NATIONIA			i - p/t st	1.70
NATIONAL Assessment	Lentre Service	es. wef Jan'os M	NA.119047243	
Date In: 1/4/19-14:03	Jcb desc		Date & Time Completed	Done by
Rei No: NA I NC 19303891/24	SASe	-filing		
Veh No: SKINGE	E-mai	(within Shrs, AIC 2hrs)		
D.O.A: 3/4/19-08:25		or Claim Form	M7 1038654-201	71.11
	-	or W/O (Within: OD 2hr		7/4/19 14:27
OD P- Reporting Only		o Uploaded	3, 77 40(3)	
250000			-	27
TP Insurer:	1	nent/Survey Report	<u> </u>	
Preferred Wksp / INC Assign Wksp / Q	ASSTR	eport by Fax / Hand	to Owner/Wksp	
	1000			ax:
Owner / Driver: (601787X	. INC ()/Non-INC()	(2)
Policy No: (Period: (Tcl:)
Confirmed by : (Period: ()	Cover Type: ()
Insured/Driver Liability: (0/) DI - 7 - 5	Date:	Time:)
Year of Registration: (0%; P: 21-79%. F: 80-1	00%]
) Warranty: Y)	
	:\$1,000()/\$	2,000 ()		
General Remarks;-			ARREST TO THE REST OF THE PARTY	See Since
Remarks:- (INC hotline: 6788 66	16)		Date&Time Completed	Done by
) / Courtesy Car	()		
2) QC Check / Post Repair Inspection	()	A CONTRACTOR OF THE CONTRACTOR	
 Upload Resurvey Photo [Repair Cos 	t>\$3000]	()		
Injury:				
Date/Time Actions				
				Selower.
			,	
M Is a sure of the				Ant (S) Amt
14 1422410	+	T100 A 100 May 200 W 200 000	aration Checklist	In Bill Add I
timant's Particulars :-	and the second	1) AR : Accident R 2) DA : Damage As		
iver/Owner:		3) TF : Towing Fee	. \$40/\$	45
ntact No:	2		ough Survey (Resurvey) \$	30
maged Portion:		6) TR: Re-inspection	inst INC Only (wef 10 Jan 2005)	75
		7) N1 : Idac DA + S	MRT Survey . \$10	-
Checked by (P Y. C.		8) NTUC Additions OD*	Services	
Checked by (Engr-In-Charge):	4.	The second second second second	r/Tpt Allowance 3	55
ditors: Comments :-		*N6: Repair Co-o	rdination 51	10
1:		*N8: DV / Collec	Excess Coordination 5	15
		TP (N11): TP (N 9) N12: Idao Mobile	rn INC) against INC \$2	20 .
2/3:		Invoice dated	Fee Charged	Sales of
7 may 1		Invoice dated	Fee Charged	MARIE DIN

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 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 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.

200000000	ACCIDENT STATEMENT
Date Of Report	03/04/2019 14:23
Date Of Accident	03/04/2019 14:23
Exact Location Of Accident	PIE (TUAS) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK2345R
Insured/Policyholder	
Name Of Registered Owner	TAN SEET POH LIMO
Co Reg No	53310357J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072706636-03
Cover Note Number	
Driver	
Name of Driver	TAN SEET POH
NRIC No	S6930548B
Date Of Birth	20/08/1969
Occupation	INDOOR
Date Of Driving Pass	04/10/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97994411
Fax Number	#C5.05430 vd 7.05 2.7 3.11 1/c
Contact Number	OFFICE-97994411

NOEMAIL

Address 63 TAMPINES CENTRAL 7

#08-27 528596

Postcode 528

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

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

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

...

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)

2

Passenger 1

NAME:

: MALENIE SIM

GENDER:

: FEMALE

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?

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

GBC2783X

Vehicle Make/Model/Colour

NISSAN CABSTAR

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NG YAO CHONG

NRIC/Passport Number

G7441549R

Contact Number

83143352

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN SEET POH

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJK2345R

Were seat belts worn?

YES

NO

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name

MALENIE SIM

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJK2345R

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

TAN SEET POH LIMO

Policy holder's signature Date / time:

Driver's signature

(if driver is not policy holder)

Date / time:

reporting centre personnel's Signature

Date / time:

SKETCH PLAN

A - \$JK 23/45/R

B - 6 BC 2 78 3 X

- 50 D 3 D

I was travelling in the 2nd lane of PIE towards Tuas before Eunos exit and there was a heavy traffic, all vehicles are moving very slowly. When the vehicle in front of me came to a stop, I also came to a stop without any contact with it. Suddenly, I felt an impact from the rear portion of my vehicle. When I got down of my vehicle, I realized that vehicle B which was travelling behind me couldn't stop in time and collided onto the rear portion of my vehicle.

DECLARATION

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

TAN SEET FOH I MO Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	1. 11
Date of accident	03 April 2019	(DD/MM/YY)
Time of accident	08:25a.m	(HH:MM)
Exact location of accident	PIE towards Tuas before Euros Exit	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

A CONTRACTOR OF THE PARTY OF TH	DETAILS OF VEHICLE
Vehicle registration number	SJK2345R
Vehicle make and model	Toyota Wish
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private r. Commercial of Motorcycle a
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

Billion Indian to the	INSURANCE IN	FORMATION	WAR THE THE STATE OF
Insurance company	NTUC		
Policy number	5072706636-02		
Type of policy	Comprehensive 🗹	Third party fire & theft	TP only

Militaria de Caracia de Maior de A		100000	
Name	Tan Sut Pon Limo	Male 🗆	Female
NRIC / Fin / Passport number	F33103F7J		
Contact			
Address	63 Tampinis Cintral 7 #08-27 S(528596)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Tan Seet Poh A	Male 🗆	Female				
NRIC / Fin / Passport number	S6930548B						
Contact	97994411						
Address	63 Tampines Central 7 #08-27 3(528596)						
Email address							
Date of birth	20-08-1969						
Occupation	Indoor Ø Outdoor □						
Driving date pass	04 OCT 2002						

	GENERAL INFORMATION OF THE ACCIDENT
Jas driver an employee of	Yes D No Ø
the insured's company?	If no, relationship of the driver and insured: _ Owner
Accident captured by camera?	Yes D No
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
No of passenger	2 (Inclusive of drive
	0,6
	PASSENGER 1
Name	Muarie Sim
Gender	Male Female Female
Maria - selection of the se	PASSENGER 2
Name	Tan Seet Pon
Gender	Male Female
dender	Male 2 Felliale II
MARKET LEVEL TO A STREET	PASSENGER 3
Name	7,332,1,32,1,3
Gender	Male Female
对于一种的一种	PASSENGER 4
Name	
Gender	Male Female
Name	PASSENGER 5
Gender	Male Female
Gender	Male Female
AND REPORT OF THE PARTY OF THE	PASSENGER 6
Name	PASSENGER 0
Gender	Male D Female D
	1
	OTHER INFORMATION
Was anybody injured?	Yes z No 🗆
Was other vehicle damaged?	Yes 🗷 No 🗆
Connected to malica?	DETAILS OF POLICE STATION ACTION
Reported to police? Police station name	Yes No If yes, please state which police station.
once station name	
SET TO SEE LOCKED STREET	WITNESS 1
Name	
2010	
	WITNESS 2

THE REAL PROPERTY AND PERSONS ASSESSMENT	THIRD PARTY VEHICLE 1
Vehicle registration number	GBC2783X
Vehicle make model	Nissan Cabstar
Name	Na Yao Chona
NRIC / Fin / Passport number	G7441949R
Contact	83143352
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
TEACH THE SERVICE	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Vehicle registration number	THIRD PARTY VEHICLE 5
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE RESERVE OF THE PERSON NAMED IN	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	1
Name	
vanie	

Contact

All the state of t	INJURED PERSON 1
Name	Tan Selt Pon
Injuries sustained	Nick and Back
Which vehicle person in?	SJK2345R
Were seat belts worn?	Yes & No D
Was injured conveyed to	Yes No g
hospital by ambulance?	102
	INJURED PERSON 2
Name	Melanie Sim
Injuries sustained	
Which vehicle person in?	Nick and Back
Were seat belts worn?	9JK2345R
Was injured conveyed to	Yes No
hospital by ambulance?	Tesu No.2
Name of the last of the last	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
District States of the	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	INJURED PERSON 5
Name	INJUNED PERSON S
njuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes, O No O
hospital by ambulance?	Ties No a
Acceptance of the second	
PRINTER OF THE PRINTER OF	INJURED PERSON 6
Name /	
njuries sustained	
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Which vehicle person in?

Were seat belts worn?
Was injured conveyed to hospital by ambulance?

Yes 🗆

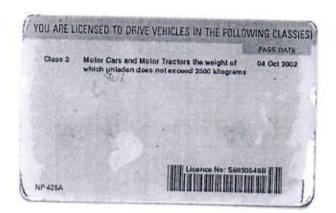
Yes 🗆

No 🗆

No 🗆









eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The second second second second	THE PERSON NAMED IN		• Change	Language	· Chan	ge Password	, Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy f	No.				Date	of Accident	0	3/04/2019	08.25	
	Vehicle	No.(For Mator)	SJK234	15R		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5072706636- 03		TAN SEET POH LIMO	53310357)	GPC	drivo CLASSIC	S)K2345R	SJK2345R	13/10/2018	12/10/2019
						Continue]				

	5072706636-03	Policyholder	TAN SEET F	он цмо	Policyholder	533103573	
Certificate No.		Name	n to soft hi	Constitution	NRIC	233493373	
Address	63 TAMPINES CENTRAL 7 #08-2	7 CITYLIFE@	TAMPINES SI	NGAPORE 52859	6		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	03/10/2018	Effective Date	13/10/2018	8 00:00	Expiry Date	12/10/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331		GST Flag	Υ	
Co- insurance Flag Open	No				00,000		
Policy							
Info							
Info Certificate							
Info Certificate Info	holder Mailing Address						
Info Certificate Info Policy	holder Mailing Address 63 TAMPINES CENTRAL 7	Addre	ess 2	#08-27 CITYLIF	E@TAMPINES	Address 3	SINGAPORE 528596
Info Certificate Info Policy Address 1	A MARINEN AND AND AND AND AND AND AND AND AND AN	000000	ss 2	#08-27 CITYLIF		Address 3 Post Code	SINGAPORE 528596 528596
Info Certificate Info Policy Address 1 Address 4	A MARINEN AND AND AND AND AND AND AND AND AND AN	Addre	ss Type ed Policy		ess		Walter and the same of the sam
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Info Certificate Info Policy Address 1 Address 4 Unit No.	63 TAMPINES CENTRAL 7 07-77 ed Object: SJK2345R	Addre Relate	ss Type ed Policy	Singapore addre	ess		Walter war

RCy No.	5072706636-03	Vehicle No.	S)K2345R	GST Registration No.	
rtificate No.					
icynolder Name	TAN SEET POH LIMO			Policyholder NRIC	533103573
tuct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
tact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
E Address		Special Remark		eCode	NC Y
	® No ○Yes	TCA	® No ○Yes	eCode Reason	
Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
of Date	03/04/2019 14:53	Academt Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
of Accident	03/04/2019	Time of Accident hhumm	08:25	Country of Accident	Singapore
rting Centre	33,07,2013	Orange Force		ICM No.	
55	PIE (TUAS) BEFORE EUNOS LINK EXIT	Grange Force		(1001)100	
ent Location Excess	FIE (1000) BE ONE EDITOR ENTI-				
	120000	Additional Excess	0	Windscreen Excess	100.00
damage Excess	2,000.00			WINDSCIDEN EXCESS.	20000
med Driver Excess		Outside Singapore OD Excess	2,000.00		
Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa			OF THE PARTY OF STATE OF		
Registered	No		GST Registration Date	MCL.	
Registration No.	01/04/2010 14:54:55 5	ystem changed GST Status Venified fro	GST Status Verified	Yes	
Acation History	2010al Anna 14:34:30 30	and the second s	VI-2 (00-2)		
Policyholder Halling Adı	dress				
	53 TAMPINES CENTRAL 7	Address 2	#08-27 CITYLIFEGTAMPINES	Address 3	SINGAPORE 528596
ress i	as the state continue?	Address Type	Singapore address	Post Code	528596
No.	07-77	Related Policy Number	5072706636-03		-March
	W. C.	realed rough wanter	5072700030-03		
OI Driver Info	Tan Seet Poh	Driver Type	Main Oriver		
amed driver Name	Tan See Fon	Driver NRIC	\$69305488	Driver DOB	20/08/1969
	04/10/2002	Driver Age	49	Oriving Experience	16
		1990		Contact No.(Home)	0
tact No.(Mobile)	97994411	Contact No. (Office)	0		Plantena victoria sensiti
ress 1	63 TAMPINES CENTRAL 7	Address 2	CITYLIPE@TAMPINES	Address 3	SINGAPORE 528596
ress 4		Address Type	Singapore address	Post Code	528596
	08-27				
es he own a Singapore	08-27 ○ Y48 ® No	Driver Vehicle No.		Driver Insurer Company	
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