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INATIONAL Assessment Cer	itre Services. [well Jamos]	NNA 118 153184	AL 30	
Date In: 26/11/18-16/19	Jeb description	Date &Time Completed	Don	e py
Resino: Na INCIPOZIZZOJZY	SAS e-filing			
Veli No: 1748899D	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 83/11/18-21:40	i-Motor Claim Form	M7 102 M74-00 1	26/11/18	19:44.
THE PROPERTY OF THE PARTY OF TH	i-Motor W/O (Within: OD 2			
OD / TP / Reporting Only	i-Photo Uploaded		- Company	
	Assessment/Survey Report			
TP Insurer:	d to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ix:	
TP Particulars: Veh No: Un	low in INC	()/Non-INC()	167	-
Owner / Driver: ((MANA)	Tel:)	
Policy No: ()	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0	20%; P: 21-79%. P: 30-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		Service Heat
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks;-			Con Silvin	
() Walk-In Customer: Customer's in	nformation strictly Confidential &	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Inst	urer URGENTLY.		(9)	
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO();	Towing Co: (-)
Remarks: (INC hotline: 6788 6616)		Date&Turis Completed	Done	hv
(***** ato. mice. of bordotto)		SECTION OF THE PROPERTY OF THE PARTY OF THE	Secretary and the Second Section Secti	
1) Apply for Transport Allowance (/Courtesy Car ()	•	10.40	-
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > Injury:	()			AT
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	() \$3000] ()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Jame Particulars: iver/Owner: Ontact No: Imaged Portion: Checked by (Engr-In-Charge):	Invoice Property 1) AR: Accide 2) DA: Darrage 3) TF: Towing 4) FT: Follow For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD!* *N5: Courter *N6: Repair *N6: Repair	eparation Checklist. Int Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$400 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) ection + SMRT Survey sonal Services. y Car / Tpl Allowance Co-ordination	Anit (\$) Tit Bill 45 20 30 75	(£) Jane (£)
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	Invoice Property 1	eparation Checklist. Introduction (\$30); Assessment (\$100); INC (\$80) Fee \$400 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action 4 + SMRT Survey ional Services. y Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	Ant (\$) The Bill 45 20 30 75 60 \$5 10 25 55 20 30	V. 2012 (P. L.

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.
- 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 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.
- 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.

建设的	ACCIDENT STATEMENT
Date Of Report	26/11/2018 16:19
Date Of Accident	23/11/2018 21:40
Exact Location Of Accident	ALONG ECP (CITY)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN8899D
Insured/Policyholder	
Name Of Registered Owner	TAN HAN KIN
NRIC No	S1102119J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96223615
Alternative Phone No	OFFICE-96223615
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	5052329811-06
Cover Note Number	
Driver	
Name of Driver	TAN HAN KIN
NRIC No	S1102119J
Date Of Birth	26/12/1937
Occupation	INDOOR
Date Of Driving Pass	07/04/1968
Driving Experience	50 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96223615
Fax Number	
Contact Number	OFFICE-96223615
EMail Address	NOEMAIL
	Page 1 of 15

BLK 161 HOUGANG STREET 11 Address #14-63 Postcode 530161 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? 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) Passenger 1 NAME: GENDER: : FEMALE **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 ON STATED DATE AND TIME. I WAS TRAVELLING ALONG STATED VENUE, SUDDENLY VEHICLE B JAMMED BRAKE, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION. Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number UNKNOWN Vehicle Make/Model/Colour Details Of Properties PRIVATE CAR Vehicle Category CHUA BOON YEW ANDREW Name of Driver NRIC/Passport Number S7408446Z Contact Number Address Postcode Insurance Company Name Nature Of Damage

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.
- 6: 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.	

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 Personner's Signature Name:

Name: NRIC/FIN No.:









eBaoTech	GeneralClaim						lClaim			
Hello, NAC_PAYA_UBI_800601					NO POST AND	• Change	Language	• Chang	e Password	• Log Out
My Desktop	Policy Query									
Nutice of Loss	Palicy Na.				Date o	of Accident	23	3/11/2018 2	1:40	
	Vehicle No.(For Motor) SJN88		99D	Certificate Number						
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NR1C	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5052329811- 06		TAN HAN KIN	S11021193	GPC	drivo CLASSIC	SJN8899D	SJN8899D	15/12/2017	14/12/2018
				1	Continue					

olicy No.	5052329811-06	Policyholder Name	TAN HAN K	IN	Policyholder NRIC	S1102119J	
Certificate lo.		张郑宗 在5			26072TS		
ddress	57E LORONG ONG LYE SINGAP	ORE 536439					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	25/11/2017	Effective Date	15/12/2017	00:00	Expiry Date	14/12/2018 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0.0	Own damage Excess	600.0		Windscreen Excess	100.0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0			Young	/Inexperience Driver Excess
Agent	REV AUTO PTE LTD	Agent Tel.	68444477		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	57E LORONG ONG LYE	Addr	ess 2	SINGAPORE 536	439	Address 3	
Address 4		Addr	ess Type	Singapore addres	s	Post Code	536439
Unit No.		Relat Num	ed Policy per	5052329811-06			
	ed Object: SJN8899D						
D Insure							
D Insure□ Endor	sements						

Claim Handling					· Exi
Accident MT/1021478					
Policy No.	9052329833-06	Vertical No.	S3N8899D	GST Registration No.	
Certificate No.					
Policyholder Name	TAN HAN KIN			Poscyholder NRIC	511021191
Product Code	PRIVATE CAR INSURANCE	Cover Type	gryp CLASSIC	Loading	0
Contact No. (Mobile)	96223615	Contact No. (Office)	0	Contact No.(Home)	0
Imaii Address		Special Remark		eCode	THE CO.
O'K	■ No ○ Yes	TCA	® No ⊜Yes	sCode Reason	A. Carrier and Car
WCD Protection	Yes	NCD Engitlement(%)	50	Private Hire	No
	105	MCD Entitlement(se)	30	The same and	1000
Accident Details					
orport Date	26/11/2018 19:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
late of Acodent	23/11/2010	Time of Acoident Incimm	21:40	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
Accident Location	ALONG EOP (CITY)				
W Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
	9.00	Outside Singapore OD Excess	600.00		(57073570)
mnamed Onver Excess					
hird Party Excess	0.00	Outside Singapore TP Excess	0.00		
⊕ Benefits					
GST Registered Informa	vition				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
todification History					
→ Policyholder Mailing Ad	dress				
Address 1	STE LORONG ONG LYE	Address 2	SINGAPORE 536439	Address 3	
Address 4		Address Type	Singapore address	Post Code	536439
Unit No.		Related Policy Number	5052329811-06		
OI Driver Info					
Oniver Name	TAN HAN KIN	Driver Type	Main Driver		
Jonamed driver Name		Driver NRIC	\$11021193	Driver DOB	26/12/1937
	Parata see				50
Register Date of Driver License		Driver Age	80	Driving Expenence	
Contact No.(Mobile)	96223615	Contact No.(Dffice)	0	Contact No. (Home)	0
Address 1	BLK 161	Address 2	HOUGANG STREET 11	Address 3	SINGAPORE 530161
Address 4		Address Type	Singapore address	Post Code	530161
unit No.	14-63				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	5.050				
Sectaration					
Breathalyser or Blood Test	200	44-140-14	○ Yes ® No		
Reading1	a mg-	Any injury?	C 745 @ No.		
Rodification matery					
Claim 001 New					
	Table 1827	120000000000	THE CAN DOWN	Insured NRIC	511021190
Claim Type *	00-MX	Insured Name	TAN HAN KIN		511021193
Contact No.(Mobile)	96223615	Contact No.((Home)	62986681	Contact No.(Office)	
Emuil Address		OI Vehicle Number	S3N8899D	TP Vehicle Number	UNKNOWN
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name +	>>	Claimant NRIC *			
Claimant Address				1	
Claim Description	53N88990 / UNKNOWN ON 23 Nov 2018			Name of Preferred Workshop	
Professed Workshop Contact		Insured Liability *	Fully at Fault	35	
No. Regure Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GSA report	Received
			produced moreon, resine discious		1900 CONT.
Date Registered	26/11/2018 19:44	Claim Close Date		Date Received	26/11/2018 00:00
Report Taken By	Jackson				
Frint AK letter					
			Name of the Party		
			Save Submit		
Attachment					
1425					
9					
Acodem, No.	MT/1021478	Claim No.	001		
Last Ooc. Received	● Yes ○ No	Uplaed Date	26/11/2018 19:45		
	Path *	Moth of the same	Category *	Confidential Urgen	cy * Description *
		Browse		e no v Normal	S
		Browse		ENGLISH PROPERTY.	
		Browse	Cear Please Select	Normal V Normal	☑
		Brown	Mark Marke Caled	al lun an Improve	· ·

