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24/11/19 21:40.		(Within: OD Thu				
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	Assessment/Su	rvey Report				
TP Insurer:			Owner/Wksiz		DETAILS ASSESSED.	-
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the state of the s	ML 8281.K	. INC(.)/Non-INC	().		
Owner / Driver: (114 04 8111		Tel:)	
	od: ()	Cover Type: (<u>).</u>	
Confirmed by: (Dater .	Tline:			
Insured/Driver Liability: (%) [N	ote-Est. Status (V	VO): N: 0-20	0%; P: 21-79%	P: 80-100	/6]	
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	0()/\$2,000	()	**************************************	THE PERSON	dalishanii pa	parampananan
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2) QC Check / Post Repair Inspection	()	4			· · · · · · · · · · · · · · · · · · ·	
3) Upload Resurvey Photo [Repair Cost > \$30	000] (·)		<u></u>		
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CONTRACTOR		ATTEMPARATE	minimoneneren	WENNERS OF THE PERSON OF THE P	Michael Marie	Adameta Salaman
Protections Concludes State Constitution	KOO OO OO GAARAA AA AA	AND THE PERSON NAMED IN	***	United Services		
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d. J.:		9) N12: Idao Mo	hile	ee Charged	-	MANUAL PALL
2 2 / 3;	Andrew Comment	Involve dated		ee Charged	DATE: N	

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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.
- Information provided must be as <u>truthful and accurate</u> 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

	ACCIDENT STATEMENT
Date Of Report	25/11/2019 17:36
Date Of Accident	24/11/2019 21:40
Exact Location Of Accident	SOMERSET RD INFRONT 313
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS4712Y
Insured/Policyholder	
Name Of Registered Owner	TAY BOON ENG
NRIC No	S0653369H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91997234
Alternative Phone No	OFFICE-64493147
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used a time of accident	t COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107771054
Cover Note Number	
Driver	
Name of Driver	TAN SHENG KANG DAWN
NRIC No	S9501922F
Date Of Birth	16/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91997234
Fax Number	

NOEMAIL

Address BLK 851 TAMPINES ST 83 #12-196

Postcode 520851

Was driver an employee of the Insured's Company N

If No. Relationship of the Driver with the Insured OTHER - GRANDSON

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

modrance company of briver a Own Yerhole

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

2

NO

3

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

Was any body injured in the Accident? NO

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)

Passenger 1 NAME: : UNKNOWN

GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

GENDER: : FEMALE

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: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SML8281K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

ehicle No.	SK3 A712 Y. Model/Make Hyundai Flautra.
ate of Accident	24/11/19
ime of Accident	2140 · HRS
ocation of Accident	Somerset Road infront of 313.
xact purpose use during	accident Chauffer.
lame of Owner	TAY BOON ENG.
elephone No.	H/P: Home: 6449 3147 . Office:
IRIC	5 06533694
ddress	BLK 251 Tamperes 31 83 \$ 12-196 (8) 520551.
laim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC.
ype of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5107771054
Name of Driver	As Above If No. TAN SHENG BANG DAWN .
VRIC	3 950 19 22 F . Any Passengers: 02 (im) (IF)
Date of birth	16 101 / 1992 .
Occupation	Outdoor / Indoor
Driving License Pass Date	10.1
Gender	Male / Female
Contact No.	H/P: 9199 7234 . Home: Office:
Address	BLK 851 Tampines 31 83 412-196 (8) 520851.
Driver have any own veh	
Relationship	Employee, If no, state Grandson .
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SML 8281 H. Any Passengers: Not swe.
	Contact No. :
Name of Driver Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	N-A- Witness Contact: N-A.
Accident Portion	Front left portion.
Camera Recorder	Yes No
Email Address	dauntan 95@ gmail-com.
Email Address	
	OP Thereat.
PARTICULAR WORKSHO	The state of the s
PARTICULAR WORKSHO	6842 0051 / 6744 0510

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.

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Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

THE RESERVE OF

N		(A) 3K8 4712 Y.
	Somesset Road	(B) SML 8281K.
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**	VIIII	
	313 @ Comerce	+.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On 54/11/19 at	@2140 hs.	1 was down	en my
vehicle (3)	KS HTIZYD after	prekang up	my passenger /	H 313.0
Somerset	peck-up point. I	stopped m	y vehicle to	check for
traffic o	peck-up point. I	road. After	I checking a	lear, I moved
forward to	exit into So	merset Road.	Suddenly a	car (SML 8281
towelling	at a high sp collided onto	need from a	Come 2 cut 2	nto my
path and	collided onto	the front	1 eft portion	of my rehead
		/	1	
	- E	42		

DECLARATION

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

Jun S

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

e

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Cover : drivo CLASSIC Certificate Number: 5107771054

1. Index mark and Registration Number of Vehicle SK\$4712Y

KMHDH41CMFU410278 Chassis Number

TAY BOON ENG 2. Name of Policyholder : 26 Feb 2019 3. Effective Date of Insurance

: 16 Apr 2020 4. Expiry Date of Insurance

- 5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

: \$\$2,000 **EXCESS (SECTION 1)** : \$\$1,500 EXCESS (SECTION 2) \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

PLEASE REFER OVERLEAF LINNAMED DRIVER EXCESS

: NO REPAIR AT OWNER'S PREFERRED WORKSHOP. : YES INSURE WITH COE : YES (FREE) NCD PROTECTION TRANSPORT ALLOWANCE : NO : NO **FXCESS WAIVER**

: TAY BOON ENG PRIMARY DRIVER

TAN SHENG KANG DAWN NAMED DRIVER (1) : N/A NAMED DRIVER (2)

: N/A HIRE PURCHASE COMPANY

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

AUTOSHIELD PTE. LTD. (00000573469) Agency

26 Feb 2019 14:35 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Policy No.	5107771054	Vehicle No.	5KS4712Y		GST Registro	ation No.			
Certificate No.					150000000000000000000000000000000000000	autor.	506533	con	
Policyholder Name	TAY BOON ENG				Policyholder	NRIC		patt.	
Product Code	PRIVATE CAR INSURANCE	Cover Type	erwo CLASSIC		Loading	Marian.	0		
Contact No.(Mobile)	64493147	Contact No.(Office)			Contact No.	(Home)	Feb. 4		
Email Address		Special Remark			eCode		No *		
KFK	» No. Yes	TCA	e No Yes		eCode Reas				
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hire		Yes		
								CONTRACTOR OF THE PARTY	
Report Date	25(11/2019 18:14	Accident Report Within 24 hrs	Yes		Accident Typ			n - Change /	Cross I
Date of Accident	24/11/2019	Time of Accident hh:mm	21:40		Country of	Accident	Singapo	ine.	
Reporting Centre		Orange Force			ICM No.				
Accident Location	SOMERSET RD INFRONT 313								
▼ Total Excess Applicable									
Excess Type	Per Accident	Windscreen Excess		100.00					
OD Standard Excess	2,000.00	TP Standard Excess		1,500.00			Covere		
VIII D OD Excess	0.00	VIED TP Excess		0.00	Driver is Co	wered?	Covere	53	
Additional Excess	G G								
Total OD Excess Applicable	2000.00	Tetal TP Excess Applicable		1,500,00					
→ Benefits									
	ion		agizin						
GST Registered	No		GST Regist		100	91			
GST Registration No.			GST Status	vermen	17				
Modification History									
Policyholder Mailing Add			200000000000000000000000000000000000000	44	Address 3		TAMEN	NES VILLE	
Address 1	BLK 851 #12-196	Address 2	TAMPINES STREET	6.3	Post Code		52085		
Address 4	SINGAPORE \$20851	Address Type	Singapore address		Pust Cook		22003	50	
Unit No.		Related Policy Number	5107771054						
₩ OI Driver Info		Particular in the Control of the Con	Named Driver						
Driver Name	TAN SHENG KANG DAWN	Driver Type Driver NRIC	59501922F		Driver DOS	1	16/01/	1995	
Unnamed driver Name		Driver Age	24		Driving Exp	perience	3		
Register Date of Driver License	04/02/2016	Contact No.(Office)			Contact No				
Contact No.(Mobile)	91997234		TAMPINES STREET	87	Address 3		TAMPI	NES VILLE	
Address 1	BLK 851 #12-196	Address 2	Singapore address	63	Post Code		52085		
Address 4	SINGAPORE 520851	Address Type	Singapore autoritis		0.00,000,00000				
Unit No.	12-196				Polyate Land	urer Company			
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Driver mas	aret company			
Declaration			200007 (10000						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No						
Modification History									
Claim 001 New									
District No. 10									
Claim 001 New				ор-мх	▼ Insured	TAY BOON ENG		Insured NRIC	5065
District No. 10				ОО-МХ	▼ Insured Name Contact			NRIC Contact	5065
Claim 001 New				00-MX	Contact No.	TAY BOON ENS 64493147		NRIC	5065
Claim Type *				ОО-МХ	No. (Home)	64493147		Contact No. (Office)	
Claim Type *				ОО-МХ	Contact No. (Home)			NRIC Contact No. (Office) TP Vehicle Number	S065
Claim Type * Contact No.(Mobile) Email Address					Contact No. (Home) OI Vehicle Number	64493147		NRIC Contact No. (Office) TP Vehicle Number Name of Preferred	SML8
Claim 001 New Claim Type. * Contact No.(Mobile)				00-MX SK34712Y / SML8281X 0	Contact No. (Home) OI Vehicle Number	64493147		NRIC Contact No. (Office) TP Vehicle Number Name of	SML8
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred	Insured Liability Not at Fa	nut v			Contact No. (Home) OI Vehicle Number	64493147		NRIC Contact No. (Office) TP Vehicle Number Name of Preferred	SML8
Claim 901 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Demikt No. Ver	Repair Preferred Workshop,	GIA Bassiu	ed •	5K54712V / SMLB2B1X &	Contact No. (Home) OI Vehicle Number	64493147		NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SML8
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred	Preference	GIA	wd T	5K54712V / SMLB2B1X &	Contact No., (Home) OI Vehicle Number ON 24 Nov 2019	64493147		NRIC Contact No. (Office) TP Vehicle Number Name of Preferred	SML8
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Bennike No. Finalsation Oate Registered	Repair Preferred Workshop,	GIA Beesly	wd T	5K54712V / SMLB2B1X C	Contact No. (Hame) OI Vehicle Number	64493147		NRIC Contact No. (Office) TP Wehicle Number Number Number Number Number Number Number Determed Determed Date	SML8
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Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Demiket No. Finalsation Date Registered Report Taken By # Print AK letter Attachment # Accident, No.	Preferred Workshop, Option Preferred Workshop, MT/1072903	Name unknown GIA Receive		SK\$4712Y / SML8281X 0 25/11/2019 18:18 LIEW SHAN HUI	Contact No., (Home) OI Vehicle Number	64493147		NRIC Contact No. (Office) TP Wehicle Number Number Number Number Number Number Number Determed Determed Date	SML8
Claim 001 New Claim Type. * Contact No.(Mobile) Email Address Claim Description Professed Workshop Bennikt No. Finalsation Date Registered Report Taken By ** Print AK letter Attachment	Preferred Workshop, Option Preferred Workshop, Preferred Workshop, Preferred Workshop, Preferred Workshop,	Name unknown GIA Receive		SK\$4712Y / SMLB281X 0 25/11/2019 18:18 LIEW SHAN HUI	Contact No. (Home) OI Vehicle Number ON 24 Nov 2019 Claim Close Date	64493147 SKS4712V	htgency *	NRIC Contact No. (Office) TP Wehicle Number Number Number Number Number Number Number Determed Determed Date	SML8
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Profemed Workshop Demike No. Finalsation Oate Registered Report Taken By # Print AK letter Attachment # Accident No. Last Doc. Received	Preferred Workshop, Option Preferred Workshop, P	Name unknown GIA Receive		25/11/2019 18:18 LIEW SHAM HUI	Contact No. (Home) OI Vehicle Number ON 24 Nov 2019 Claim Close Date	64493147 SKS4712Y	17.00	NRIC Contact No. (Office) TP Wehicle Number Number Number Number Number Number Number Determed Determed Date	SML8
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1/25/2019		Claim Handling(accident reporting Claim Task)					
Attachment	Upload	ed By/Date	Category	9	Urgency	Description	94
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