Date In: 14 18 19-15:49	Jeb description	5	Date & Time Complete	ed Dor	ie pi.	
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Veh No: JJ ZJVJVX	E-mail (within	Shrs, AIC 2hrs)				
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OD : TP ! Reporting Only	i-Photo Uploaded					
826	Assessment/Su	rvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No:SM	W3614G	INC ()/Non-INC()			
Owner / Driver: (. 10	114	Tel:)		
	Period: ()	Cover Type: ()	-	
Confirmed by : (Date:	Time:)		
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 9	80-100%]		
Year of Registration: ()	Warranty: YES ()/NO()			
	1,000 ()/\$2,000					
General Remarks		CONTRACTOR OF THE PARTY OF THE	Acres (Section			
	and the second state of the second state of	m				
() Walk-In Customer: Customer's in	nformation strictly Co	nfidential & St	trictly NO refer of repair	rer.		
() Total Loss Case : to e-mail Inst	urer URGENTLY.	*	*			
		10/).7	Towing Co: (
Drive-In () / Towed-In (); Invo	ice: YES () / N	10 (); 1	owing co. (
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Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Dates Timb Complets	d∛ .i. Doi	te by	
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Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date& Timb Complets	d Don	ne by	
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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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate</u> 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	14/08/2019 15:49			
Date Of Accident	12/08/2019 08:10			
Exact Location Of Accident	WOODLANDS CROSSING TWDS SINGAPORE			
Country/State of Loss	SINGAPORE			
C	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJZ7232X			
Insured/Policyholder				
Name Of Registered Owner	TAN CHAI LAI			
NRIC No	S0148042A			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-94389639			
Alternative Phone No	OFFICE-94389639			
Vehicle Particulars				
Manufacturer	MERCEDES-BENZ			
Model	C180K			
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	5099748656-01			
Cover Note Number				
Driver				
Name of Driver	TAN CHAI LAI			
NRIC No	S0148042A			
Date Of Birth	14/12/1951			
Occupation	OUTDOOR			
Date Of Driving Pass	07/04/1971			
Driving Experience	48 YEARS AND 4 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-94389639			
Fax Number				
Contact Number	OFFICE-94389639			

NOEMAIL

BLK 136C HILLVIEW AVENUE Address

#02-02 669608

NO

Was driver an employee of the Insured's Company

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 4

Passenger 1 NAME: : .

> GENDER: : FEMALE

Passenger 2

NAME: 100

GENDER: : FEMALE

Passenger 3

NAME:

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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 SMN3614G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHAMAD KHAIRIL BIN OMAR NRIC/Passport Number

S7106040C

Contact Number

87935711

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

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)

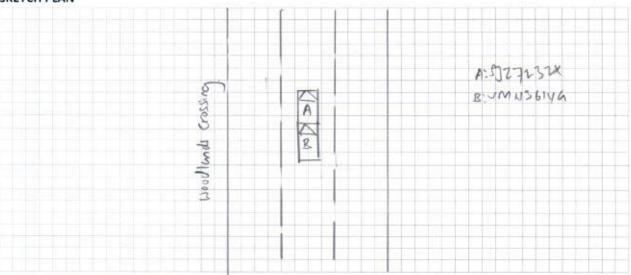
I understand, acknowledge, agree and consent that:

- (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:

Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	

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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0148042A



TAN- CHAI LAI

陳再来

CHINESE

14-12-1951

SINGAPORE





VOCATIONAL LICENCE

Licence No : S0148042A

TAN CHAI LAI

Issue Date : 8/11/2005

Please visit www.lta.gov.sg to check the status of this vocational licence



30-03-1998

APT BLK 136C HILLVIEW AVENUE #02-02 SINSAPORE 669608

NRIC No: SD148042A

Date: 26/07/2019

ARE LIBERSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

FASS DATE

30 Apr 1979 07 Apr 1971

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

Type

Description

Issue Date

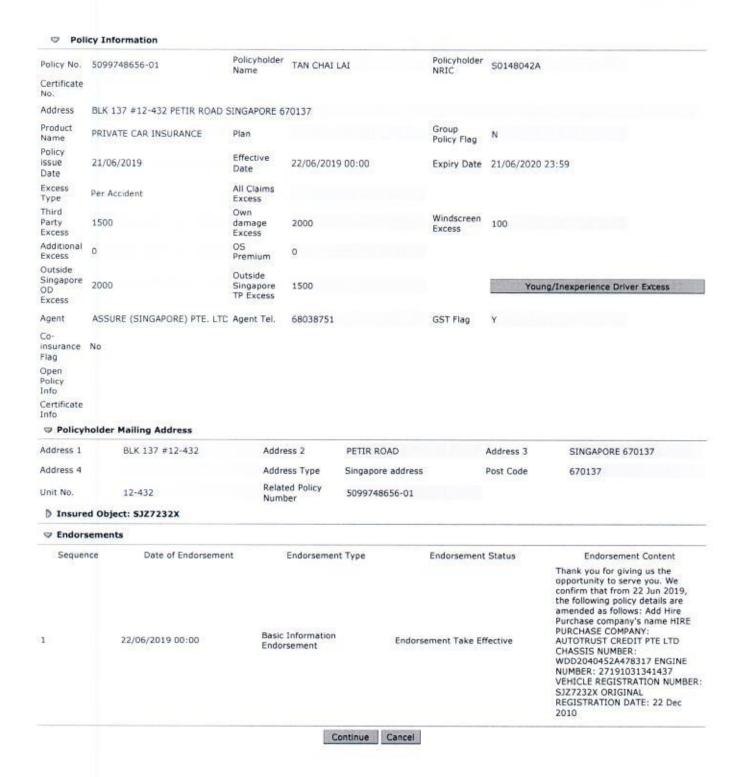
02 TAXI VL 24/03/1988

3017118

or LKK/NAC Use Only







Claim Handling					
olicy No.	5099749656-01	Vehicle No.	5)27232X	GST Registration No.	
emficate No.				AND LECK PROPERTY OF THE	
olicyholder Name	TAN CHALLAI			Policyholder NR3C	S0148042A
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	94389039	Consact No. (Office)	0	Contact No.(Home)	0
nali Address		Special Remark		eCode	Two V
nc .	No ○Yes	TCA	No	eCode Reason	.410/
CD Protection	No	NCO Entitlement(%)	10	Private Hire	Yes
Accident Details					
eport Date	14/08/2019 16:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	12/08/2019	Time of Accident hh:mm	08:10	Country of Accident	Singapore
parting Centre		Orange Force		ICM No.	
codent Location	WOODLANDS CROSSING TWOS SINGAPORE				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess	0				
tal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
F Benefits F GST Registered Informa	dina				
T Registered	No No		GST Registration Date		
T Registration No.	100		GST Status Verified	Yes	
odification History					
Policyholder Hailing Ad	dress				
idress 1	BLK 137 #12-432	Address 2	PETIR ROAD	Address 3	SINGAPORE 670137
dress 4		Address Type	Singapore address	Post Code	670137
it No	12-432	Related Policy Number	5099748656-01		
o OI Driver Info					
river Name	TAN CHAI LAI	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	50148042A	Driver DOB	14/12/1951
igister Date of Driver License	07/04/1971	Dinver Age	67	Driving Experience	48
intact No.(Mobile)	94389639	Contact No.(Office)	0	Contact No.(Home)	0
Miness 1	136C HILLVIEW AVENUE	Address 2	MERAWOODS	Address 3	SINGAPORE 669608
daress 4		Address Type	Singapore address	Post Code	669608
nit No.	02-02				
ces he own a Singapore igistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test sading?	0 mg	Any injury?	○ Yes ® No		
odification History					
100					
Claim 001 New					
im Type *	ор-их	Insured Name	TAN CHAI LAI	Insured NRIC	S0148042A
ntact No.(Mobile)	94389639	Contact No.(Home)		Contact No.(Office)	
all Address	tenfrancisci@yehoo.com.sg	OI Vehicle Number	SJZ7232X	TP Vehicle Number	SMN3614G
imant Type Claimant Type •	Please Select	Type of Benefit •	Please Select		19-A-000-000-000
iment Name *	22	Claimant NR3C *			
imant Address					
im Description	S327232X / SMN3614G DN 12 Aug 2019			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault		
guve Finalisation	Yes	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	14/08/2019 16:15	Claim Close Date		Date Received	14/08/2019 00:00
part Taken By	Jackson				
Print AK letter					
		19	Save Submit		
Attachment		60	STATE OF THE PARTY		
cident No.	MT/1057648	Claim No.	001		
to coldent No. risk Doc. Keceived	MT/1057648 ● Yes ○ No	Claim No. Upload Date	001 14/08/2019 16:16		

