NATIONAL Assessment Centre Ser	vices wer Jamos M			9
Date In: 79 (8) 19 -18:00 Job	description	Date & Time Completed	Done l	ò,
	S e-filing			
Veh No: 14175 60 E-1	mail (within Shrs, AIC 2hrs)			•
The state of the s	Aotor Claim Form	100-95425011mg	17/8/14 18	17
i-N	lotor W/O (Within: OD 2)	irs, TP 4hrs)		
OD P Reporting Only	hoto Uploaded			
The state of the s	sessment/Survey Report			
TP Insurer:	s't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: Show 8 X	INC	()/Non-INC()	5¥	
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Es	st. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Warrant	ty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()			
General Remarks:				
() Walk-In Customer: Customer's information	THE RESERVE OF THE PARTY OF THE	- January Control of the Control of		
() Total Loss Case : to e-mail Insurer URG				
Drive-In ()/ Towed-In (); Invoice: YES		Towing Co: (-)
		Date&Time Completed	Done	by
Remarks:- (INC horline: 6788 6616)	The state of the s	Dates Inne Southers Say	A	
1) Apply for Transport Allowance ()/ Courtesy	(Car()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
Injury:			27 - Section 1 - 10 2 1 1 1 1 1	
Date/Time Actions	en e	。。	STANCE OF THE	residentes de la composición dela composición de la composición dela composición del composición de la composición de la composición dela composición de la composición de la composición del composic
	20. O D. ALGORIO - VIN POLICIO MARCHANIA (122		hts	2000000
- V-V		Ch. Julia	Ant (5)	Amt (1)
NA1926467 'C	2000	eparation Checklist	14 Bill	Add Bil
laimant's Particulars :-	1) AR : Accide	ent Reporting (\$30); ge Assessment (\$100); INC (\$	\$80)	
	3) TF : Towing	Fee . S	40/\$45	
river/Owner:	4) FT : Follow	-Through Survey -Through Survey (Resurvey)	\$120	
ontact No:	For claimin	e against INC Only (wef 10 Jan 200	25)	
maged Portion:	6) TR : Re-ins	pection A + SMRT Survey	\$160	
3		itional Services:-		
C Checked by (Engr-In-Charge):	OD*	- C - (T-1 All-	\$5	
Checked by (Engi-In-Charge).		r Co-ordination	510	
	•N7: Fost R	lepair Inspection	\$25	
uditors' Comments :-	*N8: DV/0	Collect Excess Coordination TP (Non INC) against INC	\$5 \$20	
	9) N12: Idac I		30	and the first
(2/3;				经济产业公司

Francisco de Como

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,
- Information provided must be as <u>truthful and 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	27/08/2019 18:03
Date Of Accident	27/08/2019 11:00
Exact Location Of Accident	SWISSHOTEL THE STAMFORD PICK-UP POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH1756D
Insured/Policyholder	
Name Of Registered Owner	TAN KIAT LIM
NRIC No	S0244248E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98386088
Alternative Phone No	OFFICE-98386088
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID 1.8S AT ABS AIRBAGS
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	TAXI
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
District Microsoft and	5005707040.04

Policy Number 5095797948-01

Cover Note Number

Driver

Name of Driver WONG SING HWA

 NRIC No
 \$6824216I

 Date Of Birth
 29/06/1968

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/10/2007

Driving Experience 11 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98517229

Fax Number

Contact Number OFFICE-98517229

EMail Address NOEMAIL

BLK 288B JURONG EAST STREET 21 Address

#08-378

602288

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident Was any body injured in the Accident?

YES

2

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)

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

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SHD2168X

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

WONG SING HWA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode NECK & BACK

SH1756D

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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>.
- 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.
- 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

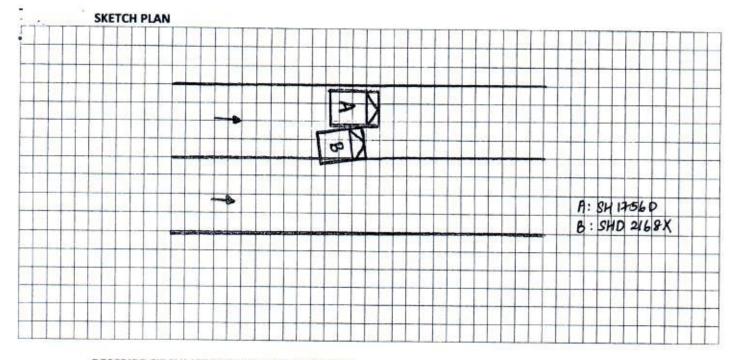
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
 - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature

Date / time:



D	ESCRIB	E CIRC	UMSTAN	ICES OF	THE ACC	DENT					
24724	1 1	vas -	travelli	ng s	traight	along	SWISS ho	tel The	Stamfo	ord p	ick-up/
drop	off	poi	nt. V	ehicle	В	was_	stationary	y in	bet ween	the	lane _
with	haz	ard	light	on	When	1 was	passing	by,	vehi de	B su	uddenly
cut	into	my	lane	e ai	nd co	llided	onto m	y vehi	cle.		
	- 1 d										
											-1901-0
-											- 10

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature 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 insurance ٠ companies to repudiate policy liability.
- The issue and acceptance of this form by 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.

建建设工程,是一个工程	ACCIDENT DETAILS	The second second
Date of accident	27 08 2019	(DD/MM/YY)
Time of accident	11:00 am	(HH:MM)
Exact location of accident	Swisshotel The Stamford pick-up	

	Mark Park	DETAILS OF	VEHICLE	A CHARLE	THE PARTY OF THE P	
Vehicle registration number	SH 175	6 D				
Vehicle make and model	Toyota	Prius				
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆	2000	□ Van	Others:	
Vehicle category	Private	Comm	ercial 🗆	Motorcyc		
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes Third part	No □	if no, ple Reportin	ase select:		

	INSURANCE IN	FORMATION	THE RESERVE OF THE PARTY OF THE
Insurance company	NTVC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

METALET STANFASSER HAVE	INSURED / POLICY HOLDER	September 1981	
Name	Tan kiat Lim	Male	Female
NRIC / Fin / Passport number	S 0244748 E		Territor D
Contact	9838 6088		
Address			

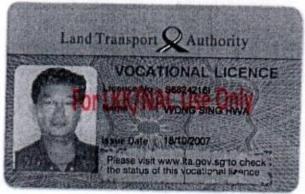
DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Wong Sing Hwa Male -	Female					
NRIC / Fin / Passport number	56824 2161						
Contact	9857 7229						
Address	BIK 2888 Jurong East Street 21 #08-378 Singapore (602288)						
Email address							
Date of birth	29/06/1968						
Occupation	Indoor D Outdoor D						
Driving date pass	16/04/1987						

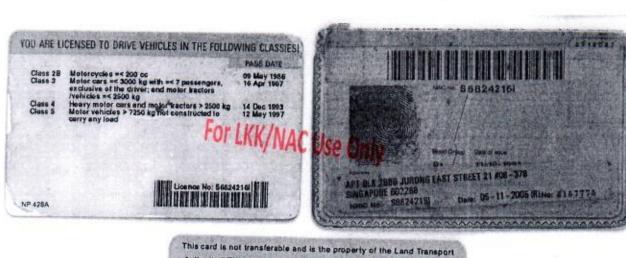
PARAMETER VINIBLE SPINS	GENERAL	INFORMAT	ON OF THE ACC	CIDENT	Mary Mary	and the same of the
Was driver an employee of	Yes 🗆	No 🗸				
the insured's company?	If no, rela	ationship of	the driver and i	nsured:	Friend	
Accident captured by camera?		Noø		-		
Weather condition	Clear	Raining	□ Others:			
Road surface	Dry 🗆	Wet 🗷				
No of passenger	01	6				(Inclusive of drive
	C C TO TO TO	PASSE	NGER 1	HERE MAS		
Name						
Gender	Male 🗆	Female =	1			
NEW YORK OF THE		DASSE	NGER 2			
Name		FASSE	VOLN Z			
Gender	Male 🗆	Female =	i		/	
	Titole E	T CITICIC L		/		
	3433	PASSE	NGER 3	1		
Name						
Gender	Male 🗆	Female 🗆				
	13					
		PASSE	NGER 4	40.0		Marie San
Name						
Gender	Male 🗆	Female 🗆				
Mark Harley Control		PASSE	NGER 5	Mary Mary	Was in	
Name	1					
Gender	Male 🗆	Female				
A STATE OF THE STA	A LEAST	PASSE	IGER 6		100	
Name						
Gender	Male 🗆	Female 🗆				
						A STATE OF THE PARTY OF THE PAR
Was anybody injured?		OTHER INFO	DRMATION	Marian		A STATE OF THE STATE OF
Was anybody injured? Was other vehicle damaged?	Yes	No 🗆				
was other venicle damaged?	Yes	No 🗆				
	DETAIL	S OF POLICE	STATION ACTIO	ON		
Reported to police?	Yes 🗆		If yes, please sta		police sta	tion.
Police station name			177		-	
Medicological Street		WITN	ESS 1	arange.	ON THE REAL PROPERTY.	STATE OF THE STATE OF
Name						
A STATE OF THE STA						
ALL THE PROPERTY OF THE PARTY O		WITN	ESS 2	曲里处于	Sen Sil	Color Com
Name						

	THIRD PARTY VEHICLE 1
Vehicle registration number	SHD 2168 X
Vehicle make model	Sile Piece
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	TIUDO DA OTIVISMO DO
Mahiala assistantias assista	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
عرقا المتناط المراحد الألحا	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
reserving and the second secon	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration/number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehiclé registration number	THIRD PARTY VEHICLE /
Vehicle make model	
Name	
The second secon	
NRIC / Fin / Passport number	
Contact	

	INJURED PERSON 1
Name	Wong Sing Hwa
Injuries sustained	Back and neek
Which vehicle person in?	SH 1756 0
Were seat belts worn?	Yes No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D
No.	INJURED PERSON 2
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 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 - No -
- 6 0	
	INJURED PERSON 5
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 6
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











Policy No.	5095797948-01	Policyholder Name	TAN KIAT L	IM	Policyholder NRIC	S0244248E	
Certificate No.		95010000					
Address	BLK 259 #11-30 BUKIT PANJAN	RING ROAD	BUKIT PANJ	ANG NEW TOWN SI	NGAPORE 6712	259	
Product Name	Taxi Insurance	Plan			Group Policy Flag	N	
Policy ssue Date	15/10/2018	Effective Date	14/11/2018	00:00	Expiry Date	13/11/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	SING THAI HIN TRADING PTE L'	Agent Tel.	63375117		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	BLK 259 #11-30	Addre	ess 2	BUKIT PANJANG R	ING ROAD	Address 3	BUKIT PANJANG NEW TOWN
ddress 4	SINGAPORE 671259	Addre	ss Type	Singapore address		Post Code	671259
Init No.		Relate	ed Policy er	5095797948-01			
) Insure	d Object: SH1756D						
▼ Endors	sements						
Sequen	nce Date of Endorsemen	t	Endorsement	t Type	Endorsement	Status	Endorsement Content

Claim Handling Accident MT/1059756					
Policy No.	5095797948-01	Vehicle No.	SH1756D	GST Registration No.	
Certificate No.					
Olicyholder Name	TAN KIAT LIM			Policyholder NR3C	502442488
Product Code	Taxi Insurance	Cover Type	Comprehensive	Loading	0
ontact No. (Mobile)	98386060	Contact No.(Official)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	2 <u>11 </u> 2
FK	No ○ Yes	TCA	® No ○ Yes		NC.Y
D Protection	No		52.33.25.2	eCode Reason	
Accident Details	100	NCD Entitlement(%)	20	Private Hire	No
port Date	*****				
	27/00/2019 18:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
de of Acodent	27/08/2019	Time of Accident hh:mm	11:00	Country of Academ	Singapore
porting Centre		Drange Force		ICM No.	
cident Location	SWISSHOTEL THE STAMFORD PICK-UP POIN	T			
Excess					
m demage Excess	1,500.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
ind Party Excess	1,500.00	Outside Singapore TP Excess			
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.	0.00		GST Status Venfled	Yes	
diffication History				1946	
Policyholder Hailing Ad					
dress 1	BLK 259 #11-30	Address 2	BUKIT PANJANG RING ROAD	Address 3	BUKIT PANJANG NEW TOWN
idness 4	SINGAPORE 671259	Address Type	Singapore address	Post Code	671259
IE No.		Related Policy Number	5095797948-01		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	WONG SING HWA	Driver NRIC	968242160	Driver DOB	29/06/1968
gister Date of Driver License	18/10/2007	Driver Age	51	Driving Experience	11
mact No.(Mobile)	96517229	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 2888	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 602288
Syess 4	20200000	Address Type	Singapore address	Post Code	602288
rt No.	08-378	Constitution of the Consti	and and an analysis	Post Code	602268
es he own a Singapore		San Mark			
gistered car?	☐ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
daration					
nathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
sding?	- Contractive	9.40.85.C.			
tification bushess					
dification History					
Claim 001 New					
0.00 mm m					
m Type •	OD-MX V	toward Name	WALL DIESET THE		
nact No.(Mobile)	98386088	Insured Name	TAN KIAT LIM	Insured NRIC	S0244248E
	20.300.00	Contact No.(Home)	MIL	Contact No.(Office)	
nii Address	Pure Court	Ol Vehicle Number	SH17560	TP Vehicle Number	SHD2168X
mant Type Claimant Type *		Type of Benefit *	Please Select		
mant Name *	22	Claimant NR3C *		200	
mant Address				WORLD SALES AND	
m Description	SH1756D / SHD2168X ON 27 Aug 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Lability +	Not at Fault		
ure Finalisation	Yes 💟	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	27/08/2019 18:17	Claim Close Date		Date Received	27/08/2019 00:00
ort Taken By	Tackson	AND SOURCE AND ADDRESS OF THE PARTY OF THE P		- are nevered	E ANTO 14 ANTA
Print AK letter					
tachment			Save Submit		
dent No.	MT/1059756	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	27/08/2019 18:18		
	Path •			Tagasasasas (2000)	20.00
	2007 7	Browse	Category •	Confidential Urgen	
		Browse	Dear Please Select	Normal V Normal	v
		Browse	Clear Please Select	V Normal	▼
			accounts and the same of the s		

