Waster Transfer El (MCE)	re Services. tweet Jamos M	Date &Time Completed	Done by	
Date In: 17/12-16: 06				
Ref No: Na INC 200767674	SAS e-filing			
Veh No: 5741798X	E-mail (within Shrs, AIC 2hrs)	M7/1084656-001	12/20 16:19	,
D.O.A: 17/1/22 14:03	i-Motor Claim Form		14/0/0	
an i The Reserve Only	I-Motor W/O (Within: OD 2)	irs, TP 4brs)		
OD / TP-) Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:	Jorym INC	()/Non-INC().		
Owner / Driver: (Tel:		
	Period: (Cover Type: (
Confirmed by (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 90	-100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		-
	,000()/\$2,000()		7822 TH TOTAL	
Carlot Damagles 2			STATE OF THE PARTY	
() Walk-In Customer : Customer's in	nformation strictly Confidential &	Strictly NO refer of repaire	r	
() Total Loss Case : to e-mail Insu	irer URGENTLY.			
	ice: YES () / NO ()	Towing Co: ()
2		Date&Time Completed	Done	У
Remarks:- (INC hotline: 6788 6616)	2 ()		18.0118	v. H. HEN
1) (tippi) to: 11mml	/ Courtesy Car ()		+	
2) QC Check / Post Repair Inspection	()		1	
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()	**************************************		
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Abaolan Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR : Acc 2) DA : Dar 3) TF : Tow 4) FT : Foll 5) FT : Foll For claim 6) TR : Re- 7) N1 : Idac 8) NTUC A	Preparation Checklist. ident Reporting (\$30); nage Assessment (\$100); INc. ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan inspection DA + SMRT Survey dditional Services:	(\$80) \$40/\$45 \$120 \$30 200\$ \$75 \$160	
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Elaimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: Of Checked by (Engr-In-Charge):	1) AR : Acc 2) DA : Dar 3) TF : Tow 4) FT : Follo 5) FT : Follo For claim 6) TR : Re- 7) N1 : Idao 8) NTUC A OD* *N5: Cov *N6: Re- *N7: Follo *N5: Cov *N6: Re- *N7: Follo *N8: DV	Preparation Checklist. ident Reporting (\$30); nage Assessment (\$100); ING ing Fee ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan inspection DA + SMRT Survey idditional Services:- urtesy Cer / Tpt Allowance pair Co-ordination st Repair Inspection / / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 200\$ \$75 \$160	
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SINGAPORE ACCIDENT STATEMENT

1984 Carlotter 1985

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

- 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 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.

- 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	17/02/2020 16:06
Date Of Accident	17/02/2020 14:00
Exact Location Of Accident	BLK 818 TAMPINES
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU1798X
Insured/Policyholder	
Name Of Registered Owner	TAN CHOON NGEE
NRIC No	SXXXX310Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90041133
Alternative Phone No	OFFICE-90041133
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ESTIMA AERAS 2.4 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5087995752-03
Cover Note Number	
Driver	
Name of Driver	TAN SOCK SAN (CHEN SHUSHAN)
NRIC No.	SXXXX040G
Date Of Birth	02/12/1976
Occupation	INDOOR
Date Of Driving Pass	01/01/1996
Driving Experience	24 YEARS AND 1 MONTH
Gender	FEMALE

(LOCAL) +65-90041133

OFFICE-90041133

NOEMAIL

BLK 37 TAMPINES STREET 34 Address

#01-43

529240 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

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 Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 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

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

SLZ5624M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

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 <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.
- 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 .:

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature -

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

Reporting Centre Personnel' Signature Name:

NRIC/FIN No.:

, Personal Particulars
Date of Accident: 17 2 20 Time of Accident: 2 00pm
Exact Location of Accident: Tompine BIK 818
Owner's Name: Tan Choon Ngee NRIC No: 57402310 72 No:
Driver's Name: Tan Sock Sad MRIC No: 576 4004 CHP No: 9004 113
Date of Birth: 2 12 1976 riv ng Licence Passing Date: 6 Occupation: Index / Outdoor
Address: 37 Tamp
Relationship of Driver with Insured: Email Address :
Vehicle No: SJU 1798x Make & Model: Toyota
Insurance Co: NTUC Coverage: Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Parky Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
*Weather Condition ? Car / Raining / Others: Wet / Gry / Others:
* Any passenger inside vehicle involved? (Yes / No) if yes, Vehicle No & How many pax:
A: 1+0 B: 1+0 C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name / NRIC / In Vehicle:
*Was The Accident Reported To The Police ?
No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
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 a No: SLZ 5624 M Make & Model:
Driver's Name:NRIC No: HP No:
Vehicle C No: Make & Model:
Driver's Name:NRIC No:HP No:
ANTHESS LOUISINSIS
Name: NRIC No: HP No:

									Genera	lClaim
0601						• Change	Language	• Chan	ge Password	· Log Out
Poli	cy Query									,
Policy N	io.				Date o	of Accident	1	7/02/2020 1	4:00	
Vehicle	No.(For Motor)	SJU179	8X		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	5087995752-		TAN CHOON NGEE	S7402310Z	GPC	drivo CLASSIC	SJU1798X	SJU1798X	16/02/2020	15/02/2021
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. 5087995752-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Sobr995752-	Policy Query Policy No. Vehicle No.(For Motor) SJU1798X Select Policy No. Certificate Number Name S087995752- TAN CHOON	Policy Query Policy No. Vehicle No.(For Motor) SJU1798X Select Policy No. Certificate Policyholder Name NRIC S087995752- TAN CHOON \$74023107	Policy Query Policy No.	Policy Query Policy No. Date of Accident Vehicle No. (For Motor) SJU1798X Certificate Number Select Policy No. Certificate Number Name NRIC Product Cover Type So87995752- TAN CHOON STANDARD COST drive	Policy Query Policy No. Date of Accident [1] Vehicle No. (For Motor) SJU1798X Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type No. 5087995752- TAN CHOON \$7403307 CPC drive SW17782X	Policy Query Policy No. Date of Accident [17/02/2020 1 Vehicle No.(For Motor) SJU1798X Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type No. Object O 5087995752- TAN CHOON \$24033107 CRC drive SHUTREN CHURREN	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Policyholder Name NRIC Product Cover Type Vehicle Insured Commence Number TAN CHOON \$7402007 CRE drive Supress Charges Allowage Charges Charges Allowage Charges Charges Allowage Charges Charges Allowage Charges Charg

Policy Information Page 1 of 1

Sequen	ce Date of Endorsement		Endorsemer	nt Type	Endorsement	Status	Endorsement Content
▼ Endors	ements						
) Insure	d Object: SJU1798X						
Unit No.		Relate Numb	ed Policy er	5087995752-03			
Address 4			ss Type	Singapore address		Post Code	529240
Address 1	37 TAMPINES STREET 34	Addre		#01-43		Address 3	SINGAPORE 529240
	older Mailing Address	1909-4-0				242-000-24	
Info	-14 M-III 444						
Policy Info Certificate							
Open							
Co- insurance Flag	No						
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Υ	
Singapore OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Excess Outside		Premium Outside					
Additional	0	os	0				
Excess	0	damage Excess	600		Excess	100	
Third Party		Own			Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	14/02/2020	Effective Date	16/02/202	0 00:00	Expiry Date	15/02/2021 23	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	37 TAMPINES STREET 34 #01-4	3 SINGAPORE	529240				
Certificate No.							
Policy No.	5087995752-03	Policyholder Name	TAN CHOC	ON NGEE	Policyholder NRIC	S7402310Z	

cident HT/1084656					
	5067005753-07	Vehicle No.	51U1798X	GST Registration No.	
icy No.	5087995752-03	Venice (40)			
entificate No.	E11 0 1001 1005			Policyholder NRIC	57402310Z
Rcyholder Name	TAN CHOON NGEE	Cover Type	drive CLASSIC	Loading	0
oduct Code	PRIVATE CAR INSURANCE	200200000000000000000000000000000000000		Contact No.(Home)	0
ontact No.(Mobile)	90041133	Contact No.(Office)	0		N. V
nail Address	22174.082174-1	Special Remark	TENNESS TO	eCode	In Y
×	® No ○ Yes	TCA	® No ○Yes	eCode Reason	CALL Y
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
port Date	17/02/2020 16:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
te of Accident	17/02/2020	Time of Accident hh:mm	14:00	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
odent Location	BLK 818 TAMPINES	WORKE SERVES			
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
		CONTRACTOR OF THE PARTY OF THE			
Standard Excess	600.00	TP Standard Excess	0.00		
ID OD Excess	500.00	YIED TP Excess		Driver is Covered?	
	0	and the second second			
dicional Excess		Total TD From Section			
al OD Excess Applicable	1100.00	Total TP Excess Applicable			
Benefits	eton.				
GST Registered Informa Registered	No No		GST Registration Date	V2000	
Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Halling Ad	dress				
dress 1	37 TAMPINES STREET 34	Address 2	#01-43	Address 3	SINGAPORE 529240
dress 4		Address Type	Singapore address	Post Code	529240
it No.		Related Policy Number	5087995752-03		
OI Driver Info		Control and Control and Control			
	Unnamed Driver	Driver Type	Unnamed Driver		
iver Name named driver Name	TAN SOCK SAN (CHEN SHUSHA	Driver NRIC	SXXXX04DG	Driver DOB	02/12/1976
			43	Driving Experience	24
gister Date of Driver License		Driver Age			0
ntact No.(Mobile)	90041133	Contact No.(Office)	0	Contact No. (Home)	
dress 1	37 TAMPINES STREET 34	Address 2		Address 3	SINGAPORE 529240
dress 4		Address Type	Singapore address	Post Code	529240
it No.	01-43				
	O Yes ® No	Driver Venicle No.		Driver Insurer Company	
	○ Yes ® No	Driver Venicle No.		Driver Insurer Company	
gistered car?	○ Yes ® No	Onver Vehicle No.		Driver Insurer Company	
gistered car? claration eathelyser or Blood Test	○ Yes ® No 0 mg	briver Vehicle No. Any injury?	○ Yes ® No	Driver Indurer Company	
egistered car? claration reathelyser or Blood Test	**************************************	30000000000000000000000000000000000000	○ Yes No	Driver Indurer Company	
oes he own a Singapore agistered car? cclaration reathalyser or Blood Test eading?	**************************************	30000000000000000000000000000000000000	○ Yes ® No	Driver Indurer Company	
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claration leathlyser or Blood Test ading? sification History Claim 001 New him Type * https://doi.org/	0 mg	Any injury? Insured Name	TAN CHOON NGEE	Insured NRIC	57402310Z SL25624M
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cisration eathelyser or Blood Test ading? dification History Claim 001 New sim Type * entact No. (Mobile) hal Address simmert Name * simmert Address sim Description eferred Workshop Contact	0 mg CO-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	TAN CHOON NGEE 65870161 53U1798X	Insured NRIC Contact No.(Office) TP Vehicle Number	
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claration eathalyser or Blood Test ading? charten History claim OG1 New im Type * intact No. (Mobile) had Address imant Type Claimant Type * imant Address im Description inferred Workshop Contact quire Finalsation	0 mg CO-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	TAN CHOON NGEE 65870161 SIU1798X Please Select V	Insured NRIC Contact No. (Office) TP Vehicle Number	\$125624M
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