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Veh No. SIN.	6873R	E-mail (within 8	Slars, AIC 2hrs;	1		
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605 311 415 6		i-Motor W/O	(Within: OD 2hr		T	
OD TP Personni	Only	i-Photo Uploa				0.00
TP Insurer:	<i></i>	Assessment/Su	rvey Report	1		
ir insurer:		Ass't Report by	Y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC As	sign Wksp / QW: (NOTE: NO	Tel:	Fax:	
TP Particulars:	Veh No:	FBJ7778	S INC()/Non-INC()	XXXXXX	
Owner / Driver: (1 5 0 1 1 3 7		Tel:)	
Policy No: () Pe	riod: ()	Cover Type: ()	NA. NAS. ABRUMANTATO (1-10)
Confirmed by	: (Date:	Time:)	
Insured/Driver Liabil	ity: (%) [Note-Est. Status (W	/O): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration:	()	Warranty: YES ()/NO()		-
Excess: (\$) Loading: \$1,0	000 ()/\$2,000	()			
General Remarks:-	17. 2.85	Control Printer William	E KAN SIN SE	ARRENE SALES		
QC Check / Post Rep Upload Resurvey Ph	PARTICIPATION OF STREET	()				
Injury:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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iver/Owner:			3) TF : Towing F 4) FT : Follow-T		\$120	
ntact No:			5) FT : Follow-T	hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200	5 30	
maged Portion:		-	6) TR : Re-inspec	ction	\$75	
			7) N1 : Idao DA - 8) NTUC Additio		\$160	
Checked by (Engr-I	n-Charge):		OD.	Car / Tpl Allowance	\$5	
			•N6: Repair C	o-ordination	\$10	
ulitors' Comments :-	7 (mark)		*N7: Post Repo *N8: DV / Col	air Inspection lect Excess Coordination	\$25	
. It			TP (N11) : TP	(Non INC) against INC	\$20	
2 / 3:			9) N12: Idac Mol Invoice dated	bile Fee Charged	30	7070
		i	Invalua datad	Fee Charged	1)1100	

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.
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	21/02/2019 17:45
Date Of Accident	21/02/2019 16:15
Exact Location Of Accident	UPPER PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN6873R
Insured/Policyholder	
Name Of Registered Owner	TAN SER HUI
NRIC No	S0046074E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98335670
Alternative Phone No	OTHERS-98335670
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used a time of accident	t 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	5102786715
Cover Note Number	
Driver	
Name of Driver	TAN SER HUI
NRIC No	S0046074E
Date Of Birth	30/08/1952
Occupation	INDOOR
Date Of Driving Pass	04/10/1974
Driving Experience	44 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98335670
Fax Number	
Contact Number	OTHERS-98335670
EMail Address	NOEMAIL

Address

BLK 119 HOUGANG AVENUE 1

#06-1148

Postcode

530119

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

*0

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 (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

...

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

FBJ7778S

Vehicle Make/Model/Colour Details Of Properties

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

LIM KWUAN TZEE (LIN JIONGSHU)

NRIC/Passport Number

S7638269G

Contact Number

96379657

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 23

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

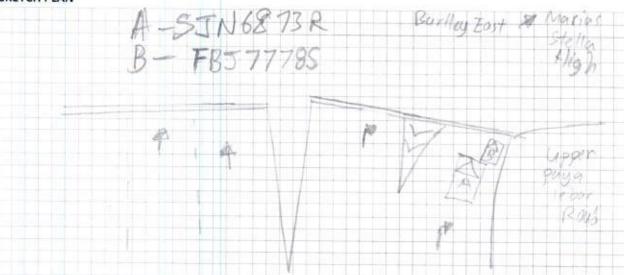
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	I (SJNE	8 73R)	Was	driving	alona	Upper
paya	lebar road	3, about	to make	a U	- turn	when .	7 did
not	Saw	(FBJ	77785)	who	was s	tationens	and
thus	Collided	onto	him.	My	velicle u	ios donoce	e on
the fa	ent light	body, bu	imper and	my min	or.		
				-8			
				=!:			

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)

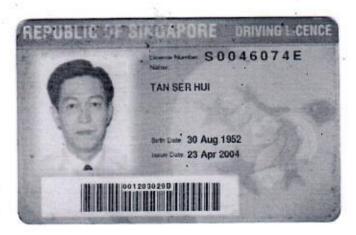
Date & Time:

Reporting Centre Personnel's Signature

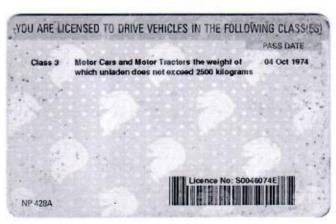
Name:

NRIC/FIN No.:









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Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	e • Chan	ge Password	· Log Out	
My Desktop	Polic	cy Query										
Notice of Loss	Policy No. Vehicle No.(For Motor)		SJN68	SJN6873R		Date of Accident Certificate Number			21/02/2019 16:15		_	
						Search					in the second	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5102786715		TAN SER HUI	S0046074E	GPC	drivo CLASSIC	SJN6873R	SJN6873R	07/08/2018	24/08/2019	
						Continue	1					

Policy Information

Policy No.	5102786715	Policyholder Name	TAN SER HUI	Policyholder NRIC	S0046074E
Certificate No.					
Address	BLK 119 #06-1148 HOUGANG	AVE 1 SINGAPO	DRE 530119		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/07/2018	Effective Date	07/08/2018 00:00	Expiry Date	24/08/2019 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	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Υ
Co- nsurance Flag	No				
Open Policy Info					
Certificate Info					
	nolder Mailing Address				
Address 1	BLK 119 #06-1148	Address 2	HOUGANG AVE 1	Address 3	SINGAPORE 530119
Address 4		Address Type	Singapore address	Post Code	530119
Jnit No.		Related Policy Number	5102786715		
▶ Insure	d Object: SJN6873R				
▽ Endors	ements				
Sequenc	e Date of Endorsement	Endorse	ment Type	Endorsement Status	Endorsement Content
			Continue Cancel		

Claim Handling Accident MT/1033150

Policy No.	5102786715		Vehicle No.	SJN6873R		GST Reg	istration N
Certificate No.	100000000000000000000000000000000000000						
Policyholder Name	TAN SER HUI					Policyhol	lder NRIC
Product Code Contact No.(Mobile)	PRIVATE CAR INSURAN	VCE .	Cover Type	drivo CLASSIC		Loading	
Email Address	98335670		Contact No.(Office)	0			No.(Home
KFK	- No Yes		Special Remark	Visit Maria (Maria)		eCode	
NCD Protection	No		TCA NCD Entitlement(%)	No Yes		eCode Re	
Accident Details	5.60		NCD Entitlement(16)	50		Private H	tire
Report Date	22/02/2010 00:42		1-12-12-13-14-14-15-15-V	- 62			
Date of Accident	22/02/2019 09:43		Accident Report Within 24 hrs	Yes		Accident	Туре
	21/02/2019		Time of Accident hh:mm	16:15		Country	of Acciden
Reporting Centre Accident Location	LIBORD DAVA LEDAN DO		Orange Force			ICM No.	
♥ Excess	UPPER PAYA LEBAR RO	IAD .					
Own damage Excess		600.00	Additional Excess			70.64	5445
Unnamed Driver Excess		0.00		0	200	Windscre	een Excess
Third Party Excess		0.00	Outside Singapore OD Excess Outside Singapore TP Excess		600,00		
▽ Benefits		0,00	outside Singapore TP Excess		0.00		
	ation						
GST Registered	No			GST Registra	ation Date		
GST Registration No.	0.034			GST Status \			Yes
Modification History							ies
	dress						
Address 1	BLK 119 #06-1148		Address 2	HOUGANG AND A		- 222.000	_
Address 4	564 219 700-1140		Address Type	HOUGANG AVE 1		Address :	
Unit No.			Related Policy Number	Singapore address 5102786715		Post Code	e
♥ OI Driver Info			related relicy reality	5102/86/15			
Driver Name	TAN SER HUI		Driver Type	Main Driver			
Unnamed driver Name			Driver NRIC	50046074E		Driver DO	OB
Register Date of Driver License	04/10/1974		Driver Age	66			experience
Contact No.(Mobile)	98335670		Contact No.(Office)	0			
Address 1	BLK 119		Address 2	HOUGANG AVE 1		Address :	No.(Home)
Address 4			Address Type	Singapore address			
Unit No.	#06-1148		,,,,,	Singapore address		Post Code	e
Does he own a Singapore Registered car?	○ Yes (a) No		Driver Vehicle No.			Driver In	surer Com
Declaration							
Breathalyser or Blood Test Reading?	0 mg		Any injury?	⊕ Yes 🖝 No			
Modification History							
Claim 001 OD-MX New							
Claim Type *					OD-MX	Insured Name	TAN SE
Contact No.(Mobile)				6	1633703	Contact No.	NIL
				-		(Home)	71.2
Email Address						OI Vehicle Number	SJN687
Claim Description				5	JN6873R / FBJ7778S ON	21 Feb 2019	
Preferred Workshop	Insured	Liability Partially	at Exult				
Bonuset No. Yes	▼ Repair	Preferred Workshop	at Fault GIA Received				
Date Registered	Option		report		2/02/2019 09:50	Claim Close Date	
Report Taken By				Г		Workshop	0
				_		Repairer	
Print AK letter							

				S	Submit		
Attachment							
ccident No.	MT/1033150			Claim No.		7000	
ast Doc. Received	● Yes ⑤ No			Upload Date		001	
				Opode Date		22/02/2019 09:45	
Choose File No	file chosen	Path •			-	Category •	 Confidentia
Choose File No					Clear	Please Select	NO
Choose File No					Clear	Please Select	NO.
Choose File No	file chosen				Clear	Please Select	NO
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Attachment	Uplo	aded By/Date		Category	9	Urgency	De
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		2019 09:46		-176566			Photos
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