	Services ( Services )			
Date In 29/07/19	Jeb description	Date &Time Completed	Done	by
Rei No. NA/INC19013264/13	SAS e-filing			SI 22 - 23
VC NO 5405269X	E-mail (within Shrs. AIC 2hrs,			
DOA 28/07/19 2100	i-Motor Claim Form	mT/1055506-	001	
OD TP (Peporting Only)	i-Motor W/O (Within: OD 2h			777
775 A Exporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	
TP Particulars: Veh No: Se	35 7667 INC	)/Non-INC()		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Perio	d; ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [No	te-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ( ) Wa	rranty: YES ( ) / NO (	)		
Excess: (\$ ) Loading: \$1,000	( )/\$2,000( )			
General Remarks:-		RANGE ALL L	195	
( ) Walk-In Customer: Customer's information	ation strictly Confidential & S	trictly NO refer of repairer.	76	
( ) Total Loss Case : to e-mail Insurer	URGENTLY.			
Drive-In ( ) / Towed-In ( ); Invoice: Y	YES ( ) / NO ( );	Towing Co. (		)
			, , , , , , , , , , , , , , , , , , ,	
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
<ol> <li>Apply for Transport Allowance ( ) / Cou</li> </ol>				
2) 00 01 1 10 1	irtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300	( )			
Upload Resurvey Photo [Repair Cost > \$300     Injury :	( )			
3) Upload Resurvey Photo [Repair Cost > \$300	( )			
3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions	( ) 00] ( )	eparation Checklist	Amt (\$)	
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time Actions	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	nt Reporting (\$30);	Ist Bill	
3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Claimant's Particulars:-	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	nt Reporting (\$30); e Assessment (\$100); INC (\$	Ist Bill	
3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Claimant's Particulars:-  Driver/Owner:	77 \( \) Invoice Pro  1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow-	nt Reporting (\$30); e Assessment (\$100); INC (\$100); Fee \$40 Through Survey	1st Bill 80) 0/\$45 \$120	- 9
3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Claimant's Particulars:-  Driver/Owner:	77 \$Tinvoice Property of the property of	nt Reporting (\$30); e Assessment (\$100); INC (\$100);	1st Bill 80) 0/\$45 \$120 \$30	- 9
3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Plaimant's Particulars:-  Oriver/Owner:  Contact No:	77 \( \) Invoice Property (1) AR: Accided (2) DA: Damag (3) TF: Towing (4) FT: Follow-For claiming (6) TR: Re-insp	nt Reporting (\$30); e Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) ection	1st Bill 80) 0/\$45 \$120 \$30 5)	- 25
3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Plaimant's Particulars:-  Oriver/Owner:  Contact No:	77	nt Reporting (\$30); e Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200); ection	1st Bill 80) 0/\$45 \$120 \$30	- 9
3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Claimant's Particulars:-  Oriver/Owner:  Contact No:  Damaged Portion:	77 \( \) Invoice Property (1) AR: Accided (2) DA: Damag (3) TF: Towing (4) FT: Follow-For claiming (6) TR: Re-insp (7) NI: Idae DA (8) NTUC Addion OD:	nt Reporting (\$30); e Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) ection A + SMRT Survey tional Services:-	1st Bill 80) 0/\$45 \$120 \$30 5)	- 9
3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Claimant's Particulars:-  Priver/Owner:  Contact No:  Camaged Portion:	77	nt Reporting (\$30); e Assessment (\$100); INC (\$100); I	1st Bill  80)  0/\$45 \$120 \$30  5) \$75 \$160	- 9
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time Actions  Claimant's Particulars:-  Oriver/Owner:  Contact No:  Damaged Portion:	77	nt Reporting (\$30); e Assessment (\$100); INC (\$100); I	1st Bill  80)  0/\$45  \$120  \$30  \$)  \$75  \$160  \$5  \$5  \$10  \$25	- 9
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time Actions  Claimant's Particulars:-  Oriver/Owner:  Contact No:  Damaged Portion:  C Checked by (Engr-In-Charge):  Auditors' Comments:-	77 \( \)  Invoice Pr  1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae D/ 8) NTUC Addi OD* *N5: Courte: *N6: Repair *N7: Post Re *N8: DV / C TP (N11): T	nt Reporting (\$30); e Assessment (\$100); INC (\$100); I	Ist Bill	Amt (\$) Add Bil
3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions	77	nt Reporting (\$30); e Assessment (\$100); INC (\$100); I	1st Bill	- 9

#### 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.
- 5. 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 ladgement 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.	ACMINISTRAL ICAMA CONTRA DELL'ESCANA DEL COMPANIO DE CONTRACTORA ACTUAL DE LA CONTRACTORA DE LA CONTRACTORA DE
Walter of the North Address of the Control of the C	ACCIDENT STATEMENT
Date Of Report	29/07/2019 10:29
Date Of Accident	28/07/2019 21:00
Exact Location Of Accident	TPE TWDS PUNGGOL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD5269X
Insured/Policyholder	
Name Of Registered Owner	TAN CHAI KEE
NRIC No	S6947078E
Email Address	JZJZJ220601@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90628717
Alternative Phone No	OTHERS-90628717
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 5
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	REPORTING ONLY
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 5109745525

Cover Note Number

### Driver

 Name of Driver
 TAN CHAI KEE

 NRIC No
 \$6947078E

 Date Of Birth
 16/02/1969

 Occupation
 INDOOR

 Date Of Driving Pass
 20/10/1994

Driving Experience 24 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90628717

Fax Number

Contact Number OTHERS-90628717

EMail Address JZJZJ220601@GMAIL.COM

BLK 292B COMPASSVALE STREET Address

#11-220

542292

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

Postcode

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

5

Number of Passengers (Including Driver)

Passenger 1

NAME: : LAU AI LENG

GENDER: : FEMALE

Passenger 2

NAME:

: TAN HUI XIN

GENDER: : FEMALE

Passenger 3

NAME:

: TAN KANG WEI

GENDER: : MALE

Passenger 4

NAME:

: TAN KANG YING

GENDER: : MALE

## **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

I WAS TRAVELLING FROM TPE TWDS PUNGGOL ON THE LEFT LANE OF A2-LANES RD.INFRT OF MY VEH STOP AND I SLOWING DOWN, SUDDENLY VEH(B) BEARING REG NO SBS7667G CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

HAVEN'T RETRIEVE

Was there any audio recorded? NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SBS7667G

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)

BUS

KONG HUA KIONG

S2750315B

86563132

#### 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.

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.:

SEMBEANG.	Down	
TOWN	Deine G	1
国	TAI	
A-5405269X B-SRS7667G	111	
B-5BS 7667G		
A		
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	1 29	
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# **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 Personnel's Signature

Name:

NRIC/FIN No.:



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS00206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: SLO 53 69 X Name(as shown in NRIC): TAN CHAI KEE NRIC/FIN/Passport No : 569 47078 E (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate BLK 292B COMPASSVALE ST #11-220 \_\_\_\_\_Mobile No.:\_ 90628717 Contact (Tel) Email Address Date of Accident : 28/07/19 \_\_\_\_\_Time of Accident : 2100 Place of Accident : TPE 7605 PUNGGOL (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: REVERT FROM TP TO REPORTING ONLY

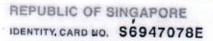
Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name: NRIC/FINNo.:

Date:







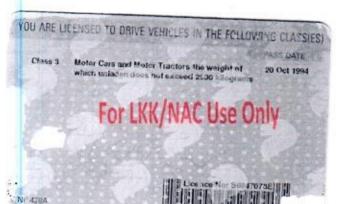


TAN CHAI KEE

For LKK/NAC Use Only

CHINESE 16-02-1969

Country/Place of birth SINGAPORE





Lau Ai Leng (+
Ton Hui Xin (+)
Ton Kong Wei (n
Ton Kong Wei (n
Ton Kong Ting (n)



# Certificate of Insurance

MOTOR	VEHICLES	(THIRD	PARTY	RISKS	AND	COMPEN	ISATION)	ACT (CH	APTER :	189)
MOTOR	VEHICLES	(THIRD	PARTY	RISKS	AND	COMPEN	ISATION)	RULES, 1	960	
ROAD T	RANSPORT	ACT, 1	987 (M	ALAYS	IA)					

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

Certificate Number: 5109745525 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SLD5269X

Chassis Number : JM6CW1071G0123880

Name of Policyholder
 Effective Date of Insurance
 Expiry Date of Insurance
 20 Jun 2020

5. 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)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES (FREE)
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO
PRIMARY DRIVER : TAN CHAI KEE

 NAMED DRIVER (1)
 : N/A

 NAMED DRIVER (2)
 : N/A

 HIRE PURCHASE COMPANY
 : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : INDEX AGENCY PTE LTD (00000572017)

Date of Issue : 31 May 2019 14:01 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

Claim Handling						
Accident MT/1055506	20000200	(63.13.20	1100000000		2025	
Policy No.	5109745525	Vehicle No.	SLD5269X		GST Reg	istration h
Certificate No. Policyholder Name	TAN CHAI KEE					
Product Code	PRIVATE CAR INSURANCE	Cours Tree				lder NRIC
Contact No.(Mobile)	90628717	Cover Type Contact No.(Office)	drivo CLASSIC		Loading	No Olean
Email Address	200207.17	Special Remark	.0.			No.(Home
KFK	» No Yes	TCA	No C Ver		eCode	353833
NCD Protection	Yes	NCD Entitlement(%)	No Yes		eCode Re	
Accident Details	res	ACD Enddement (76)	50		Private H	nre
Report Date	29/07/2019 17:44	Accident Report Within 24 hrs	Yes		Accident	Time
Date of Accident	28/07/2019	Time of Accident hh:mm				
Reporting Centre	- Espery Editor	Orange Force	21:00			of Accider
Accident Location	TPE TWDS PUNGGOL	Grange Porce			ICM No.	
Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		100.00		
				5.00.000.00		
DD Standard Excess		TP Standard Excess		0.00		
YIED OD Excess		YIED TP Excess		0.00	Driver is	Covered?
Additional Excess						
Total OD Excess Applicable		Total TP Excess Applicable		0.00		
→ Benefits						
Coverage			Sum Insur	ed		
Accessory	2000		2000			
GST Registered Informa	owite.					
GST Registered GST Registration No.	No			tration Date		
Modification History			GST Status	s venned		Yes
Address 1 Address 4 Unit No.	BLK 227 #07-07 SINGAPORE 550227 11-220	Address 2  Address Type  Related Policy Number	SERANGOON AVEN Singapore address 5109745525	UE 4	Address : Post Code	
Driver Name	TAN CHAI KEE	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S6947078E		Driver DO	ЭВ
Register Date of Driver License	01/01/1999	Driver Age	50		Driving E	xperience
Contact No.(Mobile)	90628717	Contact No.(Office)	0		Contact N	No.(Home)
Address 1	BLK 2928	Address 2	COMPASSVALE STR	EET	Address 3	3
Address 4	SINGAPORE S50227	Address Type	Singapore address		Post Code	
Unit No. Does he own a Singapore	#11-220					
Registered car?	Yes a No	Driver Vehicle No.			Driver Ins	surer Com
Declaration						
Breathalyser or Blood Test	422	12:1791-92	427			
Reading?	0 mg	Any injury?	Yes W No			
Modification History						
Claim 001 OD-MX New	i .					
Claim 001 OD-MX New						
Claim Type •				OD-MX	Insured Name	TAN CH
Contact No (Mohile)					Contact	personne
Contact No.(Mobile)				90628717	No. (Home)	669321
Email Address				JZJZJ220601@GMAIL.COM	O1 Vehicle	SLD526
Chaire Danced Co.					Number	Name and A
Claim Description				SLD5269X / SBS7667G ON 28	Jul 2019	
Preferred Morkshop	Insured Liability					
Klerkinkop FARRAGINA. Yes	Preferred Workst	hop, Name unknown   GIA Received report	12			