NATIONAL Assessment C	entre Services. puet 1 Janios	MHAN9 119~98	
Date In: ala lig-14: W	Jeb description	Date & Time Completed	Done by
Ref No: Majin C190 15906/24	SAS e-filing		
Veh No: Susyally	E-mail (within 8hrs, AIC 2hr	s)	
D.O.A: 7/4/19-4:10	i-Motor Claim Form	M7/106/557 -001	9/1/19 14:49
	i-Motor W/O (Within: Of		
OD (P) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repo	rt	
ir insurer.	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	/: (Tel:	Fax:
TP Particulars: Yeh No:	ML384114 INC	C()/Non-INC()	10
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. F: 80-	100%]
Year of Registration: () Warranty: YES ()/NO()	
	:\$1,000()/\$2,000()		
General Remarks:-			
() Walk-In Customer: Customer:	s information strictly Confidential &	Strictly NO refer of repairer.	8
() Total Loss Case : to e-mail I	nsurer URGENTLY.	S 934 (2) (4	- 4
Drive-In ()/Towed-In (); In	voice: YES () / NO ()	; Towing Co: (.)
			E7428888 1881
Remarks: (INC hotline) 6788 667	states at the State of the cause and a secretarial and secretarial and as a	Date&Time Completed	Done by
)/Courtesy Car ()	-	
2) QC Check / Post Repair Inspection	()		
 Upload Resurvey Photo [Repair Cost 	:>\$3000] ()		
Injury:			
Date/Time Actions		and the second s	THE RESERVE TO SHAPE TO SHAPE THE PARTY OF T
Date time Actions		and the second of the second o	eemescustur.
	*		
	<u> </u>		
			Ant (5) Amt (3)
NA 190 be 27	Invoice I	reparation Checklist	fit Bill Add Bill
Claumant's Particulars :-		dent Reporting (\$30);	
	2) DA : Dam 3) TF : Towi	age Assessment (\$100); INC (\$	80) 0/\$45
Driver/Owner:	4) FT : Follo	w-Through Survey	\$120
Contact No:	5) FT : Follo For claimi	w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 200	530
Damaged Portion:	6) TR : Re-in	spection .	\$75
- The state of the		DA + SMRT Survey ditional Services:-	\$160
CCL LIL M Y CL	OD.	distoral Services.	
C Checked by (Engr-In-Charge):	*N5: Cour	tesy Cer / Tpt Allowance	\$5
S. Vore significant and an extra street in street		ir Co-ordination Repair Inspection	\$10
uditors' Comments :-	*N8: DV /	Collect Excess Coordination	55
at. 1;	TP (N11) 9) N12: Idno	: TP (N·:n INC) against INC Mobile	30
at. 2/3;	Invoice dated	Fee Charged	2000年
The second second	Invoice dated	Fee Charged	TARRY

Figure 1 Care

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.

Masum Company of Masum 1995 of Court	ACCIDENT STATEMENT
Date Of Report	09/09/2019 14:22
Date Of Accident	07/09/2019 14:10
Exact Location Of Accident	PIE (CHANGI) BEFORE CTE (SLE) EXIT
Country/State of Loss	SINGAPORE
NAME OF THE PROPERTY OF THE PR	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS4712Y
Insured/Policyholder	
Name Of Registered Owner	TAY BOON ENG
NRIC No	S0653369H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91997234
Alternative Phone No	OFFICE-91997234
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	5107771054
Cover Note Number	
Driver	

TAN SHENG KANG DAWN Name of Driver NRIC No S9501922F

Date Of Birth 16/01/1995 Occupation OUTDOOR Date Of Driving Pass 04/02/2016

Driving Experience 3 YEARS AND 7 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-91997234

Fax Number

OFFICE-91997234 Contact Number

EMail Address NOEMAIL

BLK 851 TAMPINES STREET 83 Address

#12-196

Postcode 520851

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

3

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)

3

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2 NAME:

> : FEMALE GENDER:

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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SML3481H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 18

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKK2743M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

TAN SHENG KANG DAWN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKS4712Y

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.
- 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.
- 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:
 - 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 Driver's Signature
Date & Time: (If driver is not the

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

mile said at a tree

SKETCH PLAN	916	& TOMPHO CHANGE BEFORE
		ZAT 15.
Dehide A		
- SKS 4712 3		
Jehide is		
TSML 3481 H		
Vehicle C		
- 5KK 2743 M	\	7 TO DICEDIA
	411-411-	
		Pushiko (Furrano
	Aller Palane	
DESCRIBE CIRCUMSTANCES OF T	THE ACCIDENT	The second control of the second seco
1 1	1	
mas approx	lung PIIZ Poursed	d changi direction.
was an	she extreme	right form.
10 10	11. 1.1	
While travelling Sti	reight sheet in	I due to the berry toffic
the webside infunt	poke to evapl	ele stop and so t too
applied broke to a	ample stop.	Suddenly ofter a few seconds
I fel a gress	impact from	the rest of my which.
1. 1 1 6	, , , ,	
	velicle and res	shired it was a reflicte with
licence plate I	(SML 3481 H)	collided to the ver of my
wehicle and caus	sity the impact	the pushed me forward and
hit onto the veh	ide infant.	
The whole secile	m fortige was	appared by my in-car camera.
	712 7	
Vehicle B - SML	3481 H	
Vehicle (- 5kk	27-13 M	
DECLARATION I/We declare the foregoing particulars	are true in every respect	
A the positive one lonegoing particulars	are true in every respect.	
	e	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder Date & Time:	r) Name: NRIC/FIN No.:

Vehicle No.	SKS 4712 y Model/Make Hympan GLANTER
Date of Accident	07/09/19
Time of Accident	HRS HRS
Location of Accident	PIE TOWARD CHANGE BEFORE CTE/SUE EXIT.
Exact purpose use during acci	
Name of Owner	199 8000 ENL
Telephone No.	H/P: Home: Office: 6449 3147
NRIC	50653369 H
Address	BUK 851 TAMPINOS ST 83 #12-196 5(520851)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTIC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	Comprehensive Times and
Toney Ivo.	
Name of Driver	As Above If NO, TAN SHENL ROND DAWN
NRIC	S9501922 Any Passengers: 2 (1 Move, 1 FEMALE)
Date of birth	16 JAN 1995
Occupation	Outdoor / Indoor
Driving License Pass Date	.04 FEB 2016
Gender	Male / Female
Contact No.	H/P: 9199 7234 Home: Office:
Address	BUK 751 TAMPINES ST 73 412 - 196 5 (520 851)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Graneson
Weather condition	Clear Raining Other
Road Surface	9
Any Injuries	No, If Yes; Who?
Name And Contact No.	
Name And Contact No.	(5) If Y - WI 2
Police Report	SML 3451 H Any Passengers:
Vehicle B No.	SmL 3441 H Any Passengers : Contact No. :
Name of Driver	A. D
Vehicle C No.	Skk 2743 M Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact:
Accident Portion	FROM / REAR
Camera Recorder	Yes/No France / Kaga
Email Address	Dawnton 95 @gmail com
PARTICULAR WORKSHOP	NSI AMONOTIVE PER UTO
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Lan
FAX NO	6741 0510
WORKSHOP EMAIL APPRESS	

eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601			A STATE OF THE PARTY OF	THE REAL PROPERTY.		• Change	Language	+ Chang	e Password	· Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident	0	7/09/2019 1	4:10	
	Vehicle	No.(For Motor)	SKS47	12Y		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5107771054		TAY BOON ENG	S0653369H	GPC	drivo CLASSIC	5KS4712Y	SKS4712Y	26/02/2019	16/04/2020
						Continue					

Policy No.	5107771054	Policyholder Name	TAY BOON	ENG	Policyholder NRIC	S0653369H	
Certificate No.							
Address	BLK 851 #12-196 TAMPINES	STREET 83 TAME	INES VILLE	SINGAPORE 52085	1		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/02/2019	Effective Date	26/02/201	9 00:00	Expiry Date	16/04/2020 2	3:59
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			Young	g/Inexperience Driver Excess
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 851 #12-196	Addre	ss 2	TAMPINES STREE	T 83	Address 3	TAMPINES VILLE
Address 4	SINGAPORE 520851	Addre	ss Type	Singapore addres	s	Post Code	520851
Jnit No.		Relate Numb	ed Policy er	5107771054			
D	d Object: SKS4712Y						
p insure	1222112012						
□ Insure □ Endors □	sements						

Claim Handling					- D
Accident MT/1061557					
Policy No.	5107771054	Vehicle No.	SKS4712Y	GST Registration No.	
Certificate No.					
Policyholder Name	TAY BOON ENG			Policyholder NRIC	50653369H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No. (Mobile)	91997234	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No. V
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Report Date	09/09/2019 14:47	Academ Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	07/09/2019	Time of Accident hh:mm	14:10	Country of Accident	Singapore
Reporting Centre		Orange Force		JEM No.	
Accident Escation	PJE (CHANGE) BEFORE CTE (SLE) EXIT				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000,00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	Q				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
□ GST Registered Inform					
GST Registered GST Registration No.	No		GST Registration Date		
Hodification History			GST Status Verified	Yes	
200					
⇒ Policyholder Hailing Ad	dress				
Address 1	BLX 851 #12-196	Address 2	TAMPINES STREET 63	Address 3	TAMPINES VILLE
Address 4	SINGAPORE 520851	Address Type	Singapore address	Post Code	520851
Unit No.		Related Policy Number	5107771054		
OI Driver Info					
Driver Name	TAN SHENG KANG DAWN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	59501922F	Driver DOB	16/01/1995
Register Date of Driver License	04/02/2016	Driver Age	24	Driving Experience	3
Contact No.(Mobile)	91997234	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	9LK 851	Address 2	TAMPINES STREET 63	Address 3	TAMPINES VILLE
Address 4	SINGAPORE 520851	Address Type	Singapore address	Post Code	520851
Linit No.	12-196				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History					
Excession in the later in the					
Claim 001 New					
Clem Type *	OD-MX	Insured Name	TAY BOON ENG	Insured NRIC	50653369H
Contact No.(Mobile)		Contact No. (Home)	64493147	Contact No.(Office)	
Email Address		OI Vehicle Number	SKS4712Y	TP Venicle Number	SML3481H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		100
Claimant Name *	2.2	Claimant NRIC *			
Clarmant Address					
Claim Description	SKS4712Y / SML3481H ON 7 Sept 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown 💮	GIA report	Received
Date Registered	09/09/2019 14:49	Claim Close Date		Date Received	09/09/2019 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
William Company	10010001000	22000	227		
Accident No.	MT/1061557	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	09/09/2019 14:50		
	Path *		Category *	Confidential Urgen	cy * Description *

