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Veh No: ON+1675C	E-mail (within Shrs, AIC 2h	(9)		
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6	i-Motor W/O (Within: Of		26/3/19 7	2!
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TP Insurer:	Assessment/Survey Repo	rt		-
1P Insurer:	Ass't Report by Fax / Ha			
Preferred Wksp / INC Assign Wksp / QW:			ax:	-
TP Particulars: Veh No: N	E 70760 INC			
Owner / Driver: (V 17/100	Tel:	,	
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (9,	%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-1	00%1	-
Year of Registration: () Warranty: YES ()/NO (
Excess: (\$) Loading:				-
General Remarks:	PERSONAL PROPERTY NAMED OF THE PERSON NAMED OF	SAME THE SAM	30 17. The	-
() Walk-In Customer : Customer's			1.00° 31-1-7	
() Total Loss Case : to e-mail In	TIP CONTINUE TO	Strictly NO refer of repairer.		
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Drive-In ()/ Towed-In (); Inv	roice: YES () / NO ()	Towing Co: ()
Remarks:- (INC hotline: 6788 6616	0.	3-	AND RESERVED	
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

aforesaid.	to release consonit to the archiving or this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/07/2019 20:06
Date Of Accident	26/07/2019 11:50
Exact Location Of Accident	35A YIO CHU KANG RD CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH1635C
Insured/Policyholder	
Name Of Registered Owner	TAN TING YI DEON
NRIC No	S9306267A
Email Address	NOEMAIL
Mobile Dhase No	

 Mobile Phone No
 (LOCAL) +65-96363472

 Alternative Phone No
 OFFICE-96363472

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 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 5099976150-01

Cover Note Number

Driver

Name of Driver DEON TAN TING YI

 NRIC No
 \$9306267A

 Date Of Birth
 12/02/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 01/10/2013

Driving Experience 5 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96363472

Fax Number

Contact Number OFFICE-96363472

EMail Address NOEMAIL

BLK 115C YISHUN RING ROAD Address

#13-809

Postcode 763115

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 - MAJOR/MINOR RD

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

2

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

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: TEO LUI YUN

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLE7376B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SIENG LAM THONG

NRIC/Passport Number

S7509704B

Contact Number

81293572

Address

Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name DEON TAN TING YI

Approximate Age

Injuries Sustain NECK & BACK Injured person in which vehicle? SLH1635C

Were seat belts worn?

YES NO

Was this injured conveyed to hospital by ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name TEO LUI YUN

Approximate Age

Injuries Sustain **NECK & BACK** Injured person in which vehicle? SLH1635C

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.
- 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
- 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
- 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:

- 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 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
- 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
- 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 Pe nel's Signature Name:

NRIC/FIN No.:

Blocky, the post-parameter of

1 was	pravel	ling	Straight	90 .	tle	carport	d	35A
Yeo Chu	tang	Loc	id. As	1 wm	pe	ining	by	rehocle
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ollided	ondo	nuy	vehicle	right	stole	porti	con.	
			in the					

DECLARATION

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

Policyholder's Signature Date & Time:

 $24 \mathrm{Ne}^{2} + 3 \mathrm{Sec}_{1} + 2 \mathrm{Sec}_{2} + 2 \mathrm{Sec}_{3} + 2 \mathrm{Sec}_{4}$

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

Reporting Centre Personnel's Signature Name:

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 Information provided must be as fruitrul and accurate as possible. Any willrul misrepresentation or witinologing or material accurate as possible. Any willrul misrepresentation or witinologing or material accuracy 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: 26/07	1201	(DD/	ARA/VV	Time	1.0-	
Exact location of accident	6 11	100	100/1	VIIVI/ TT	time:	1150	(HH:MM)
and the second of accident	Carpark	07	35 A	450	Chu	tous	Load
	10					1-1-7	

Details of vehicle

Vehicle registration number	SLH1635C
Vehicle make and model	Toyota ALLY
Type of vehicle	Saloon MPV CRV Van C
Vehicle category	British Others:
Purpose of using at said time	Private Commercial Motorcycle
Are you claiming under your own insurance company?	Yes D No D if no, please select: Third part claim Reporting only D

Insurance information

Insurance company	HTUC		
Policy number	110		
Type of policy	Comprehensive	TI	
	Comprehensive	Third party fire & theft	TP only a

Insured / Policy holder

Name	Dean Tan Tous You Malan Familia
NRIC / Fin / Passport number	9 9 3 0 6 3 6 7 C Maleo Female C
Contact	9036 3472
Address	Block USC Yishun Llay Local \$15-809 Sunjapore 763115

Driver

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

Name			
NRIC / Fin / Passport number		Male 🗆	Female 🗆
Contact			
Address		- M	
Email address			
Date of birth	12 Peb 1993		
Occupation	Indoor Outdoor D		
Driving date pass	61 Oct 2013		

General information of the accident

Was driver an employee of	Yes a No.	0.0
the insured's company?	If no, relationship of the driver and insured:	Seff
Accident captured by camera? Weather condition		
Road surface	Clear Raining Others:	
No of passenger	Dryu Wet a	
Passenger 1	-	(Inclusive of drive
r assenger 1		
Name		
Gender	Male D Female	
Passenger 2		
Name		
Gender	Male D Female D	
Passenger 3		
Name		
Gender	Male Female	
Name		
Gender	Male Female	
Passenger 5		
Name		
Gender	Male D Female D	
	Temple II	
Passenger 6		
Name		
	ale D Female D	
	ale D Female D	
Other information Was anybody injured? Ye		
Other information Vas anybody injured? Yes	sø No 🗆	
Other information Was anybody injured? Ye	sø No 🗆	
Other information Was anybody injured? Was other vehicle damaged? Ye	SE NO D	

Third party vehicle 1

Name	Sieng lam thoug
Contact number	8129 3572
NRIC / Fin / Passport number	97508704B
Vehicle registration number	SLE 7376 B
Vehicle make model	

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 2	
Witness 2	
Name	

Injured person 1

Name	neon ton the to
Injuries sustained	Heek 1 back
Which vehicle person in?	8LH 1635C
Were seat belts worn?	Yeş D No D
Was injured conveyed to hospital by ambulance?	Yes D No.2

Injured person 2

Name	Teo Lui Yun
Injuries sustained	Heck & Back
Which vehicle person in?	SLH 1635C
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 D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 4

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

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9306267A





DEON TAN TING YI

CHINESE Date of birth 12-02-1993

SINGAPORE

Country of birth

09306257A





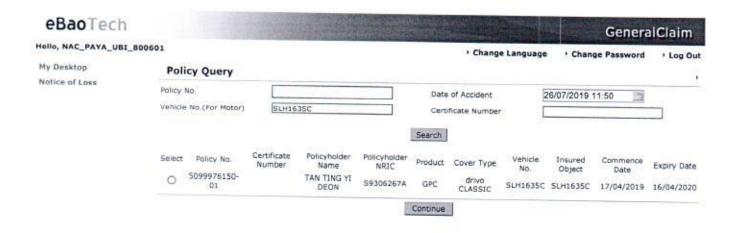
22-02-2008

APT BLK 115C YISHUN RING ROAD #13-809 SINGAPORE 763115

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

Motor Cars=< 3000kg with =<7 pessangers, exclusive 01 Oct 2013 of the driver; and other motor vehicles =< 2500kg

NP 428A



Policy No.	5099976150-01	Policyholder Name	TAN TING	YI DEON	Policyholder NRIC	S9306267A	
Certificate No.		7407770			MAIC		
Address	BLK 115 #13-809 YISHUN RI	NG ROAD SINGA	PORE 7601	15			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	05/04/2019	Effective Date	17/04/201	9 00:00	Expiry Date	16/04/2020	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	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
ddress 1	BLK 115 #13-809	Addre	ss 2	YISHUN RING RO	DAD	Address 3	SINGAPORE 760115
		Addre	ss Type	Singapore addres	ss	Post Code	760115
ddress 4							
Address 4 Unit No.		Relate Numb	d Policy er	5099976150-01			
Jnit No.	d Object: SLH1635C			5099976150-01			
Jnit No.	ALEXANDER DE CONTRACTOR			5099976150-01			

## DET Sealent Vertres Page Pag	Claim Handling						
Control							• 63
Content for	Policy No.	5099976150-01		Vehicle No.	SLH163BC	GST Recistration No.	
March Marc	Certificate No.						
Marchael Color Michael Mich	Policyholder Name	TAN TING YI DEDN				Policyholder NR3C	\$9306267A
Count of Support Count of S	Product Code	PRIVATE CAR INSUR	MANCE	Cover Type	drivo CLASSIC		C14644160-
Second Second Second Seco	Contact No. (Mobile)	96363472		Comact No.(Office)	9		
Marie Mari	Email Address			Special Remark			
March Control March Contro	KFK	® No ○ Yes		TCA	® No ○ Yes		1. Kingatan
Manufact	NCO Protection	No		NCD Entitlement(%)	10	Private Hore	Yes
Design of School Comment Comme	 Accident Details 						
Marriad Carlotine Colore Annual Colore	Report Date	26/07/2019 20:15		Academ Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Marriado	Date of Accident	26/07/2019		Time of Accident hh:mm	11:50	Country of Accident	Singapore
Prince Park	Reporting Centre			Orange Force		ICM No.	
December Part Country Countr	Accident Location	35A YIO CHU KANG	RD CARPARK				
## 100 Developed Existates 2,000 175 Developed Existates 0,00 175 Developed Existates 0	Total Excess Applicable	•					
1900 1900	Excess Type	Per Accident		Windscreen Excess	100.00		
1900 OF Season	OD Standard Eurage		2.000.00				
Marie Mar							
Table Of Direct Application 2000 00				TIED IN Excess	0.00	Driver is Covered?	Covered
## Color Registration							
OST Registered Montematics No. ST Registration Calle No. ST Registration Calle No. ST Registration Calle No.			2000.00	Total TP Excess Applicable	1,500.00		
## COST Requestant No.		ation					
### CET Sequent Verified Type ### Palicyholder Mailling Address ### Palicyholder Mailling Address ### Palicyholder Mailling Address ### Address 1	GST Registered				GST Basistration Date		
### Policybridder Mailing Address Address 1	GST Registration No.					Yes	
Address 1 BLY 115 #13-409 Address 2 YSHUN RING ROAD ADVES 3 SURGAPORE 780115 Address Yew Brigarore address A Plant Case 760115 Vol 19.	Modification History						
Address 1 BLY 115 #13-409 Address 2 YSHUN RING ROAD ADVES 3 SURGAPORE 780115 Address Yew Brigarore address A Plant Case 760115 Vol 19.							
Address Type A							
March Mar		BLK 115 #13-809				Address 3	SINGAPORE 760115
## Driver Table Dr						Post Code	760115
Driver Name				Related Policy Number	5099976150-01		
Driver Nation Driver Nati		DEON TAN TING VI		Name & Co.	1200000000		
Register Date of Driver Loginia S1/10/2013 Driver Age 26 Driving Experience S	Unnamed oniver Name	DECK HAR SING A				Driver DOR	12.02.02.0
Contact No. (Missian) 98.36.1472 Contact No. (Office) 0 Contact No. (Nome) 0		01/10/2013					
Address 1 BLX 115 Address 2 YISHAN RIMG ROAD Address 3 SINGAPORE 760115 Address 4 Address 4 Past Code 760115 Address 7 Past Code 760115 Address 7 Past Code 760115 Desired Past Code 760115 Desire	Contact No.(Mobile)						
Address Type Singapore address Past Ecide 760.15 Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Description Driver Vehicle No. Driver Vehicle No. Driver Description Driver Vehicle No. Driver Vehicle No. Driver Description Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Description Driver Description Driver Vehicle No. Driver Description Driver Vehicle No. Driver Description Driver Driver Description Driver	Address 1	BLK 115					
Driver Signature Company	Address 4						
Deceration Description Descri	Unit No.	13-809			SELECTION CONTRACTOR		
Decignacy or Bood Test D mg	Opes he own a Singapore . Registered car?	C: Yes @ No		Driver Vehicle No.		Driver Insurer Company	
And mounty Claim 1ype * OD-PK							
Any Injury 1 © Yes (No.) Claim 003 New Claim 005 New Co-MX	Declaration						
Claim 00s New Claim 17pe * OD-MX	Breathalyser or Blood Test Reading?	D mg		Any injury?	® Yes ○ No		
Claim 00s New Claim 17pe * OD-MX							
Claim Type * OCI-MX V Insured Name TAN TING YI DEON Insured NRIC S9306267A Centact No. (Home) 67549000 Contact No. (Office) Demail Address Demail Road Type Claimant Type Claimant Type Please Select V Type of Benefit * Please Select V Damant Name *	Modification History						
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Centact No. (Hone) 96363472 Contact No. (Home) 97549006 Contact No. (Office) Email Address DEONTAN93@LIVE.COM.SG OI Vehicle Number Sun4839C Type of Benefit * Please Select The Workshop Contact The Worksho	Claim 001 New						
Centact No. (Hone) 96363472 Contact No. (Home) 97549006 Contact No. (Office) Email Address DEONTAN93@LIVE.COM.SG OI Vehicle Number Sun4839C Type of Benefit * Please Select The Workshop Contact The Worksho							
Centact No. (Mobile) 96363472 Contact No. (Prome) 67549006 Contact No. (Office) Imail Address DECNTAN939ELVE COM.9G OI Vehicle Number SLE235C TP Vehicle Number SLE73768 Damaint Type Claimant Type Please Select	Claim Type +	QD-MX	V	Insured Name	TAN TING YI DEON	Insured NRIC	593063676
DENITANS DEN	Centact No.(Mobile)	96363472		Contact No.(Home)	67549006		
Damant Type Claimant Type * Please Select ▼ Type of Benefic * Type of Benefic	Email Address	DEONTAN93@LIVE.C	OM.SG		SUH1635C		SLE73768
Claim Description SLH163SC / SLE73768 ON 26 Jul 2019 Preferred Workshop Contact to. Insured Lability * Not at Fault Very Preferred Workshop, Name unknown V GIA report Received 25/07/2019 20:16 Claim Close Date Save Submit Attachment W// Print AK latter Attachment W// Yes Not	Claimant Type Claimant Type *	Pisase Select	· ·	Type of Benefit *	Please Select		
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Attachment Attach		SLH1635C / SLE7376	8 ON 26 Jul 2019	No. of the last of		Name of Preferred Workshop	
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## Print AK letter ### Attachment ### Colem No. MT/305526 Claim No. 001 ### Oct. Received ● Yes ○ No Upload Oace 25/07/2019 20:17	Require Finalisation	Yes	V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
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