NATIONAL Assessment Cen	tre Services. [well Jan'05] M	HAIVOONASO		
Date In: 2 17:51	Jeb description	Date & Time Completed	Done by	
Ref No: MAJUNCTOS 2466/14	SAS e-filing	İ		
Veh No: OCS31YV	E-mail (within Shrs, AIC 2hrs)			•
D.O.A: 19 / 12-72-17	i-Motor Claim Form	ma 1 10 85166 -001	2/2/20 17:1	18
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD : TP)! Reporting Only	i-Photo Uploaded			
m I	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW: (		101.	Fax:	
TP Particulars: Veh No: ht	ONI Cooten			
Owner / Driver: (	Name of the second seco	Tel:		
Policy No: ( )	Period: (			
Confirmed by : (	Date:	Time:	100%]	
	) [Note-Est. Status (WO): N: 0-	20%; P. 21-79%. 1. 50	-10070)	
Year of Registration: ( )	Warranty: YES ( )/NO (			
Excess: (\$ ) Loading: \$		Englishment Color (Color Color	Mary Land	
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( ) Total Loss Case : to e-mail Ins		T 1 Co. (	- <del></del>	)
Drive-In ( )/ Towed-In ( ); Invo	pice: YES( ) / NO( );	Towing Co: (	377 2 K 988 27 W 9	,
Remarks: (INC hotline: 6788 6616		Date&Time Completed	Donel	У
	/ Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )	<u> </u>		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )			DANKSHI
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Date/Time Actions			237 235 Apr. 20.07 B. 122.0	
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# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

**EMail Address** 

Gender

- 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.
- 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

AND THE RESERVE OF THE PARTY OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	20/02/2020 17:31
Date Of Accident	19/02/2020 20:15
Exact Location Of Accident	69 SYED ALWI RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SKS3314U
nsured/Policyholder	
Name Of Registered Owner	TAN BEE PENG
NRIC No	SXXXX072J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97422898
Alternative Phone No	OFFICE-97422898
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 250CGI
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5114478844
Cover Note Number	
Driver	
Name of Driver	TAN BEE PENG (CHEN MEIBING)
NRIC No	SXXXX072J
Date Of Birth	15/08/1977
Occupation	INDOOR
Date Of Driving Pass	09/11/2016
Driving Experience	3 YEARS AND 3 MONTHS

**FEMALE** 

NOEMAIL

(LOCAL) +65-97422898

OFFICE-97422898

BLK 675C YISHUN AVENUE 4

#07-804

Postcode 763675

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Address

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?

If the Accident:

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) 0

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

Police Station Address 470629 . COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200220/2111.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG5606J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

## 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</u> and accurate as <u>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.

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

NRIC/FIN No.:

# SKETCH PLAN Refer to continend sheet h DESCRIBE CIRCUMSTANCES OF THE ACCIDENT weter to before about 1/20,000000 mil DECLARATION I/We declare the foregoing particulars are true in every respect.

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.:

G9 SYED ALWI RD

8KS 38171

20-15PM Nd51-00 Nd51-0





1 of 3

Report No. T/20200220/2111

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date (Time Report Mode)

Vide Report No.:

Sta

Station Diary No.: Vide Report No.: Date/Time Report Made: A/20200219/0098 20/02/2020 16:18 Informant's Particulars Address: Name of Informant: APT BLK 675C YISHUN AVENUE 4 #07-804 SINGAPORE TAN BEE PENG Contact No.: ID Type / ID No.: Mobile: 97422898 Home/Office: NRIC NO / S7722072J Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: Vehicle Owner 42 15/08/1977 Female Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 3 COMPANY DIRECTOR

Type of Accident:  Non-Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 19/02/2020 20:15	Type of Location Straight Road	
Location: Along Road 1 SYED ALWI Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate	
One Way				Anyone conveyed by	

Details of Volume Vehicle No.	PROPERTY AND PERSONS ASSESSED.	Make	Model	Color	Condition	No of Passenge
GBG5606J	Lorry	тоуота	- I - I - I - I - I - I - I - I - I - I			0
SKS3314U	Car	MERCEDES BENZ		White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



2 of 3

Report No. T/20200220/2111

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

# CONTINUATION OF REPORT

Vehicle Owner		ALECCHARICATION CONTRACTOR	ID No.		S7722072J
Name	TAN BEE PENG				07400000
Related Vehicle	SKS3314U (Car)		Contac	t No.	97422898
Related Vernois			Class	of	Class: 3
Hospital/Clinic	NIL		Driving Licence Expiry	e &	Date of Expiry: NIL
		Date Disc	charge	NIL	
Date Treatment	NIL nted Medical Leave NIL	Degree o	of Injury	NIL	

On 19/02/2020 at 2019hrs, I parked my vehicle SKS3314U at 69, Syed Alwi Road, parallel parking lot. I then went to the front left passenger's door to take some item. Suddenly, I heard a loud bang and my vehicle was shaking. I then discovered that a lorry GBG5606J has hit my vehicle. I wanted to give chase however I was unable to stop the driver from driving off.

As such, I called for the police. The police attended to me and advised me to lodge a report. I wish to state that the damages that occurred to my vehicle was scratches to the front bumper. I wish to also state that I sprained my left ankle from chasing the lorry and bruises on the right knuckle and wrist from hitting the lorry to alert the driver to make a stop.

I am lodging this report for police assistance.





3 of 3

Report No. T/20200220/2111

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

## CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report fumber** as reference.

Signature Of Officer Recording The Report: G / Sgt 1 NORISHAM BIN KAMIZAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2020 16:18
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	

eBaoTech	0601			An Example 1			• Change	e Language	· Chang	e Password	Log Out
My Desktop		y Query									
Notice of Loss	Policy N	0.	8			Date	of Accident		19/02/2020 2	0:15	
	Vehicle	No.(For Motor)	SKS331	4U		Certifi	cate Number	[			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114478844		TAN BEE PENG	\$77220723	GPC	Third Party	SKS3314U	5KS3314U	03/12/2019	02/12/2020

TAN BEE PENG NRIC  ST14478844  Name  TAN BEE PENG NRIC  ST72072  N	Sequence Date of Endorsement			Endorsement Type				Endorsement Content
Solicy No. 5114478844 Name TAN BEE PENG NRIC STATEMENT TA	S Endor	sements				2000		Endorsement Content
STAND   STAN	<b>▶</b> Insure	d Object: SKS3314U						
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TAN BEE PENG NOTC S/7220725			30379000					
Policyholder Policyholder C77220723	licy No.	5114478844	Policyholder Name	TAN BEE PER	NG .		S7722072J	

aim Handling							
	5114478844	Vehicle No.	SKS3314U		GST Registrati	on No.	
rificate No.							
	AN BEE PENG				Policyholder N	RIC	577220723
	PRIVATE CAR INSURANCE	Cover Type	Third Party		Loading		0
	97422898	Contact No.(Office)	0		Contact No.(H	ome)	0
all Address		Special Remark			eCode		No V
(	® No ○ Yes	TCA	® No ○Yes		eCode Reason	Č	
	No	NCD Entitlement(%)	10		Private Hire		No
Accident Details							
	20/02/2020 17:46	Accident Report Within 24 hrs.	Yes		Accident Type	ř.	Hit and run
	19/02/2020	Time of Accident hh:mm	20:15		Country of Ac	cident	Singapore
se of Accident	19/02/2020	Orange Force			TCM No.		
porting Centre	69 SYED ALWI RD						
Total Excess Applicable							
	Per Accident	Windscreen Excess		0.00			
				1000			
Standard Excess	0.00	TP Standard Excess		0.00			Covered
ID OD Excess	0.00	VIED TP Excess		0.00	Driver is Cov	ereor	Coveres
Iditional Excess	0						
tal OD Excess Applicable	0.00	Total TP Excess Applicable		0.00			
P Benefits							
GST Registered Informa	tion		1000				
T Registered	No			legistration Date Satus Verified	Yes		
T Registration No. dification History			dari	OSCUS VENES	700		
Policyholder Mailing Ade	fress			were agen	Address 3		SINGAPORE 380038
ddress 1	BLK 38 #21-2400	Address 2	Children and a	KENG ROAD	Post Code		380038
ddress 4		Address Type	Singapore at		Post Code		200000
nit No.		Related Policy Number	5114478844				
OI Driver Info							
river Name	TAN BEE PENG	Driver Type	Main Driver		Driver DOB		15/08/1977
nnamed driver Name		Driver NRIC	\$77220723		Driving Expe	нессе	1
egister Date of Driver License	09/11/2016	Oriver Age	42				
ontact No. (Mobile)	97422898	Contact No.(Office)	0		Contact No.	(rsome)	FERN GROVE @ YISHUN
ddress 1	BUK 6750	Address 2	YESHUN AVI	INUE 4	Address 3		
ddress 4	SINGAPORE 763675	Address Type	Singapore a	doress	Post Code		763675
and No.	07-804						
opes he own a Singapore segistered car?	○ Yes ® No	Driver Vehicle No.			Driver Insur	er Company	
eclaration							
reathalyser or Blood Test	0 mg	Any injury?	○ Yes ® N	io			
teading?	XXXXEX						
Hodification History							
Claim 001 New							
		Insured Name	TAN BEE PI	ING	Insured NR	ic	\$77220723
Claim Type *	00-MX		INT DEE F		Contact No		
Contact No.(Mobile)		Contact No. (Home)	Puntat.		TP Vehicle		GBG56061
Email Address	F- SPECIAL STATES	OI Venicle Number	SK53314U	177	ir venice:	0000000	
Darmant Type Claimant Type	Please Select	Type of Benefit *	Please Sel	sd 🔻			
Daimant Name *	2	≥ Claimant NRJC *					
Claimant Address	Con-				Name of the	eferred Works	hop
Claim Description	SKS3314U / GBG5606J ON 19 Feb				PARTIE OF PA	L. C SUINS	
Areferred Workshop Contact		Insured Liability *	Not at Fau		_		Darra at
Require Finalisation	Yes 🔻	Preferend Repair Option	Preferred 1	Workshop, Name unknown	GIA report		Received 20/02/2020 00:00
Date Registered	20/02/2020 17:48	Claim Close Date			Date Recei	ved	ENGELES SUNS
Report Taken By	Jackson						
Print AK letter							
			Save Su	amit			
Attachment							
9		Claim No.		001			
Accident No.	MT/1085166			20/02/2020 17:51			
Last Doc. Received	® Yes ○ No	Upload Date			Confid	lactia!	Urgency * Descrip
	Path *	JP (AC)	T management	Category *	V NO	V Nor	
		-		Please Select	200	1000	
		Brow		Please Select	V NO	V No	
		Brow		Please Select	₩ NO	V Nor	200 v 0 0 0 0 0
		Brow		Please Select	V NO	V No.	
	100-100-10 O HAT I	Brov	vse Clear	Please Select	V NO	V No	2.11(2)
			1 000000	Rassa Salari	V NO	V No	rmai 🗸

	NAC_PAYA_UBI_800601( NATION CES) on 20 Feb NAC_PAYA_UBI_800601( NATION CES) on 20 Feb	AL ASSESSMENT CENTRE SERVI			Normal	Photos 2020-2-20	
6	NAC_PAYA_UBI_B00601( NATION CES) on 20 Feb	AL ASSESSMENT CENTRE SERVI 2020 17:48	Photos		real files		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Feb 2020 17:48				Normal	Photos 2020-2-20	
	NAC_PAYA_UB1_800601( NATION/ CES) on 20 Feb	AL ASSESSMENT CENTRE SERVI 2020 17:48	Photos		Normal	Photos 2020-2-20	
100	NAC_PAYA_UBI_800601( NATIONAL CES) on 20 Feb	AL ASSESSMENT CENTRE SERVE 2020 17:48	Photos		Normal	Photos 2020-2-20	
	NAC_PAYA_UBI_800601( NATIONA CES) on 20 Feb	L ASSESSMENT CENTRE SERVI 2020 17:48	Photos		Normal	Photos 2020-2-20	
	NAC_PAYA_UBI_800601( NATIONA CES) on 20 Feb	U. ASSESSMENT CENTRE SERVI 2020 17:48	Photos.		Normal	Photos 2020-2-20	
8	NAC_PAYA_UBI_BD0601( NATIONA CBS) on 20 Feb	L ASSESSMENT CENTRE SERVI 2020 17:50	Photos		Normal	Photos 2020-2-20	
	NAC_PAYA_UB1_800601( NATIONA CES) on 20 Feb	L ASSESSMENT CENTRE SERVI 2020 17:50	Photos		Normal	Photos 2020-2-20	
1	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Feb 2020 17:50		Pingtos		Normal	Photos 2020-2-20	
	NAC_PAYA_UB1_800601( NATIONAL CES) on 20 Feb	L ASSESSMENT CENTRE SURVI 2020 17:50	Photos		Normal	Photos 2020-2-20	
	AC_PAYA_UBI_600601( NATIONAL CES) on 20 Feb :	ASSESSMENT CENTRE SERVI 2020 17:50	Photos		Normal	Photos 2020-2-20	
	AC_PAYA_UB1_800601( NATIONAL CES) on 20 Peb ;	ASSESSMENT CENTRE SERVI 2020 17:50	Photos		Normal	Photos 2020-2-20	
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Feb 2020 17:50		Photos		Normal	Photos 2020-2-20	
<b>**</b>	AC_PAYA_UBI_800601( NATIONAL CES) on 20 Feb 2	ASSESSMENT CENTRE SERVI 020 17:50	SAS		Normal	SAS 2020-2-20	
DESCRIPTION NO.	AC_PAYA_UBI_800601( NATIONAL CES) on 20 Feb 2	ASSESSMENT CENTRE SERVI 020 17:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-20	
Attachment List	Uploaded By	/Date	Category	9	Urgency	Description	Msg Sent? (CO)