Date In: a cal		The state of the s	the second secon	
Date In: 29 kolig - 14:05	Job description	Date & Time Completed	Done by	٢
Ref No: Haline igoiging 124	SAS e-filing	i		
Veh No: JFWJ9 ?	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 13/19-11/05	i-Motor Claim Form	m1 1068995-201	29/17/19 22	17
OD : TP Reporting Only	i-Motor W/O (Within: OD 2			illiantii)
OB : 11 reporting only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	i		
Transacti.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	ax:	
TP Particulars: Veh No: 1	AUSCH GX INC	()/Non-INC().		
Owner / Driver: (Tel:)	00000
Policy No: ()	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	apentra
Insured/Driver Liability: (%	(6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO ()		
Excess: (\$) Loading:	\$1,000()/\$2,000()			
General Remarks:	Carlo Park to Arthr	Herris I.S. SASSAN	15.00	
() Walk-In Customer: Customer's				
() Total Loss Case : to e-mail In		Strictly NO 1ster of reparter.		
Drive-In ()/ Towed-In (); Inv	roice: YES () / NO ();	Towing Co: ()
Remarks:- (INC horline: 6788 6610	6)	Date&Time Completed	Done by	
) / Courtesy Car ()		Belle La	
2) OC Check / Post Renair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo (Repair Cost)	()			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
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Date/Time Actions MAINON Actions Actions Actions Mainant's Particulars:- iver/Owner:	Invoice Pr 1) AR: Accide 2) DA: Darne 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-insp 7) N1: Idae D/	eparation Checklist at Reporting (\$30); e Assessment (\$100); INC (\$6 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) ection	Amt (\$) fit Bill 80) 9/545 \$120 \$300) \$75	
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3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions	Invoice Pr 1) AR: Accide 2) DA: Darnes 3) TF: Towing 4) FT: Follow- 5) iT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae D/ 8) NTUC Addi OD* *N5: Courte: *N6: Repsir *N7: Fost Re-insp *N7: Fost Re-insp *N7: Fost Re-insp *N8: DV / C	eparation Checklist at Reporting (530); e Assessment (5100); INC (58 Fee 540 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 ection t + SMRT Survey lional Services. by Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	Ame (\$) fix Bill 80) 9/545 \$120 \$30)) \$75 \$160 \$5 \$510 \$25 \$35 \$20 30	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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	29/10/2019 14:05
Date Of Accident	25/10/2019 21:05
Exact Location Of Accident	JUNC EU TONG SEN ST & HAVELOCK RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFW59P
Insured/Policyholder	
Name Of Registered Owner	TAY ROGER
NRIC No	S7406658E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97471118
Alternative Phone No	OFFICE-97471118
Vehicle Particulars	
Manufacturer	AUDI
Model	Q5 2.0 TFSI A
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	5102497071
Cover Note Number	
Driver	
Name of Driver	TAY ROGER
NRIC No	S7406658E
Date Of Birth	03/03/1974
Occupation	INDOOR
Date Of Driving Pass	21/08/2008
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97471118

OFFICE-97471118

NOEMAIL

Address

BLK 112 HOUGANG AVENUE 1

#07-1108

Postcode

530112

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

7 011010

8

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: TAY SOY TEE

GENDER:

: MALE

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC8566X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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.
- 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 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 talse 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.
- Consent under the Personal Data Protection'Act (PDPA)

Lunderstand, 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) lo.
 - (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 "Purposes")
- ail 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
 - (a) for complying with requirements under any regulations, laws or court orders.

Date & Time:

Driver's Signature (If driver is not the palicyholder)

Date & Time:

Reporting Centre Pers

NRIC/FIN No.

E Havelock pa	A 18	
Vehicle A. STW59P Vehicle B: SHC 8566X	B ₂ A	sen spreet.
	A A A A	EN TONA SE

DESCRIPE CIRCUMSTANCES OF THE ACCIDENT

	on	the	stated.	date	8 time	, I,	vehicle	A',	
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	hillian .								

DECLARATION

lare the foregoing particulars are youn every respect.

Holicyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.

ACCIDENT STATEMENT

ACC	IDENT DATE: (35/ 10/	YYYMMYDDIL PLOG	YY), TIME:(21: 0	<u>8</u>)(HH:MM)
	ATION: JUNCTION	y Eu Tong	sen sweet d	HAVE DOCK FOO
1	. DETAILS OF VEHICLE	S+W591	0	
	a) VEHICLE NUMBER:			
	DINSURANCE COMPAN	11: 1/000		
				EIDE RTHEFT
	CIPOLICY NUMBER:	REHEMSIVE / THIRD P	ARTY / THIRD PARTE	IKE WITHER IT
	e)MAKE & MODEL:	nual on	THE WATER CYCLE	OTHERS
	SITUDE / SALEDON / COLLE	F / MPV /V AN / LUI	KI / MOIORCIDEL	EI .
	CATEGORY:	PRIVATE / COMMER	CIAL / WOLOKOLOGI	-1
	LIBURDOCE OF HISING A	LACCIDENT TIME:	PYIVOITO	
	TARE YOU OF AIMING UN	JUES AUTH OMN IN	SUKANCE (1E3/1901	
	IF NO, PLEASE STATE (TH	HIRD PARTY CLAIM /	REPORTING ONLY	(7)
2.	INSURED / POLICY HOLD		MAIF/	FEMALE)
	A)NAME:		CONTACT:	
	b) NRIC/FIN/PASSPORT:_		CONTACT	1
	c)ADDRESS:			1
	· CONTINUE TO 3.d IF DR	INTER ALSO POLICY	HOLDER	
4		IVER ALSO FOLICIT	(1)	
fillo of passongd	DRIVER	N ROGEY	MALEY	FEMALE
(Induding driver)	a)NAME:	074066	58E CONTACT: 4	14+ 1118
C037	b) NRIC/FIN/PASSP.ORT:_ c) ADDRESS:	Hougang Ave ')2 8011-FO# 1	530112)_/
male.	A	02 . 1074 400	2/444/22221	
	*d) DATE OF BIRTH: (/_ 03 /_ 1-11-1 (UL	D/MM/1111)	
	e)OCCUPATION: (INDO			6
100	FIYEARS OF DRIVING EXP WAS DRIVER AN EMPLO	VEE OF THE INSU	RED'S COMPANY? (YES / NO)
4.	IF NO, RELATIONSHIP	OF THE DRIVER W	TH INSURED:	
	a) WEATHER CONDITION:	CLEAR / RAINING	/ OTHERS	
5.	b)ROAD SURFACE: (DRY	/ WFT / OTHERS		
	WAS ANYBODY INJURED	IVES / NOI .		
	a)REPORTED TO POLICE	YES / NOT	. 12	
7.	IF YES, PLEASE STATE WE	ICH POLICE STATIO	N:	
		57 1173	COLUMN TO A SHEET OF THE STATE	
Ho of passenger	a) VEHICLE NUMBER:	S#C0566X	MODEL:	
to of heretical	b) DRIVER'S NAME:			
Including driver)	c) NRIC/FIN/PASSPORT:		CONTACT:	
(<u>0</u>) 9.	THIRD PARTY VEHICLE	18	77 T 122 22 22 27	15000
1. 1	d) VEHICLE NUMBER:		MODEL:	-
No of passenger	el DRIVER'S NAME:			
Including driver	f) NRIC/FIN/PASSPORT:		CONTACT:	
1 3	kures provinskamo objectivnima in Cabbal			
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email =

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eBao Tech								No.		Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601					INITIONIOUS	+ Change	Languag	e • Chai	nge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date o	f Accident		25/10/2019	21:05	
	Vehicle	No.(For Mator)	SFW59F	,		Certifi	cate Number	17			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102497071		TAY ROGER	S7406658E	GPC	drivo CLASSIC	SFW59P	SFW59P	24/07/2018	04/04/2020
					C	Continue					

Policy No.	5102497071	Policyholder Name	TAY ROGE	3	Policyholder NRIC	\$740665	8E
Certificate No.							
ddress	BLK 112 #07-1108 HOUGANG A	VENUE 1 SINGA	PORE 53011	2			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy issue	24/07/2018	Effective Date	24/07/201	8 00:00	Expiry Date	04/04/20	020 23:59
excess Type		All Claims Excess					
Third Party excess	0	Own damage Excess	600		Windscreen Excess	100	
idditional xcess	0	OS Premium	0				
Outside Singapore OD	600	Outside Singapore TP	0			Y	oung/Inexperience Driver Excess
Excess Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766		GST Flag	Y	
co-insurance lag Open Policy offo Certificate Info	No er Mailing Address						
mannout to one	BLK 112 #07-1108	Address 2	,	HOUGANG AVENUE	1 1	Idress 3	SINGAPORE 530112
Address 1 Address 4	DEK 112 #07-1108	Address 7		HOUGANG AVENUE Singapore address	1000	st Code	530112
Jnit No.		Related P Number		5102497071		St Code	330112
Insured O	bject: SFW59P						
	ents						
2	12/03/2019 00:00		rmation End	n Endorsem	ent Take Effect		intl adj to waive NCDP refund \$86.3 Thank you for giving us the opportunity to serve you. We confire that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 24 Jul 2011 TO 04 Oct 2019 In view of this amendment, an additional premium of \$257.25 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated of the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.
į	06/09/2019 00:00	POI Exter	ision/Shorte	n Endorserr	nent Take Effect	ive	Thank you for giving us the opportunity to serve you. We confir that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 24 Jul 201 TO 04 Apr 2020 In view of this amendment, an additional premium of \$530.93 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque if favour of "NTUC Income" with your name and policy number indicated of the reverse of the cheque. Alternatively, you could also make payment at any of our branches by

	22/2007/201		- Control of the Cont	ment in a second of the	
icy Na.	5102497071	Vehicle No.	SFWSSP	GST Registration No.	
tricate No.					
cyholder Name	TAY ROGER			Policyholder NRIC	S7406658E
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
rtect No.(Mobile)	97471115	Contact No. (Dffice)	0	Contact No (Home)	0
ari Address		Special Remark		eCode	11. V
<	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
port Date	29/10/2019 22:15	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
te of Accident	25/10/2019	Time of Accident hhumm	21:05	Country of Accident	Singapore
	5011015013	Orange Force		ICM No.	
porting Centre		Or angle you can		101110	
ident Location	JUNC BUITONG SENIST & HAVELOCK RD				
Excess					Carrier
n demage Excess	600.00	Additional Excess	0	Windscreen Excess	100,00
named Driver Excess	0.00	Dutside Singapore 00 Excess	600,00		
nd Party Excess	0.00	Outside Singapore TP Excens	0.00		
Benefits					
verage			Sum Insured		
report Allowance			99999999.99		
pessory			2000		
GST Registered Informa	tion				
T Registered	No		GST Registration Cate		
T Registration No.			GST Status Ventiled	Yes	
dification history					
Policyholder Mailing Adi	fress				
dress 1	BLK 112 #07-1106	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530112
dress 4		Address Type	Singapore address	Post Code	530112
t No.		Related Policy Number	5102497071		
OI Driver Info					
wer Name	TAY ROGER	Driver Type	Mein Driver		
named driver Name	W. C.	Driver NRIC	57406658E	Driver DOB	03/03/1974
gister Date of Driver License	21/08/2008	Driver Age	45	Driving Experience	11
		Contact No.(Office)	0	Contact No.(Home)	0
ntact No.(Mobile)	97471110			Apdress 3	SINGAPORE \$30112
dress 1	BUX 112	Address 2	HOUGANG AVENUE 1		
dress 4		Address Type	Singapore address	Past Code	530112
iii No.	07-1198				
es he own a Singapore egistered car?	○ Yes® No	Driver Vehicle No.		Driver Insurer Company	
eathalyser or Blood Test	0 mg	Any injury?	○ Yes No		
reathalyser or Blood Test	0 mg	Any injury?	○ Yes No		
eclaration reathalyser or Blood Test eading?	0 mg	Any ingury?	○ Yes ® No		
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