Date In: (6/4)/19 - 12: 17	Jeb description	Date & Time Completed	Den	e by
Ref No: NA May 01629014	SAS e-filing			
Veh No: 575434	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 16/9/19-08:32	i-Motor Claim Form	M7/1062544-001	16/9/19	ning
	i-Motor W/O (Within: OD 2hr			
OD . FP ! Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
- 100 April 100	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh Noumen	brac INC ()/Non-INC()	14	
Owner / Driver: (Tel:)	
Policy No: () Per	riod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: () V	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,00	00()/\$2,000()			
General Remarks	English Sylve		Con A	
() Walk-In Customer : Customer's infor	rmation strictly Confidential & St	<u> </u>		
() Total Loss Case : to e-mail Insure		N 1 11		
Drive-In ()/ Towed-In (); Invoice:		owing Co: (+)
			74:38:42	Girlis
Remarks: (INC hotline: 6788 6616)	CONTRACTOR CONTRACTOR CONTRACTOR	Date&Time Completed	N. VIJON	by
	ourtesy Car ()	*		
2) QC Check / Post Repair Inspection	()	*		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Particulars :-	Invoice Prep 1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Th For claiming as	Reporting (\$30); Assessment (\$100); INC (\$8 to \$40 to the servey trough Survey (Resurvey) Tough Survey (Resurvey)	And (5) fsc Bill 0) /545 5120 530	- Control 2000 Control
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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.	
But His State of the Control of the	ACCIDENT STATEMENT
Date Of Report	16/09/2019 12:17
Date Of Accident	16/09/2019 08:30
Exact Location Of Accident	CLEMENTI AVE 6
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT5743H
Insured/Policyholder	
Name Of Registered Owner	TAN YONG GHEE
NRIC No	S1629093I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96710969
Alternative Phone No	OFFICE-96710969
Vehicle Particulars	
Manufacturer	тоуота
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	5051402820-07
Cover Note Number	
Driver	
Name of Driver	TAN BO YUAN

 Name of Driver
 TAN BO YUAN

 NRIC No
 \$8937971G

 Date Of Birth
 26/10/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 11/09/2009

Driving Experience 10 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96710969

Fax Number

Contact Number OFFICE-96710969

EMail Address NOEMAIL

BLK 451B BUKIT BATOK WEST AVENUE 6 Address

#15-695

Postcode 652451

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

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

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) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMF7020K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 16

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 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 companies.
- 5. 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 aforesald.
- 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)
 - 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")
- 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
- 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.
- 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.:

2007: 16/9/19	112	AYE .	
A: SJT 5743H		ERP	
B: 5MF 7020 K		of the cle	ments Ave 6
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					*	A STATE OF			
	A-ACC INC.								

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.:

***	Personal Particulars
	Date of Accident: 16 9 19 Time of Accident: 8 28 an
	Exact Location of Accident: Clement Ave (
	Owner's Name: Ton Your Gheo NRIC No: \$1629093 THP No:
	Driver's Name: Ton By Yuan NRIC No: 5893797161P No: 96710969
	Date of Birth: 26 10 1989 Driving Licence Passing Date: 10 9 2009 Occupation: Indoor / Outdoor
	Address: 451B Bt Batuk West Au 8 # 15 - 191 (652451)
	Relationship of Driver with Insured: So Email Address:
	Vehicle No: 557 57434 Make & Model: Toyda Cany
	Insurance Co: NTUC Coverage: Companysive Policy No:
	*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
·	*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
_	*Weather Condition ? Clear / Raining / Others: Wet / ory / Others:
	* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
(8)	A: † B. † C: D:
	*Was Anybody Injured ? (Yes / Ng) If yes,
	Name / NRIC / In Vehicle:
	*Was The Accident Reported To The Police ?
	O No O Yes, Which Police Station?
	*Does the Driver Own Any Other Vehicle?
near-	O No O Yes, Vehicle Registration No:Insurer:
	*Was any foreign vehicle involved? (Yes / No) If yes, vehicle No & Category:
	*Was there any video captured by Car Camera? (Ves/No)
	Third Party Driver's Particulars
	Vehicle B No: SMK7070K. Make & Model:
	Driver's Name: NRIC No: HP No:
	Vehicle C No: Make & Model:
	Driver's Name: NRIC No: HP No:
	Witness Particulars
	Name: NRIC No: HP No:

.

eBao Tech								Genera	alClaim		
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	· Chan	ge Password	· Log Ou
My Desktop Notice of Loss	Poli	cy Query									
	Policy N	40.				Date o	f Accident	[1	6/09/2019 0	08:30	
	Vehicle	No.(For Motor)	SJT574:	3H		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5051402820- 07		TAN YONG GHEE	516290931	GPC	drivo CLASSIC	SJT5743H	SJT5743H	20/10/2018	19/10/2019
		V.1. 7.		2110-211	C	Continue					70 - 27-3

Policy No.	5051402820-07	Policyholder Name	TAN YONG	GHEE	Policyholder NRIC	S1629093I		
Certificate No.								
Address	BLK 121 #11-162 PENDING R	ROAD SINGAPOR	E 670121					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	05/10/2018	Effective Date	20/10/201	8 00:00	Expiry Date	19/10/2019 2	3:59	
Excess Type		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	LIM CHENG KAI	Agent Tel.	67608102		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
→ Policyl	nolder Mailing Address							
Address 1	BLK 121 #11-162	Addre	ss 2	PENDING ROAD		Address 3	SINGAPORE 670121	
Address 4		Addre	ss Type	Singapore address		Post Code	670121	
100 TO 10		Relate Numb	ed Policy er	5051402820-07				
SELLMERY								
Unit No.	d Object: SJT5743H							
Unit No.	20002 1 2000000000000000000	100000						

Claim Handling											
Accident MT/1062544			30000000			S - 200 un	775				
Policy No.	5051402820-07	Vehicle No.	SJT5743H		GST	Registrati	on No				
Certificate No.											
Policyholder Name	TAN YONG CHEE			Policyholder NRIC				51629093	1		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLAS	SIC	Loading Contact No.(Home)				0		
Contact No.(Mobile)	96710969	Contact No. (Office) Special Remark	9		eCod		ome)		THE V		
tmail Address KFK	® No ○ Yes	TCA TCA	® No ○V			e Reason			I.a. T		
NCD Protection	No.	NCD Entitlement(%)	20			te Hire			No		
♥ Accident Details		60000000000000000000000000000000000000									
Report Date	16/09/2019 12:26	Accident Report Within 24 hrs	Yes		Acad	lent Type			Cottsion -	Head to Rear	
Date of Accident	16/09/2019	Time of Accident Nhomm	08:30		Coun	try of Acc	cident		Singapore		
Reporting Centre		Orange Force			ICM	No.				- 00	
Accident Location	CLEMENTI AVE 6										
♥ Excess											
Own damage Excess	600.00	Additional Excess	0		wind	screen Ex	cess		100.00		
Innamed Driver Excess	500.00	Outside Singapore OD Excess		600.00							
hird Party Excess	0.00	Outside Singapore TP Excess		0.00							
V Benefits											
GST Registered Informa			cer	Registration Date							
ST Registered ST Registration No.	No			Status Ventied		Yes					
fodification History			50%	ACMINING CONTRACTOR		200					
♥ Policyholder Hailing Add											
Address 1	BLK 121 #11-162	Address 2	PENDING R		Addr				SINGAPO	E 670121	
Address 4		Address Type	Singapore i		Post	Code			670121		
Unit No.		Related Policy Number	505140282	0-07							
Oriver Name	Unnamed Driver	Driver Type	Unnamed D	river							
Unnamed driver Name	TAN BO YUAN	Driver NRIC	\$89379710		Drive	r 008			26/10/19	19	
Register Date of Driver License		Driver Ape	29			ng Expen	ence		10		
Contact No. (Mobile)	96710969	Contact No.(Office)	0			act No.(H			0		
Address 1	BLK 451B	Address 2	BUKIT BAT	OK WEST AVENUE 6	Addr				WEST TER	RA @ BUKIT BATOK	
Address 4	SINGAPORE 652451	Address Type	Singapore i		Post	Code			652451		
Unit No.	15-695										
Does he own a Singapore Registered car?	○ Yad No	Driver Vehicle No.			Drive	r Insurer	Comp	any			
Deciaration											
Breathalyser or Blood Test Reading?	0 mg	Any injury?	O Yes ®	io .							
overeign)											
Hodification History											
Claim 001 New											
Claim Type •	ор-мх	Insured Name	TAN YONG	GHEE	Insu	red NRIC			\$1629093	1	
Contact No. (Mobile)		Contact No.(Home)	67645682			act No.(O					
Email Address		Of Vehicle Number	SJT5743H		TP V	ehicle Nu	mber		SMF70204	C	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Sel	ed V							
Claimant Name *	22	Claimant NRIC *			-1						
Claimant Address								Forkshop			
Claim Description Preferred Workshop Contact	R378743H / RMF702DK ON 16 Rept 2019	Insured Liability +	Not at Fau	t V	Nam	e or prefe	orres v	voneanop .	_		
No.	Yes 🔻	Preferered Repair Option		Workshop, Name unknown	Total	report			Received	101	
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11200		ONAL ASSESSMENT CENTRE SERVI Sep 2019 12:28	Photos		Normal		s 2019-9-16																										
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-		ONAL ASSESSMENT CENTRE SERVI Sep 2019 12:28	Photos		Normal	Photo	s 2019-9-16																										
4	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Sep 2019 12:28		Photos		Normal	Photo	s 2019-9-16																										
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Sep 2019 12:28		Photos		Normal	Photo	is 2019-9-16																										
63	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Sep 2019 12:29		SAS		Normal		2019-9-16																										
E.C.	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Sep 2019 12:29		NR3C/ Driving License	8	Normal	NR3C/ Onving	g License 2019-9-16																										
Attachment	Upload	ed By/Date	Category	9	Urgency	De	escription	(CO)																									