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	i-Photo Uple	oaded	1		4.60	
TP Insurer:	Assessment/S	urvey Report				
	Ass't Report	by Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ax:	
TP Particulars: Veh No: JK As	en inv	INC(
Owner / Driver: (8 1 U1X	,(Tel:	1),		-
Policy No: () Per	riod: ()	Cover Type: (
Confirmed by : (Date:	Tim	-		
Insured/Driver Liability: (%) [Note-Est. Status (V				00%1	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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.

	ACCIDENT STATEMENT
Date Of Report	28/05/2019 12:23
Date Of Accident	28/05/2019 00:30
Exact Location Of Accident	JUNC BAYSHORE RD & UPP EAST COAST RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS8029Z
Insured/Policyholder	
Name Of Registered Owner	BEN TAN LIANG WEI
NRIC No	S9546064Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98263254
Alternative Phone No	OFFICE-98263254
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used a time of accident	at WORKING
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	Design the second secon
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109495351
Cover Note Number	
Driver	
Name of Driver	BEN TAN LIANG WEI
NRIC No	S9546064Z
Date Of Birth	13/12/1995
Occupation	OUTDOOR
Date Of Driving Pass	28/08/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE

(LOCAL) +65-98263254

OFFICE-98263254

NOEMAIL

BLK 311 TAMPINES STREET 33 Address

#07-06

Postcode 520311

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 COLLISION - CROSS JUNCTION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

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?

If Yes, against whom?

NO

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 NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKH8767X

Vehicle Make/Model/Colour **BMW**

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 INJURED PERSON 1

Name BEN TAN LIANG WEI Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK

SLS8029Z

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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 truthful 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.
- 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.

Policyholder's Signature Date & Time

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

NRIC/FIN

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

	Upper fast Coast Road
0 5%	
1-50	4
	A: 808 80385
not yet on	B: SKH 8-767X
A A A A	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 was	travelling at the cross junction of Bayphore Local
	our fast Coast Road. When the traffic 19nt him
	proceed to stop at the turning poeket. When is
	v, I proceed to make a reject turn. As I was about
	rete the ugut turn, vehicle (B) suddenly at a
	+ speed out on from my left and collected
onto my	velficle aint left parkin.

DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

CHRISTICE SHAPE HPERFORM WE

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

Date and time of accident	Date: 28	May 201	9 (DI	D/MM/YY)	Time:	1030	(HH:MM)
Exact location of accident	Cross	Junction	of	Baysho	re 1	load	
	and	Upper	Cost	Coast	Pode	1.	

Details of vehicle

Vehicle registration number	PLS 8028Z
Vehicle make and model	Toyota Altie
Type of vehicle	Saloon MPV CRV Van Cry Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Dorkfurf
Are you claiming under your own insurance company?	Yes \(\text{No} \(\text{In No} \) if no, please select: Third part claim \(\text{Proposition Reporting only } \text{Description only } \(\text{Description only } \)

Insurance information

Insurance company	MT	c	
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

Insured / Policy holder

Name	then ton Leans wes	Male, p	Female
NRIC / Fin / Passport number	3 95460642		
Contact	9826 3254		
Address	4-01-06 Penjapore 520311	33	

Driver

Same as insured above (skip to D.O.B)

Name		Male 🗆	Female
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth	13 Dec 1895		
Occupation	Indoor Outdoor		
Driving date pass	28 Aug 2015		

General information of the accident

Was driver an employee of the insured's company?	Yes \(\text{No.} \(\text{If no, relationship of the driver and insured:} \)
Accident captured by camera?	Yes No.
Weather condition	Clear Raining Others:
Road surface	Dry- Wet a
No of passenger	(Inclusive of driver
Passenger 1	(metasive of driver
Name	
Gender	Male Female
Passenger 2	
Name	
Gender	Male Female
Passenger 3	
Name	
Gender	Male Female
Name	
Gender	Male Female
Passenger 5	
Name	
Gender	Male Female
Passenger 6	
Name	
Gender	Male Female
Other information	
Was anybody injured?	Yes. No a
Was other vehicle damaged?	Yes No D
Details of police action	
Reported to police?	Yes No. If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	9£H 8767 X
Vehicle make model	BMW

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Witness 1	
Name	
Witness 2	
Name	
Injured person 1	
Name	Ben Pan Liang Vei
Injuries sustained	Heck
Which vehicle person in?	SLS 8029Z
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes O No D
Injured person 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to hospital by ambulance?	Yes No
Injured person 4	
Name	
Injuries sustained	
Which vehicle person in?	
	Yes No
Were seat belts worn?	TES NO

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type 13 Description

Issue Date

PRIVATE HIRE CAR VL

18/04/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 28 Aug 2015 of the driver; and other motor vehicles =< 2500kg

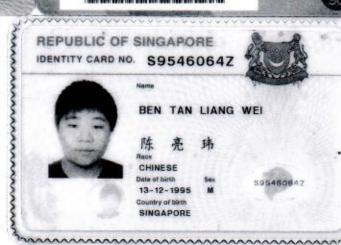


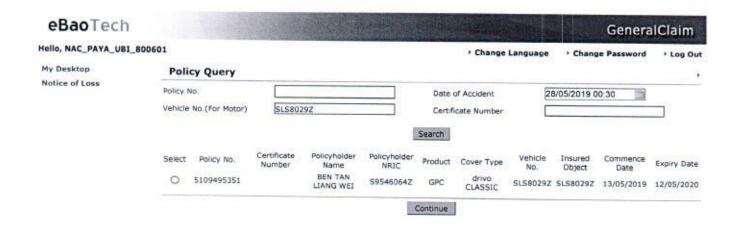
NP 428A











olicy No.	5109495351	Policyholder Name	BEN TAN LI	ANG WEI	Policyholder NRIC	S9546064Z	
Certificate No.		30/35 52/65			110410000		
Address	BLK 311 #07-06 TAMPINES S	TREET 33 SING	PORE 52031	1			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	13/05/2019	Effective Date	13/05/2019	9 00:00	Expiry Date	12/05/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	1769.37				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	KCB AGENCY	Agent Tel.	63913813		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
	BLK 311 #07-06	Addre	ss 2	TAMPINES STREET	33	Address 3	SINGAPORE 520311
Address 1			0.000			Post Code	520311
8970507500		Addre	ss Type	Singapore address			
Address 4			ed Policy	5109495351			
Address 4 Jnit No.	ed Object: SLS8029Z	Relat	ed Policy	Grand Barrier and Charles			
Address 1 Address 4 Unit No. Insure Endors	work and the second	Relat	ed Policy	Grand Barrier and Charles			

Claim Handling The premium on this policy has Accident HT/1046495	not been collected.				Exi
Policy No.	5109495351	Vehicle No.	SL58029Z	0.0000000000000000000000000000000000000	
Certificate No.	310343334	venicle inj.	31380292	GST Registration No.	
Policyholder Name	BEN TAN LIANG WEI			Policyholder NRIC	\$9546064Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96263254	Contact No.(Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	NL 💙
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
→ Accident Details					
Report Date	28/05/2019 14:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	28/05/2019	Time of Accident hhomm	00:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC BAYSHORE RD & UPP EAST COAST RD	8000 E-1000 /		100 100	
→ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	52525		
	re accent	mindacreen excess	100.00		
00 Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIEO OD Excess	0.00	YIED TP Excess		12,000 (15,200 c) (2,10	
Additional Excess		TIED IP EXCESS	0.00	Driver is Covered?	Not Applicable
	9,00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
♥ Benefits					
⇒ GST Registered Inform					
GST Registered	No		GSY Registration Date		
GST Registration No. Modification History			GST Status Verified	Yes	
- Transcario I manage					
→ Policyholder Mailing Ad					
		90777079	92000000000000000000000000000000000000	00900 0094 <u>8</u> TT	
Address 1	BLK 311 #07-06	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE \$20311
Address 4		Address Type	Singapore address	Post Code	520311
Unit No.		Related Policy Number	5109495351		
OI Driver Info					
Driver Name	BEN TAN LIANG WEI	Oriver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9546064Z	Driver DOS	13/12/1995
Register Date of Driver License	28/08/2015	Driver Age	23	Driving Experience	3
Contact No.(Mobile)	98263254	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	BUK 311	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520311
Address 4		Address Type	Singapore address	Post Code	520311
Unit No.	07-06		ar gapare to the	Contract of the Contract of th	520311
Does he own a Singapore	○ Yes ® No				
Registered car?	C 165 (B) No.	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Sreathalyser or Blood Test	0.00	. Annual and Annual an	8		
Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History Claim 001 New					
Claim Type *	00-MX	Insured Name	BEN TAN LIANG WEI	Insured NRIC	\$9546064Z
Contact No.(Mobile)	98263254	Contact No.(Home)	NOL	Contact No.(Office)	
Email Address	bensalvaforce@gmail.com	OI Vehicle Number	SLS8029Z	TP Vehicle Number	SXH8767X
Claimant Type Claimant Type+		Type of Benefit *	Please Select		10000
Claimant Name *	22	Cleimant NRIC +			
Claimant Address			NAME OF TAXABLE PARTY.	1	
Claim Description	SLS8029Z / SKH8767X ON 28 May 2019			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability •	Not at Fault	-Average recognition lines (sale	
No. Require Finalisation	From 1991		100000000000000000000000000000000000000	ACMINISTER.	
	Yes V	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/05/2019 14:29	Claim Close Date		Date Received	28/05/2019 00:00
Report Taken By	Jackson				
Print AK letter					
Attachment			Save Submt		
	0020000000	25/25/15/2	500-X		
Accident No.	MT/104649S	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	26/05/2019 14:31		
	Path *	A STATE OF THE STA	Category *	Confidential Lingens	cy * Description *

