NATIONAL Assessment Centi					L
Date In: 22/3/20 - 12:39	Jeb description		Date & Time Completed	Done	pŷ.
Res No: 49 pgc 2004576 try	SAS e-filing		i		
Veh No: UM KSYYPY	E-mail (within 8	Shrs, AIC 2hrs)			
D.O.A: 43ha - 17:20	i-Motor Clair	n Form	100-2463 cilum	23/3/20 1	1:49
	i-Motor W/O	(Within: OD 2hr	s, TP 4brs)		
OD (TP) ! Reporting Only	i-Photo Uplos	aded	1		
TRI	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 704	1777K	. INC()/Non-INC().	#	
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	VO): N: 0-2	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	000 ()/\$2,000			SAME CHARLE	
General Remarks:-				Sales Aller	, ÷.
() Walk-In Customer: Customer's info	ormation strictly Cor				
() Total Loss Case : to e-mail Insur			A	9.1	
	e: YES()/N	0():7	Towing Co: ()
Dive-III ()/ / (Wed-III (), IIIvoic	C. 125 () / 11		our f		
				ard Arthresis are	ile in.
Remarks:			Date & Tame Completed	Done	by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / (The state of the s))	Date&Time Completed	Done	by
	The state of the s)	Date & Time Completed	Done	by
1) Apply for Transport Allowance ()/	Courtesy Car ())	Date & Timb Completed	Done	by
Apply for Transport Allowance ()/(QC Check / Post Repair Inspection	Courtesy Car ())	Date&Time Comple od	Done	by
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ())	Date & Time Completed	Done	by
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ())	Date & Time Comple od	Done	by
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ())	Date & Time Completed	Done	by
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ())	Date & Time Comple od	Done	by
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		Date & Time Completed	Done	by
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1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions	Courtesy Car ()	1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1	paration Checklist: t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey)	Anit (5) 76:Bill (580) (40/545 5120 530	Ami (5)
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To per at their

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

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.
- 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 aforesaid.

aforesaid.	
SECTION AND SECTION ASSESSMENT OF THE PROPERTY	ACCIDENT STATEMENT
Date Of Report	23/03/2020 12:39
Date Of Accident	21/03/2020 17:20
Exact Location Of Accident	TAMPINES AVE 5 TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK5448Y
Insured/Policyholder	
Name Of Registered Owner	TAN SOO KWEE, ANDY (CHEN SHUGUI)
NRIC No	SXXXX831H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98165448
Alternative Phone No	OFFICE-98165448
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH 1.8 AUTO
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108596920
Cover Note Number	
Driver	
Name of Driver	TAN SOO KWEE, ANDY (CHEN SHUGUI)
NRIC No	SXXXX831H
Date Of Birth	26/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	02/05/2006
	MONORARY MONEY MANAGED BY AND THE STATE OF T

13 YEARS AND 10 MONTHS

(LOCAL) +65-98165448

OFFICE-98165448

MALE

NOEMAIL

BLK 448 TAMPINES STREET 42 Address

#04-58

520448 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

YES

NO

4

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 : ANG AINA NAME:

> : FEMALE GENDER:

Passenger 2

ambulance?

NAME:

. -

: MALE GENDER:

Passenger 3

NAME:

0.00

GENDER:

: MALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

PC4777K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NAMBU KRISHNAN VENKATESH BABU

Page 2 of 16

NRIC/Passport Number

Contact Number

FXXXX107P

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

TAN SOO KWEE, ANDY (CHEN SHUGUI) Name

Approximate Age

BODY Injuries Sustain SMK5448Y Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

ANG AINA Name

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? SMK5448Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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:
 - (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.

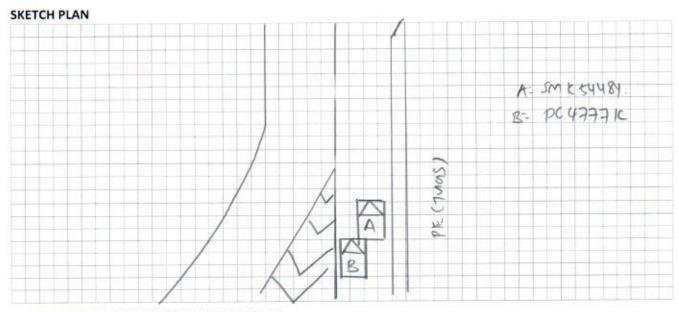
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hatement.		
SCALE OF THE CONTRACT OF THE C		
	- 17	

DECLARATION

Date & Time:

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

Policyholder's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

eBao Tech		GeneralCla								lClaim	
Hello, NAC_PAYA_UBI_80	00601	11000	A COLUMN TO SERVICE				• Chang	e Languag	e • Chan	ge Password	· Log Out
My Desktop	Polic	y Query									,
Notice of Loss	Policy N	ia.				Date	of Accident	-	21/03/2020 1	7:20	
	Vehicle	No.(For Motor)	SMK54	48Y		Certificate Number					- 6
					Ī	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108596920		TAN SOO KWEE, ANDY (CHEN SHUGUI)	S8138831H	GPC	drivo CLASSIC	SMK5448Y	SMK5448Y	12/04/2019	11/04/2020

Policy No.	5108596920	920 Policyholder TAN		N SOO KWEE, ANDY (CHEN S Policyholder			S8138831H		
Certificate No.		Wattle.				7777000			
Address	BLK 448 #04-58 TAMPINES ST	42 SINGAPOR	E 520448						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag				
Policy ssue Date	12/04/2019	Effective Date	12/04/2019 00:00 E		Expiry Date	11/04/2020	23:59		
Excess Type	Per Accident	All Claims Excess							
Third Party 1500 Excess		Own damage Excess	2000		Windscreen Excess	100			
Additional Excess			0						
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess		
Agent	SPEEDO CAPITAL PTE, LTD.	Agent Tel.	66847757		GST Flag	Υ			
Co- insurance Flag Open Policy Info Certificate Info	No								
→ Policyl → Pol	older Mailing Address								
Address 1	BLK 448 #04-58	Addre	ss 2	TAMPINES STREET	42	Address 3	SINGAPORE 520448		
Address 4			ss Type	Singapore address		Post Code	520448		
Unit No.	04-58	Relate	ed Policy er	5108596920-01					
) Insure	d Object: SMK5448Y								
▽ Endors	ements								
	ce Date of Endorseme	ent	Endorsemen	t Type	Endorsement	Status	Endorsement Content		
Sequer 1	12/04/2019 00:00		Information sement	Endorse	ement Take El	fective	Thank you for giving us the opportunity to serve you. We confirm that from 12 Apr 2019, the following amendment(s) is/are made to this policy: NAME OF POLICYHOLDER: TAN SOO KWEE,		
		Endor			ement Take El		opportunity to serve you. We confirm that from 12 Apr 2019, the following amendment(s) is/are made to this policy: NAME OF		

coldent MT/1089215 rollcy No.							
	5108596920	Vehicle No.	SMK5448Y	GST Registration No.			
ertificate No.		CALLED TO VICE					
olicyholder Name TAN SOO KWEE, ANOY (CHEN SHUGUI)				Policyholder NRIC	58138831H		
voduct Code			drive CLASSIC	Loading	0		
ntact No. (Mobile) 96165448		Contact No.(Office)	0	Contact No.(Home)	0		
mail Address		Special Remark		eCode	Nt V		
řK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason			
CO Protection	No	NCD Entitlement(%)	0	Private Hire	Yes		
P Accident Details							
port Date	23/03/2020 13/48	Accident Report Within 24 hrs	Ves	Accident Type	Collision - Head to Rear		
ate of Accident	21/03/2020	Time of Accident hhomm	17:20	Country of Accident	Singapore		
porting Centre		Orange Force		ICM No.			
odent Location	TAMPINES AVE 5 TWDS PIE (TUAS)						
P Total Excess Applicable							
cess Type	Per Accident	Windscreen Excess	100.00				
D Standard Excess	2,000.00	TP Standard Excess	1,500.00				
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered		
dditional Excess	0						
etal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00				
7 Benefits							
GST Registered Informa	ition						
T Registered	No		GST Registration Date				
ST Registration No.			GST Status Verified	Yes			
odification History							
	duara.						
9 Policyholder Hailing Ad-		Annual *	TAMPINES STREET 42	Address 3	SINGAPORE 520448		
ddress 1	BLK 448 #04-58	Address 2		Post Code	520448		
ddress 4		Address Type	Singapore address	Post Code	320918		
nit No.	D4-58	Related Policy Number	5108596920-01				
OI Driver Info		0.0/1000/2000	Name of the last o				
river Name	TAN 500 KWEE, ANDY (OHEN SHUGUT)	Driver Type	Main Driver	Driver DOB	26/11/1981		
nnamed driver Name	CONSTRUCTION OF THE PARTY OF TH	Driver NRIC	S8138831H				
egister Date of Driver License		Driver Age	36	Driving Experience	13		
ortact No. (Mobile)	98165448	Contact No.(Office)	0	Contact No.(Home)	0 SINGAPORE 520448 520448		
ddress 1	BLK 448	Address 2	TAMPINES STREET 42	Address 3			
ddress 4		Address Type	Singapore address	Post Code			
nit No.	04-58						
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company			
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company			
oes he own a Singapore egistered car? eclaration	○ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	用 目》		
oes he own a Singapore egistered car? eclaration reathelyser or Blood Test	○ Yes ® No 0 mg	Oriver Vehicle No. Any injury?	Yes ○ No	Driver Insurer Company	THE STATE OF THE S		
ones he own a Singapore tegistered car? eclaration sneathalyser or Blood Test			Yes ○ No	Driver Insurer Company			
house he own a Singapore legistered car? ecclaration preathelyser or Blood Test leading?			Yes ○ No	Driver Insurer Company			
oes he own a Singapore agatered car? eclaration reathelyser or Blood Test easing?			Yes ○ No	Driver Insurer Company			
oes he own a Singapore egistered car? eclaration resthalyser or Blood Test eading?			Yes ○ No	Driver Insurer Company			
nes he own a Singapore gratered car? claration reathalyser or Blood Test casing?			Yes ○ No	Driver Insurer Company			
oes he own a Singapore rgistered Car? cclaration resthalyser or Blood Test easing? colification History Claim 001 New	0 mg	Any injury?		Driver Insurer Company Insured MRIC	5813883104		
oes he own a Singapore rgistered Car? resthalyser or Blood Test easing? Claim 001 New laim Type *	0 mg	Any injury? Insured Name	● Yes ○ No TAN SOO KWEE, ANDY (CHEN S	Insured NRIC	S8138E183		
oes he own a Singapore rgistered Car? resthalyser or Blood Test easing? Claim 001 New laim Type * ontact No.(Motile)	0 mg	Any injury? Insured Name Contact No.(Home)	TAN SOO KWEE, ANDY (CHEN S	Insured NRIC Contact No.(Office)	\$8138831H PC4727K		
oes he own a Singapore claration reathelyser or Blood Test eaching? Claim 001 Next aim Type * entact No. (Mobile) mai Address	O mg	Any injury? Insured Name Contact No (Home) O) Vehicle Number	TAM SOO KWEE, ANDY (CHEN S	Insured NRIC			
claration reathlyser or Blood Test coding? Claim 001 New Mark M	O mg OD-NX 98165448 Please Select	Any injury? Insured Name Contact No.(Home)	TAN SOO KWEE, ANDY (CHEN S	Insured NRIC Contact No.(Office)			
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