NATIONAL Assessment Cen			The same of the sa	-	The same
Date In: 243/20-17:59	Jeb description		Date & Time Completed	Done	ρί.
Ros No: NATINGEN OY323/24	SAS e-filing				
Veh No: JMY-GERAY	E-mail (within	8hrs, AIC 2hrs)			
D.O.A: 19/3/22 2:15	i-Motor Clair	m Form	100- Flop 8 01 mg	2/3/2/1	8:16
	i-Motor W/O	(Within: OD 2h	rs, TP 4brs)		
OD (* TP: / Reporting Only	i-Photo Uplo	aded	1		
	Assessment/Su	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JH	csopre	. INC()/Non-INC()	793	
Owner / Driver: (N. S. C.	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	1,000 ()/\$2,000	()			
General Remarks:-				100 m	٠. ١.
() Walk-In Customer: Customer's in	nformation strictly Cor				
() Total Loss Case : to e-mail Insu	The second secon		5 1 3	9	
	ice: YES()/N	10():7	Towing Co: ()
Dive-III ()/ / owed-III (), IIIvo.	100. 120 ()				
			3	POTANICA PRODUCTION	Tri I
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Done	by .
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()	Mark Control of the C)	Date & Time Completed	Done	by
	Mark Control of the C)	Date & Time Completed	Done	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

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 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.
- 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

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A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	20/03/2020 17:59
Date Of Accident	19/03/2020 20:45
Exact Location Of Accident	CTE (SLE) AFTER AMK AVE 1
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF6887H
Insured/Policyholder	
Name Of Registered Owner	TAN JUAY HENG
NRIC No	SXXXX670I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92970993
Alternative Phone No	OFFICE-92970993
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	EVO-10 GSR 2.0 M
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	5115019287
Cover Note Number	
Driver	
Name of Driver	TAN JIAN WEI
NRIC No	SXXXX381F

13/02/1998

17/10/2017

2 YEARS AND 5 MONTHS

(LOCAL) +65-92970993

OFFICE-92970993

INDOOR

MALE

NOEMAIL

Address BLK 735 WOODLANDS CIRCLE

#07-489

Postcode 730735

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

3

NO

1

NO

NO

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC5072Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLK6079J

Page 2 of 15

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

orv

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

1

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)

Lunderstand, 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.
- 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.

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

NRIC/FIN No .:

Policyholder's Signature Date & Time: Signature

Vehicle A: SMF 6887H Vehicle B: SHC50727 venue C: SLK6079J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on	the s	state d	date	k 4	ime, I	, veh	icle	Y', SMI	6887H,	was
lyavelling.	g sta	ight	along	11/L 8	itated v	enue.	tunt	vehic	le brait	ed an
quick	ly ma	are a	is wel	1. vel	nicle 'B'	1 8	HC607.	nr, FC	en hit o	nto m
vehicle's	YEAY	POY	ion,	in wh	ich pro	pelled	my	vehicle	forwar	d and
otro triv	the	Tout	vehic	le-						
			R-vi							
	102 17-17-11								- TANSTE - THE	
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		a cell le entre						- Media A	X	
		_								
	/									

DECLARATION

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

Policyholder's Signature

Date & Times

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 19 / 03 / 2020 1(DD/MM/YYYY), TIME: (30: 4+)(HH:MM)
LOCATION: CTE (SLE), after Ang Mo ric	
LOCATION: CILCULT, WINT	
DETAILS OF VEHICLE QIVEHICLE NUMBER: SMF 6887 H DINSURANCE COMPANY: NTM C CIPOLICY NUMBER: CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARE) DIMAKE & MODEL: MITSUITS II LAND TITYPE: (SALDON / COUPE / MPV /V AN / LORR) GIVEHICLE CATEGORY: (PRIVATE / COMMERCIA) DIPURPOSE OF USING AT ACCIDENT TIME:	Y / MOTORCYCLE / OTHERS) AL / MOTORCYCLE) PHY A16
TARE YOU CLAIMING LINDER YOUR OWN INSU	RANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	EPORTING ONLY)
2. INSURED / POLICY HOLDER A) NAME: Tan Juay Heng	MOE / FFMAIF)
CIADDRESS: 735 WOOdlands Circle +	107-489 5(730735)
The state of the s	4 4
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	DLDER
25 Ho of passengs DRIVER TON JOHN WELL	(MALE / FEMALE)
(Indicating driver) DINRIC/FIN/PASSPORT: S9805381F	CONTACT: 4397 0993
c) ADDRESS: 735 Woodland (Hicle	#07-489 St7(6455).
*d)DATE OF BIRTH: (13 / 01 / 1998)(DD/II B)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 3 YEARS WAS DRIVER AN EMPLOYEE OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH	ED'S COMPANY? (YES / NO) H INSURED: Children
5. a) WEATHER CONDITION: (CLEAR / RAINING / C b) ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	
7 GIREPORTED TO POLICE (YES / NO)	*
IF YES, PLEASE STATE WHICH POLICE STATION:	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. THIRD PARTY VEHICLE SHC 5072 Z	MODEL:
The of hassenge	
Malednyly () DRIVER'S NAME: C) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	MODEL:
Remail partin d) VEHICLE NUMBER: SLK 6079J	_MODEL
E) DRIVER STAME.	CONTACT:
(<u>oi</u>) male	

email =

fax =



Policy No.	5115019287	Policyholder Name	Ider TAN JUAY HENG		Policyholder NRIC	S1296670I	
Certificate							
Address	BLK 735 #07-489 WOODLANI	S CIRCLE SING	APORE 7307	35			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	19/12/2019	Effective Date	19/12/2019	9 00:00	Expiry Date	18/12/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE. L	TD Agent Tel.	68038751		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate							
Info	holder Mailing Address						
SHIP							
→ Policyl	BLK 735 #07-489	Addre	ss 2	WOODLANDS CIR	CLE	Address 3	SINGAPORE 730735
			ss 2 ss Type	WOODLANDS CIR Singapore address		Address 3 Post Code	SINGAPORE 730735 730735
▽ Policy! Address 1 Address 4		Addre	ss Type d Policy			AUDITORAUTS	
Policyl Address 1 Address 4 Unit No.	BLK 735 #07-489	Addre Relate	ss Type d Policy	Singapore addres		AUDITORAUTS	
Policyl Address 1 Address 4 Unit No.	8LK 735 ±07-489 07-489 od Object: SMF6887H	Addre Relate	ss Type d Policy	Singapore addres		AUDITORAUTS	

Claim Handling					
Accident MT/1089067	AMERICAN STREET	1021000			
Policy No.	5115019287	Vehicle No.	SMF6887H	GST Registration No.	
Certificate No.					
Policyholder Name	TAN JUAY HENG			Policyholder NRIC	512966701
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92970993	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC V
KFK	® No ○Yes	TCA	® No ⊜ Yes	eCode Reason	
NCO Protection	No	NCD Entitlement(%)	10	Private Hire	No
♥ Accident Details	250			144	
Report Date	20/03/2020 18:15	Accident Report Within 24 hrs			50.00
			Yes	Acadent Type	Chain Collision
Date of Accident	19/03/2020	Time of Accident hh:mm	20:45	Country of Accident	Singapore
Reporting Centre		Drange Force		ICM No.	
Accident Location	CTE (SLE) AFTER AMK AVE 1				
♥ Total Excess Applicable	E				
Excess Type	Per Accident	Windscreen Excess	100.00		
OO Standard Excess	1,500.00	TP Standard Excess	0.00		
VIED OD Excess	2500.00	VIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	4000.00	Total TP Excess Applicable			
♥ Benefits					
♥ GST Registered Inform	ation				
GST Registered	No No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History			150.01001.01005.0	8778	
□ Policyholder Mailing Ad	dress				
		1200FW2 N	VARIATION STATES	CONTRACTOR DO	507090000 228822
Address 1	BLK 735 #07-489	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730735
Address 4		Address Type	Singapore address	Post Code	730735
Unit No.	07-489	Related Policy Number	5115019287		
9 OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN JIAN WEI	Driver NRIC	SXXXX381F	Driver DOB	13/02/1998
Register Date of Driver License	17/10/2017	Driver Age	22	Driving Experience	2
Contact No.(Mobile)	92970993	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 735	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730735
Address 4		Address Type	Singapore address	Post Code	730735
Unit No.	07-489				
Does he own a Singapore		2.0			
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	O Yes ® No		
Modification History					
Market State Barrier					
Claim 001 New					
	for sur		Service Control of the Control of th	20000000	P. D. C.
Claim Type •	00-MX 🖳	Insured Name	TAN JUAY HENG	Insured NRIC	\$12966701
Contact No.(Mobile)		Contact No.(Home)	63647667	Contact No.(Office)	
Email Address		OI Vehicle Number	SMF6887H	TP Vehicle Number	SHCS072Z
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
Claimant Name *	25	Claimant NRIC *	No. 100 100 100 100 100 100 100 100 100 10		
Claimant Address				100	
Claim Description	SMP6887H / SHC5072Z ON 19 Mar 2020			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Not at Fault		
No. Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	A STATE OF THE PARTY OF THE PAR		Principle and early, realing unanown		20/03/2020 00:00
Date Registered	20/03/2020 18:16	Claim Close Date		Date Received	EUROPENEO OV. OU
Report Taken By	Jackson				
Print AK letter					
			Care Cohmit		
Maria Maria			Save Submit		
Attachment					
7					
	14014000	(1-2000-081)	84209		
Accident No.	MT/1089067	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	20/03/2020 18:18		
	Path *		Category *	Confidential Urger	ncy * Description *
		Browse.	Clear Please Select	V Normal	V
		Browse.	Clear Please Select	₩ Normal	
				A CONTRACTOR OF THE CONTRACTOR	
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		Browse.	Clear Please Select	V Normal	<u> </u>
		Browse.	Clear Please Select	V Normal	V
		3 - 45071-0	Heren Salan	Del Con Valley	[10]

