s by
liry
lary
lary 
****
-
199 78
To Con-
)
by ·
-
-100-04
T-Sterl
-
SIT!
Amu
200 11 12
200 100
200 100
200 100
200 20
200 20
200 20
200 20
200 20
2013 22
Add B
2013 22
2013 22

#### 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.
- 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.
- 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

ANNE CONTRACTOR SERVICE	ACCIDENT STATEMENT	
Date Of Report	26/04/2019 15:34	
Date Of Accident	26/04/2019 11:30	
Exact Location Of Accident	TUAS RD BEFORE ROUNDABOUT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK4989U	
Insured/Policyholder		
Name Of Registered Owner	TAN CHIN CHIN	
NRIC No	S8286097E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-94885253	
Alternative Phone No	OFFICE-94885253	
Vehicle Particulars		
Manufacturer	HONDA	CHOCKE WILLIAM
Model	JAZZ 1.4A	
Exact Purpose for which vehicle was being used a time of accident	20 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
f No, Please state action to be taken	THIRD PARTY	
/ehicle Category	PRIVATE CAR	
nsurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	leaster percent
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5088598631-02	
Cover Note Number		
Oriver Control of the		
lame of Driver	TAN CHIN CHIN	
IRIC No	S8286097E	
Date Of Birth	13/04/1982	
Occupation	INDOOR	
ate Of Driving Pass	15/02/2017	
Priving Experience	2 YEARS AND 2 MONTHS	
Gender	MALE	
lobile Number	(LOCAL) +65-94885253	
ax Number	7.C-15813-617 (1.1.1555-15.7.1585) 15.7.1585(15.7.158	
2002.000.000 76		
ontact Number	OFFICE-94885253	

Address BLK 671A EDGEFIELD PLAINS

#07-501

Postcode 821671

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

OWNER

Insurance Company of Driver's Own Vehicle

3

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING

Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XD1838M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TAN AH KOW

NRIC/Passport Number

S2043738C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: ;

#### 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.
- 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>.
- 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.
- 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 (all insurers') and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers') 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.

di-

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

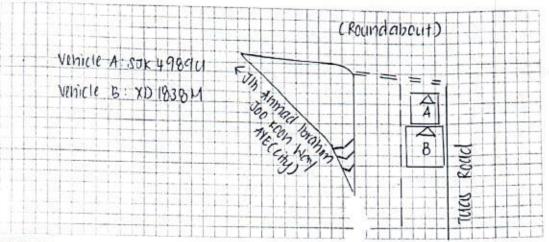
Date & Time:

Reporting Centre Personn

Name:

NRIC/FIN No.:

GANGLET Sketch Fland prem\_V3



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

017	the	stated	date	γ	time	, I,	vehicle	'A',	
8JK 499	ваи,	Nas .	statio	nany	on	the	stated	Venu	re
before	the	give- w	ay liv	1e. 1	out	9-3	se (ond	2	later,
vehicu	`B'	, XDIB38	и,	hìt	onto	my	Ctation	any	vehicle's
rear	portio	n.							
	87.4							_	/
							/		
						/			*
		*			/				
		/					11		-
	_						2		

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Persopne s Signature

Name: NRIC/FIN No.:

FACIAIT Sketch/Hanform\_V3

## ACCIDENT STATEMENT

ACCIDENT DATE: 1 36 / 04 / 2019 (DD/MM/YYY), TIME: 1 : 30 )(HH:MM)	4
Many Type Board Laters Royaldabout winderhealth Tuds	01-
OJVEHICLE NUMBER: STK498911  DJINSURANCE COMPANY: NTILL	r
C)POLICY NUMBER:  d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  e)MAKE & MODEL:  101Y/0 J027.  f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)	*
DIVEHICLE CATEGORY: (PRIMATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME:  1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY) CLAIM / REPORTING ONLY)	
2. INSURED / POLICY HOLDER A)NAME: TAN (MIN (MIN) (MIN)  B)NRIC/FIN/PASSPORT: S0186097E CONTACT: 94865753.  B)NRIC/FIN/PASSPORT: S0186097E CONTACT: 94865753.	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	•
14 No of passon ga, DRIVER (MALE / FEMALE)	
Cladeding driver) bjNRIC/FIN/PASSPORT:CONTACT:	7
e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED S CONTRACT  ONLY  O	
5. GIWEATHER CONDITION: ( AR / RAINING / OTHERS DYILLING ) b)ROAD SURFACE: (0 / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO) 7. GIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	
B. THIRD PARTY VEHICLE VD 1039 M	
(Industrial deliver) b) DRIVER'S NAME: 1011 AVI FOW	
(0) male, third Party Vehicle	
No of passenger e) DRIVER'S NAME:	
(Induding driver) f) NRIC/FIN/PASSPORT:CONTACT::	
(_)	*

email =

fax =

# HEADING THE STATE OF THE PROPERTY OF THE PROPE



Licence Number: S 8 2 8 6 0 9 7 5

Name:

### TAN CHIN CHIN

Birth Date: 13 Apr 1982

Issue Date: 15 Feb 2017



## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8286097E





Name

TAN CHIN CHIN



Race CHINESE Date of birth

13-04-1982

Country/Place of birth

MALAYSIA

Scanned by CamScanner

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

### **EFFECTIVE DATE**

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

15 Feb 2017

MP 428A



9409715



NRIC No. S8286097E



MALAYSIAN
Date of Issue
19-07-2016

APT BLK 671A EDGEFIELD PLAINS #07-501 SINGAPORE 821671

NRIC No: S8286097E

Date: 06/04/2017

MCLE LIAME.

<b>eBao</b> Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80 My Desktop Notice of Loss	Policy Query					) Change	Language	- Chan	ge Password	• Log Out
	Policy No. Vehicle No.(For Motor)	SJK498	SJK4989U			Date of Accident Certificate Number Search			11:30	
	Select Policy No. 5088598631-	Certificate Number	Policyholder Name TAN CHIN	Policyholder NRIC	Product	Cover Type	Vehicle No.	Object	Commence Date	Expiry Date
	02		CHIN	\$8286097E	GPC Continue	drivo CLASSIC	\$3K4989	U S3K4989U	23/04/2019	22/04/20

Policy No.	5088598631-02	Policyholder Name	TAN CHIN	CHIN	Policyholder NRIC	S8286097E	=1=1211001
Certificate No.		0000000			NAC		
Address	BLK 671A #07-501 EDGEFIELD	PLAINS WATE	RWAY BANK	S SINGAPORE 82167	1		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	20/04/2019	Effective Date	23/04/201	9 00:00	Expiry Date	22/04/2020 23	3:59
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			Young/	/Inexperience Driver Excess
Agant	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592		GST Flag	Y	
ngene	는 사용하는 BUT 여러는 하늘의 경우하는 그 사람이 하고 하나 목가 하고 있다.						
Co- Insurance							
Co- Insurance Flag Open Policy							
Agent Co- Insurance Flag Open Policy Info Certificate							
Co- nsurance Flag Open Policy nfo Certificate nfo							
Co- nsurance lag Open Policy nfo Certificate nfo Policyh	No	Addre	ss 2	EDGEFIELD PLAINS	- 10 <del>-2</del> 0	Address 3	WATERWAY BANKS
Co- insurance Flag Open Policy Info Certificate	No nolder Mailing Address	Addre	ss 2 ss Type	EDGEFIELD PLAINS Singapore address		Address 3	WATERWAY BANKS 821671
Co- nsurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4	nolder Mailing Address BLK 671A #07-501	Addre Addre Relate	ss Type				WATERWAY BANKS 821671
Co- nsurance lag Open Policy nfo Certificate nfo Policyh Address 1 Address 4 Unit No.	nolder Mailing Address BLK 671A #07-501	Addre:	ss Type	Singapore address			
Co- nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address  BLK 671A #07-501  SINGAPORE 821671  d Object: SJK4989U	Addre Addre Relate	ss Type	Singapore address			

Claim Handling					- Ext
Accident MT/1041858					
Certificate No.	5068590621-02	Vehicle No.	SJK4989U	GST Registration No.	
Policyholder Name					
Product Code	TAN CHIN CHIN			Policyholder NRJC	58286097E
Contact No.(Moorle)	PRIVATE CAR INSURANCE 94885293	Cover Type	drive CLASSIC	Loading	0
Email Address	94003233	Contact No.(Office)	0	Contact No.(Home)	0
KFK	0	Special Remark		«Code	n 🔻
NCD Protection	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	
Accident Details	No	NCD Entitlement(%)	20	Private Hire	No
Report Date					
	26/04/2019 15:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/04/2019	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	TUAS RD BEFORE ROUNDABOUT				
Total Excess Applicab	ile				
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Skandard Excess					
YIFD OD Excess	600.00	TP Standard Excess	0.00		
Additional Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Total OD Excess Applicable	0.00				
▼ Benefits	600,00	Total TP Excess Applicable	0.00		
Coverage			T ACT ADDRESS.		
Transport Allowance			Sum Insured		
<b>▽</b> GST Registered Inform	matten		99999999.99		
GST Registered	No		724		
GST Registration No.			GST Registration Date GST Status Verified		
Modification History			Go I Scalus Venned	Yes	
→ Policyholder Mailing A	Address				
Address 1	BLK 671A #07-501	Address 2	EDGEFIELD PLAINS	Address 3	WATERWAY BANKS
Address 4	SINGAPORE 821671	Address Type	Singapore address	Post Code	821671
Unit No.		Related Policy Number	5088598631-02		
* OI Driver Info					
Unnamed driver Name	TAN CHIN CHIN	Driver Type	Main Driver		
Register Date of Driver Licens	a Typing and a	Driver NRJC	58286097E	Driver DOB	13/04/1982
Contact No. (Mobile)	e 15/02/2017 94885253	Driver Age	37	Driving Experience	2
Address 1		Contact No. (Office)	0	Contact No.(Home)	٥
Address 4	BLK 671A SINGAPORE 821671	Address 2	EDGEFIELD PLAINS	Address 3	WATERWAY BANKS
Unit No.		Address Type	Singapore address	Post Code	821671
Does he own a Singapore	07-501				
Registered car?	○ Yes  ® No	Driver Vehicle No.		Driver Insurer Company	
Doclaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
nesong	100%	and uderly.	C) YARS (B) NO		
Modification History					
-wordsaugh matury					(
Claim 001 New					
Oem Type •	ОВ-МХ	Insured Name	THE COLUMN TO TH	2.5151.83/m2.67	
Contact No.(Mobile)	94605253	Contact No.(Home)	TAN CHIN CHIN	Insured NR3C	S8286097E
Email Address	tnechin@gmail.com	Of Victoria Number	Paraners .	Contact No.(Office)	
Claimant Type Claimant Type		Type of Benefit +	\$364989U	TP Vehicle Number	XD1838M
Claimant Name +		Claimant NRIC *	Please Select		
Claimant Address	22	Claimare NKIL *		in:	
Claim Description	SJK4989U / XD1838M DN 26 Apr 2019				
Preferred Workshop Contact	20 Apr 2019	82 (4 )		Name of Preferred Workshop	
No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes		Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/04/2019 15:54	Claim Close Date		Date Received	26/04/2019 00:00
Report Taken By	Jackson				
Print AK letter					
		38	Save Suomt		
Attachment					
9					
Accident No.	AND ADDRESS OF THE PARTY OF THE				
ast Doc. Received	MT/1041858	Claim No.	001		
THE RECEIVED	● Yes ○ No	Upload Date	26/04/2019 15:56		

		Display in New Wi	innow	in man	Scan and uploading	THE REAL PROPERTY.				-		
	Uploaded By/Date Folder Date		Pile Na	ame.		9			Source		Ad	tion
Video List	NAC_PAYA_UBI_BOGGOI_NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Apr 2019 15:54	Photos			Normal		Photos 20	19-4-26	5			Edit
	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Apr 2019 15:54	Photos			Normal		Photos 20	19-4-20	6			Edit
	NAC_PAYA_UB1_BD0001( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Apr 2019 15:54	Photos			Normal		Photos 20	19-4-2	6			Edit
J	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Apr 2019 15:54	Photos			Normal		Photos 20	19-4-2	6			Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Apr 2019 15:54	Photos			Normal		Photos 20	119-4-2	6			Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Apr 2019 15:54	Photos			Normal		Photos 20	019-4-2	6			Edi
	NAC_PAYA_UBI_BOOGO1( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Apr 2019 15:55	Photos			Normal		Photos 2019-4-26			,		
-	NAC_PAYA_USI_S00601( NATIONAL ASSESSMENT CENTRE SERVI	Photos	Normal Photos 2019-4-26				Edi					
	NAC_PAYA_UBI_BOOBOLI NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Apr 2019 15:55	Photos			Normal							Edi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV. CES) on 26 Apr 2019 15:58	Photos			Normal		Photos 20					Edi
-	NAC_PAYA_USI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Apr 2019 15:55	Photos			Normal		Photos 20					£di
XI.	NAC_PAYA_UBI_800801{ NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Apr 2019 15:55	Photos			Normal		Photos 20					Ld
A Green	NAC_PAYA_UBI_BOOKO1( NATJONAL ASSESSMENT CENTRE SERV CES) on 16 Apr 2019 15:55	I Photos			Normal		Photos 2	375467	onen.			Ed
0	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 76 Apr 2019 15:55	I Photos			Normal		Photos 2					Ed
400	NAC_PAYA_UBL_SD0601( NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Apr 2019 15:55				Normai	1,0	NRTC/ Driving Li SAS 20					£d
21.0	NAC_PAYA_UBI_800601  NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Apr 2019 15:56				Normal		NRSC/ Driving Li					Ed
*16" 6"1."	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 36 Apr 2019 13:56	Category  NRJC/ Driving Lice	Î	ľ.	Urgency Normal			ription			Mag Sent? (CO)	Acti
Attachment	U Approved V Programme										☐ Send Messa	ge Up
Nerse a Par		Brows	se C	Clear	Pleasa Select	V	ten v	V No	rmal	V		NO.
		Brows	se. C	Clear	Please Select	V	HO .	V No	2010	V		
		Brows	100		Please Select	V		V No	rmai			_
		Brows		A 100	Please Select	<u> </u>	-	the Land	rmal	V		
			1		-			₩ No	irmai	Y		