		1 . ph it	1.31
NATIONAL Assessment Ce	ntre Services.   wet 1 Jan'05] MI	1419024716	
Date In: x /v/19 - 09:06	Jeb description	Date &Time Completed	Done by
Res No: MA INCIGORYM MY	SAS e-filing		
Veh No: Shyggyv	E-mail (within Shrs, AIC 2hrs)		. 4.
D.O.A: 24/2/6-14:15	i-Motor Claim Form	MT1103343V-001	25/10 10:41
1	i-Motor W/O (Within: OD 2hr		
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		The second secon	ax:
TP Particulars: Yeh No:	JM3102U INC	)/Non-INC()	
Owner / Driver: (	JM 3107U	Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
	%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]
Year of Registration: (	) Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading:	\$1,000( )/\$2,000( )		
General Remarks:-			TOTAL STATE OF
A AND STATE A STREET AND STREET AS A STREE	s information strictly Confidential & S	<u> </u>	
<del></del>		nicity NO 13ter of repatier.	
( ) Total Loss Case : to e-mail I		10.0	
Drive-In ( )/ Towed-In ( ); In	voice: YES( ) / NO( );	owing Co: (	, )
Remarks: (INC hotline: 6788 661	600	Date & Time Completed	Done by
1) Apply for Transport Allowance (	) / Courtesy Car ( )		2
2) QC Check / Post Repair Inspection	( )	*	-
3) Upload Resurvey Photo [Repair Cost	>\$30001 ( )		
974 Garage (400 400			
Injury:			
Date/Time Actions			Marie Carres
		CONTRACTOR OF THE PARTY OF THE	
		777	
	72-1		
The same of the sa			10
. 344	Invoice Pro	paration Checklist	Anit (S) Amil (S)
HAIDHE.	1) AR : Acciden	######################################	The Bill Add Bill
laimant's Particulars :-	2) DA : Damage	Assessment (\$100); INC (\$	
river/Owner:	3) TF: Towing		\$120
ontact No:	4) FT : Follow-1 5) FT : Follow-1	hrough Survey (Resurvey)	\$30
ontact No:	For claiming	gainst INC Only (wef 10 Jan 200	\$75
maged Portion:	6) TR : Re-inspe 7) N1 : Idac DA	+ SMRT Survey	\$160
	8) NTUC Additi		
Checked by (Engr-In-Charge):	•NS; Courtes	Car / Tpt Allowance	\$5
	*N6: Repair C		510 \$25
iditors' Comments :-	*N8: DV / Co	licet Excess Coordination	\$5
. 1:	TP (N11): TI	(Non INC) against INC	\$20
2:/3:	9) N12: Idac Mo Invoice dated	bile Fee Charged	30
A CONTRACT OF THE PARTY OF THE	Invoice dated	Fee Charged	E DIV

#### SINGAPORE ACCIDENT STATEMENT

#### 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.
- 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 ladgement 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	25/02/2019 09:06
Date Of Accident	24/02/2019 14:15
Exact Location Of Accident	SLE (CTE) BEFORE MANDAI RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX9931U
Insured/Policyholder	
Name Of Registered Owner	TAY KIAH MUI
NRIC No	S1540630E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	(LOCAL) +65-84256188
Vehicle Particulars	OFFICE-84256188
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being us time of accident	sed at PRIVATE USE
Are you claiming under your own insurance p for repair to your vehicle?	policy 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	5055639770-06
Cover Note Number	
Driver	
Name of Driver	TAY KIAH MUI
NRIC No	S1540630E
Date Of Birth	29/09/1962
Occupation	INDOOR
Date Of Driving Pass	25/11/1989
Driving Experience	29 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84256188
Fax Number	
Contact Number	OFFICE-84256188
EMail Address	NOEMAIL

Address

BLK 94B BEDOK NORTH AVENUE 4

#10-1377

Postcode

461094

Was driver an employee of the Insured's Company

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

33

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

re-time

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

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

Vehicle Make/Model/Colour

SJM3107U

**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)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SJL7577A

Page 2 of 19

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

# **DETAILS OF INJURED PERSON 1**

Name TAY KIAH MUI

Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGX9931U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

### 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 aforesald.
- 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 Rersonnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN

SLE TOWARD CTIZ

SLE MANDAI ED ENIT

SLE MANDAI ED EN

WHILE TROUBLUNK STRAIGHT AHEAD, SWODENLY DUE TO THE USENICUE INFRONT AFPLIED BRAKE, AND SO I TOO APPLIED BRAKE.  SUDDENUM, OPTIER A FEW SECONDS I FEUT A CREAT IMPACT  FROM THE REAR OF MY VAHILUE.  BELLUMTED FROM MY VEHICLE AND REALIZED IT WAS A  JEHICLE WITH LICENIE PLATE NUMBER (SIM 31074) THAT  COLLIDED TO THE REAR OF MY VEHICLE, AND IT WAS
USEMICLE INFRONT BAPLIED BRAKE, AND SO I TOO PAPLIED BRAKE SUDDENUM, POTIER A FEW SECONDS I FELT A CREAT IMPACT FROM THE REAR OF MY VAHICUE.  BELICHTED FROM MY VAHICUE AND REALIZED IT WAS A JEHLICLE WITH LICENCE PLATE NUMBER (55M 3107U) THAT COLLIDED TO THIE REAR OF MY VAHICUE, AND IT WAS
SUDDENCY, DETER A FEW SECONDS I FELT A CREAT IMPACT FROM THE REAR OF MY VAHICUE.  BLICHTED FROM MY VEHICUE AND REALIZED IT WAS A JEHICUE WITH LICENCE PLATE NUMBER (SIM 31074) THAT COLLIDED TO THIS REAR OF MY VAHICUE, AND IT WAS
FROM THE REAR OF MY VAMICUE.  BELLOWED FROM MY VEHICUE AND REALIZED IT WAS A  JEMICUE WITH LICENCE PLATE NUMBER (SIM 31074) THAT  COLLIDED TO THIE REAR OF MY VAHICUE, AND IT WAS
BRICHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (STM 3107U) THAT COLLIDED TO THIR REAR OF MY VEHICLE, AND IT WAS
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CULLIDED TO THIR REAR OF MY VEHICLE, AND IT WAS
A CHAIN COLLISION INDOWNA 3 VALICUES.
VIENICLE A - Sax gazi U
VEHICLE B - 55M 3107U
URHICLE C - SJL 7577 A

## 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.:

Vehicle No.	SGX 9931 4 Model/Make TOYOTA ACTIS					
Date of Accident	24/02/2019					
Time of Accident	1415 HRS					
Location of Accident	SLE TOWARD CHE, BEFORE MANDAI ROAD EXIT					
Exact purpose use during acci	dent private use					
Name of Owner	INM HAISI CAT					
Telephone No.	H/P: 84296188 Home: 97871617 Office:					
NRIC	\$ 154063012					
Address	BUK 948 BEDOK NORTH AVEY \$10-1377 \$(461094)					
Claim type	OD THIRD PARTY REPORTING ONLY					
Insurance Company						
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft					
Policy No.						
Name of Driver	As Aboye If No,					
NRIC	Any Passengers : NIC					
Date of birth	29 587 1962					
Occupation	Outdoor / Indoor					
Driving License Pass Date						
Gender	Mate / Female					
Contact No.	H/P: Home: Office:					
Address	Trome. Office.					
Driver have any own vehicle	No. If yes, Reg No.					
Relationship	Employee, If no, state Owner					
Weather condition	Clear Raining Other					
Road Surface	Dry Wet Other					
Any Injuries	No, If Yes, Who?					
Name And Contact No.	TAS ICIAH MUI					
Name And Contact No.	113					
Police Report	No. If Yes, Where?					
Vehicle B No.	ST m 3107 Any Passengers:					
Name of Driver	Contact No. :					
Vehicle C No.	SJL 7577 A Any Passengers:					
Vehicle D No.	Any Passengers :					
Vehicle E no.	Any Passengers :					
Vehicle F No.	Any Passengers :					
Vehicle G No.	Any Passengers :					
Witness Name	Witness Contact :					
Accident Portion	REAR					
Camera Recorder	Yes /No					
Email Address	,					
Email Fixed C33						
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD					
CONTACT NO.	6842 0051 / 6744 0510					
CONTACT PERSON	IAN					
FAX NO	6741 0510 Sales @ n51. com. sg					

IDENTITY CARD NO \$1540630E



TAY KIAH MUI

Birth Date: 29 Sep 1962 haue Date: 10 Oct 2003

TAY KIAH MUI

新

CHINESE 28-09-1982

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

PASS DATE

Class 3 Motor Cars and Motor Tractors line weight of which unladen does not exceed 2500 kill ograms

25 Nov 1989

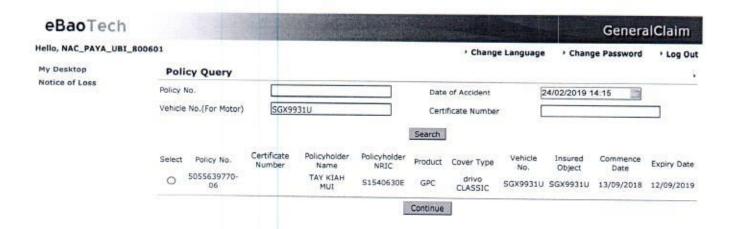


01-05-2018

APT BLK 948 BEDOK NORTH AVENUE 4 910-1377 SINGAPORE 481094

NP 428A





	icy Information						
Policy No. Certificate	5055639770-06	Policyholder Name	TAY KIAH I	MUI	Policyholder NRIC	S1540630E	
No.							
Address	BLK 94B #10-1377 BEDOK N	ORTH AVENUE 4	SINGAPORE	461094			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	08/08/2018	Effective Date	13/09/201	8 00:00	Expiry Date	12/09/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0.0	Own damage Excess	600.0		Windscreen Excess	100.0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0			Young/	Inexperience Driver Excess
Agent	SIX PHASE E & T	Agent Tel.	65523600		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Info	holder Mailing Address						
Info Policy	holder Mailing Address BLK 94B #10-1377	Addre	:ss 2	BEDOK NORTH AV	ENUE 4	Address 3	SINGAPORE 461094
Info Policy Address 1	THE RESERVE OF THE PARTY OF THE		ess 2	BEDOK NORTH AV		Address 3	SINGAPORE 461094 461094
Certificate Info Policy Address 1 Address 4 Unit No.	THE RESERVE OF THE PARTY OF THE	Addre	ess Type	A TOTAL CONTRACTOR OF THE PARTY			
Info Policy Address 1 Address 4 Unit No.	THE RESERVE OF THE PARTY OF THE	Addre Relat	ess Type	Singapore address			
Info Policy Address 1 Address 4 Unit No.	BLK 94B #10-1377	Addre Relat	ess Type	Singapore address			

Claim Handling Accident HT/1033432					
Policy No.	5055639770-06	Vehicle No.	SGX9931U	GST Registration No.	Engly English
Certificate No.					
olicyholder Name	TAY KIAH MUI			Policyholder NRIC	\$1540630E
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	84256188	Contact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No. V
řk	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	50	Private Hire	No
P Accident Details					
port Date	25/02/2019 10:39	Academ Report Within 24 hrs	Yes	Accident Type	Chain Collision
de of Accident	24/02/2019	Time of Accident hhumm	14:15	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	SLE (CTE) BEFORE MANDAL RD EXIT				
Excess					
vn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
ind Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Ad	dress				
dress 1	8LK 948 #10-1377	Address 2	BEOOK NORTH AVENUE 4	Address 3	SINGAPORE 461094
Idress 4	000,000,000,000,000	Address Type	Singapore address	Post Code	
nit No.		Related Policy Number	5055639770-06	Post Code	461094
OI Driver Info		// CASC   CASC	30330377040		
ver Name	TAY KIAH MUI	Driver Type	Main Driver		
named driver Name	1/304T0121/1774	Driver NRIC	\$1540630E	Driver DOB	29/09/1962
gister Date of Driver License	25/11/1989	Driver Age	56	Oriving Experience	29
ntact No.(Mobile)	84256188	Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 948	Address 2	BEDOK NORTH AVENUE 4	Address 3	SINGAPORE 461094
dress 4		Address Type	Singapore address	Post Code	461094
Ht No.	10-1377	Post cas Type	angapara auto ess	Post Code	401094
oes he own a Singapore	○ Yes  ® No	Date of Markets No.			
gistered car?	U/EG/M	Driver Vehicle No.		Driver Insurer Company	
claration.					
eathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
ading?	30	50.00000			
dification History					
Claim 001 New					
in Tune 4	FOO MIN		GOOD TO THE PARTY OF THE PARTY	94000000000	D. Z
im Type *	00-MX Y	Insured Name	TAY KIAH MUE	Insured NR3C	51540630E
ntact No. (Mobile)	97814498	Contact No.(Home)	64480585	Contact No.(Office)	
all Address		OI Vehicle Number	SGX9931U	TP Vehicle Number	S3M3107U
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select V		
imant Name *	25	Claimant NRIC *			
imant Address					
im Description ferred Workshop Contact	5GX9931U / S3M3107U ON 24 Feb 2019	Secretary Conservation		Name of Preferred Workshop	
		Insured Liability *	Not at Fault		8:
quire Finalisation	Yes 💟	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	25/02/2019 10:41	Claim Close Date		Date Received	25/02/2019 00:00
port Taken By	Jackson				
Print AK letter					
			Save Submit		
ttachment					
,					
sident No.	MT/1033432	Claim No.	001		
I Doc. Received	● Yes ○ No	Upload Date	25/02/2019 10:42		
	Path •	Option Date		CONCRETE VICTOR	00 V
	Path •	Browse	Clear Please Select	Confidential Urgen	The state of the s
				Normal V Normal	
		Browse.		No V Normal	
		Browse.	Cear Please Select	NO V Normal	V

