NATIONAL Assessment Centre					-	
	Jcb descripti		Date & Time Com	pleted	Do	ne by
Res No: NA INC 14006296/24	SAS e-filin	ıg	i .	1		
Veh No: 1ca 49465	E-mail (with	hia Shrs, AIC 2hrs)				
D.O.A: 7/4/19-17:10	i-Motor Cl	laim Form	M-1039508-0	01 1	94/19 17	:27
OD (TP) Reporting Only	i-Motor W	7/O (Within: OD 2hrs				
	i-Photo Up	loaded			7715	
TP Insurer:	Assessment/	Survey Report				
	Ass't Report	t by Fax / Hand to	Owner/Wksp	otto de		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ax:	THE PERSON NAMED IN
TP Particulars: Veh No:517163	R.	. INC ()/Non-INC().		
Owner / Driver: (Tel:	7.	<u> </u>	
Policy No: () Peri	iod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status	(WO): N: 0-20	%; P: 21-79%. I	P: 30-10	00%]	-
Year of Registration: () W	arranty: YES ()			
Excess: (\$) Loading: \$1,00	0()/\$2,00	0()	1-			Silles I
General Remarks			Carl Hack Carl	2727	32 T. I.	
() Walk-In Customer: Customer's inform	nation strictly C	onfidential & State	dly NO safar of	A 12 15 10 11	100 A. L.	
() Total Loss Case : to e-mail Insurer	IIDCENTT V					
Drive-In ()/ Towed-In (); Invoice:			wing Co: (,		
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	3.0		Date&Time Comple	ad .	Don	e by
) Apply for Transport Allowance ()/Co	urtesy Car ()		ad#b	Don	b by
) Apply for Transport Allowance ()/Cor 2) QC Check / Post Repair Inspection	urtesy Car ()		erad*b	Don	e by
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Apply for Transport Allowance ()/Complete (urtesy Car (Invoice Prepa 1) AR: Accident Re 2) DA: Damege As 3) TF: Towing Fee	ration Checklist porting (\$30); sessment (\$100);	NC (580) \$40/\$-	Amit (S)	N. Amil
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SINGAPORE ACCIDENT STATEMENT

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</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.
- 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.

Programme and the second	ACCIDENT STATEMENT
Date Of Report	09/04/2019 15:55
Date Of Accident	07/04/2019 13:10
Exact Location Of Accident	HEVELOCK RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA4946J
Insured/Policyholder	
Name Of Registered Owner	TKP EXPRESS
Co Reg No	53370491W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96159050
Alternative Phone No	OFFICE-96159050
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS G AUTO
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094656082-01
Cover Note Number	
Driver	
Name of Driver	TAN BEE LAN
NRIC No	S1195836B
Date Of Birth	15/07/1956
Occupation	INDOOR
Date Of Driving Pass	21/11/1978
Driving Experience	40 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91018365
Fax Number	
Contact Number	OFFICE-91018365
EMail Address	NOEMAIL

33 TAMPINES STREET 34 Address

#09-34

529238 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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)

involved in the accident

3

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 2

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

: TEO KANG POH

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION, THERE WAS 3 VEHICLES INVOLVED IN THIS ACCIDENT.

Attachment(s)

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

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT163R

Vehicle Make/Model/Colour

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

SHA3548S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN BEE LAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKA4946J

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

TEO KANG POH

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKA4946J

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.
- 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:
 - (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.

TKP EXPRESS Registration No 53370491W

Policyholder's Signature Date & Time: Driver's Signature

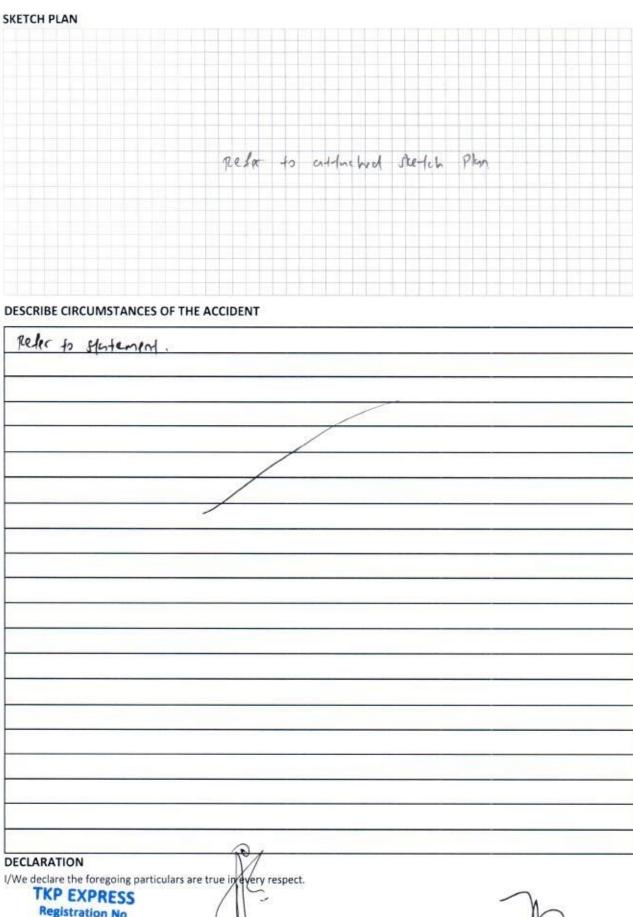
(If driver is not the policyholder)

Date & Time:

Reporting Centre Persønne 's Signature

Name:

NRIC/FIN No.:



Registration No 53370491W

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.:

野村 中 91018365.

SKA #946 T

A B TOWN SHA SLT SHA H9H6J 163R 35H85.

Havelock Rd

Mom building



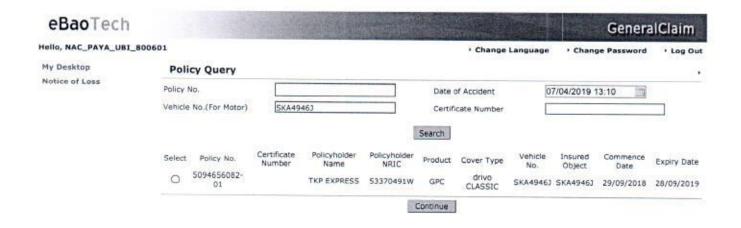












Policy No.	5094656082-01	Policyholder Name	TKP EXPRE	SS	Policyholder NRIC	53370491W	
Certificate No.		887040					
Address	BLK 131 #04-234 TAMPINES	STREET 11 TAM	INES COUR	T SINGAPORE 52113	1		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	27/08/2018	Effective Date	29/09/201	3 00:00	Expiry Date	28/09/2019 23	:59
Excess Type		All Claims Excess					
Third		Own					
Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore		Outside					
OD Excess	2000	Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	54444644		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
Address 1	BLK 131 #04-234	Addre	ss 2	TAMPINES STREET	11	Address 3	TAMPINES COURT
Address 4	SINGAPORE 521131	Addre	ss Type	Singapore address		Post Code	521131
	04-234	Relate Numb	ed Policy er	5094656082-01			
Unit No.							
	ed Object: SKA4946J						
Unit No.		110400					

cident MT/1039508					
icy No.	5094656082-01	Vehicle No.	9KA49a61	CCT Party Co.	
rtificate No.	303433434	Version No.	9KA49451	GST Registration No.	
icyholder Name	TKP EXPRESS				
oduct Code		(USBN92010		Policyholder NRIC	53370491W
	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
mact No. (Mobile)	96159050	Contact No. (Office)	0	Contact No. (Home)	0
nail Address	RENT BOTT	Special Remark		eCode	NC V
K	® No. ○ Yes	TCA	No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details					
port Date	09/04/2019 17:35	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
te of Accident	07/04/2019	Time of Accident hh:mm	13:10	Country of Accident	
porting Centra		Orange Force	34,40	3,505,00	Singapore
ident Location	HEVELOCK RD			ICM No.	
Excess	51301 and 4131 (1986)				
n damage Excess	2 000 00		920		
	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	2,000,00		
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
ofication History					
Policyholder Mailing Ad					
Sress I	BLK 131 #04-234	Address 2	TAMPINES STREET 11	Address 3	TAMPINES COURT
Oress 4	SINGAPORE 521131	Address Type	Singapore address	Post Code	521131
ê No.	04-234	Related Policy Number	5094656082-01		e. Annual
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	TAN BEE LAN	Driver NRIC	S119S836B	Driver DOB	15/07/1956
jster Date of Driver License	21/11/1978	Driver Age	62	Driving Experience	40
Hact No.(Mobile)	91018365	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	33 TAMPINES STREET 34	Address 2	THE EDEN AT TAMPINES	111000000000	
tress 4		Address Type		Address 3	SINGAPORE 529238
t No.	09-34	Address Type	Singapore address	Post Code	529238
	49-24				
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es he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
istered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
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pistered car? Paration Schaluser or Blood Test	○ Yes ® No Omg	Driver Vehicle No. Any Injury?	¥ Yes ○ No	Driver Insurer Company	
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gistered car? darration sethelyser or Blood Test		00.00.100	¥ Yes ○ No	Oniver Insurer Company	
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