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TP Insurer:	Assessment/Survey Report		
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Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
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Owner / Driver: (#:	Tel:)
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Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number 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 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.
- 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.	
AND THE PROPERTY OF THE	ACCIDENT STATEMENT
Date Of Report	21/01/2019 18:15
Date Of Accident	20/01/2019 07:35
Exact Location Of Accident	WOODLANDS CHECKPOINT TWDS SINGAPORE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ6659C
Insured/Policyholder	
Name Of Registered Owner	KATHY TAY PEI ZHEN
NRIC No	S8434751E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98900900
Alternative Phone No	OFFICE-98900900
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 TSI AT BMT 5G14JZ SR HID
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	5099999751
Cover Note Number	
Driver	
Name of Driver	KATHY TAY PEI ZHEN (KATHY ZHENG PEIZHEN)
NRIC No	S8434751E
Date Of Birth	24/10/1984

INDOOR

FEMALE

NOEMAIL

13/07/2010

8 YEARS AND 6 MONTHS

(LOCAL) +65-98900900

OFFICE-98900900

Address BLK 227 SIMEI STREET 4

#05-50

Postcode 520227

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

*

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 (including own vehicle) 2

involved in the accident

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

Passenger 1 NAME: : -

GENDER: : MALE

Passenger 2 NAME: : -

GENDER: : MALE

Passenger 3 NAME: : -

GENDER: : MALE

Passenger 4 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

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMG9755E

NO

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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.
- 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:
 - (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 CIRCUINSTANCES OF THE ACCIDENT

I was in the second lane of the Woodlands Checkpoint towards Singapore. The traffic was heavy so all vehicles were moving slowly. Vehicle B from the first lane on my right tried to cut into my lane, and while I proceeded straight in my lane, vehicle B did not stop and collided onto the right side
of my passenger door.

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.:

SINGAPORE ACCIDENT STATEMENT

NOTICE

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

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

- Information provided must be as fruitful and accurate as possible. Any wliful misrepresentation or withholding of material facts may allow Insurance 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.

Date of accident	20/1/2019	(DD/MM/YY
Time of accident	7.35 PM	(HH:MM)
Exact location of accident	Mocodonia Cheetroing towards Singapore	(mmario)

THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	DETAILS OF VEHICLE	SPACE TO BUILDING STATE
Vehicle registration number	SKJ 6659L	
Vehicle make and model	VOIESWAGEN GIOLF	Y
Type of vehicle	Salcon MPV CRV CRV Lorry W Bus CRV Motorcycle	Van Others:
Vehicle category		orcycle 🗆
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes \(\sigma\) No \(\sigma\) if no, please self Reporting only	

	INSURANCE IN	INSURANCE INFORMATION					
Insurance company	NTUC						
Policy number	5099999751						
Type of policy	Comprehensive	Third party fire & theft	TP only [

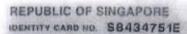
CALL TO SET SECTION	INSURED / POLICY HOLDER	10000000000000000000000000000000000000	-
Name	KATHY THY DEI ZHEN	Male 🗆	Female of
NRIC / Fin / Passport number	58434751E		, cinque a
Contact	9840 000		
Address	BIK 227 SIMILL STREET 4 \$05-50 S(520227)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Vame	Male 🗆	Female
VRIC / Fin / Passport number	Train L	remate L
Contact		
Address		
mail address		
ate of birth	24-10-1984	
Occupation	Indoor D Outdoor D	
Priving date pass		

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NRIC / Fin / Passport number	
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
46.	
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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Vehicle registration number	
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Marrie .

KATHY TAY PEI ZHEN (KATHY ZHENG PEIZHEN)

郑 霈 真 CHINESE

CHINESE Date of leven 24-10-1984

See F

COMPANY ACTIONS
SINGAPORE

5495786

MINC 8s S8434751E



Date of lique

APT BLK 227 SIME STREET 4 *05-50 SINGAPORE 520227

REPUBLIC OF SI

Licence Number: 58434751E

KATHY TAY PEI ZHEN (KATHY ZHENG PEIZHEN)

Birth Date 24 Oct 1984

Issue Date: 13 Jul 2010

001874494C

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

EFFECTIVE DATE

Motor Cars=<3000kg with =<7 passengers, exclusive 13 Jul 2010 of the driver; and other motor vehicles =< 2500kg



NP 428A

eBao Tech	GeneralCl									alClaim	
Hello, NAC_PAYA_UBI_80	0601						+ Change	Language	• Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy A	No.				Date	of Accident	2	0/01/2019 1	19:35	
	Vehicle	No.(For Motor)	SK3665	9C		Certifi	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099999751		KATHY TAY PEI ZHEN	S8434751E	GPC	drivo CLASSIC	SKJ6659C	SKJ6659C	26/04/2018	25/04/2019
					10	Continue	1				

Policy No.	5099999751	Policyholder Name	KATHY TAY	PEI ZHEN	Policyholder NRIC	S8434751E	
Certificate		Name			NKIL		
Address	BLK 227 #05-50 SIMEI STREET	4 SINGAPORE	520227				
Product	DEN EET TOO DO SINEI STREET	T DINGHI ORE	Jeveer		Const		
Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	20/04/2018	Effective Date	26/04/2018	00:00	Expiry Date	25/04/2019 23	:59
Excess Type		All Claims Excess					
Third		Own			Windscreen		
Party Excess	0	damage Excess	600		Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore DD	600	Singapore	0			Young/	Inexperience Driver Excess
Excess		TP Excess					
Agent	IVAN CHEW BOON TECK (ZHOU	Agent Tel.	68999472		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 227 #05-50	Addre	ess 2	SIMEI STREET 4		Address 3	SINGAPORE 520227
Address 4			ess Type	Singapore address		Post Code	520227
Houreday 4			ed Policy	5099999751			
Unit No.		Numb	er				
Jnit No.	d Object: SKJ6659C	Numb	iei				
Jnit No.		Numb	rei				

Claim Handling Accident MT/1028892						
Policy No.	5099999751		Vehicle No.	9k16659C	GST Registration No.	
ertificate No.						
olicyholder Name	KATHY TAY PEL 2	DIEN			Poscyholder NRIC	58434751E
roduct Code	PRIVATE CAR IN	SURANCE	Cover Type	drive CLASSIC	Loading	0
intact No. (Mobile)	98900900		Contact No.(Office)	0	Contact No.(Home)	0
nail Address			Special Remark		eCode	no v
K-1	® No ○Yes		TCA	® No ○ Yes	eCode Reason	100.00
D Protection	Yes					
Accident Details	100		NCD Entitlement(%)	40	Private Hire	No
port Date	21/01/2019 22:	11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
te of Accident	20/01/2019		Time of Accident Nhimm	07:35	Country of Accident	Singapore
porting Centre			Orange Force.		ICM No.	97/
cident Location	WODDLANDS CH	HEOKPOINT TWDS SINGA	CONTRACTOR OF THE PERSON OF TH			
Excess			37.5			
n damage Excess		600.00	A ARTON OF BOOK OF	the contract of the contract o	And the second s	V-V-V-
named Driver Excess			Additional Excess	0	Windscreen Excess	100.00
		0.00	Outside Singapore OD Excess	600.00		
rd Party Excess		0.00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Informa	ation					
F Kegstered		No:		GST Registration Date		
1 Registration No.				GST Status Verified	Yes	
diffication History						
Policyholder Mailing Ad	dress					
dress 1	BLK 227 #05-50	6	Address 2	SIMEI STREET 4	Address 3	SINGAPORE 520227
dress 4			Address Type	Singapore address	Post Code	520227
NE No.			Related Policy Number	509999751	0.000.00000	10733000
OI Driver Info			region roady multiper	323339731		
ver Name	Kathy Tay Pei Zh		Acres No.			
named driver Name	Kathy lay Per 21	acri	Onver Type Onver NR3C	Main Driver	920009990	10.00 000 000 000 000 000 000 000 000 00
	7020000000			S8434751E	Driver DOB	24/10/1984
gister Date of Driver License			Driver Age	34	Driving Experience	8
ntect No.(Mobile)	98900900		Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLX 227		Address 2	SIMEI STREET 4	Address 3	SINGAPORE 520227
dress 4			Address Type	Singapore address	Post Code	520227
it No.	05-50					
es he own a Singapore	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
gistered car?	0.110				Silver moder Company	
daration						
eathelyser or Blood Test	0220077			28.45-2857		
ading?	0 mg		Any injury?	○ Yes ® No		
dification History						
Claim 001 OD-MX New	di .					
	-					
	-				09110100000000	
m Type *	ОП-МК		Insured Name	KATHY TAY PEI ZHEN	Insured NRIC	58434751E
nact No. (Mobile)	96777884		Contact No. (Home)	65730133	Contact No. (Office)	
ell Address			Of venice Number	SK06659C	TP Vehicle Number	SMG97558
mant Type Claimant Type *	Please Select	V	Type of Benefit *	Mease Select		The state of the s
mant Name *		22	Claimant NRIC *			
mant Address			10-10-10-10-10-10-10-10-10-10-10-10-10-1			
m Description	SKM659C / SMG	9755E ON 20 Jan 2019			Name of Preferred Workshop	
ferred Workshop Contact	(0.000000) 0.10	21322 01120 1011 1012	CALIFORNIA NAMED OF		Name of Preferred Workshop	
			Insured Liability *	Not at Fault	<u></u>	New Yorks
suire Finalisation	Ves	V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	21/01/2019 22:1	2	Claim Close Date		Date Received	21/01/2019 22:13
port Taken by	Jackson		Workshop Repairer		Total Loss but Repaired	The second secon
Print AK letter	97-				THE STATE OF THE S	
- III AND ADDRESS						
				Save Submit		
ttachment						
ident No.	MT/1028892		Claim No.	001		
t Doc. Received	● Yes ○		Upload Date			
and oderses	e ves O		Thosp Date	21/01/2019 22:13		
		Path *		Category *	Confidential Urgen	by * Description *
			Browse	Clear Please Select	V Normal	•
			Browse.	Clear Please Select	V Normal	•
			Browse.			- 11 (1) (1) (1) (1) (1) (1) (1) (1) (1)
			Drowse.		V Normal	
				Clear Diagra Salart		

