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17 01 2019 18250 1-MG	otor Claim Form	m-11038895-001	211.1	
OD TP. Reporting Only	otor W/O (Within: OD 2hrs.	TP 4hrs)	21/1/15	13:0
	oto Uploaded	1.		
TP Insurer: Asses	ssment/Survey Report		,	
Ass't	Report by Fax / Hand to	Owner/Wksp		
Total Wksp / INC Assign Wksp / QW: (T	ix:	THE STREET
TP Particulars: Yeh No: CKZ	14384 INC()/Non-INC()		101027-11
Owner / Driver: (Tel:		
Policy No: () Period: ()	Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%) [Note-Est. 5	Status (WO): N: 0-209	%; P: 21-79%. P: 80-10)	
Warranty:	YES ()/NO ()	1, 570, 1, 50-10	070]	
Excess: (\$) Loading: \$1,000 ()/	\$2,000()			
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() Walk-In Customer: Customer's information str	ictly Confidential & Cur	<u>Kantharatan di Januari</u>	2- 9 12	
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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 or

	ACCIDENT STATEMENT
Date Of Report	18/01/2019 17:38
Date Of Accident	17/01/2019 18:50
Exact Location Of Accident	EXIT 15 OF PIE (CHANGI) TWDS UPPER SERANGOON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC2732L
Insured/Policyholder	
Name Of Registered Owner	KWEK MEEK LIN
NRIC No	S7029800G
Email Address	JERRYTHAMWEILUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96916062
Alternative Phone No	OTHERS-96916062
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.4 AUTO ABS AIRBAG
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082945672-02
Cover Note Number	
Driver	
Name of Driver	THAM WEI LUN, JERRY (TAN WEILUN)
NRIC No	S8514209G

Date Of Birth 16/03/1985 Occupation OUTDOOR Date Of Driving Pass 19/04/2006

Driving Experience 12 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84681272

Fax Number

Contact Number OTHERS-84681272

EMail Address JERRYTHAMWEILUN@GMAIL.COM

BLK 119 POTONG PASIR AVE 1 Address

#05-1002

Postcode 350119

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

FRIEND

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions AFTER RAIN

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

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?

YES NO

YES

NO

2

2

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:

: LARRY CHEW

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

PLS REFER TO THE ATTACHED 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

SKZ1438Y

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

DETAILS OF INJURED PERSON 1

Name

THAM WEI LUN, JERRY (TAN WEILUN)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY PAIN

SKC2732L

YES

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
 - 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

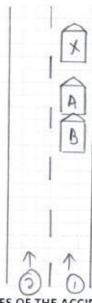
Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Perconnel's Signature

Name:

NRIC/FIN No .:



A= SKC2732L B= SKZ14387

Exit 15 Of PIE (Chang:) towards Upper Serangoon Road

	ALCOHOL TO A CONTROL OF THE CONTROL	/
		2111
	Refer to attach	
-William - 2001		
		_
		900
		1000

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 Person el's Signature Name:

18/1/2019

NRIC/FIN No.:

On 17.01.19 at about 18:50 hours along Exit 15 of PIE (Changi) towards Upper Serangoon Road. I was stationary on lane 1 and it was heavy traffic.

Suddenly I heard a loud bang from behind. When I alighted I realised vehicle (B) had hit onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

XMo.

Vehicle (A): SKC 2732L

Vehicle (B): SKZ 1438Y

Date of Accident	: 17/01/2019 ·Accident Time: 18-50 (24-HR-Format)
Accident Place	. Exit 15 of PIE (Changi) towards Upp Serangon RD
Vehicle. No. (Car Plate No.)	: SKC2732L Make/Model: Toyota Camry
Insurace Company	:NTUCPolicy No:
Owner or Company Name /IC No.	: KNEK MEEK LIN (57029800B).
Owner or Company Contact No.	. 96916062 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Tham Wei Lun, Jerry (58514)096)
DRIVER'S Date Of Birth	: 16 03 1995. DRIVER'S License Pass Date 19 104 2006.
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Friend.
DRIVER'S Address	: BLK 119 Potong Pasir Ave 1 # 05-1002 5 (350119).
DRIVER'S Contact No./ Alt No.	:1) 8468 1272 2) -
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: * Jerry thamwellun@gmail.com
Weather & Road Surface	CLEAR & DRY \ RAINING & WET (AFTER RAIN & WET)
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	iver):2
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state): Th	being used at the time of accident Private use) Work purpose
Other P	arty Driver's Particular (if any)
Vehicle. No: SKZ 143	8 Y Vehicle, No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name & Passenger = Lar	

Email: visionantowork@gnail.com/ Tel: 6341 6789. 5KC2732L (Odus)

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7029800G



Name



KWEK MEEK LIN

郭蜜玲

Race

CHINESE

Date of Birth

Sex

01-09-1970

Country of Birth

SINGAPORE



0853113



NRIC No. S7029800G



Blood Group

Date of issue

B+

26-03-1993

APT BLK 73 TELOK BLANGAH HEIGHTS #14-311

SINGAPORE 100073 NRIC No: S7029800G

Date: 13-06-2007

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8514209G





Name

THAM WEI LUN, JERRY (TAN WEILUN)

準 伟 倫

Race CHINESE Date of birth Sex 16-03-1985 M

NAS 162000

SINGAPORE

SKC 2732L Driver



4272847

NRIC No. S8514209G

Date of Issue 02-09-2008



BLOCK 119 POTONG POOR AVE 1 #05-1002 5350119



SKC 2732L. Driver.

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 19 Apr 2006 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: S8514209G

eBaoTech

Hello, NAC_PAYA_UBI_800601

· Change Language

Change Password

· Log Out

My Desktop Notice of Loss

Policy Query

Policy No. Vehicle No.(For Motor) SKC2732L

Date of Accident

Certificate Number

17/01/2019 18:50

Search

Certificate Number Select Policy No. 5082945672-02

Policyholder Name KWEK MEEK LIN

Policyholder NRIC S7029800G

Product Cover Type drivo CLASSIC GPC

Vehicle

Insured Object

Commence Expiry Date SKC2732L SKC2732L 13/08/2018 12/08/2019

GeneralClaim

Continue

Policy No.	5082945672-02	Policyholder Name	KWEK MEEK LIN	Policyholder	S7029800G
Certificate No.		Name		NRIC	@1.77*****
Address	BLK 73 #14-311 TELOK BLANGA	H HEIGHTS S	INGAPORE 100073		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/07/2018	Effective Date	13/08/2018 00:00	Expiry Date	12/08/2019 23:59
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		
Agent	CHUAN LEE ENTERPRISES PTE.	Agent Tel.	64690002	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	older Mailing Address				
Address 1	BLK 73 #14-311	Address 2	TELOK BLANGAH HEIGHTS	Address 3	SINGAPORE 100073
Address 4		Address Type	Singapore address	Post Code	100073
Unit No.		Related Policy Number	5082945672-02		
▶ Insure	d Object: SKC2732L				
	ements				
Sequenc	e Date of Endorsement	Endorse	ment Type Endorse	ement Status	Endorsement Content

Continue | Cancel

Project Code PRIVATE CAR INSCRANCE COVER Type Origination Name Project Code PRIVATE CAR INSCRANCE COVER Type Origination Spacial Remark CONCRAT No. (Notice) Spacial Remark CONCRAT No. (Notice) Spacial Remark CONCRAT No. (Notice) Spacial Remark COVE PROJECT ORIGINATION PROJECT ORIGINAT	ER LIN CAR INSURANCE Cover Type Orivo CLA593C Loading Corract No (Office) Special Ramani TCA Special Ramani Ves TCA NCD Entitlement(%) 50 NCD Entitlement(%) 50 NCD Entitlement(%) Fine of Accident Philint Orange Force Orange Force TCM No. Courtry of Accident Singapore TCM No. Fine of Accident Philint Orange Force TCM No. Orange Force TCM No. Orange Force TCM No. Orange Force TCM No. Outside Singapore DO Excess SOO.00 Outside Singapore TO Excess Outside Singapore TO Excess Soo.00 Outside Singapore TO Excess Outside Singapore TO Excess Soo.00 Outside Singapore TO Excess Outside Singapore Address Post Code 100073 SINGAPORE 100073 Address Type Relief TAN W Driver Type Unnamed Driver ULINA, JEERY (TAN W Driver ABE Onver ABE Outside Singapore TO Excess Outside Singapore
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