Date In: 18/1/19 10:24	Jeb description		Date & Time C	completed	Done	
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Vch No: SFM 1432R	E-mail (within 8	hts, AIC 2hts)			•	
D.O.A: 17.1.1.19 17:00.	I-Motor Clair	n Form	MT/10284	131-002	18/1/19	12:52
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OD / TP-/ Reporting Only	I-Photo Uplos	ded				
	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand	lo Owner/Wksp			
Protorred Wksp / INC Assign Wksp / QW: ()	Tol:	P	ax:)
	577 3093.R	. INC(.)/Non-INC	()		
Qwner / Driver: (Tel:	•)	
Policy No: () Peri	od: ()	Cover Type: ()	
Confirmed by : (Date:	Tim)	
Insured/Driver Liability: (%) [N	ote-Est. Status (W	O): N: 0-2	0%; P: 21-79%	6. P: 80-1	100%]	
Year of Registration: () W	arranty: YES ()/NO()			
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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 co

	ACCIDENT STATEMENT
Date Of Report	18/01/2019 10:24
Date Of Accident	17/01/2019 17:00
Exact Location Of Accident	WOOLANDS AVE 12 JUNC WITH WOODLANDS AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFM1432R
Insured/Policyholder	
Name Of Registered Owner	CHEN QUNYAN
NRIC No	S7767098Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85714468
Alternative Phone No	OFFICE-85714468
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
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
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101638096
Cover Note Number	•
Oriver	
Name of Driver	CHEN QUNYAN
NRIC No	S7767098Z
Date Of Birth	20/09/1977

Date Of Birth 20/09/1977 Occupation **INDOOR** Date Of Driving Pass 25/09/2009

Driving Experience 9 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85714468

Fax Number

Contact Number OFFICE-85714468

EMail Address NOEMAIL Address BLK 322 UBI AVE 1 #06-601

Postcode 400322

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 Registration Number of Driver's Own

.

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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.

NO 1

2

NO

Number of Passengers (Including Driver)

difficer of Passengers (including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG WOODLANDS AVE 12 WHILE APPROACHING JUNCTION WITH WOODLANDS AVE 5, VEH B (BEARING NO SJJ3093R) WHICH WAS INFRONT OF ME STOP DUE TO RED LIGHT, I MANAGE TO STOP BUT DUE TO SLIPPERY ROAD, CAUSING MY VEH SKIDDED AND HIT ONTO THE VEH B REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJJ3093R

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)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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:
 - 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.:

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llands		A = SFM 1432 R B = SJJ 3093 K
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		wood ands Ave 12.
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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.:

DIABME SHEICHPINNERSON, V.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7.767098Z



CHEN QUNYAN







CHÍNESE

Date of birth

20-09-1977

Country/Place of birth CHINA









eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 17/01/2019 10:20 Vehicle No.(For Motor) Certificate Number SFM1432R Search Certificate Number Policyholder NRIC Policyholder Vehicle Insured Object Policy No. Commence Date Select Product Cover Type Expiry Date Name No. CHEN drivo CLASSIC 5101638096 S7767098Z SFM1432R SFM1432R 25/07/2018 24/07/2019 GPC Continue

♥ Excess

Own damage Excess

Third Party Excess

Excess Type

Unnamed Driver Excess

Marche	Claim Handling							
Continue for Cont	Accident MT/1028431							
Continue for Cont	Policy No.	5101638096		Vehicle No.	SFM1432R		GST Registration No.	
Principation Product Color	Certificate No.				SITILITY		do i ricgio di inte	
Michael Deba	Policyholder Name	CHEN OUNYAN					Belleviselder ND10	2.22
Contact No.			NEUDANCE	Covinc Tuna				
Section Accounts Section Acc			VSUKANCE		drivo CLASSIC		72	0
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March Marc		No		NCD Entitlement(%)	20		Private Hire	No
Date of Accident 17/01/2019 Time of Accident Normal 17/00 Country of Accident Selection	Accident Details							
Microstrog Control	Report Date	18/01/2019 14	31	Accident Report Within 24 hrs	Yes		Accident Type	Coll
Restriction Control	Date of Accident	17/01/2019		Time of Accident hh:mm	17:00		Country of Accident	Sing
### Defects	Reporting Centre			Orange Force			ICM No.	
Dem demage Excess 600 00 Additional Excess 0 Ordinate Engagene T Excess 0.00 Ordinate Engagene T Ex	Accident Location	WOOLANDS AV	E 12 JUNC WITH WOODLANDS AVE	5				
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RearPort								
10 10 10 10 10 10 10 10			0.00	Outside Singapore IP Excess		0.00		
State								
SST Registration No. ST Registration No. ST Status wursted Yes Not Notification History ST Registration No. ST Registr		tion						
### Policyholder Malling Address SLK 232 e66-601			No					
					GST Status	Verified	Yes	
Address 1 BLX 322 #06-601 Address 2 URI AVENUE 1 Address 3 MARA Address 3 Address 3<	Prodrication History							
### Moders 4 SINGAPORE 400322 Abores Type Singapore address Post Code 400		ress						
### Moders 4 SINGAPORE 400322 Abores Type Singapore address Post Code 400	Address 1	BJ K 322 ±06-6	01	Address 2	1101 ANDRESS A		Address 2	
			3122				Post Code	400
Driver Name CHEN QUNYAN Driver Type Main Driver Driver Name		08-601		kelated Policy Number	5101638096			
Driver Name		Wiles Williams		210011921193	000000000000000000000000000000000000000			
Register Date of Driver Licenses 25/09/2009 Driver Age 41 Driving Experience 9		CHEN QUNYAN						
Contact No. (Mobile) 6571.4468					S7767098Z		Driver DOB	20/0
Address 1 BLK 322 #06-601 Address 2 UBI AVENUE 1 Address 3 KAM Address 4 SINGAPDRE #03322 Address Type Singapore address Post Code #00 Address 7 Singapore address Post Code #00 Driver Vehicle No. Driver Insurer Company Calaration Calaration Calaration May Injury? Pes = No Calaration Calaration Calaration Calaration Calaration New Calaration Calaration Calaration Calaration Calaration Calaration Calaration Calaration Any Injury? Pes = No Calaration					41		Driving Experience	9
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Driver Vehicle No. 510638996 Vehicle No. 5106389996 Vehicle No. 510638999999999999999999999999999999999999		SINGAPORE 400	1322	Address Type	Singapore address		Post Code	4003
Registered car? Interest In	Unit No.	06-501						
Any injury? Any injury? Any injury? Yes * No Odification History Claim 002 New Claim 4 And Ing Code May Claim 4 Any injury? Vehicle No. SFM1432R GST Registration No. Certificate No. Policyholder NRIC S776 Contact No.(Mobile) S571466 Contact No.(Office) Contact No.(Mome) Contact No.(Mome) Contact No.(Mome) Contact No.(Mome) Contact No.(Mome) Contact No. Yes TCA * No Yes Code Reason Private Hire No. Accident Details Country of Accident No. Country of Accident Type Collist and of Accident 17/01/2019 Time of Accident Inhamm 17:00 Country of Accident Singal Service Country of Accident Service Country of Acci	Does he own a Singapore Registered car?	Yes + No		Driver Vehicle No.			Driver Insurer Company	
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eporting Centre Orange Force ICM No.	Report Date	18/01/2019 14:	31	Accident Report Within 24 hrs	Yes		Accident Type	Collis
	Date of Accident	17/01/2019		Time of Accident hh:mm	17:00		Country of Accident	Singa
ocident Location WDOLANDS AVE 12 JUNC WITH WOODLANDS AVE 5	Reporting Centre			Orange Force			ICM No.	
	Accident Location	WOOLANDS AVE	12 JUNC WITH WOODLANDS AVE 5					

Outside Singapore OD Excess

Outside Singapore TP Excess

Additional Excess

Windscreen Excess

600.00

0.00

0.00

Total Excess Applicable

600.00

0.00

00.001

100.0

Windscreen Excess

All Claims Excess YIED All Claim Excess Total All Claim Excess Applicable OD Standard Excess YIED OD Excess Additional Excess Total OD Excess Applicable			Driver is Covered?						
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Total OD Excess Applicable		0.00							
			Total TP Excess Applicable						
♥ Benefits									
	ion								
Policyholder Mailing Add									
Address 1		W.	THE W	100000000000000000000000000000000000000		12/12/10/12	0 0		73/24/00
Address 4	BLK 322 #06-60 SINGAPORE 400		Address 2	UBI AVENUE 1	525	Address 3			KAM
Unit No.	06-601	322	Address Type	Singapore addr	ess	Post Code			4003
♥ OI Driver Info	00.001		Related Policy Number	5101638096					
Driver Name	CHEN QUNYAN		Driver Type	Main Driver					
Unnamed driver Name			Driver NRIC	S7767098Z		Driver DO	В		20/0
Register Date of Driver License	25/09/2009		Driver Age	41		Driving Ex			9
Contact No.(Mobile)	85714468		Contact No.(Office)			Contact N	o.(Home)		
Address 1	BLK 322 #06-60		Address 2	UBI AVENUE 1		Address 3			KAME
Address 4 Unit No.	SINGAPORE 400	322	Address Type	Singapore addre	ess	Post Code			4003
Does he own a Singapore	06-601								
Registered car?	Yes + No		Driver Vehicle No.			Driver Ins	urer Comp	any	
Declaration									
Breathalyser or Blood Test			'anni Same'a	- 10ection (100010)					
Reading?	0 mg		Any injury?	Yes No					
Modification History									
Claim 002 OD-MX New									
						7.5			
Claim Type *					OD-MX	Insured Name	CHEN QU	JNYAN	
Contact No.(Mobile)						No.			
Market Schoolse						(Home)			
Email Address						Vehicle Number	SFM1432	2R	
Claim Description					CCU14330 / CU30030 ON 17	200000000			- 13
					SFM1432R / SJJ3093R ON 17	an 2019			_
Preferred Workshop 0	Prefere	nsured Liability Fully at Fault	• • • • • • • • • • • • • • • • • • • •						
Finalisation Yes	▼ Repair Option	Preferred Workshop, Name	unknown Teport Received		·	_, Claim	112.		
Date Registered					18/01/2019 15:51	Close			
Report Taken By					LIEW SHAN HUI	Workshop			
					ESER STATE TIOS	Repairer			
Print AK letter									
Time Are recogn									
				Carroll Carro	1				
				Save Submit	1				
Attachment									
7									
Accident No.	MT/1028431	1	Claim No.		002				
Last Doc. Received	* Yes	No	Upload Date		18/01/2019 15:52				
		Path *			Category *	Conf	dential	Urgeno	y *
Choose File No file chosen				Clear	Please Select	▼ NO	•	Normal	•
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Attachment	U	ploaded By/Date	Category	9	Urgency		Descri	ption	
NAC_PAYA	_UBI_B00601(NAT	TONAL ASSESSMENT CENTRE SER Jan 2019 15:52	(VICES) on NRIC/ Driving Licen	150	Normal	NRIC/	Driving Lio	ense 2019-1	1-18



	Uploaded By/Date	Folder Date	File Name		9	Source
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:51	Photos	Normal	Phot	tos 2019-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:51	Photos	Normal	Phot	tos 2019-1-18
	NAC_PAYA_UBI_800501(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:51	Photos	Normal	Phot	tos 2019-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:51	Photos	Normal	Pho	tos 2019-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:51	Photos	Normal	Pho	tos 2019-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:51	Photos	Normal	Pho	tos 2019-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:52	Photos	Normal	Pho	tos 2019-1-18
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	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:52	Photos	Normal	Pho	tos 2019-1-18
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254	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:52	Photos	Normal	Pho	tos 2019-1-18
1	NAC_PAYA_UBI_800601	NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:52	SAS	Normal	SA	S 2019-1-18

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