NATIONAL Assessment Cen	tre Services. well sand	SI MNB 119038 280	7-	
Date In: 27/7/19 - 15:79	Jeb description	Date &Time Completed	Done by	A PERSON
Ref No: NA INCI 9005247/24	SAS e-filing			
Veh No: VMHSSIA	E-mail (within Shrs, AIC 2	hrs)	I	
D.O.A: 23/3/19-11:35	i-Motor Claim Form	MT 10 37160 - 001	7712 M 17:58	1
OD / FP Reporting Only	i-Motor W/O (Within: C			
OB . It steporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Rep	ort		
II model.	Ass't Report by Fax / H	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	1
TP Particulars: Yeh No: Sk	II CK 180	NC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: (Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	N. S.
	[Note-Est. Status (WO): N	: 0-20%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES () / NO	()		
	,000 ()/\$2,000 ()			
General Remarks:		Man state of Control of the State of		
() Walk-In Customer: Customer's in		& Strictly NO refer of repairer		
() Total Loss Case : to e-mail Insu		<u>, </u>	- 2)	
Drive-In ()/ Towed-In (); Invoi	ce: YES () / NO (; Towing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by	1 10
1) Apply for Transport Allowance ()/	Courtesy Car ()	• • • • • • • • • • • • • • • • • • • •	Walter Barrier	
2) QC Check / Post Repair Inspection	()	*1		-50 -5-50
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
Injury:				
Date/Time Actions			STEPS STATES OF	Market T
value programme		71	PERMICALLES	
	2 =			-
				-
,				-
HAIGONTI	Invoice	Preparation Checklist	Control of the Section of	mt (3)
		ident Reporting (\$30);	MBIII A	dd Bill
laimant's Particulars:-	2) DA : Da	mage Assessment (\$100); INC (\$		
river/Owner:		ow-Through Survey	0/\$45 \$120	
ontact No:		ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 200)	\$30	
amaged Portion:	6) TR : Re-	nspection	\$75	
*		DA + SMRT Survey	\$160	
C Checked by (Engr-In-Charge):	OD.			
		artesy Car / Tpt Allowance	\$5 510	
uditors! Comments :-	*NJ: Fos	Repair Inspection Collect Excess Coordination	\$25 \$5	01000
LJ:	TP (NII)	: TP (Non INC) against INC	\$20	
1. 2/3:	9) N12: Idea Invoice date			a July
Marine Alexander	Involce date	47	ELIX	DKG-356-

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.

minute of the contract of the	
	ACCIDENT STATEMENT
Date Of Report	23/03/2019 15:39
Date Of Accident	23/03/2019 11:35
Exact Location Of Accident	PIE (TUAS) BEFORE EXIT 12
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH5516A
Insured/Policyholder	
Name Of Registered Owner	TAI CHEE HEAN
NRIC No	S9327044D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97363793
Alternative Phone No	OFFICE-97363793
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AD AVANTE 1.6 GLS (A) S
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	5107296805
Cover Note Number	
Driver	
Name of Driver	TAI CHEE HEAN
NRIC No	S9327044D
Date Of Birth	30/07/1993

INDOOR

MALE

NOEMAIL

14/02/2013

6 YEARS AND 1 MONTH

(LOCAL) +65-97363793

OFFICE-97363793

Address BLK 30 NEW UPPER CHANGI ROAD

#03-788

Postcode 461030

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

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

YES

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE IN FRONT BRAKE, I BRAKE MY VEHICLE ACCORDINGLY. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. WHEN I ALIGHT FROM MY VEHICLE AND REALIZE THAT THERE WERE 3 VEHICLES INVOLVED IN THIS ACCIDENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKD8521J

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE HIRE

Vehicle Category Name of Driver

TAN KWANG WEN

NRIC/Passport Number

S1687759Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 14

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJE2266S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ZENG TENG, GABRIEL

NRIC/Passport Number

S9902044Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

-

DETAILS OF INJURED PERSON 1

Name TAI CHEE HEAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle?

SMH5516A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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:
 - (i) 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

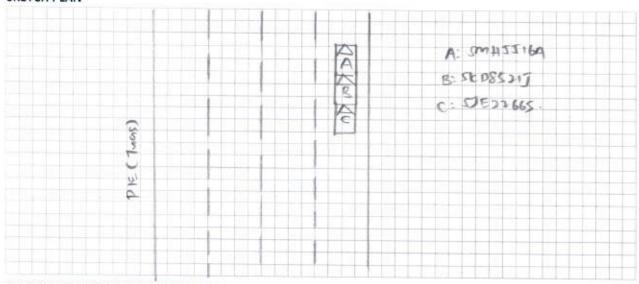
Date & Time:

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

NRIC/FIN No .:

Reporting Centre Pega Name:

nnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refo	to	statement.	

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

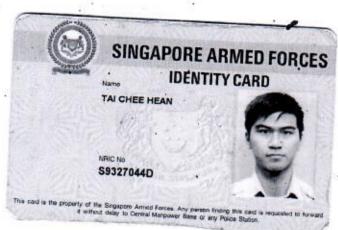
Date & Time: 2303/9 1551

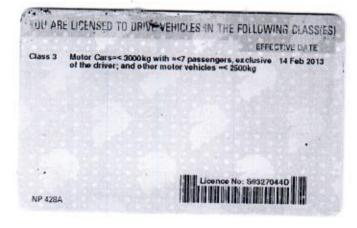
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personne's Signature Name:

NRIC/FIN No .:









eBao Tech									Genera	alClaim	
Hello, NAC_PAYA_UBI_80	0601						+ Chang	e Language	- Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Date	of Accident	1	23/03/2019	11:35	
	Vehicle	No.(For Motor)	SMH5	516A		Cert	ficate Numbe	r j			
						Search	į.				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107296805		TAI CHEE HEAN	S9327044D	GPC	drivo PREMIUM	SMH55164	SMH5516A	26/01/2019	25/01/2020
					1	Continue	2				

Policy No.	5107296805	Policyholder Name	TAI CHEE	HEAN	Policyholder	S9327044D	
Certificate No.		Name			NRIC	333270445	
Address	BLK 30 #03-788 NEW UPPER (CHANGI ROAD S	INGAPORE	461030			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	28/01/2019	Effective Date	26/01/201	9 00:00	Expiry Date	25/01/2020 2	23:59
Excess Type	Per Accident	All Claims Excess					
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			Youn	g/Inexperience Driver Excess
Agent	KOMOCO TRADING PTE LTD	Agent Tel.	96312463		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 30 #03-788	Addre	ss 2	NEW UPPER CHAN	GI ROAD	Address 3	SINGAPORE 461030
Address 4		Addre	ss Type	Singapore address		Post Code	461030
Jnit No.	03-788	Relate	d Policy er	5107296805			
D Insure	d Object: SMH5516A	2006000					
	augustos granti						
	ements						

Claim Handling coldent MT/1037160					
raticy No.	5107296805	Vehicle No.	SMH5516A	GST Registration No.	
ertificate No.				100	
Rcyholder Name	TAI CHEE HEAN			Policyholder NRIC	59327044D
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
ontact No.(Mobile)	97363793	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	The V
K	® No ○Yes	TCA	® No ○ Yes	eCode Reason	Artical I
CD Protection	No	NCD Entitlement(%)	0		
V Accident Details		were constanting asy		Private Hire	No
port Date	23/03/2019 15:57	WITH THE THE WAY TO THE			
		Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
ical of Accident	52/02/5018	Time of Accident his:mm	11:35	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	PIB (TUAS) REPORE EXIT 12				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess					
	600.00	TP Standard Excess	0.00		
D GD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess	0.00				
tal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History					
W-W					
Policyholder Mailing Ad					
dress 1	BLK 30 ±03-786	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 461030
dress 4		Address Type	Singapore address	Post Code	+61030
t No.	03-788	Related Policy Number	5107296805		
OI Driver Info					
ver Name	TAI CHEE HEAN	Driver Type	Main Driver		
named driver Name		Driver NR3C	593270440	Driver DOB	30/07/1993
jister Date of Driver License	14/02/2013	Driver Age	25	Driving Experience	6
Kact No.(Mobile)	97363793	Contact No.(Office)	0	Contact No.(Home)	0
iress i	BLK 30	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 461030
dress 4		Address Type	Singapore address	Post Code	
€ No.	03-788	(1000000000000000000000000000000000000	30 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	THE COURT	461030
es he own a Singapore	○ Yes ® No	Driver Vehicle No.			
pittered car?	O TES GINE	Driver Vehicle No.		Driver Insurer Company	
deration					
athalyser or Blood Test	William)	Queros con Carti			
iding?	0 mg	Any injury?	Yes ○ No		
dification History					
Claim OD1 New					
laim 001 New					
m Type •	00-MX V	Insured Name	TAI CHEE HEAN	Insured NRIC	S9327044D
tact No. (Mobile)	97363793	Contact No.(Home)		Contact No. (Office)	+
ell Address		OI Vehicle Number	SMH5516A		
mant Type Claimant Type *	Please Select	Type of Benefit *		TP Vehicle Number	SKD85233
ment Name +		Claimant NRIC +	Please Select		
mant Address	>>	Contract And C			
	CHUEENEN A COMPARANT CO. CO.				
m Description	SMH5516A / SKD8521J ON 23 Mar 2019			Name of Preferred Workshop	
		Insured Liability *	Not at Fault		
erred Workshop Contact			Preferred Workshop, Name unknown	GIA report	Received
erred Workshop Contact ure Finalisation	Ves 🔍	Preferered Repair Option		Date Received	23/03/2019 00:00
erred Workshop Contact ure Finalisation	ves 💟 23/03/2019 15:58	Preferend Repair Option Claim Close Date			
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ferred Workshop Contact ure Finalisation & Registered ort Taken By Print AK letter	23/03/2019 15:58	Claim Close Date	Seve Submit		
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m Description ferred Workshop Centact ure Finalisation e Registered ort Taken By Print AK letter ttachment	23/03/2019 15:58	Claim Close Date	Save Submit		
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erred Werkshop Cornace use Finalisation Registered ord Taken By Print AK letter stachment	23/03/2019 15:58 Jackson	Claim Close Date	Seve Submit 001 23/03/2019 15:59		

