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OD / P Reporting Only	i-Motor W/	O (Within: OD 2hrs			
O repermit only	i-Photo Upl	oaded	1		
TP Insurer:		Survey Report			
	Ass't Report	by Fax / Hand to	Owner/Wksp	min and a second	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: WX	0524~	. INC()/Non-INC()	ALDERON # Co. ALDERON	
Owner / Driver: (Tel:)	
	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,	000()/\$2,000				The Indian
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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.
- 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.

- 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 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	26/03/2019 15:44
Date Of Accident	26/03/2019 09:00
Exact Location Of Accident	TPE (PIE) BEFORE ELIAS RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA5034K
Insured/Policyholder	
Name Of Registered Owner	TAN BEE PENG
NRIC No	S7722072J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97422898
Alternative Phone No	OFFICE-97422898
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623Q5
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5101657402
Cover Note Number	
Driver	
Name of Driver	TAN BEE PENG (CHEN MEIBING)
NRIC No	S7722072J

 NRIC No
 \$7722072J

 Date Of Birth
 15/08/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 09/11/2016

Driving Experience 2 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97422898

Fax Number

Contact Number OFFICE-97422898

EMail Address NOEMAIL

BLK 675C YISHUN AVENUE 4 Address

#07-804

Postcode 763675

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 - HEAD TO REAR

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number WXD5242 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES 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)

2

Passenger 1

NAME: : RUFE JANE C SOLIS

GENDER: : FEMALE

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name KOLAM AYER NEIGHBOURHOOD POLICE POST

ROAD: BLK 72 GEYLANG BAHRU #01-3038, POSTCODE: 330072, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2969999 - FAX NO: 62937659

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190326/2098.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number WXD5242

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver TAN KIAN PIN

NRIC/Passport Number

Contact Number 83559051

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 5

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME:

GENDER:

Passenger 3

NAME: :

GENDER:

Passenger 4

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name TAN BEE PENG (CHEN MEIBING)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMA5034K

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name RUFE JANE C SOLIS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMA5034K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.
- 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 companies.
- 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

for complying with requirements under any regulations, laws or court orders.

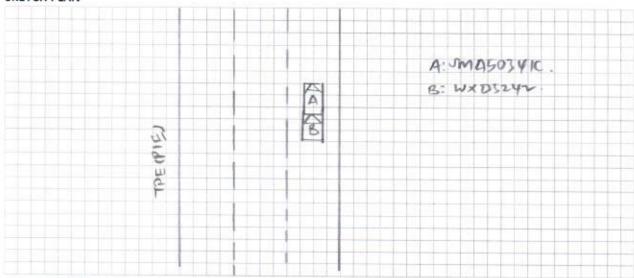
Policyholder's Signature

Date & Time:

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

Reporting Centre Personne 's Signature Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to potice report. Thougosophogs.	
5) 3 .	

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

Policyholder's agnatue

Date & Time:

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

Reporting Centre Person el's Signature

Name:

NRIC/FIN No .:





Date of Expiry:

Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

1 of 4 Report No. T/20190326/2098

Tel No: 1800-2969999

Occupation:

Business consultant

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Date/Tim 26/03/20	e Report N 19 15:08	Made:	Vide Report No.: G/20190326/0071	Station Diary No.: 25
Informan	t's Partic	ulars		The second of th
TAN BEE	e/aminbedo	• 1 = =	Address: APT BLK 675C YISHU 763675	JN AVENUE 4 #07-804 SINGAPORE
	ID No.: , / S77220	72J	Contact No.: Home/Office:	Mobile: 97422898
Nationalit SINGAP(y: DRE CITIZ	EN	Email:	
Sex: Female	Age:	Date of Birth: 15/08/1977	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:

Driving Licence Information:

Class: 3

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/03/2019 09:00	Type of Location Straight Road
	EXPRESSWAY Elias Road, Opposite 0	Courts and IKEA	24	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled	1.33	Traffic Volume:
One Way Type of Collis				

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMA5034K	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1623Q5	Red	Slightly Damaged	1
WXD5242	Car			Black	Seriously Damaged	4

Details of V	ehicle Insurance	CHARLES OF THE STREET	No. 11 Indicates a service	April 200 Commence of the last
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
			Litotive	Lapity Date





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

Report No. T/20190326/2098

2 of 4

Tel No: 1800-2969999

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No .	Effective	Expiry Date
SMA5034K	NTUC Income Insurance Co-Operative Limited	5101657402	22/06/2018	The second name of the second na

Details of Perso	n Involved					And respectively	
Any Pedestrian I	nvolved: No						
No. of Pedestrian	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA	
Driver		Salar Ballet	Contract Con	2000	01000	The second second	
Name	TAN BEE PENG			ID No.		S7722072J	
Related Vehicle	SMA5034K (Car)			Conta	act No.	97422898	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of				
Driver		CONTRACTOR!	DE ROMANIA				
Name	TAN KIAN PIN			ID No).	781122075479	
Related Vehicle	WXD5242 (Car)			Conta	ct No.	83559051	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	100000000000000000000000000000000000000	NIL		
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL		

Brief Details.

On 26/03/2019 at about 0900hrs, I was driving my vehicle SMA5034K along PIE heading towards White Sands together with a friend on the utmost right lane. The traffic along the expressway at the point of time was heavy and traffic was slow. All vehicles on the expressway were all just inching forward slowly along the way. As my vehicle was nearing Exit 4 before Elias Road, I suddenly felt an impact at the rear of my vehicle. I then stopped my vehicle and when I alighted from my vehicle I spotted that a black Malaysian car, bearing plate number WXD5242, had collided onto the rear of my vehicle. I then spoke to the said driver and he apologized to me and asked me to proceed for insurance claims. I then called for the Police as the driver was unwilling to provide his particulars. After the Traffic Police came to scene, the said driver then provided me with his details. After I got the case card from the Traffic Police officer I then proceeded to lodge a report for the matter. I am currently feeling nauseous, and soreness on my neck area and on my right arm and I will be seeking medical treatment later. The rear bumper of my vehicle was dented inwards and slightly dislodged, and both the rear lights were cracked. As for the other driver, his car front hood cover was bent and the front bumper was dislodged.





3 of 4 Report No. T/20190326/2098

Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE

Tel No: 1800-2969999

CONTINUATION OF REPORT





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

Tel No: 1800-2969999

4 of 4 Report No. T/20190326/2098

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: A / Sgt 3 KALVIN NG YONG KIAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/03/2019 15:08
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7722072J



TAN BEE PENG (CHEN MEIBING)

陈 美

CHINESE Date of birth

15-08-1977

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE S7722072J. TAN BEE PENG (CHEN MEIBING) Brth Date: 15 Aug 1977 laure Date: 09 Nov 2016



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Licence No:S7722072J

eBao Tech			311050						Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	e Languag	e + Chan	ge Password	· Log Ou
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		26/03/2019 (09:00	
	Vehicle No.(For Motor)	SMASO)34K		Cert	ificate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5101657402		TAN BEE PENG	\$77220723	GPC	Third Party	SMA5034	SMA5034K	22/06/2018	21/06/2019
			37. 10.1	Į.	Continue					

	5101657402	Policyholder Name	TAN BEE PE	ENG	Policyholder NRIC	S77220723	
Certificate No.		Hume			NRIC		
Address	BLK 38 #21-2400 UPPER BOON	KENG ROAD S	INGAPORE 3	180038			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	22/06/2018	Effective Date	22/06/2018	00:00	Expiry Date	21/06/2019 23	:59
Excess Type		All Claims Excess					
Third		Own			Westerness		
Party Excess	0	damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore	0	Outside Singapore	0			Value	Tonoradore Division D
OD Excess		TP Excess				toung/	Inexperience Driver Excess
	COME I THE INC.				157917676757		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
LING	44						
Test.	holder Mailing Address						
Policyl	BLK 38 #21-2400	Addre	ss 2	UPPER BOON KENG	G ROAD	Address 3	SINGAPORE 380038
SING.	Control of the Contro	1/2/2017	ss 2 ss Type	UPPER BOON KENO		Address 3 Post Code	SINGAPORE 380038 380038
Policyl Address 1 Address 4	Control of the Contro	Addre	ss Type			1907-199-2019-2003	
Policyl Address 1 Address 4 Unit No.	Control of the Contro	Addre Relate	ss Type	Singapore address		1907-199-2019-2003	
Policyl Address 1 Address 4 Unit No.	BLK 38 #21-2400	Addre Relate	ss Type	Singapore address		1907-199-2019-2003	

Attachment Accident No. Last Doc. Received	MT/5037598 (**) Yes (**) No	eth *	Upload Date Brows Brows		26/03/2019 19:34 Category * Please Select Please Select		Urgency 1 Normal	Description •
Ø Accident No.	● Yes ○ No	m.	5:537340.00	1 (900)	Category *	0.000-0.000	1003,033	100000000000000000000000000000000000000
Ø Accident No.	● Yes ○ No		Upload Date			(/1 <u>2</u> 03 <u>2</u> 030) Medica		2 SANSON PARKET
Ø Accident No.					36/03/2010 12:51			
9			Claim No.		001			
			Company and		001			
Attachment								
				The second second	-			
				Save Subm	ne			
Print AK letter								
eport Taken By	Jackson							
Pate Registered	26/03/2019 19:32		Claim Close Date			Date Received	2	26/03/2019 00:00
equire Finalisation	Yes	v	Preferend Repair Option	Preferred W	orkshop, Name unknown	GIA report	E	Received
Preferred Workshop Contact			Insured Liability *	Not at Fault	V			
Saim Description	SMAS034K / WXDS242 0	ON 26 Mar 2019				Name of Preferred W	orkshop	
Daimant Address								-9
Darmant Name *		22	Claimant NRIC *					
laimant Type Claimant Type+	Please Select	V	Type of Benefit *	Please Selec	t v			
mali Address			OI Vehicle Number	SMA5034K		TP Vehicle Number	y	VXD5242
ontact No.(Mobile)			Contact No.(Home)			Contact No.(Office)		
laim Type •	00-MX	V	Insured Name	TAN BEE PER	vG	Insured NR3C	5	177220721
Claim 001 New								
odification History								
Breathalyser or Blood Test Reading?	0 mg		Any injury?	® Yes ○ No	0			
eclaration								
tegistered car?	() Yes ® No		Wilsel Vehicle 199.			Since State Compa		
nit No. oes he own a Singapore	07-804		Driver Vehicle No.			Driver Insurer Compa	Mark	
Idress 4	SINGAPORE 763675		Address Type	Singapore ad	wise	Pest Code	6	
ddress 1	BLK 675C		Address 2	Signature ad		Address 3 Post Code		63675
ontact No.(Mobile)	97422890		Contact No.(Office)	O NOTICE IN AUGU	word 4	Contact No.(Home)	0	ERN GROVE @ YISHUN
egister Date of Driver License			Driver Age	41		Driving Expenence	2	
nnamed driver Name			Driver NRIC	877220723		Driver DOB	15	5/08/1977
iver Name	TAN BEE PENG		Driver Type	Main Driver				
OI Driver Info								
nt No.			Related Policy Number	5101657402				
Idress 4			Address Type	Singapore ad		Post Code		80038
odress 1	BLK 38 #21-2400		Address 2	LIPPER BOON	KENG ROAD	Address 3	S	INGAPORE 380038
Policyholder Mailing Ad	dress							
dification History								
ST Registration No.				GST S	tatus Venified	Yes		
ST Registered	No				egistration Date			
□ GST Registered Informa								
♥ Benefits								
hird Party Excess		0.00	Outside Singapore TP Excess		0.00			
nnamed Driver Excess		0.00	Outside Singapore OD Excess		0.00			
wn damage Excess		0.00	Additional Excess	0		Windscreen Excess	0.0	00
W Excess								
codent Location	TPE (PIE) BEFORE ELIAS	RD EXIT	10000000000000000000000000000000000000					
eporting Centre	20/03/2022		Orange Force			ICM No.		
ate of Accident	26/03/2019 19:31		Time of Accident hhimm	09:00		Country of Academi		ngapore
eport Date	26/03/2019 19:31		Accident Report Within 24 hrs	Yes		Accident Type	Co	ilision - Head to Rear
P Accident Details	97546		CONTRACTOR OF STATE	8.5				
CD Protection	No.		NCD Emplement(%)	0		Private Hire	No	i.
K Address	(€) No ○ Yes		TCA	® No ⊜Yes		eCode Reason		
nail Address			Special Remark	(8)		eCode	_	~
educt Code mact No.(Mobile)	97422898	8	Contact No.(Office)	0		Contact No.(Home)	0	
	TAN BEE PENG PRIVATE CAR INSURANCE		Cover Type	Third Party		Palicyholder NRIC Loading	0	reports
rtificate No.	and the second second second					No. of the control of the Control	C ma	77220723
icy No.	5101657402		Vehicle No.	SMAS034K		GST Registration No.		
ident MT/1037598	S VALUE I		20.000	entressur.		COT Recoverion No.		
aim Handling								

