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Date In: 618/19-13:42	Jeb description	Date & Time Completed	Done b
Rei No: WALINCIGOIDAI My	SAS e-filing		
Veh No: JMA4180	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 68 19-11:30	i-Motor Claim Form	M7 105656-21	6 [ ] 15 14:16
OD TP / Reporting Only	i-Motor W/O (Within: OD 2hrs		011/15 19:10
33 Treporting Only	i-Photo Uploaded	!	
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QV			ax:
TP Particulars: Veh No:	6943736x INC(	12,000	Z7412
Owner / Driver: (		Tel:	- 5
Policy No: ( )	Period: ( )	Cover Type: (	
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (	%) [Note-Est Status (WO): N: 0-20	%; P: 21-79%. P: 30-1	00%1
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1) Apply for Transport Allowance (	)/Courtesy Car ( )	- 1	37.7
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2) QC Check / Post Repair Inspection	( )	-	
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### 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 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	06/08/2019 13:40
Date Of Accident	06/08/2019 11:30
Exact Location Of Accident	1 NANSON RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA4118J
Insured/Policyholder	
Name Of Registered Owner	JANELLE TAN YAN TING
NRIC No	S9510395B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83232460
Alternative Phone No	OFFICE-83232460
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ACCENT (RB) 1.4 CVT
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
f 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 5101414096-01

Cover Note Number

Driver

Name of Driver SHAWN TAN JIA JIN

 NRIC No
 S9247645F

 Date Of Birth
 17/12/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 20/05/2013

Driving Experience 6 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83830354

Fax Number

Contact Number OFFICE-83830354

EMail Address NOEMAIL

Address 57 LORONG MELAYU

#02-01

Postcode 417026

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured SIBLING

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? 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)

NO

soliciting/offering accident claims assistance.

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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE, I SAW VEHICLE B REVERSED HIS VEHICLE ON MY LEFT VIEW. I TRIED TO HORN HIM TO WARN HIM AND I STOPPED MY VEHICLE, VEHICLE B DID NOT PAY ATTENTION AND HE REVERSED AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

# Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

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

Vehicle Registration Number

**GBH3336X** 

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

ALEX LEE YONG JOO

NRIC/Passport Number

S7142621A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

#### 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
- 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:

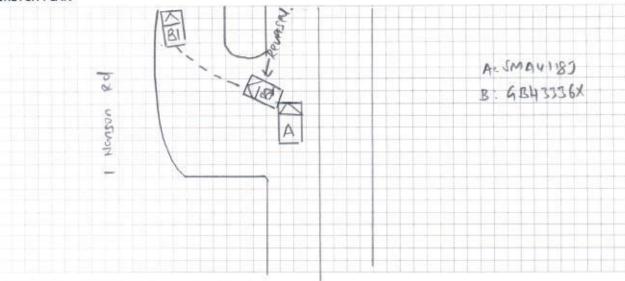
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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 .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Reter to	Hatemen.		

# 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.:



SHAWN TAN JIA JIN

euro Date 17 Dec 1992 20 May 2013

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S9247645F





SHAWN TAN JIA JIN

CHINESE 17-12-1992

Country of birth SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

FOR LKK/NAC U

For LKK/N

17-12-2007

57 LORONG MELAYU #02-01 SINGAPORE 417026

NRIC No: S9247645F

Date: 26/07/2008

IRIC No. S9247645F

No: 6021467

4148820

NP 428A



<b>eBao</b> Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	• Chang	e Password	· Log Out
My Desktop	<b>Policy Query</b>									22
Notice of Loss	Policy No.				Date	of Accident	0	6/08/2019 1	1:30	
	Vehicle No. (For Motor)	SMA41	18)		Certif	icate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5101414096- 01		JANELLE TAN YAN TING	S9510395B	GPC	drivo PREMIUM	SMA41183	SMA4118J	07/06/2019	06/06/2020
				-	Continue					

Sequer	nce Date of Endorseme	ent	Endorsemen	it Type	Endorsement	Status	Endorsement Content
♥ Endor	ements						
) Insure	d Object: SMA4118J	Numb					
Jnit No.	02-01		d Policy	5101414096-01			
Address 4		Addre	ss Type	Singapore address	2	Post Code	417026
Address 1	57 LORONG MELAYU	Addre	ss 2	#02-01 EAST SHIP	NE	Address 3	SINGAPORE 417026
	nolder Mailing Address						
Certificate Info							
Policy Info							
Flag Open							
Co- insurance	No						
Agent	KOMOCO TRADING PTE LTD	Agent Tel.	96312463		GST Flag	Υ	
Singapore OD Excess	600	Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Outside		Outside					
Additional Excess	0	OS Premium	0				
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Type Third	Per Accident	Excess					
Date Excess	One Assidous	All Claims					
Policy Issue	01/06/2019	Effective Date	07/06/201	9 00:00	Expiry Date	06/06/2020 2	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	57 LORONG MELAYU #02-01 E	AST SHINE SIN	GAPORE 41	7026			
Certificate No.							
Policy No.	5101414096-01	Policyholder Name	JANELLE T	AN YAN TING	Policyholder NRIC	S9510395B	

Accident MT/1056656	924799211400				025500502,000,000 HMZ 2010	
Policy No.	5101414096-01		Vehicle No.	5MA4118)	GST Registration No.	
Certificate No. Policyholder Name	THE STAN AND THE				WINE WESTER	
Product Code	PRIVATE CAR INSURANCE		Annen	And the second	Policyholder NRIC	505103068
Contact No.(Mobile)			Cover Type	drivo PREMIUM	Loading	0
Small Address	83232460		Contact No.(Office)  Special Remark	0	Contact No.(Home)	0
(FK	® No ⊜Yes		TCA	® No ○ Yes	eCode	11.0
VCO Protection	No.				eCode Reason	
→ Accident Details			NCD Entitlement(%)	10	Private Hire	No
Regort Date	06/06/2019 14:18			Va28	(for some first	
Date of Accident			Accident Report Within 24 hrs	Yes	Acodem Type	Collision - Major Minor Road
	06/08/2019		Time of Accident hhomm	11:30	Country of Accident	Singapore
reporting Centre			Orange Force		ICM No.	
ccident Location  Total Excess Applicable	1 NANSON AD					
ecess Type			12212000000000000			
жевая туре	Per Accident		Windscreen Excess	100.00		
OD Standard Excess	600	0.00	TP Standard Excess	0.00		
TED OD Excess	9	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess		0		100000	Market Control of the	0.000000
Total OO Excess Applicable	600	0.00	Total TP Excess Applicable	0.00		
♥ Benefits						
GST Registered Inform	ation					
IST Registered	No			GST Registration Date		
ST Registration No.				GST Status Verified	Yes	
fodification History						
→ Policyholder Hailing Ad	(access					
ddress 1	57 LORONG MELAYU		Address 2	#02-01 EAST SHINE	Address 3	SINGAPORE 417026
iddress 4 mc No.	03-01		Address Type	Singapore address	Post Code	417026
OI Driver Info	50-01		Related Policy Number	5101414096-01		
river Name	SHAWN TAN JIA JIN		Driver Type	Named Driver		
Innamed driver Name			Driver NRIC	59247645F	Driver DOS	17/12/1992
egister Date of Driver License	20/05/2013		Driver Age	26	Driving Experience	6
Cornact No. (Mobile)	63830354		Contact No.(Office)	0	Contact No. (Home)	0
Address 1	ST LORONG MELAYU		Address 2	EAST SHONE	Address 3	SINGAPORE 417026
ddress 4			Address Type	Singapore address	Post Code	417026
Mit No.	02-01					201647
loes he own a Singapore legistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
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ontact No. (Mobile)	83232460		Contact No.(Home)	IANELLE TAN YAN TING	Insured WRIC Contact No.(Office)	595103958 67330077
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aimant Type Claiment Type *		~	Type of Benefit *	Please Select	TP Vehicle Number	G8H3336X
aiment Name. *		22	Claimant NRIC *	Transfer and Trans		
almant Address	A COLUMN					
	SMA41183 / GBH3336X ON 6	5 Aug 2019			Name of Preferred Workshop	
			Insured Liability *	Net at Fault	manual or Presented Workshop	
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aim Description eferred Workshop Contact	Ven		Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
aim Description eferred Workshop Contact 0. equire Finalisation	Proceedings of the Control of the Co	_			Date Received	06/08/2019 00:00
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