Date In: 16/04/2020 - 09:52	Job description		Date &Time C	Completed	Done by	٠.
Ref No: NA/INC 20005230/F	SAS e-filing					1180
Veh No: SKE 9111Y	E-mail (within Shr	A [C] D				
D.O.A: 15/04/2020 12:35	i-Motor Claim			-		-
	i-Motor W/O (v		TRAIN MT	109/480	1-001	
OD (TP) Reporting Only	i-Photo Upload		/ ( v ( v )	1109142	1 00	
TP Insurer:	Assessment/Surv	ey Report				
	Ass't Report by I	ax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax	:	-
TP Particulars: Veh No: PP	\$7159 K.	INC (	)/Non-INC	( ).	The state of the s	
Owner / Driver: (			Tel:		)	_
Policy No: ( ) Per	riod: (	)	Cover Type: (		)	924
Confirmed by : (	1	Date:	Time	:	)	
Insured/Driver Liability: ( %)	Note-Est. Status (WO	): N: 0-209	6: P: 21-79%	P- 80-100	19/1	-
		/NO( )	0, 1.21-1220	1. 50-100	70]	
		( )0111				_
	00()/\$2,000(	)				_
General Remarks:			with the transfer of		W. S. Commercial Comme	1
( ) Walk-In Customer: Customer's infor	mation strictly Confid	ential & Stric	tly NO refer of	repairer.		
( ) Total Loss Case : to e-mail Insure						_
Drive-In ( )/ Towed-In ( ); Invoice:		/ \ \ T	de Co. (		<del></del>	-
- in ( ), fored-in ( ), invoice:	ILOU I / NU	( ); 100	ring Co: (			)
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

**EMail Address** 

- 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 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 aforesaid.

<b>通过技术。从外发、对象、设备和特别发生的</b>	ACCIDENT STATEMENT
Date Of Report	16/04/2020 09:52
Date Of Accident	15/04/2020 12:35
Exact Location Of Accident	CLEMENTI AVE 6 SLIP ROAD TO COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE
<b>经产生的</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE9111Y
Insured/Policyholder	
Name Of Registered Owner	MELANIE TJAHAJA
NRIC No	SXXXX437G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98383903
Alternative Phone No	OFFICE-98383903
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	STATE OF THE PARTY
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115044824
Cover Note Number	
Driver	
Name of Driver	MELANIE TJAHAJA
IRIC No	SXXXX437G
Date Of Birth	03/03/1990
Occupation	INDOOR
Pate Of Driving Pass	21/12/2010
Priving Experience	9 YEARS AND 3 MONTHS
Gender	FEMALE

(LOCAL) +65-98383903

OFFICE-98383903

NOEMAIL

Address 56 MINBU ROAD #02-01 SINGAPORE

Postcode 308185

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 Drivaria Own Vahiala

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

2

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) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

# REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

2200000

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number PA7159K

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**

- 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 .:

KETCH PLAN	CLEMENTI AVE	6 SLIP RD -	- COMMON WEALTH	AVE WEST .
			1	1
VEH A = SK	£91119		(3)	
VEH B = PA	7159K	10		
SCRIBE CIRCUM	STANCES OF THE ACCID	ENT		
On	the Stated dat	e and time.	I was driving	
			age. As the fr	
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CLARATION				/
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<b>eBao</b> Tech				<b>以</b> 自己地位	President 1	States.				Genera	alClaim
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		15/04/2020	09:37	
	Vehicle	No.(For Motor)	SKE91	11Y		Certi	ficate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115044824		MELANIE TJAHAJA	S9007437G	GPC	drivo CLASSIC	SKE9111Y	SKE9111Y	24/12/2019	23/12/2020
				00-00-00		Continue	1			77	

# Email: Enquiry @ ricobo : com

Date of Accident	15 04 2020 Accident Time: 1235 (24-HR-Format)
Accident Place	CLEMENTI AVE 6 SLIP ROAD - COMMONWEALTH AVEWE
Vehicle, No. (Car Plate No.)	SKE9111 4 Make Model HONDA VEZEL
Insurace Company	:_ NTUC Policy No:
Owner or Company Name /IC No.	DIEHTOOP 2 ATAHATT SINALAM:
Owner or Company Contact No.	: 9838 3903 Owner's Hp Company Tel
DRIVER'S Name / IC No.	
DRIVER'S Date Of Birth	: 03-03-1990 DRIVER'S License Pass Date 21/12/2016
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee Others) OWNER
DRIVER'S Address	: 56 MINBU ROAD #02-01 S 308185
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	Priver):
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident; Private use \ Work purpose
1-2	Party Driver's Particular (if any)
Vehicle. No: (B) PA7159 K	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

<sup>\*</sup> NEW - Passenger's name & gender:

# Claim Handling

Excisorior Number 1913 (1943)  Filtra Contribution No. 1943 (1943)  Filtra Contribution No. 1943 (1943)  Filtra Contribution No. 1943 (1943)  Filtra Contribution No. 1944 (1944)  Filtra Contributi						
PREJAME TANAJA   Provided REIC   Provided Reich Type   Provide	Policy No.	5115044824	Vehicle No.	SKE9111Y	GST Registration No.	
PREA_PAIRE TANANA   Precision Process   Precision Process   Precision Precision Precision Precision Process   Precision Prec	Certificate No.					
PRIVATE CAR INSURFANCE   Cover Types   Cover Types   Cover Types   Special Remark   Cover Types   Special Remark   Special Remark   Expect No.	Policyholder Name	MELANIE TJAHAJA			Policyholder NRIC	S9007437G
Contact No. (Models)	Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Address   Mo Ites   Special Remark   Spe	Contact No.(Mobile)	98383903	Contact No.(Office)		Contact No.(Home)	
PAIGE   PAIG	Email Address		Special Remark		eCode	No ▼
No.   No.   No.   No.   No.   Entellement(Ms)   10	KFK	No Yes	TCA	● No ○ Yes	eCode Reason	
It	NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
16/04/2020   10/08	<b>▽</b> Accident Details					
15/04/2020   Time of Accident hicms   12:35   Country of Accident hicms   12:35   Country of Accident	Report Date	16/04/2020 10:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
CICEMENTI ANE 6 SILP ROAD TO COMMONWEATH AVE WEST    Applicable   Per Accident   Commonweath Average   Comm	Date of Accident	15/04/2020	Time of Accident hh:mm	12:35	Country of Accident	Singapore
Applicable         CEMENTI ANE SELIP ROAD TO COMMONWEATH ANE WEST         100.00         Undooreen Excess         100.00         Undooreen Excess         100.00         Undooreen Excess         100.00         Undooreen Excess         0.00         Undooreen Excess         0.00         Univer is Covered?           Road Information         CST Registration Date         CST Registration Date         Ves           MEJAME TJAHAJA         Address 7 ppe         Singapore address         CST Registration Date         Ves           Onver Policy Number         CST Registration Date         Ves           MEJAME TJAHAJA         Address 7 ppe         Main Driver         Singapore address         Colspan="4">Colspan="4">Colspan="4">Colspan="4" Registration Date         Ves         Address 3           Address 2         Main Driver         Colspan="4">Colspan=	Reporting Centre		Orange Force		ICM No.	
Applicable         Windscreen Excess         100.00         Windscreen Excess         0.00         TP Standard Excess         0.00         Driver is Covered?           Ikable         600.00         Total TP Excess Applicable         0.00         Driver is Covered?           MetaMile TIAHAA         Address 2         65T Registration Date         Yes           Se HINBU RDAD         Address 7 Ype         Singapore address         Post Code           NECENSE 2         Address 3         Address 3           Portion Party         Post Code           Portion Party         Post Code           Address 2         Address 3         Driver Post Code           Post Code         Post Code         Post Code           Address 3         Driver Post Code         Driver Bod Post Code         Post Code <t< td=""><td>Accident Location</td><td>CLEMENTI AVE 6 SLIP ROAD TO COMMONW</td><td>EALTH AVE WEST</td><td></td><td></td><td></td></t<>	Accident Location	CLEMENTI AVE 6 SLIP ROAD TO COMMONW	EALTH AVE WEST			
Per Accident   Windscreen Excess   100.00   Dinver is Covered?	→ Total Excess Applicable					
Content   Cont	Excess Type	Per Accident	Windscreen Excess	100.00		
	OD Standard Excess	600.00	TP Standard Excess	0.00		
	YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Mailing Address   Mo.00   Total TP Excess Applicable   Cost   SST Registration Date   Yes   SST Registration Date   Yes   SST Registration Date   Yes   SST Registration Date   Yes   SST Status Verified   Yes   Yes   Mailing Address 2   Address 2   Address 2   Address 2   Address 2   Address 3   Address 3   Address 1   Address 2   Address 2   Address 2   Address 3   Address 3   Address 3   Address 3   Address 3   Address 4   Address 5   Address 5   Address 5   Address 6   Address 7   Address 8   Address 8   Address 8   Address 9   Address	Additional Excess	0				
No GST Registration Date GST Status Verified Ves Ves GST Status Verified Ves ST Ves Ves GST Status Verified Ves GST Status Verified Ves ST Ves GST Status Verified Ves GST Status Verified Ves ST Registration Date GST Status Ves Registration Date GST Status Ve	Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Mailing Address 2  Address 2  Address Type  MELANIE TJAHAJA  MELANIE TJAHAJA  Portver Type  MELANIE TJAHAJA  Driver NRIC  Driver Age  Contact No.(Office)  Address 2  Address 2  Address 2  Address 2  Address 3  Driver Age  Contact No.(Office)  Address 2  Address 3  Driver Age  Singapore address  SeminBlu ROAD  Driver Sppe  Address 2  Address 2  Address 3  Driver Sppe  Main Driver Sppe  Ma	→ Benefits					
Mailing Address  56 MINBU ROAD  Address Type  MELANIE TJAHAJA  Portver Type  MELANIE TJAHAJA  Driver Type  Driver RRIC  Driver RRIC  Contact No.(Office)  56 MINBU ROAD  Address Type  Contact No.(Office)  Address Type  Address Type  Driver RRIC  Contact No.(Office)  Address 3  Driver RRIC  Contact No.(Office)  Driver RRIC  Contact No.(Office)  Address 3  Driver RRIC  Contact No.(Office)  Driver RRIC		on				
Mailing Address  56 MINBU ROAD  Address 1	GST Registered	No		<b>GST Registration Date</b>		
Mailing Address  56 HINBU ROAD  56 HINBU ROAD  Address Type  Related Policy Number  MELANIE TJAHAJA  Driver Type  Wer License  21/12/2010  Driver Age  Contact No.(Office)  Address 2  Address Type  Driver NRIC  Driver Age  Contact No.(Office)  Address 2  Address 3  Driver Age  Contact No.(Office)  Address 2  Address 3  Driver Age  Contact No.(Office)  Address 3  Driver ODB  Driver Age  Contact No.(Office)  Address 3  Driver Ode  Post Code  Driver Ode	GST Registration No.			GST Status Verified	Yes	
licyholder Mailing Address  1 56 MINBU ROAD  2 Address 7 ype 3 Singapore address 2 Address 7 ype 3 Singapore address 3 Fo2-01 MINBU VILLA 4 Address 7 ype 3 Singapore address 5 Singapore	Modification History					
Address Type  Finity		655				
Address Type  Priver Info  Related Policy Number  Singapore address  Address Type  MELANIE TJAHAJA  Driver Type  Driver NRIC  Driver NRIC  Driver Age  Contact No.(Office)  1  S6 MINBU ROAD  Address 2  Address 2  Address Type  Over Singapore address  Singapore address  Singapore address  Driver Insurer Company	4ddress 1	56 MINBU ROAD	Address 2	#02-01 MINBU VILLA	Address 3	SINGAPORE 308185
Driver Info       Related Policy Number     5115044824       ame     MELANIE TJAHAJA     Driver Type     Main Driver       d driver Name     Driver NRIC     59007437G     Driver DOB       Date of Driver License     21/12/2010     Driver Age     30     Driver Office)       No.(Mobile)     21/12/2010     Contact No.(Office)     30     Driver Office)     Contact No.(Home)       1     56 MINBU ROAD     Address 2     #02-01 MINBU VILLA     Address 3       4     Address 3     Post Code       own a Singapore     Oriver No.     Driver Vehicle No.     Driver Vehicle No.	iddress 4		Address Type	Singapore address	Post Code	308185
MELANIE TJAHAJA  Driver Type  Main Driver  S9007437G  Driver Age  21/12/2010  Contact No.(Office)  56 MINBU ROAD  Address 2  Address Type  Ories No  Driver Vehicle No.  Driver Type  Main Driver  S9007437G  Driver DOB.  Driver	Unit No.		Related Policy Number	5115044824		
MELANIE TJAHAJA  Driver Type  Driver NRIC  S9007437G  Driver Age  Contact No.(Office)  56 MINBU ROAD  Address 2  Address Type  Ores No  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Main Driver  S9007437G  Driver DOB  Driver DOB  Contact No.(Home)  Address 3  Post Code  Driver Company	♥ OI Driver Info					
License 21/12/2010 Driver NRIC 59007437G Driver DOB  Driver Age 30 Driver Mage Contact No.(Office)  56 MINBU ROAD Address 2 #02-01 MINBU VILLA Address 3  Address Type Singapore address Post Code  Driver Vehicle No.  Driver Vehicle No.	Driver Name	MELANIE TJAHAJA	Driver Type	Main Driver		
Einise 21/12/2010 Driver Age 30 Driving Experience Contact No. (Office) Contact No. (Office) S6 MINBU ROAD Address 2 #02-01 MINBU VILLA Address 3 Address Type Singapore address Post Code  Pes • No Driver Vehicle No.	Unnamed driver Name		Driver NRIC	S9007437G	Driver DOB	03/03/1990
Contact No.(Office)  S6 MINBU ROAD  Address 2  Address Type  Singapore address  Post Code  Driver Vehicle No.  Contact No.(Home)  #02-01 MINBU VILLA  Address 3  Post Code  Driver Insurer Company	Register Date of Driver License	21/12/2010	Driver Age	30	Driving Experience	9
S6 MINBU ROAD Address 2 #02-01 MINBU VILLA Address 3  Address Type Singapore address Post Code  O Yes ● No Driver Vehicle No.  Driver Vehicle No.	Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address Type Singapore address  Post Code  Oriver Vehicle No.  Driver Vehicle No.	Address 1	56 MINBU ROAD	Address 2	#02-01 MINBU VILLA	Address 3	SINGAPORE 308185
○ Yes   No Driver Vehicle No.	Address 4		Address Type	Singapore address	Post Code	308185
○ Yes   No Driver Vehicle No.	Unit No.					
	Does he own a Singapore Registered car?	○ Yes · No	Driver Vehicle No.		Driver Insurer Company	

Declaration or 81

Breathalyser or Blood Test Reading?

Claim 001 New

Modification History

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Any injury?

Yes . No

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59007437G	NRIC	ALAHA	MELANIE TJAHAJA	Name		OD-MX				Claim Type *

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NRIC/ Driving License 2020-4-16

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