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Owner / Driver: (Tcl:)
Policy No: (Period: () Cover Type: ()
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1) Apply for Transport Allowance ()/Courtesy Car ()	
2) QC Check / Post Repair Inspection	(·)	
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()	
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Hilliant substituints of stokes persons	3) TV: Towing Pee	\$120
Oriver/Owner:	4) PT : Follow-Through Survey 5) PT : Follow-Through Survey (Resurvey)	\$30
Contact No:	For slaiming against INC Only (wof 10. 6) TR: Re-inspeed on	\$75
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	3) NTUC Additional Services:-	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <u>truthful and accurate</u> 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 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.

aforesaid,	
SCHOOL STANDARD STANDARD STANDARD	ACCIDENT STATEMENT
Date Of Report	28/02/2019 11:39
Date Of Accident	27/02/2019 10:30
Exact Location Of Accident	JUNCTION OF CROSS STREET AND ROBINSON ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FE6565A
Insured/Policyholder	
Name Of Registered Owner	TAN TSE MENG
NRIC No	S1623262I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90730272
Alternative Phone No	OTHERS-90730272
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	DOING DESPATCH
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0082346449-15
Cover Note Number	
Driver	
Name of Driver	TAN TSE MENG
NRIC No	S1623262I
Date Of Birth	13/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	18/01/1985
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-90730272
Fax Number	
Contact Number	OTHERS-90730272

NOEMAIL

Address

BLK 435B BUKIT BATOK AVENUE 5

#07-988

Postcode

652435

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident? 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)

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

PLEASE REFER TO SKETCH PLAN

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

SKU1815T

Vehicle Make/Model/Colour

BMW (RED)

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JENNY

NRIC/Passport Number

Contact Number

92786181

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN	Jungion	of ROBINSON R	DAD / CROSS BTRAKT
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CROSS S	sents -		CROSS STREET
	-	B	
A) FE 656 B) 8ku 18		J. N. N. POP	SINEW POAD
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DECLARATION /We declare the forego Policyholder's Signature Date & Time:	ing particulars are true in e Driver's Sig (If driver is		Reporting Centre Personnel's Signature A

GIARMC SketchPlanForm_V3

2

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:
 - 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

Name

NRIC/FIN No.

Accident MT/1034034										
Prince No.	***************************************	and the second								
Dertificate No.	0082346449-13	Vehicle No.	FE6565A		GST	Registration No.				
olicyholder Name	TAN TSE MENG.				-	Westernan-				
Toduct Code		Cover Type	Theref Days			yholder NRIC		\$16222	621	
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Accident Details						ette risce		-10.		
report Date	28/02/2019 12-26	Accident Report Within 24 hrs	Yes		Acres	dent Type		Californ	- Cross Ju	metion.
Date of Accident		Time of Accident th: mm	10.30			ntry of Accident				-0.745
Reporting Centre		Orange Force			JOM			Singapo	100	
Accident Location	JUNCTION OF CROSS STREET AND ROBINSON ROAD				40471	-10.				
T Excess										
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▽ Benefits										
GST Registered Informat	ion									
GT Registered	PAS		GST Regi	stration Date						
ST Registration No.			GST Stat	us Verified		Yes				
lodification History										
Policyholder Mailing Add										
Address I		Address 2	BUKIT BATOK WE			ess 3		WEST E	DGE (p. AL)	KIT BATOK
Address 4		Address Type	Singapore address		Post	Code		652435		
Urut No.	9	Related Folicy Number	0082346449-15							
OI Driver Info	acording control									
Driver Name		Driver Type	Main Driver							
Irmamed driver Name		Drivet NRIC	516237621			er DOB		13/05/1	963	
Register Date of Oriver License : Contact No.(Mobile)		Driver Age	55			ng Experience		12		
Address 1		Contact No.(Office) Address 2				act No.(Home)				
Address 4		Address Type	BUKIT BATOK WE Singapore address			ess 3 Code				KJT BATOK
init féo.	3.7305-070-032-725	ALLE MAR I SPORT	originatione address		Post	Loge		652435		
Does he own a Singapore	Yes - 7kg	Driver Valvicle No.	FE6565A		Park	er Insurer Comp				
Registered car?		Diver to the hor	LEGSGOW		Diffe	er mauner comp	arry	NTUE		
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Claim Handling(accident reporting Claim Task)

	Uploaded By/Date	Folder Date		ile Name	Source	Action
⇒ Video List						
2 -7	NAC_BUKIT_MERAH_800676(NA S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (1) on ZE Feb 2019 12:31	NRSC/ Driving License	Normal	NRJC/ Orlang Urense 2019-2-28	
2007		ATIONAL ASSESSMENT CENTRE SERVICE (1) on 28 Feb 2019 12:31	SAS	Normal	SAS 2019-2-28	
11.	NAC_BUNIT_MERAH_BOOGTE(N/ 8 (BUNIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE NI on 26 Feb 2019 12:31	Photos	Normal	Photos 2019-2-28	
6	NAC_BUNIT_MERAH_800676(N/ S (BUNIT MERAH	ATJONAL ASSESSMENT CENTRE SERVICE ()) on 20 Peb 2019 12:31	Photos	Normal	Photos 2019-2-28	
-201	NAC_BUKIT_MERAH_BD0676(NAC_BUKIT_MERAH 5 (BUKIT_MERAH	ATJONAL ASSESSMENT CENTRE SERVICE (1) on 28 Feb 2019 12:31	Photos	Normal	Protos 2019-2-28	
b	NAC_BUNIT_MERAH_B00676(N/ S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (1) on 26 Pets 2019 12:31	Photos	Normal.	Photos 2019-2-26	
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A.	NAC_BURIT_MERAH_BD0676(NA S (BURIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (1) on 26 Feb 2019 12:31	Photos.	Normali	Photos 2019-2-28	
7		ATJONAL ASSESSMENT CENTRE SERVICE (1) on 28 Feb 2019 12:31	Photos	Normal	Protos 2019-2-28	

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ACCIDENT STATEMENT

ACCIDENT DATE: 2 02 3819 100/N	MARYYY), TIME: (10 : 30) (HH:MM)
	fullion.
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: FE 6565 b) INSURANCE COMPANY: ATUC C) POLICY NUMBER: 60 \$2346 YV d) POLICY TYPE: (COMPREHENSIVE / THE B) MAKE & MODEL: YAMAHA f) TYPE: (SALOON / COUPE / MPV /V AN g) VEHICLE CATEGORY: (PRIVATE / COI h) PURPOSE OF USING AT ACCIDENT THE i) ARE YOU CLAIMING UNDER YOUR ON IF NO, PLEASE STATE (THIRD PARTY CL 2. INSURED / POLICY HOLDER A) NAME: TAN	MMERCIAL / MOTORCYCLE) ME: DOIM DWORTCI WN INSURANCE (YES/NO)
CONTINUE TO 3.d IF DRIVER ALSO PODRIVER Clincluding driver) Clincluding driver)	(MALE / FEMALE)
1) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIVE	INSURED'S COMPANY? (YES / (NO)
 a) WEATHER CONDITION: (CLEAR / RAIN b) ROAD SURFACE: (DRY / WET / OTHER WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE S' 	VING / OTHERS
8. THIRD PARTY VEHICLE He of passenger of VEHICLE NUMBER: SKY 18/5 (Including driver) b) DRIVER'S NAME: JEHRLY C) NRIC/FIN/PASSPORT:	CONTACT: 927868
9. THIRD PARTY VEHICLE No of passenger d) VEHICLE NUMBER: O DRIVER'S NAME:	MODEL:
() NRIC/FIN/PASSPORT:	CONTACT::-

email = VIDEO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$16232621





TAN TSE MENG

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13-05-1963

SINGAPORE





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18-05-2018

APT BLK 435B BUKIT BATOK WEST AVENUE 5 #07-988

SINGAPORE 852435 \$1623262I NRIC No:

14/12/2018 Date:

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

Class 2B Motorcycles =< 200 cc
Motor Cars =< 3000kg with =<7 passengers, exclusive
of the driver; and other motor vehicles =< 2500kg
Motor vehicles which are constructed to carry
load or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to
carry load and the unladen weight < 7250kg

NP 428A

eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out 1 My Desktop **Policy Query** Notice of Loss Policy Na. Date of Accident 27/02/2019 11:56 Vehicle No.(For Motor) FE6565A Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle No. Select Policy No. Insured Product Cover Type Expiry Date Object Date TAN TSE MENG 0082346449-\$16232621 GMC Third Party FE6565A FE6565A 01/02/2019 31/01/2020



ANABAC SERVICES - 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: 5665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. :

	ADDENDUM : 3
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: MNAY19027683 Vehicle Registration No: FE 6565
	Name(as shownin NRIC): 10m JSh Mkms NRIC/FIN/Passport No: 516232627
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address :SIngapore(
	Contact (Tel) :Mobile No.:90730272_
	Email Address :
	10.2
	2 22 22 1 2 2
	Place of Accident: Muchon CF chall SIKAh? Robinston Ro
	Insurance Company:
3)	ADDITIONALINFORMATION AMENDMENTS:
	The control of the co
	I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:
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	Policyholder / Driver's Signature Reporting Centre Personnel's Signature
	Date: Name: Noth, Wolfs
	NRIC/FIN No.: Date: 30/mx/2014
5 272.0	78/00/100