	Jeb description	Date &Time Completed	Done by
Ref No: NA   14/19 - 16/25 /W	SAS e-filing		
Veh No: SM JYOYL	E-mail (within Shrs, AIC 2hrs)		
D.O.A : n/a/19-00:17	i-Motor Claim Form	m11062572-001	14919 1841
	i-Motor W/O (Within: OD 2h		identia mai
OD / TP / Reporting Only	i-Photo Uploaded		
22.5	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: J	W518ik INC(	)/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %	) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$		<u>′</u>	
General Remarks:	TOP TAXABLE TOP AND SERVICE STATE OF THE SERVICE ST	A HERRESON GOET PAST	region years
a none man a commence and comme	The state of the s	dCall Collaboration	C.07 (7)
( ) Walk-In Customer: Customer's in		rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.		
Drive-In ( )/ Towed-In ( ); Invo	rice: YES( )/NO( ); T	owing Co: (	)
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
	/ Courtesy Car ( )		A Contract of the Contract of
		-	
2) QC Check / Post Repair Inspection	( )		
	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	( )		Page and the
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	( )		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	( ) \$3000] ( )	paration Checklist.	Anic (5) Ami
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	( ) \$3000] ( )		Ant (5) Ami
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	[ ) [ ) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Reporting (530); Assessment (5100); INC (580	fit Bill Add I
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	( ) \$3000] ( )  Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$40/	fit Bill Add I
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	1 Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$40/ hrough Survey \$ hrough Survey (Resurvey)	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	1 Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$46/ hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :	Invoice Pre    1) AR : Accident     2) DA : Darrage     3) TF : Towing F     4) FT : Follow-Ti     5) FT : Follow-Ti     For claiming a     6) TR : Re-inspec     7) N1 : Idac DA     8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$40/ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2003) tion  SMRT Survey \$	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pre    Invoice Pre    1) AR : Accident     2) DA : Damage     3) TF : Towing F     4) FT : Follow-T    5) FT : Follow-T    For claiming a     6) TR : Re-inspec     7) N1 : Idac DA     8) NTUC Addition     OD*     1	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$40/ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2003) tion SMRT Survey \$ anal Services:- Car / Tpt Allowance	196 Bill Add I
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :	Invoice Pre    1) AR : Accident     2) DA : Darrage     3) TF : Towing F     4) FT : Follow-Ti     5) FT : Follow-Ti     For claiming a     6) TR : Re-inspec     7) N1 : Idac DA     8) NTUC Additio     OD     *N5: Courtesy     *N6: Repair Court	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$40/ hrough Survey (Resurvey) rough Survey (Resurvey) reinst INC Only (wef 10 Jan 2005) tion  SMRT Survey \$ inal Services:-  Cer / Tpt Allowance	19t Bill Add I
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Invoice Pre    1) AR : Accident     2) DA : Darrage     3) TF : Towing F     4) FT : Follow-T    5) FT : Follow-T    For claiming a     6) TR : Re-inspec     7) N1 : Idac DA     8) NTUC Additio     OD     *N5: Courtesy     *N6: Repair Co     *N7: Fost Repair Co     *N	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$40/ hrough Survey (Resurvey) rough Survey (Resurvey) reinst INC Only (wef 10 Jan 2005) tion  SMRT Survey \$ inal Services:-  Cer / Tpt Allowance	196 Bill Add I
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :	Invoice Pre    1) AR : Accident     2) DA : Darrage     3) TF : Towing F     4) FT : Follow-Ti     5) FT : Follow-Ti     For claiming a     6) TR : Re-inspec     7) N1 : Idac DA     8) NTUC Additio     OD     *N5: Courtesy     *N6: Repair Co     *N7: Fost Repair Co     *N8: DV / Coli	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$40/ brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) etion  SMRT Survey \$ small Services:  Car / Tpt Allowance coordination air Inspection lect Excess Coordination (Non INC) against INC	196 Bill Add 1

#### 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.

<ol> <li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li> </ol>	sent to the archiving of this report at the centre and to copies of the report being made available
A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	16/09/2019 09:59
Date Of Accident	13/09/2019 00:15
Exact Location Of Accident	ALONG DUNEARN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ404L
Insured/Policyholder	
Name Of Registered Owner	TAN CONNIE
NRIC No	S8000060Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94568324
Alternative Phone No	OFFICE-94568324
Vehicle Particulars	
Manufacturer	MINI
Model	COOPER S COUNTRYMAN 1.6 AT HID TC FWD
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100841419-01
Cover Note Number	
Driver	
Name of Driver	TAN JEFFREY
NRIC No	S8112969Z
200 10 20 Longs	00/05/4004

08/05/1981 Date Of Birth INDOOR Occupation 10/12/2015 **Date Of Driving Pass** 3 YEARS AND 9 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-94568324 Mobile Number

Fax Number

OFFICE-94568324 Contact Number

NOEMAIL **EMail Address** 

BLK 474 JURONG WEST STREET 41 Address

#04-392

Postcode 640474

Was driver an employee of the Insured's Company NO

SIBLING If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

NO

YES NO

NO

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJW5182K Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- 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 Date & Time: Driver's signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Time:

# ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 09 / 2019 (DD/MM/YYY), TIME: ( 00: 10 HHEN	
LOCATION: Along Dunearn Road	9
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: SMJ 404 L  b) INSUPANCE COMPANY: NTUC	83
C)POLICY NUMBER:  d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THE  B)MAKE & MODEL:  MIN) (MODE).  F)TYPE: (SALDON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)  G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME:  Y)VOIT (  A DE YOUL CLAIMING LINDER YOUR OWN INSURANCE (YES/NO)	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: TAN CONNIL (MALE / FEWALE)  b) NRIC/FIN/PASSPORT: SB000607 CONTACT:  c) ADDRESS: 331 AND MO KIO AVENUE 1, #10 - 1859  C (560331)	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  JAN Jeffrey  (Male / FEMALE)  (Including chiver)  DINRIC/FIN/PASSPORT:  (01) male  C) ADDRESS: 474 JULONG WEST ST 41 #04-391 S(6404)	14 74)
*d)DATE OF BIRTH: (	»
7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:	
Including driver) b) DRIVER'S NAME:	=
( D1 ) MAIS, THIRD PARTY VEHICLE  d) VEHICLE NUMBER:MODEL:	-
Including driver) f) NRIC/FIN/PASSPORT:CONTACT:	<del>-</del> ,

email =

fax =

<b>eBao</b> Tech	/	GeneralClaim								
Hello, NAC_PAYA_UBI_BO	0601		and the same of th	A STATE OF THE PARTY OF THE PAR		• Change	Languag	e • Cha	nge Password	· Log Out
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.		Date of Accident 13/09/20			13/09/2019	19 00:15			
	Vehicle No.(For Motor	SM3404	L		Certific	cate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5100841419-		TAN CONNIE	S8000060Z	GPC	drivo CLASSIC	SM3404L	SM3404L	19/05/2019	18/05/2020
	-				Continue					

Policy No.	5100841419-01	Policyholder Name	TAN CONN	IE	Policyholder NRIC	S8000060Z	
Certificate No.							
Address	BLK 331 #10-1855 ANG MO #	CIO AVENUE 1 TE	CK GHEE V	IEW SINGAPORE 560	331		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	02/05/2019	Effective Date	19/05/201	9 00:00	Expiry Date	18/05/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE, L	TD Agent Tel.	68038751		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	nolder Mailing Address						
Address 1	BLK 331 #10-1855	Addre	ss 2	ANG MO KIO AVEN	IUE 1	Address 3	TECK GHEE VIEW
	SINGAPORE 560331	Addre	ss Type	Singapore address		Post Code	560331
Address 4		Relate	d Policy	5100841419-01			
	10-1855	Numb	er				
Unit No.	10-1855 d Object: SMJ404L		er	STATES ASSOCIATIONS			
Address 4 Unit No.  ▶ Insure  ➡ Endors	d Object: SMJ404L		er				

Claim Handling					
Accident MT/1062532		NO STATES	EIAS W.	C 32 50 00 00 00 00 00 00 00 00 00 00 00 00	
Policy No.	5100841419-01	Vehicle No.	SM1404L	GST Registration No.	
Certificate No.	and another			the Array of the A	
Policyholder Name	TAN CONNIE	0.00	200	Policyholder NRIC	S8000060Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94568324	Contact No.(Office)	0	Contact No.(Plome)	NI V
Email Address		Special Remark TCA	B C	eCode	195.2
OK Section	® No ○ Yes		® No ⊜Yes	eCode Reason	22
VCD Protection  Accident Details	No	NCD Entitlement(%)	30	Private Hire	No
Leport Date	16/09/2019 11:37	Accident Report Within 24 hrs.	Yes	Acadent Type	Collision - Head to Rear
Nate of Accident	13/09/2019	Time of Accident hh:mm	00:15	Country of Accident	Singapore
leparting Centre	supplies and the accompany	Orange Force		ICM No.	
ccident Location	ALONG DUNEARN RD				
♥ Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
IED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
dditional Excess	0				
fotal OD Excess Applicable	1100.00	Total TP Excess Applicable			
9 Benefits	62960000				
GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
IST Registration No.			GST Status Verified	Yes	
lodification History					
P Policyholder Hailing Ad					
Address 1	BLK 331 #10-1855	Address 2	ANG MO KIO AVENUE 1	Address 3	TECK GHEE VIEW
Address 4	SINGAPORE 560331	Address Type	Singapore address	Post Code	560331
init No.	10-1855	Related Policy Number	5100841419-01		
© OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	TAN JEFFREY	Driver NRIC	581129692	Driver DOB	08/05/1981
egister Date of Driver License	10/12/2015	Driver Age	36	Driving Experience	3
Contact No. (Mobile)	94568324	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 474	Address 2	JURONG WEST STREET 41	Address 3	JURONG VILLE @ STREET 41
ddress 4	SINGAPORE 640474	Address Type	Singapore address	Post Code	540474
Jinit No.	04-392				
loes he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration treatharyser or Blood Test					
eading?	0 mg	Any injury?	○ Yes ® No		
fodification History					
Service and Miller D					
Claim 001 New					
Saim Type *	OD-MX	Insured Name	TAN CONNIE	Insured NRIC	\$8000060Z
ontact No. (Mobile)		Contact No.(Home)		Contact No.(Office)	
mail Address		Ol Vehicle Number	SM3404L	TP Vehicle Number	53W5182K
Saimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
lament Name *	22	Claimant NR3C *			
Daimant Address					
laim Description	SM3404L / S3W5182K ON 13 Sept 2019			Name of Preferred Workshop	
referred Workshop Contact io.		Insured Liability *	Not at Fault		
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	✓ GIA report	Received
ate Registered	16/09/2019 11:41	Claim Close Data		Date Received	16/09/2019 00:00
eport Taken By	Jackson				
Print AK letter	- M				
160			Seve Submit		
Attachment					
Concessors.	MT/1062532	Claim No.	001		
loodent No.					
ast Doc. Received	● Yes ○ No	Upload Date	16/09/2019 11:42		
	Path *	a particular and the second	Category *	Confidential Urgen	and the second second
	K-TO-LOW T-E-A	Browse	Cear Please Select	▼ Normal	▼
a Alika ke Landara		Browse	Dear Please Select	V Normal	
		Browse	Char Please Select	▼ NO V Normal	▼
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		Browse	Clear Please Select	V Normal	<u> </u>
		Browse	A SECURE PROPERTY.	₩ Normal	
		D-19430	The second secon	- Income	

