Date In: 7/8/20 -16:19	Jeb descriptio	n	Date & Time Completed	Done	e by
Ref No: NA /H C/1000 195/24	SAS e-filing	!			
Veh No: SCRISTAM	E-mail (with	n Shrs, AIC 2hrs))*
D.O.A: 6/8/20-19:30	i-Motor Cla	im Form	M7/099203-031	13/8/2016	:27
The second secon	i-Motor W/	O (Within: OD 2h		1	
OD TB ! Reporting Only	i-Photo Upl	oaded			
TD	Assessment/S	Survey Report			Weens V
TP Insurer:	Ass't Report	by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (the state of the s		Tel:	Fax:	
TP Particulars: Veh No: 140	30634	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	new temans
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est Status (WO)- N-0-2	0%; P: 21-79%. P: 80	-100%]	
			. 1. 21-7270. 1. 00	10070]	9 - 27
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000	0()			
General Remarks:-				STAN STAN	g gradi
() Walk-In Customer: Customer's in		AND RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	the state of the s		10000
			nony 140 13161 Of repailer	·	
() Total Loss Case : to e-mail Insu	rer URGENTLY.	10			
Drive-In ()/ Towed-In (); Invoided	ce: YES () / 1	NO();T	'owing Co: ()
				42-12-13-23-23-27-W	THE THE
Remarks: (INC hotline: 6788 6616)	N. MINES AND DEPARTMENT DESCRIPTION OF THE RESIDENCE OF THE				
Remarks: (INC horline: 6788 6616)			Date&Time Completed	Done	hy
The state of the s	Courtesy Car ()	Date&Timb Completed	Done	hy
1) Apply for Transport Allowance ()/	2 7 20 20 20 20 20 20 20 20 20 At 24 24 20 20 20 20 20 20 20 20 20 20 20 20 20)	Date&Time Completed	Done	by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Completed	Done	hy
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()))	Date&Time Completed	Done	hy
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] 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 > 5]	Courtesy Car ()		Done	
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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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	07/08/2020 16:19
Date Of Accident	06/08/2020 19:30
Exact Location Of Accident	JUNC TAMPINES AVE 8 & TAMPINES AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ5017M
Insured/Policyholder	
Name Of Registered Owner	TAN KUAN KIAT, KELVIN
NRIC No	SXXXX693D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96195563
Alternative Phone No	OFFICE-96195563
Vehicle Particulars	
Manufacturer	тоуота
Model	C-HR HYBRID 1.8G CVT
Exact Purpose for which vehicle was being us time of accident	sed at PRIVATE USE
Are you claiming under your own insurance p for repair to your vehicle?	oolicy NO
f 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	5115642473
Cover Note Number	
Driver	
Name of Driver	TAN KUAN KIAT, KELVIN
NRIC No	SXXXX693D
Date Of Birth	15/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2010
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96195563
Fax Number	
Contact Number	OFFICE-96195563
EMail Address	NOEMAIL

	BLK 879A TAMPINES AVENUE 8
Address	#13-39
Postcode	521879
Was driver an employee of the Insured's Company	NO
f 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	COLLISION - CHANGE/CROSS LANE
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LEE KAI XIN, EUNICE GENDER: : FEMALE
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	
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	SHB3063T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN WEE SHENG
NRIC/Passport Number	
Contact Number	90236007
Address	
Postcode	
Insurance Company Name	
PRODUCT LIESTON	

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

TAN KUAN KIAT, KELVIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

SLQ5017M

YES

NO

DETAILS OF INJURED PERSON 2

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

LEE KAI XIN, EUNICE

BODY

SLQ5017M

YES

NO

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 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.

Date & Time:

X

Policyholder's Signature

Date & Time:

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

Name:

NRIC/FIN No .:

SKETCH PLAN
× × × × × × × × × × × × × × × × × × ×
Tampines Avenue 3.
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On above date I time, I was driving my vehicle 14 (SLQ 5017m)
traveling along Tampines Annue 8 touds Tampines Street 71 on second
lane of a 3-lanes, road. Somewhere at the Junction of Tampines Ave 3,
my vehicle was stationery at the poctet and wanted to make
right turn to Tampines Avenue 3. Out of sudden, vehicle B (SHB3063)
come from lane 1 and colleded onto the right portion of my
vehrele.
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 Personnells Signature

Name:

NRIC/FIN No.:

Vehicle No.	SLQ 5017M Model/Make Togota CHR							
Date of Accident	61812020							
Time of Accident	(930 HRS							
Location of Accident	Along Tampines Avenue 8 / Tampines Avenue 3							
Exact purpose use during acci								
Name of Owner	Tan Kuan Krat, Kelvin							
Telephone No.	H/P: 9619 5563 Home: Office:							
NRIC	58813693D							
Address	BLE 8794 Tampines Avenue 8#13.39 5(521879)							
Claim type	OD THIRD PARTY REPORTING ONLY							
Insurance Company	NTUC							
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft							
Policy No.								
Name of Driver	As Above If No,							
NRIC OF BITTEE	Any Passengers : (F)							
Date of birth	15/4/1988							
Occupation	Outdoor / Indoor							
Driving License Pass Date	10/7/2010							
Gender	Male / Female							
Contact No.	H/P: Home: Office:							
Address	Tyr : Tieme :							
Driver have any own vehicle	No. If yes, Reg No.							
Relationship	Employee, If no, state Owner							
Weather condition	Clear Raining Other							
Road Surface	Dry Wet Other							
Any Injuries	No, If Yes, Who?							
Name And Contact No.	Tan Kuan Kiat, Kelvin 96195563							
Name And Contact No.	Lee Kai Xin, Eunice . 9188 5253							
Police Report	No, If Yes, Where?							
Vehicle B No.	SHB3063T Any Passengers : -							
Name of Driver	Chan Wee Sheng Contact No.: 9023 6007							
Vehicle C No.	Any Passengers :							
Vehicle D No.	Any Passengers :							
Vehicle E no.	Any Passengers :							
Vehicle F No.	Any Passengers :							
Vehicle G No.	Any Passengers :							
Witness Name	Witness Contact :							
Accident Portion	Right portion							
Camera Recorder	Yes (No							
Email Address	tankuankiant@hotmail.com							
PARTICULAR WORKSHOP	Two car Automotive Pte Ltd							
CONTACT NO.	6842 0051 / 6744 0510							
CONTACT PERSON	Brandon							
FAX NO	6741 0510							
WORKSHOP EMAIL APDRESS	sales @ n51. com. sg							

eBao Tech	eBao Tech								Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					· Chang	e Languag	e · Chan	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Palicy Na.				Date	of Accident		06/08/2020 1	9:30	
	Vehicle No. (For Motor)	SLQ50	SLQ5017M		Certificate Number					
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5115642473		TAN KUAN KIAT, KELVIN	58813693D	GPC	drivo CLASSIC	SLQ5017M	SLQ5017M	20/01/2020	19/01/2021
					Continue	J				

Sequen	ce Date of Endorsement	E	ndorsement	Туре	Endorsement	Status	Endorsement Content
□ Endors	ements						
) Insure	d Object: SLQ5017M						
Jnit No.	13-39	Related Number	f Policy	5115642473			
Address 4	SINGAPORE 521879	Addres	s Type	Singapore address		Post Code	521879
Address 1	BLK 879A #13-39	Addres	s 2	TAMPINES AVENUE	8	Address 3	TAMPINES GREENFOREST
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag							
Co- nsurance	No						
Agent	CAR TIMES INSURANCE AGENC	Agent Tel.	68415111		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	21/01/2020	Effective Date	20/01/2020	00:00	Expiry Date	19/01/2021 23:	59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 879A #13-39 TAMPINES AV	ENUE 8 TAMPI	NES GREEN	FOREST SINGAPORE	521879		
Certificate		nume.			Miles		
Policy No.	5115642473	Policyholder Name	TAN KUAN F	CIAT, KELVIN	Policyholder NRIC	58813693D	

Claim Handling					
Accident MT/1099223					
Policy No.	5115642473	Vehicle No.	SLQ5017M	GST Registration No.	
Certificate No.					
Policyholder Name	TAN KUAN KIAT, KELVIN			Policyholder NR3C	58813693D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	O .
Contact No.(Mobile)	96195563	Contact No. (Office)	0	Contact No.(Home)	Q .
Email Address		Special Remark		eCode	1000
KFK	® No ○ Yes	TEA	® No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	07/08/2020 15:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	06/08/2020	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC TAMPINES AVE 8 & TAMPINES AVE 3				
Total Excess Applicable					
Excess Type	Per Accident	Windsdreen Excess	100.00		
00 Standard Excess	600.00	TP Standard Excess	0.00		
VIED OD Excess	0.00	VIED 1P Excess	0.00	Driver is Covered?	12000
Additional Excess	0			Driver is Covered.	Covered
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▽ Benefits			-		
Coverage			Sum Insureo		
Transport Allowance			99999999.99		
GST Registered Inform	nation				
GST Registered	No		GST Registration Date		
SST Registration No.			GST Status Venthed	Yes	
Modification History					
Policyholder Mailing A	ddrees				
Address 1	6LK 879A #13-39	Address 2	TAMPINES AVENUE 8	11111111	
Address 4	51NGAPORE 521879	Address Type	Singapore address	Address 3 Post Code	TAMPINES GREENPOREST
unit No.	13-39	Related Policy Number	\$115842473	Post Cope	521879
□ OI Driver Info	13-32	Kelated Policy Rumber	21100454/3		
Driver Name	TAN KUAN KIAT, KELVIN	Driver Type	Main Driver		
Unnamed driver Name	557453554E 18 18 18 18 18 18 18 18 18 18 18 18 18	Oriver NRIC	588136930	Driver DOB	15/04/1988
Register Date of Driver License	10/07/2010	Driver Age	32	Driving Experience	10
Cornect No. (Mobile)	96195563	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	BLK 879A	Address 2	TAMPINES AVENUE 8	Address 3	TAMPINES GREENFOREST
Address 4	SINGAPORE 521879	Address Type	Singapore address	Post Code	521879
Unit Na.	13-39				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Pedaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No		
fodification History					
Section Control of Con					
Claim 001 New					
Daim Type *	ОВ-МХ	Insured Name	TAN KUAN KIAT, KELVIN	Insured NRIC	\$88136930
omact No.(Mobile)		Contact No. (Home)	Data Hatta Kani, Kecam	Contact No.(Office)	200130930
mail Address		Of Verscle Number	SLQS017M	TP Vehicle Number	5HB3063T
Daimant Type Claimant Type •	Pease Select	Type of Benefit *	Please Select	1771 (1780)	Section 1
Daimant Name. *	>>	Claimant NRIC *			
Daimant Address				1	
Dalm Description	SLQ5017M / SHB3063T ON 6 Aug 2020			Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Not at Fault		
equire Finalisation	ves 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ate Registered	07/08/2020 16:27	Claim Close Date		Date Received	07/08/2020 00:00
eport Taken By	Jackson				
Print AK letter	1.000				
		3	Save Submit		
Attachment					
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codent No.	MT/1000175	NAME OF THE PARTY	3220		
ast Doc. Received	MT/1099223	Daim No. Upload Date	07/08/2020 16:29		
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