NATIONAL Assessment Centre Service	ies. purt i Jarios).	MNA 12003278	3
Pate 10. 16/3/20 11:34 Jeb desc	cription	Date &Time Completed	Done by
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Assessi	nent/Survey Report		
TP hisurer: Ass't R	eport by Fax / Hand t	o Owner/Wksn	
Professed Wissp / INC Assign Wksp / QW; (ant reference Country of Country of	GATE STATE SECRETARISM SALVANIAN SECULIAR SALVANIAN SALV	AX;
TP Particulars: Veh No: 5GP 28	OLA INC)/Non-INC()	
Owner/Driver: (Tel:)
Policy No: () Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. St	atus (WO): N: 0-20	%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Warranty: Y	ES()/NO()	
Excess: (\$) Londing: \$1,000 ()/\$	2,000 ()		
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1) Apply for Transport Allowance () / Courtesy Car			
2) QC Check / Post Repair Inspection (•)		-, -
T) Upload Resurvey Photo [Repair Cost > \$3000]	(-)		
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MA 2002021	1) All I Accident IV		3 5- 50
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ivor/Owner:	3) TI' : Towing Fee 4) FT : Follow-Thre		20
ntact No:	5) PT : Pollow-Thre	ugh Burvey (Resurvey) 3	30
	6) TR: Re-impente	nstinc Only (wo(10 Jan 200))	75
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throw Economicals and the second second	TIME DV / College	Expess Coordination	23
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	9) N12: Ideo Mobile Involve dated	Fae Charged	MAN (MIN) MAN
3.2.37	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

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 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.

aforesaid.	
Activities of Salary Conference on	ACCIDENT STATEMENT
Date Of Report	16/03/2020 11:34
Date Of Accident	15/03/2020 16:15
Exact Location Of Accident	JUNC OF BERWICK DR & SERANGGON GARDEN WAY
Country/State of Loss	SINGAPORE
AND CONTROL OF THE PROPERTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC7876U
Insured/Policyholder	
Name Of Registered Owner	TAN XU FENG
NRIC No	SXXXX484C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98379817
Alternative Phone No	OFFICE-98379817
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110830740
Cover Note Number	
The same of the sa	

Driver

 Name of Driver
 TAN XU FENG

 NRIC No
 SXXXX484C

 Date Of Birth
 06/07/1986

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/05/2006

Driving Experience 13 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98379817

Fax Number

Contact Number OFFICE-98379817

EMail Address NOEMAIL

Address

BLK 932A HOUGANG AVE 9 #12-80

Postcode

531932

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

NO

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

YES NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

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

I WAS TRAVELLING ALONG BERWICK DR TWDS TAVISTOCK AVE, SUDDENLY VEH B FAIL TO STOP AT THE STOP LINE AND DASHED OUT FROM THE SERANGOON GARDEN WAY AND HIT ONTO MY VEH LEFT HAND SIDE.

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

SGP2801A

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)

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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 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 false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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 :
 - (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")
- (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
- 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Date & Time:

Policyholder's Signature Date & Time:

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

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

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		Berwick	Dr			

Refer	to	statement	
		10-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	

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.:

Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	e • Chan	ge Password	Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident		15/03/2020	11:22	
Vehicle No.(For Motor)		No.(For Motor)	SGC78	SGC7876U		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110830740		TAN XU FENG	S8620484C	GPC	Third Party	SGC7876U	SGC7876U	03/07/2019	23/07/2020

Claim Handling

Policy No. Certificate No.							
Cortificate No.	5110830740		Vehicle No.	5GC7876U		GST Registration No.	
Policyholder Name	TAN XU FENG					Policyholder NRIC	58620484C
Product Code	PRIVATE CAR INSURAN	4CE	Cover Type	Third Party		Loading	0
Contact No.(Mobile) Email Address	98379817		Contact No.(Office) Special Remark			Contact No.(Home) eCode	No Y
KFK	a No @ Yes		TCA TCA	a No Yes		eCode Reason	[40 .]
NCD Protection	No		NCD Entitlement(%)	0		Private Hire	Yes
▽ Accident Details	800		1978	8			
Report Date	16/03/2020 12:00		Accident Report Within 24 hrs.	Yes		Accident Type	Collision - Major Minor Road
Date of Accident	15/03/2020		Time of Accident hh:mm	16:15		Country of Accident	Singapore
Reporting Centre			Orange Force			ICM No.	
Accident Location	JUNC OF BERWICK DR	& SERANGGON GARD	EN WAY				
♥ Total Excess Applicable	(Patrior special Section		Total National Assaults on		Stabi		
excess Type	Per Accident		Windscreen Excess		0.00		
OO Standard Excess		0.00	TP Standard Excess		1,500.00		
TED OD Excess		0.00	YIED TP Excess		0.00	Oriver is Covered?	Covered
Additional Excess		0					
lotal OD Excess Applicable		0.00	Total TP Excess Applicable		1,500.00		
→ Benefits					200000000		
♥ GST Registered Informat	And the second second			. 2222 7/10/17	00.000		
ST Registered IST Registration No.	No			GST Registrat GST Status W		Yes	
lodification History				CON SIGNED W		ies.	
30							
Policyholder Mailing Add	ress						
Address 1	BLK 932A #12-80		Address 2	HOUGANG AVENUE 9		Address 3	HOUGANG CRIMSON
Address 4	SINGAPORE 531932		Address Type	Singapore address		Post Code	531932
Jnit No.	12-80		Related Policy Number	5110830740			
Driver Name	TAN XU FENG		Driver Type	Main Driver		Delicar 2008	24/27/1004
Innamed driver Name Register Date of Driver License	72 (05/2006		Driver NRIC Driver Age	S9620484C		Driver DOB Driving Experience	06/07/1986 13
Contact No.(Mobile)	22/05/2006 98379817		Contact No.(Office)	**		Contact No.(Home)	.,
Address 1	BLK 932A #12-90		Address 2	HOUGANG AVENUE 9		Address 3	HOUGANG CRIMSON
Address 4	SINGAPORE 531932		Address Type	Singapore address		Post Code	531932
Joit No.	12-80						
Does he own a Singapore Registered car?	Yes a No		Driver Vehicle No.			Driver Insurer Company	
tegistered car?	Yes a No		Driver Vehicle No.			Driver Insurer Company	
Registered car? Reclaration Breathalyser or Blood Test	Yes * No		Oriver Vehicle No. Any injury?	⊘ Yes ⊯ No		Driver Insurer Company	
Registered car? Reclaration Breathalyser or Blood Test			2000 200 000 000 000 000 000 000 000 00	⊖ Yes ⊯ No		Driver Insurer Company	
Registered car? Pectaration Sreathalyser or Blood Test Reading?			2000 200 000 000 000 000 000 000 000 00	⊚ Yes ⊯ No		Driver Insurer Company	
registered car? Sectaration Sreathalyser or Blood Test teading?			2000 200 000 000 000 000 000 000 000 00	⊘ Yes ⊯ No		Driver Insurer Company	
Registered car? Pectaration Sreathalyser or Blood Test Reading?			2000 200 000 000 000 000 000 000 000 00	⊘ Yes ∌ No		Driver Insurer Company	
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16/2020	Claim Handling(accident reporting Claim Task)									
Attachment	Uplo	ided By/Date	Category	P	Urgency		Description	Mr		
Resp. Total	NAC_PAYA_UBI_800601(NATIO 16 Mi	NAL ASSESSMENT CENTRE SERVICES) o or 2020-12:06	NRJC/ Driving License	Υ.	Normal	NRIC/ D	riving License 2020-3-16			
10		NAL ASSESSMENT CENTRE SERVICES) o ir 2020 12:06	SAS		Normal		SAS 2020-3-16			
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♥ Video List	THE WILLIAM					-				
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