co- insurance	No				
\gent	DIRECT BUSINESS DEPT	Agent Tel.	NIL	GST Flag	Υ
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0.0		
Additional excess	0	OS Premium	0		
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	100.0
Policy Ssue Date	27/04/2018	Effective Date	22/05/2018 00:00	Expiry Date	21/05/2019 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
\ddress	48 MEYER ROAD #16-48 EQUA	TORIAL SINGA	PORE 437872		
Certificate No.					
Policy No.	5059566769-05	Policyholder Name	TAN SECK YEOW	Policyholder NRIC	S6834437I

Continue | Cancel

ccident MT/1019449										
lcy No.	5059566769-03		Vehicle No.	\$F3701c		GST Regi	stration No.			
rtificate No										
cyholder Name	TAN SECK YEOW					Policyhole	ter NRIC	5683	144371	
duct Code	PRIVATE CAR INSURANI	CE.	Cover Type	drivo PREMIUM		Loading		0		
Loct No. (Mobile)	96378931		Contact No.(Office)	0		Contact N	io.(Home)	0		
all Address			Special Remark			eCode		No *	•	
	ii No Yes		TCA	= No Yes		eCode Re				
Accident Details	Yes		NCD Entitlement(%)	50		Private H	ire	No		
										STORY OF THE PROPERTY OF THE P
port Date	12/11/2018 20:45		Accident Report Within 24 hrs	Yes		Accident			tian - Crass 3u	inction
ur of Accident	10/11/2016		Time of Accident hh mm	17:45			of Accident	Singa	spore	
orting Centre ident location	to the same of the		Orange Force			ICM No.				
Excess	JUNE MOUNTBATTEN 41	D & TANJONG KATONG RI	3 SOUTH							
n damage Excess named Onver Excess		0.00	Additional Excess	0		Windscre	en Excess	100.6	10	
rd Party Excess		0.00	Outside Singapore OD Excess		0.00					
Benefits		0.00	Outside Singapore TP Excess		0.00					
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ess Walver				99999999						
rspert Allowance				99999999						
GST Registered Informat	ion			7650.00						
Acgisteres	740			GST Regit	tration Date					
Engistration No.				GST State			Yes			
Reation History										
Policyholder Mailing Add										
tress I	48 MEYER ROAD		Address 2	#16-48 EQUATORI	AL	Address 3		SING	APORE 43787	12
Peld 4			Andress Type	Singapore address		Post Code		43787	72	
f No.			Related Policy Number	5059366769-05						
OI Driver Into	Ann date - and									
ver name named driver Name	TAN SECK YEDW		Driver Type	Main Driver		020002	90			
ister Date of Driver License	26/06/1986		Driver NRIC	568344371		Driver DO			9/1968	
rtact No (Mobile)	16378931		Driver Age	50		Driving E		32		
trend 1	48 MEYER RDAD		Contact No.(Office) Address 2	0		Contact N		0		
9 m s 4	40 PICTOR RUAG		Address Type	EQUATORIAL Signature address		Address 3 Post Code			IAPORE 43767	72
t-No.	15:45		Address Type	Singapore address		Post Code		43787	2	
es he own a Singapore			The second second							
pistered car7	Yet + No		Driver Vehicle No.			Driver Ins	iurer Company			
clar ption										
nathalyser or Blood Test										
eding?	D mg		Any injury?	Yes a No						
dification History										
Claim 001 New										
Claim 001 New										
					ор-мк	Insured Name	TAN SECK YEOV			
m Type *								W.	Insured	968344371
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					95378931		63459290	W	MRIC	S68344371
Kact No.(Mobile)					05378931	Contact No. (Home)	63459290	*	Office)	
Kact No.(Mobile)					95378931	Contact No. (Home)		N.	NRIC Contact No. (Office) TP Vehicle Number	S68344371 SGX94765
Kart No. (Mobile) ed Address					9637W931 SF3701L / SGX9476S CN 3	Centact No. (Home) Oil Vehicle Number	63459290	K.	NRIC Contact No. (Office) Tyenicie Number Name of Preferred	
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