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Date In: 4 10/19-10: 14	Jeb descrip	tion	Date & Time Complete	d De	one by
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D.O.A : 3/10/19-10:05	i-Motor C	laim Form	m11065354-001	41919	11:09
OD TP ! Reporting Only	i-Motor W	V/O (Within: OD 2hrs		7/19/19	11.07
O rangemy	i-Photo U	ploaded			
TP Insurer:	Assessment	/Survey Report			
	Ass't Repor	rt by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No:Sus	spac .	. INC(	)/Non-INC( )	N.	
Owner / Driver: (	U. C.		Tel:	)	
	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 80	-100%]	
Year of Registration: ( )	Warranty: YES (				
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,00				
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### SINGAPORE ACCIDENT STATEMENT

EA.

## IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

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 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.

By the lodgement of this report to the insurers, you hereby con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
The state of the s	ACCIDENT STATEMENT
Date Of Report	04/10/2019 10:54
Date Of Accident	03/10/2019 12:05
Exact Location Of Accident	CTE (SLE) EXIT TO AMK AVE 3
Country/State of Loss	SINGAPORE
Maria de la companya	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS8284C
Insured/Policyholder	
Name Of Registered Owner	TAN BEE LENG (CHEN MEILING)
NRIC No	S8225774H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97568374
Alternative Phone No	OFFICE-97568374
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO GP 1.4 TSI AT 1382G5
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	5111290624
Cover Note Number	
Driver	
Name of Driver	TAN BEE LENG (CHEN MEILING)
NRIC No	S8225774H
Date Of Birth	10/08/1982
Occupation	INDOOR
Date Of Driving Pass	07/01/2004
Driving Experience	15 YEARS AND 8 MONTHS
Gender	FEMALE

(LOCAL) +65-97568374

OFFICE-97568374

NOEMAIL

BLK 104 SPOTTISWOODE PARK ROAD Address

#10-114

Postcode 080104

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1

YES NO

2

NO

NO

NAME:

GENDER: : MALE

: NG WEI HER

**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?

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?

SGS5127C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

85331694

Address

Postcode

Insurance Company Name

Nature Of Damage

## 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
- 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 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:
  - (i) 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
- (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.
- 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:

and a second transport VI

Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

Name:

NRIC/FIN No.:

	EAMKAVE3	1 1 1
VEHICLE A: SLS828  VEHICLE B: SGS517	4c 27c	Fiom C
on the sto	ated date & time, I	whicle Mr, BLSB2840
stationary coming traffic	before the give-way  About 1-2 seconds	later, vehicle by,
stationary	before the give-way  About 1-2 seconds	line to check on
stationary coming traffic sqs5127c, hit	hetore the give-way  Ahout 1-2 seconds  onto my stationary	later, vehicle by, vehicle's rear
C stationary Coming traffic SGS 5127c, hit portion	hetore the give-way  About 1-2 seconds  onto my stationary  passenger: Ng Wei	later, vehicle by, vehicle's rear

DECLARATION

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

Policyholder's Signature

exemple Standard com Ma.

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 03 / 10 / 2019 10	DD/MM/YYY), TIME:( 12 : 06 HHH:MM
LOCATION: CIE( SLE) EXITO	Ang mo no re 3
1. DETAILS OF VEHICLE	C 0.28.11C
	S 82846
b)INSURANCE COMPANY:	NTUC
CIPOLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIV	E / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	olkswagen, scirocco
	/VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE)	COMMERCIAL MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDE	NT TIME: MYMIC
i) ARE YOU CLAIMING UNDER YOU	
IF NO, PLEASE STATE (THIRD PART	Y CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	
AINAME: TAN BEE LEY	10 (MALE / FEMALE)
b) NRIC/FIN/PASSPORT:	dozza i i comine.
c) ADDRESS: 104 Spotliswood	le Park Road #10-114 S(080104)
* CONTINUE TO A 1 TO A	- navayyaran
CONTINUE TO 3.d IF DRIVER ALSO DRIVER	D POLICY HOLDER
(Indiana ) O)NAME:	(MALE / FEMALE)
- TOTALING SMIRE!	CONTACT:
(0) DINRIC/FIN/PASSPORT:	CONIACI
male passenger	
*d)DATE OF BIRTH: ( 10 / 100)	19821100/MM/YYYYI
e)OCCUPATION: (INDOOR / OUTE	DOOR)
f)YEARS OF DRIVING EXPRERIENCE	<u> </u>
<ol> <li>WAS DRIVER AN EMPLOYEE OF</li> </ol>	THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE D	RIVER WITH INSURED: DWYLLY
5. d) WEATHER CONDITION: (CLEAR /	RAINING / OTHERS
bJROAD SURFACE: (DRY / WET / O	
6. WAS ANYBODY INJURED (YES / NO	1
7. GIREPORTED TO POLICE (YES / NO	GE 57/17/2011
IF YES, PLEASE STATE WHICH POLI  8. THIRD PARTY VEHICLE	CESTATION:
No of passenger of VEHICLE NUMBER: SGS	5127C MODEL:
Induding driver) b) DRIVER'S NAME:	MODEL:
J1 : MDIO (FILL)	CONTROL OFFI
( OI ) MAIC, THIRD PARTY VEHICLE	CONTACT: 85331694
	MODEL:
NO OF PASSENGE. AL DRIVER'S NAME.	, MODEL,
Induding driver) 1) NRIC/FIN/PASSPORT:	CONTACT:
( )	CONIACI:
	200

email =

fax =

Hello, NAC_PAYA_UBI_8	00601						Change	e Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query					100000				100
Notice of Loss	Policy N Vehicle	No.(For Motor)	SLS82	B4C		Date of Accident Certificate Number			3/10/2019 1	12:05	7
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111290624		TAN BEE LENG (CHEN MEILING)	S8225774H	GPC	drivo PREMIUM	SLS8284C	SL58284C	25/08/2019	24/08/2020

Policy No.	5111290624	Policyholder Name	TAN BEE LI	ENG (CHEN MEILING)	Policyholder NRIC	S8225774H	
Certificate No.					THE STATE OF THE S		
Address	BLK 104 #10-114 SPOTTISW	OODE PARK ROA	D SPOTTISV	OODE PARK SINGAP	ORE 080104		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	25/07/2019	Effective Date	25/08/2019	00:00	Expiry Date	24/08/2020 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	META AGENCY PTE. LTD.	Agent Tel.	98585076		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
LINO:	older Mailing Address						
→ Policyh	BLK 104 #10-114	Addres	s 2	SPOTTISWOODE PA	RK ROAD	Address 3	SPOTTISWOODE PARK
Policyh	ASSOCIATION CONTROL OF THE PARTY OF THE PART	2224	s 2 s Type	SPOTTISWOODE PA		Address 3 Post Code	SPOTTISWOODE PARK 080104
Policyh Address 1 Address 4	BLK 104 #10-114	Addres	s Type d Policy	A MARKATAN AND THE RESIDENCE			
Policyh Address 1 Address 4 Unit No.	BLK 104 #10-114	Addres Relate	s Type d Policy	Singapore address			
Policyh Address 1 Address 4 Unit No.	BLK 104 #10-114 SINGAPORE 080104 d Object: SLS8284C	Addres Relate	s Type d Policy	Singapore address			

Claim Handling							
ccident HT/1065354	Parameter	TO STORY IS	Agains				
alicy No. ertificate No.	5111290624	Vehicle No.	SLS8284	2	G	ST Registration No.	
Policyholder Name	TAN BEE LENG (CHEN MESLING)				Pi	olicyholder NR3C	S8225774H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive PRI	MUM	Li	ading	0
Contact No. (Mobile)	97568374	Contact No.(Office)	0		0	ontact No.(Home)	0
mail Address		Special Remark			40	Code	8: 0
FK	® No ○ Yes	TCA	® No ○	Yes	-	Code Reason	
ICD Protection	Yes	NCD Entitlement(%)	50		PY	wate Hire	No
♥ Accident Details							
eport Date	04/10/2019 11:07	Accident Report Within 24 hrs	Yes			odent Type	Collision - Head to Rear
ate of Accident	03/10/2019	Time of Accident hh:mm					
eporting Centre	44.14.44.1		12:05			ountry of Accident	Singapore
codent Location	CTE (S) S) SVIT TO ANY ALIE T	Orange Force			10	M No.	
Total Excess Applicable	CTE (SLE) EXIT TO AMK AVE 3						
xcess Type	Per Accident	Windscreen Excess					
	Per Accident	windscreen excess		100.00			
D Standard Excess	600.00	TP Standard Excess		0.00			
ED OD Excess	0.00	VIED TP Excess					027000
dditional Excess	.0	TILD IT LANGE		0.00	DY	wer is Covered?	Covered
		Total TO C					
otal OD Excess Applicable	600.00	Total TP Excess Applicable		0.00			
V Benefits							
GST Registered Inform							
ST Registered	No			T Registration Date			
ST Registration No.			GS	T Status Verified		Yes	
Policyholder Mailing Ad	Idress						
idress 1		(0.0000000)	Similar.				
	BLK 104 #10-114	Address 2		VOODE PARK ROAD		dress 3	SPOTTISWOODE PARK
ddress 4	SINGAPORE 080104	Address Type	Singapore		Po	st Code	080104
nit No.		Related Policy Number	51112906	24			
or OI Driver Info							
river Name	TAN BEE LENG	Driver Type	Hain Drive	of .			
nnamed driver Name		Driver NR3C	58225774	н	Dri	ver DOB	10/08/1982
gister Date of Driver License	07/01/2004	Driver Age	37		Dri	ving Experience	15
ontact No.(Mobile)	97568374	Contact No.(Office)	0		Co	ntact No.(Home)	0
Idress I	BLK 104	Address 2	SPOTTISV	OODE PARK ROAD		dress 3	SPOTTISWOODE PARK
Idress 4	SINGAPORE 080104	Address Type	Singapore			st Code	080104
nit No.	10-114	ANADE DE DE DE LA COMPANIONE DE LA COMPA	200000	300000	1-00	1000	200104
oes he own a Singapore		Company of the Compan					
egistered car?	○ Yes ® No	Driver Vehicle No.			Det	ver Insurer Company	
daration							
eathalyser or Blood Test	14-0000		la management and				
hading?	0 mg	Any injury?	○ Yes ®	No			
odification History							
LOCATION MESSAGE							
Claim 001 haw							
im Type *	06-MX	Insured Name	TAN BEE	ENG (CHEN METLING)	Clos	ured NRIC	58225774H
ntact No.(Mobile)	97568374	Contact No.(Home)	NIL	The same of the sa	3333		COLEGA CALL
nel Address	max_tan82@hotmail.com					ntact No. (Office)	Grant ar-
	professional and a second	OI Vehicle Number	SL58284C		TP	Vehicle Number	SGSS127C
imant Type Claimant Type •	Please Select	Type of Benefit *	Please Sel	ect 🔍			
imant Name .*	>>	Claimant NR3C *					
imant Address							
im Description	SLS8284C / SGS5127C ON 3 Oct 2019	N. C.			Nar	me of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fau	h 🔻			
quire Finalisation	Yes	Preferered Repair Option	Preferred	Workshop, Name unknown	IV GIA	report	Received
te Registered	04/10/2019 11:09	Claim Close Date		The state of the s	-	e Received	04/10/2019 00:00
port Taken By	Jackson Jackson	The second second	-		Oat	- American	OH : 02019 00:00
Print AK letter							
		_ 1	Save Sut	mit			
ttachment							
NAME OF THE PARTY							
ident No.	MT/1065354	Claim No.		001			
t Doc. Received							
THE PERSON	● Yes ○ No	Upload Date		04/10/2019 11:10			
	Pach *	(2)(3)		Category *		Confidential Lirgen	cy • Descriptio
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