NATIONAL Assessment Centre Services. [WET + Jan'95] MILAN 18 158788 Date In: 8 1 10 18 - 16:26 Date & Time Completed Done by Jeb description Re[No: HA | INCR 0220016] 24 SAS e-filing Veh No: Skp2625U E-mail (within Shrs, AIC 2hrs) D.O.A: 3/11/15- 20:00 i-Motor Claim Form 100-160201 M 8/12/18 17:21 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP ?) Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax: TP Particulars: Veh Nowmory43R INC ()/Non-INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: () Confirmed by : (Date: Time:) Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] 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) Date&Time Completed Done by 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Ant (S) Amt (3) Invoice Preparation Checklist MA1808035 . . fit Bill 1) AR : Accident Reporting (\$30); Claimant's Particulars :-2) DA : Damege Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 Driver/Owner: 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services :-OD. QC Checked by (Engr-In-Charge): \$5 *N5: Courtesy Car / Tpt Allowance *No: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors! Comments :-*N8: DV / Collect Excess Coordination \$5 Cat. 1: TP (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile **动物的子类** 201.2/3: Invoice dated Fee Charged **操作性X** Invoice dated Fee Charged

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,
- 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.

aforesaid.	
大约 加州,从1000年,100	ACCIDENT STATEMENT
Date Of Report	08/12/2018 16:26
Date Of Accident	07/12/2018 20:00
Exact Location Of Accident	JURONG EAST TWDS JEM SHOPPING CENTRE
Country/State of Loss	SINGAPORE
A STATE OF THE STA	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP2625U
Insured/Policyholder	
Name Of Registered Owner	TAN WEE HWA
NRIC No	S8600052J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98891986

Alternative Phone No Vehicle Particulars

Manufacturer AUDI

Model A3 SEDAN 1.4 TFSI (AMBIENTE)

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-98891986

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 5101657242

Cover Note Number

Driver

 Name of Driver
 TAN WEE HWA

 NRIC No
 \$8600052J

 Date Of Birth
 05/01/1986

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/08/2010

Driving Experience 8 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98891986

Fax Number

Contact Number OFFICE-98891986

EMail Address NOEMAIL

BLK 936 JURONG WEST STREET 91 Address

#11-345

Postcode 640936

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

2

NO

NO

2

NO

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

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)

Passenger 1

NAME:

: CHIN SHEE YUEN

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?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SMD6443R

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN WEE HWA

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SKP2625U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

NO

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CHIN SHEE YUEN

Approximate Age

Injuries Sustain

NECK & BACK
Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SKET ON PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the dalms process.
- This Form must be completed by the Polleyholder and/or the Authorised Driver.
- 3. Information provided must be as archiful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate notice 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.
- 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.
- 7. 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)

l understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GRA") 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)
 - (i) 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 end/or dealing with my claims.(collectively the "Purposes")
- 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.
- 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.
- 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 agencles 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: 6

Reporting Centre Personnel Signature

Name:

NRIC/FIN No .:

SKEYCH FLA:	CELLET	TITT						
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DESCRIBE CIRCUMIST	ANCES OF THE	E ACCIDENT						
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T mas	Havenna	LI III	lac	7	11/12	P. A.	ckind	N)
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IARATION								
LARATION declare the foregoing p	articulars are tr	rue in avery res	pect.					
LARATION declare the foregoing p	articulars are tr	rue in every res	pect.		Reporting.Ce			

GIARMIC StretchPlanForm_V3

2

SINGAPORE ACCIDENT STATEMENT

and submit this form to the individual insurance authorised reporting centre, port correctly on the details of the accident to speed up the claim process.

m must be filled up by the policy holder and/or authorised driver.

mation provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow

arance companies to repudiate policy liability.

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 traffic police department for investigation.

A COUNTY STATE OF THE PARTY STATE	ACCIDENT DETAILS	ALE CHE WAS DO
of accident	87/12/18	(DD/MM/YY)
e of accident	1959	(HH:MM)
t location of accident	Jurong East towards Jem sho	ppink (entre

计算是数据处理的	DETAILS OF VEHICLE
de registration number	S1082625U
de make and model	Add A3
of vehicle	Saloon of MPV CRV D Van D Lorry D Bus D Motorcycle D Others:
cle category	Private D Commercial D Motorcycle D
ose of using at said time	
ou claiming under your Insurance company?	Yes No if no, please select: Third part claim Reporting only

	INSURANCE IN	FORMATION	STORY SUST COMME
ance company	N"	TUC	Print III. Drugs with the last the last the last last last last last last last last
number			
of policy	Comprehensive	Third party fire & theft o	TP only

	INSURED / POLICY HOLDER	TO AND	
B.	Tan wer Hwa	Male 🗷	Female
/ Fin / Passport number	5860052J		
ect	98991986		
ess	131k 725 Trong west strut 72 5(640:	# 02	-162

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
<u> </u>	Male Female
/ Fin / Passport number	
ict	
ess	
address	Stevile. Tan @ angil. com.
of birth	05/01/1986
ation	Indoor D Outdoore
g date pass	17 108 1 2010

G	ENERALIN	INFORMATION OF THE ACCIDENT
Wals driver an employee of	Yes 🗆	Nor
the insured's company?	If no, rela	lationship of the driver and insured:
Accident captured by camera?	Yes 🗆	
Weather condition	Clear o	Raining Others:
Road surface	Dry Ø	Wet a
No of passenger	2	(Inclusive of driver)
STREET, STREET	14/8/8	PASSENGER 1
Name		thin shee your
Gender	Male D	Female □
国际共享的企业的企业的企业的	THE REAL PROPERTY.	PASSENGER 2
Name		
Gender	Male o	Female
THE REPORT OF THE PARTY OF THE		PASSENGER 3
Name		
Gender	Male o	Female 🗆
201100		
可方子可引用 建压缩 建黄油油油		PASSENGER 4
Name		
Gender	Male 🗆	Female C
E STIVO		
DESCRIPTION OF THE PROPERTY OF THE PARTY OF	100	PASSENGER 5
Name	THE REAL PROPERTY.	
Gender	Male 🗆	Female 🗆
Gerraer		
The second secon	1000	PASSENGER 6
Name	The second second	
Gender	Male 🗆	Female 🗆
ochide.		
	VITCH	OTHER INFORMATION
Was anybody Injured?	Yes 🗹	
Was other vehicle damaged?	Yes 🗆	
was other vernere damageur	1.00 4	
	Di	DETAILS OF POLICE ACTION
Reported to police?	Yes 🗆	No D If yes, please state which police station.
Police station name		
r Once seation name		
	KA TONE	WITNESS 1
Blaves	THE PARTY OF SERVICE	
Name	1	
		WITNESS 2
Name	10	

	THIRD PARTY VEHICLE 1
Vehicle registration number	SM06443R
Vehlcle make moda	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Phy / Passport number	
Contact	
100 4004	
VENUE AND RESERVED AND RESERVED.	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
200 1 1 May 450	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THURD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Name	Control of	INJURED F	Tan wer Hwa
Injuries sustained			Back Pain
Which vehicle person in?			SKP26254
Were seat belts worn?	Yes 🗹	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No pr	

4 · 1915 经定证财务负债	INJURED PERSON 2
Name	Chin shee Yven
Injuries sustained	Buck & needs
Which vehicle person in?	SK82625U
Were seat belts worn?	Yes of No ti
Was injured conveyed to hospital by ambulance?	Yes D No zi

THE REAL PROPERTY.	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗆

E A PROPERTY OF THE PARTY OF TH		INJURED PERSON 4	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🖪	

Name	119-25-1007	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D

	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D

MENTITY CARD NO. \$86000523





TAN WEE NWA

CHINESE Date of Strik 05-01-1956 Country/Piece of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE transplanter \$8600052J



TAN WEE HWA

ampus: 05 Jan 1986 Hair Date: 17 Aug 2010

5646152



S8600052J

Oute of states 06-09-2016

APT BLK 936 JURONG WEST STREET 91 SINGAPORE 640936

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

EFFECTIVE DATE

Class 3 Motor Cars =< 2000kg with =<7 passangers, exclusive 17 Aug 2010 of the driver, and other motor vehicles =< 2500kg

eBao Tech		GeneralC								alClaim	
Hello, NAC_PAYA_UBI_80	0601						• Change	e Language	Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									-
Notice of Loss	Policy N	10.				Date	of Accident		07/12/2018	20:00	1.
	Vehicle	No.(For Motor)	SKP26	25U		Certi	ficate Number	. [
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101657242		TAN WEE	\$86000523	GPC	drivo CLASSIC	SKP2625U	SKP2625U	29/06/2018	28/06/2019
					1	Continue					

Policy No.	5101657242	Policyholder Name	TAN WEE H	WA	Policyholder NRIC	S8600052J	
Certificate No.							
Address	BLK 725 #02-162 JURONG W	EST AVENUE 5 S	INGAPORE 6	40725			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	28/06/2018	Effective Date	29/06/2018	00:00	Expiry Date	28/06/2019	23:59
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			You	ng/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy							
Open Policy Info Cortificate							
Open Policy Info Cortificate Info	nolder Mailing Address						
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Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	BLK 725 #02-162 11-345	Addre Relati	ess Type ed Policy	Singapore address			
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 725 #02-162 11-345 d Object: SKP2625U	Addre Relati Numb	ess Type ed Policy	Singapore address 5101657242		Post Code	

Accident MT/1023071								
Policy No.	5101657242		Vehicle No.	SKP2625U		GST Registration No.		
Certificate No.								
Policyholder Name	TAN WEE HWA					Policyholder NRIC		\$86000521
Product Code	PRIVATE CAR INSURANCE	is.	Cover Type	drive CLASSIC		Loading		0
Contact No. (Mobile)	2801000		Contact No.(Office)	0		Contact No.(Home)		0
mail Address			Special Remark			eCode		tic 🗸
FK	No ○ Yes		TCA	® No ○ Yes		eCode Reason		
CD Protection	Yes		NCD Entitlement(%)	50		Private Hire		No
sport Date	08/12/2018 17:19		Accident Report Within 24 hrs	Yes		Accident Type		Collision - Change / Cross lane
are of Accident	07/12/2018		Time of Accident hhomm	20:00		Country of Accident		Singapore
eporting Centre			Orange Force			ICM No.		
reident Location	JUNONO EAST TWOS JEM	SHOPPING O	DENTRE					
₩ Excess								
wn damage Excess		00,00	Additional Excess	0		Windscreen Excess		100.00
rinamed Oriver Excess		0.00	Outside Singapore OD Excess	600	00			
1ird Party Excess		0.00	Outside Singapore TP Excess	0	00			
▽ Benefits								
GST Registered Inform	ation							
IT Registered	No			GST Registration Date				
ST Registration No. odification History				GST Status Ventied		Yes		
Contractor (easily)								
Policyholder Mailing Ac	idress							
ddress 1	BLK 725 #02-162		Address 2	JURONG WEST AVENUE 5		Address 3		SINGAPORE 640725
ddress 4			Address Type	Singapore address		Post Code		640725
inst No.	11:345		Related Policy Number	5101657242				(0.150.55.)
OI Driver Info				A. A. M. S. C.				
nver Name	TAN WEE HWA		Driver Type	Main Driver				
nnamed driver Name			Driver NRIC	586000523		Driver DOB		05/01/1986
egister Date of Driver License	17/08/2010		Driver Age	12		Driving Experience		8
ontact No (Mobile)	98891986		Contact No.(Office)	0		Contact No.(Home)		0
doress I	BLK 936		Address 2	JURONG WEST STREET 91		Address 3		NANYANG RUBY
doress 4	SINGAPORE 640936		Address Type	Singapore address		Post Code		640936
na No.	11-345							
ees he own a Singapore egistered car?	○ Yes ® No		Driver Vehicle No.			Driver Insurer Compa	arry	
claration								
reathalyser or Blood Test easing?	0 mg		Any injury?	® Yes ○ No				
odification History								
12 N								
Claim 001 New								
aim Type *	OD-MX	Y	Insured Name	TAN WEE HWA		Insured NRIC		\$86000521
mtact No.(Mobile)	98891985		Comact No. (Home)	68625223		Contact No. (Office)		
nail Address			Of Verticle Number	SKP2625U		TP Vehicle Number		SMD6443R
amant Type Claimant Type *	Please Select	V	Type of Benefit +	Please Select	<u> </u>			
armant Name *		2.2	Claimant NRIC *					
armant Address								
em Description	SKP2625U / SMD6443R O	V 7 Dec 2018	17.	- Library		Name of Preferred Wo	orkshop	
			Insured Liability *	Not at Fault	o o			W
		V	Preferered Repair Option	Preferred Workshop, Name u	nknown V	GIA report		Received
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referred Workshop Contact begave Finalization and Registered eport Taken By Attachment Cident No. St. Doc. Retrieved	08/12/2018 17:21 Deckson MT/1023071 ● Yes ○ No		Claim Close Date Claim No. Upload Date	001 08/12/2018 Cate;	ory *	Confidential NO V	Urgency	Description *

