Date In: 61 les 1911	Jeb description	Date & Time Completed	Done	e by
7/11/19-17:49				
Res No: Majiyorg 19875 try	SAS e-filing			
Veh No: OME 76355	E-mail (within Shrs, AIC 2hrs)			ā
D.O.A : 8/11/19-16:30	i-Motor Claim Form	100-3490 FOI M	9/1/19 15	114
OD TP Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4brs)	1200	
ob in its and	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			movies s
11 mouter,	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:	
TP Particulars: Veh No: 1	chasinh INC ()/Non-INC()		
Owner / Driver: (Tel:)	Was in the
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
) Warranty: YES ()/NO ()		3 200
Excess: (\$) Loading:	\$1,000()/\$2,000()			
General Remarks:				
() Walk-In Customer: Customer's	information strictly Confidential & S	rictly NO refer of repairer.		
() Total Loss Case : to e-mail In	surer URGENTLY		W/	
Drive-In ()/ Towed-In (); Inv	roice: YES() / NO();	owing Co: (
Remarks: (INC hotline: 6788 6616	6)	Date&Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()	1		-
2) QC Check / Post Repair Inspection				
	> \$30001 ()		STATE OF THE STATE	
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
	> \$3000] ()			
3) Upload Resurvey Photo [Repair Cost				
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Jate/Time Actions	Invoice Pre	paration Checklist		Amt(3)
July 8467	Invoice Pre	paration Checklist Reporting (\$30);	Anit (S)	
Jaimant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$80);	Anit (S) fst Bill 0)	
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3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time: Actions	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing H 4) FT: Follow-T 5) FT: Follow-T	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$80); ee \$40, hrough Survey \$	Anit (\$) fit Bill 0) /545	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.	
Section 1500 September Beautiful Section 1855	ACCIDENT STATEMENT
Date Of Report	09/11/2019 14:45
Date Of Accident	08/11/2019 16:30
Exact Location Of Accident	HILLVIEW TERRACE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME7635S
Insured/Policyholder	
Name Of Registered Owner	TAN CHYE HOCK GERARD GARY
NRIC No	S1470343H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81389648
Alternative Phone No	OFFICE-81389648
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER 2.0I-L CVT AWD SR
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	5105486221
Cover Note Number	
Driver	
Name of Driver	TAN CHYE HOCK GERARD GARY
NRIC No	S1470343H
Date Of Birth	09/01/1961
Occupation	INDOOR
Date Of Driving Pass	28/08/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81389648
Fax Number	

OFFICE-81389648

NOEMAIL

BLK 312B SUMANG WALK Address

#05-167

Postcode 822312

NO 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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - MAJOR/MINOR RD Type Of Accident

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?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. VEHICLE B COMING OUT FROM THE ENTRANCE OF THE BUILDING AND COLLIDED ONTO MY VEHICLE RIGHT PORTION.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLG5512G Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

KASMANI BIN JAMBARI Name of Driver

S7374248Z NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Page 2 of 15

Passenger 1

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.
- 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN A:JME76355 00 Hillview Perige DESCRIBE CIRCUMSTANCES OF THE ACCIDENT refer to statement. **DECLARATION** I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No .:

Hello, NAC_PAYA_UBI_80	0601						• Chang	e Language	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident		08/11/2019 1	6:30	
	Vehicle	No.(For Motor)	SME76	355		Certif	icate Number	. [
						Search					
	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105486221		TAN CHYE HOCK GERARD GARY	S1470343H	GPC	drivo CLASSIC	SME7635S	SME7635S	15/11/2018	22/01/2020

							confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 15 Nov 2018 TO 22 Jan 2020 In view of this amendment, an additional premium of \$430.95 (inclusive of GST) is payable under your policy.		
Sequen	ce Date of Endorsement	I	Endorsemen	t Type	Endorsement	Status	Endorsement Content Thank you for giving us the opportunity to serve you, We		
▼ Endorse									
STREET	d Object: SME76355	Numb	er	PROGRAMMET					
Jnit No.		Relate	d Policy	5105486221		-21 6000			
Address 4			Address Type Singapore address			Post Code	SINGAPORE 822312 822312		
Address 1	BLK 312B #05-167	Addre	cc 2	SUMANG LINK		Address 3	CINCAPORE 22222		
Info	older Mailine Address								
Open Policy Info Certificate									
nsurance Flag	No								
Co-	100 00A		Sandle S			(5)			
Agent	COWELL INSURANCE (AGENCY)	TP Excess Agent Tel.	63392592		GST Flag	Y			
singapore 600		Outside Singapore	0			Young/Inexperience Driver Excess			
Additional Excess	xcess ⁰ Premium		0						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100			
Excess Type		All Claims Excess							
Policy Issue Date	15/11/2018	Effective Date	15/11/201	8 00:00	Expiry Date	22/01/2020	23:59		
Product Name	PRIVATE CAR INSURANCE Plan		Group Policy Flag						
No. Address	BLK 312B #05-167 SUMANG LIN	K SINGAPOR	E 822312						
Certificate	Name TAN CHYE HOCK GERARD GAR		NRIC						

Accident MT/1070648								
Policy No.	5105486221	Vehicle No.	SME76355		GST Registration R	No		
Certificate No.								
Policyholder Name	TAN CHYE HOCK GERARD GARY				Policyholder NR3C		51470343H	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading		٥	
Contact No. (Motivie)	01309646	Contact No.(Office)	0		Contact No. (Home	000	0	
Email Address		Special Remark			eCode		Tree	
KFK	® No ○ Yes	TCA	® No ⊜ Yes		eCode Reason			
NCD Protection	No	NCD-Entitlement(%)	0		Private Hire		No	
W Accident Details								
Report Date	09/11/2019 15:03	Accident Report Within 24 hrs	Yes		Acadent Type		Collision - Major Minor F	Road
Take of Accident	08/11/2019	Time of Accident hh.mm.	16:30		Country of Acciden	nt.	Singapore	
Reporting Centre		Orange Force			3CM No.			
Accident Location	HOLLVIEW TERRACE							
Iwn damage Excess	600.00	Additional Excess	0		Windscreen Excess		100.00	
nnamed Driver Excess	0.00	Dutside Singapore DD Excess		600.00				
hird Party Excess	0.00	Outside Singapore TP Excess		0.00				
▽ Benefits								
overage ccessory			Sum Insured					
GST Registered Inform	ation		2000					
ST Registeres	No.		GST Registra	ing Date				
ST Registration No.	259.0		GST Status V		Yes			
adification History								
Policyholder Mailing A								
ddress 1	BLK 3128 #05-167	Address 2	SUMANG LINK		Address 3		SINGAPORE 822312	
ddress 4		Address Type	Singapore address		Post Code		822312	
ne No.		Related Policy Number	5105486221					
OI Driver Info								
river Name	TAN CHYE HOCK GERARD GARY	Oriver Type	Main Driver					
nnamed driver Name		Driver WRIC	51470343H 58		Driver DOB		09/01/1961	
egister Data of Onver License		Driver Age			Oriving Experience		40	
ontact No.(Mobile)	81389648	Contact No.(Office) 0			Contact No.(Home)	1	0	
ddress 3	BLK 3128	Address 2	SUMANG LINK		Address J		SINGAPORE 822312	
ddress 4		Address Type	Singapore address		Post Code		822312	
nit No.	05-167							
oes he own a Singapore								
egistered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Com	pany		
	○ Yes ® No	Driver Vehicle No.			Oriver Insurer Com	pany		
eclaration		58 2004/20140	120720		Driver Insurer Com	pany		
eclaration reachalyser or Blood Test	○ Yes ® No O mg	Driver Vehicle No. Any injury?	○ Yes ⑧ No		Oriver Insurer Com	pany		
legistered car? eclaration ireathalyser or Blood Tesk leading?		58 2004/20140	○ Yes ® No		Driver Insurer Com	opany		
eclaration reachalyser or Blood Test		58 2004/20140	○ Yes ® No		Driver Insurer Com	pany		
eclaration reachalyser or Blood Tesk eading? odification History		58 2004/20140	○ Yes ⑥ No		Driver Insurer Com	pany		
eclaration reachalyser or Blood Test eading?		58 2004/20140	○ Yes ⑥ No		Driver Insurer Com	gany		
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claration eachalyser or Blood Test adding? claim 001 New aim Type * intact No. (Mobile) half Address amant Type Claimant Type * amant Name * amant Address amant Address	O mg OD-MX ### ### ############################	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC +	TAN CHYE HOCK GET 64830332 SME7635S		Impured NRIC Contact Ne.(Office) TP Vehicle Number		67652156	
colaration reachalyser or Blood Test sading? Claim 001 New aim Type * Interes No. [Modrie]	O mg OD-MX \$1389548 garygerandran@gmail.com Please Sciect	Any rijury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	TAN CHYE HOCK GET 64830332 SME7635S Please Select	V	Insured NRIC Contact No.(Office)		67652156	
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claration eachalyser or Blood Test lading? Claim 001 New sim Type * ntact No.(Mogre) tall Address smant Type Claimant Type * smant Name * smant Address sm Description referred Workshop Cantact quire Finalisation	O mg OD-MX 81389648 garygerandian@gmail.com Please Select >> SME76355 / SLG5512G ON 8 Nov 2019	Any rijury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *	TAN CHYE HOCK GET 64830332 SME2635S Please Select Not at Fault	v	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred N		67652156 SLG9512G	Y
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