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Veh No: JR83615	E-mail (within Sh	rs, AIC 2hrs)				10		
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OD . Reporting Only	i-Photo Upload	ed	1					
TP Insurer:	Assessment/Surv	ey Report						
Tr History.	Ass't Report by	Fax / Hand t	o Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:				
TP Particulars: Veh No: 1	1642234	. INC()/Non-INC(1		-		
Owner / Driver: (Tel:)			
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)			
	Note-Est. Status (W)): N: 0-20	0%; P: 21-79%.	P: 30-100	%]			
Year of Registration: ()	Warranty: YES ()/NO()					
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()	AMILIAN SANCE AND ASSESSMENT					
General Remarks:-				\$155 X 125				
() Walk-In Customer: Customer's in	oformation estimate. Co-E	A	SE WARREN STEELINGS CONTROL OF THE SECOND CO	Section Section	CAL HELVE - N	1 0		
() Total Loss Case : to e-mail Ins								
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO	(); To	owing Co: (1)		
Remarks:- (INC hotline: 6788 6616)	y contract of the second	The solution	Date&Time Compl	Sea 85.77	Done	Shir.		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.
- 5. 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

	ACCIDENT STATEMENT
Date Of Report	22/06/2019 13:22
Date Of Accident	21/06/2019 09:00
Exact Location Of Accident	CHANGI RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR8361S
Insured/Policyholder	
Name Of Registered Owner	JANE NADENE TAN KHEE TUAN MRS JANE ORTEGA
NRIC No	S6930320Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91812961
Alternative Phone No	OFFICE-91812961
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA 5D 2.5 STI AWD 6MT ABS
Exact Purpose for which vehicle was being used at time of accident	
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094300905-01
Cover Note Number	
Driver	
Name of Driver	ORTEGA ADRIANO PEDRO
NRIC No	S6926942G
Date Of Birth	27/08/1969
Occupation	INDOOR
Date Of Driving Pass	08/12/1987
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91062533
Fax Number	(COUNTY : 30-0 1002000
Contact Number	OFFICE-91062533
	OLLIOE-31005020

NOEMAIL

Address

3 JALAN LANA

Postcode

419036

SPOUSE

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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

4

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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?

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

SHC4023Y

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLQ5257L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SFD811J

Vehicle Make/Model/Colour

Details Of Properties

- Common of the portion

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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.
- 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 malling 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.
- 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.

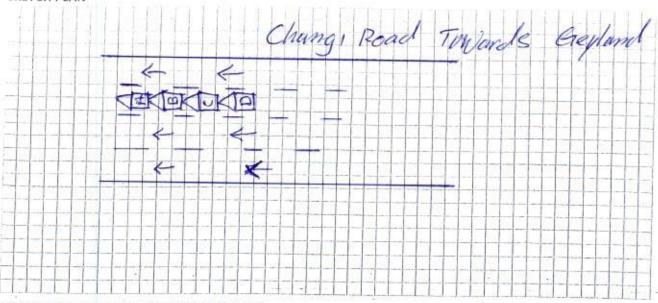
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Person nel's Signature Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE C	IRCUMSTANCES OF	THE ACCIDENT			
on	the spart	ed Time	and Date	I vehici	les SJR 83615
Was	travling all	ng Chong	Road town	uds Geyi	land as the
					second 1 fer
a ha	ge injund	from Re	ey. I bel	down and	sow their plan
a Chi	un allidas	t with for	n Vehicels	melvolong	my car.
Vehm					
V. A	SJR 93618				
	SHC 40234				
200 100 100	SLQ 5257 SFO 811 J				
8-110				2, 27, 27, 27, 27, 27, 27, 27, 27, 27, 2	
)				
					-

DECLARATION

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

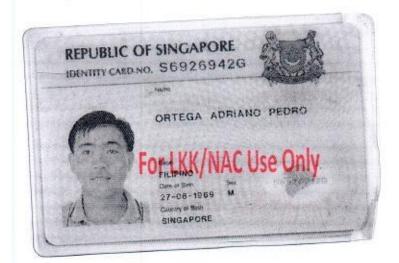
Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

Date of Accident	: 21/06/19 Accident Time: 0900 (24-HR-Format)
Accident Place	+ Everyland Secon Changi Road
Vehicle Reg. No. (Car Plate No.)	: SIR 8361S
Vehicle Make/Model	: Subaro impura sti
lusurance Company	:_ XTUC Policy No
Owner or Company Name /IC No.	
Owner or Company Contact No.	Owner's Hp Company Tel
DRIVER'S Name / IC No.	: ORTEGA ADRIANO PEDRO 36926942 G
DRIVER'S Date Of Birth	: 27/08/1969 DRIVER'S License Pass Date 8/12/1987
Relationship of Owner & Driver	Spouse Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 3 Jalan Lana 8 419036
DRIVER'S Contact No./ Alt No.	:1) 91062533 2)
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	river):
Was there any video Captured by ca Exact purpose for which vehicle was	r camera: YES\NO - s being used at the time of accident: Private use\Work purpose
Other F	arty Driver's Particular (if anv)
Vehicle Reg. No: SHC 4023	Vehicle Reg. No: SLQ 5257L
Vehicle MakeVModel:	Vehicle Make\Model:
Name Driver:	
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:

SFD 811 J











Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5094300905-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle Chassis Number

SJR8361S

2. Name of Policyholder

JF1GRFKH38G014387

3. Effective Date of Insurance

JANE NADENE TAN KHEE TUAN MRS JANE ORTEGA

4. Expiry Date of Insurance

20 Sep 2018

: 19 Sep 2019

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) \$\$1,500 **EXCESS (SECTION 2)** N/A WINDSCREEN EXCESS \$\$100 ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP NO **INSURE WITH COE** YES NO NCD PROTECTION TRANSPORT ALLOWANCE NO

JANE NADENE TAN KHEE TUAN MRS JANE ORTEGA PRIMARY DRIVER

: ORTEGA ADRIANO PEDRO NAMED DRIVER (1)

: N/A NAMED DRIVER (2) HIRE PURCHASE COMPANY N/A

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

INSMART (INSURANCE) AGENCY PTE LTD (00000615165)

Date of Issue

: 23 Aug 2018 23:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



	5094300905-01	Policyholder Name	JANE NADE	NE TAN KHEE TUAN	Policyholder	56930320Z	
Certificate No.		Name			NRIC		
Address	3 JALAN LANA SINGAPORE 41	19036					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	23/08/2018	Effective Date	20/09/2018	00:00	Expiry Date	19/09/2019 23	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	0			Young/	inexperience Driver Excess
Agent	INSMART (INSURANCE) AGEN	NC' Agent Tel.	68420766		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
	noider Mailing Address						
Policy	3 JALAN LANA	Addre	ss 2	SINGAPORE 419036	5	Address 3	
	Water with the second		ess 2 ess Type	SINGAPORE 419036 Singapore address		Address 3 Post Code	419036
Policy Address 1 Address 4	Water with the second	Addre Relati	ess Type and Policy				419036
Policy Address 1 Address 4 Unit No.	Water with the second	Addre	ess Type and Policy	Singapore address			419036
Policy Address 1 Address 4 Unit No.	3 JALAN LANA ed Object: SJR8361S	Addre Relati	ess Type and Policy	Singapore address			419036

Claim Handling												· Ex
Accident MT/1050101 Policy No.	5094300	one na										
Certificate No.	3034300	HU3-U1		Vehicle No.		53883615		GST Registration	No.			
Policyholder Name	TAME NAT	DENE TAN KHEE TUAN	e and there may									
Product Code		CAR INSURANCE	I MIND JAME ON I	Cover Type		date of a	6217	Policyholder NR	c	56930320	32	
Contact No.(Mobile)	9181296			Contact No.(O	(fice)	drive CLA	3310	Loading		0		
Email Appress	20100			Special Remar				Contact No.(Hor	ne)	0		
KFK.	® No ○	ives		TCA TCA		@w.O	2007	eCode		IN. V		
NCO Protestion	No			NCD Entitleme	entra-s	® No: ○ 50	Yas	eCode Reason				
Accident Details				INCO EMPLICINE	ant her	30		Private Hire		No		
Report Date	22/06/20	10 12:20		****	rancour.	100000						
Pate of Accident					et Within 24 hrs.			Accident Type		Chan Coll	noision	
Reporting Centre	21/06/20	19		Time of Acode	int hhimm	09:00		Country of Accid	ent	Simpapore		
Accident Location	CHANGI)	ND.		Grange Force				ICM No.				
♥ Excess	Seronosa I											
		9,323	23									
Own damage Excess Unnamed Driver Excess		1,500.0		Additional Exc		0		Windscreen Exc	ess	100.00		
		0.0			pore OD Excess		1,500.00					
hird Party Excess		0.0	0	Outside Singar	pore TP Excess		0.00					
♥ Benefits												
GST Registered Inform	ution											
iST Registration No.		No					T Registration Date					
fodification History						GS	T Status Verified	Yes				
-contration motory												
□ Policyholder Mailing Ad	ddress											
Address 1	3 JALAN I	ANA		Address 2		CINCLES	E 415034	4337.7				
Address 4		NO. S. C.		Address Type		SINGAPO		Address 3				
Une No.				Related Poscy	No. of the Contract	Singapore		Post Code		419036		
OI Driver Info				Hamila Louck	reamper	50943009	05-01					
Driver Name	ORTEGA A	ADRIAND PEDRO		Driver Type		Named Dr	ver					
Unnamed driver Name				Driver NRIC		56926942		Driver DOB		27/08/196	10	
Register Date of Driver License	08/12/19	87		Driver Age		49		Driving Expenses		31	13	
Contact No.(Mobile)	91062533			Contact No. (Of	flice)	0		Contact No. (Hon		0		
Vddress 1	3 SALAN L	ANA.		Address 2		SINGAPOR	E 419036	Address 3		. 90		
Address 4				Address Type		Singapore				remains.		
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